

Fostering Resilience Through Narrative Therapy and Acts of Social Justice

By

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Chapter 1: Introduction

Introduction

The theme of resilience is integral to me. What is it about one's personality, circumstances, familial history or approach to coping under immense challenges that spurs resilience? What supports do resilient individuals have in place, and in what ways do we, as a society, play a collective role in supporting one another on a larger scale? Ultimately, what makes one resilient when faced with hardships while others not? These questions drive my research that focuses on the coping techniques which allow people to deal with adversity (Friedberg & Malefakis D, 2021). Additionally, these questions inspire me to investigate the thematic connections within this capstone between narrative therapy, resilience and social justice.

When looking at narrative therapy, I am interested in exploring the strengths and challenges of this therapeutic approach, the principles of narrative therapy and the value of specific techniques. I aim to understand how possibilities for therapeutic connection are developed and to investigate how these connections may lead to individual growth. Additionally, I am curious about the foundational role therapeutic care plays and how this connects with social justice. Through this exploration, I hope to further understand the societal roles involved in supporting resilience. In particular, I am interested in the interplay of humanity and both the positive and negative ripple effects that occur as a result of this interconnectivity. By highlighting the foundational role that social justice plays in these integrated challenges, I will

explore how resilience is fostered, illuminate how narrative therapy approaches are integral to this process, and ultimately, explain how our problems are interconnected.

Statement of the Problem

Stress and trauma are inevitable and having the tools that help us cope is paramount. While research exists about the benefits of resilience, researchers are still working to understand what makes one resilient. In this capstone, I aim to address the complex challenge of understanding what contributes to fostering resilience while examining the ways narrative therapy techniques and acts of social justice play a positive role in contributing to resilient growth.

Resilient outcomes are often measured in response to traumatic events or adversity. As Richter-Levin & Sandi (2021) state, “there are as yet no ideal ways for effectively addressing the subjective nature of response, the murkiness of the border between stressful and traumatic experiences, and the complexity of individual vulnerability” (p.6). Therefore, resilience in its very nature is difficult to study. I am researching this capstone at a time where diagnosing trauma has become common, yet my focus in this project is not about examining trauma in detail. I have, however, been motivated by the quote from Dr. Peter A. Levine in his book *Waking the Tiger*, where he states, “Trauma is hell on earth. Trauma resolved is a gift from the gods” (p.16). This quote has guided me, directing my focus on resilience. These words leave me wanting to understand more about what happens on the other side of trauma and how suffering, if resolved, has the power to heal. Ultimately, Dr. Levine’s poignant reflection leaves me wondering what is this potential transformation that can take place through the process of discovering one’s resiliency.

Naturally, there are many challenges inherent in the nature of studying resilience due to the wide range of individual responses. This leaves researchers examining why some people

respond positively to life's risks and challenges while others do not (Kalisch et al., 2017).

Therefore, I believe it is integral to understand various factors such as economic, social and environmental challenges (Levine, 2003), early risk factors and sensitive developmental periods, as well as looking at the role social inclusion plays, and through this exploration, I hope to shed further light on what leads to the possibility of an individual's chances for a resilient outcome. This includes looking at childhood adversities, challenges across a lifespan, cultural differences, social systems as well as factors such as how marginalization and how oppression contribute to an individual's potential for resilience (Herrman et al., 2011). Therefore, it is important to understand the risk factors as well as the ideal circumstances involved in creating resilience, including looking at the role childhood trauma, suffering and other risk factors play, while also examining the significance of the right interventions.

There is a growing body of research indicating the importance of proactive treatment approaches rather than exclusively seeing through labels and pathologies. After all, Richter-Levin & Sandi (2021) argue that the choice of labels used has an impact that can further exasperate pathologies. This suggests to me that rather than being quick to diagnose and label, there is great value in seeing the whole person and recognising their small acts of resistance; these incremental acts of resilience are a significant part of their story. When listening and absorbing a client's narrative, I watch for personal bias, bias resulting from my colonial education and my white privilege.

Research Question

How can resilience be fostered through narrative therapy and acts of social justice?

Positionality Statement

Being aware of my positionality, especially understanding where my privilege intersects with others and having an awareness of the natural biases that come from my personal

background are immensely important to me. I am a white, cis-gendered, able-bodied, heterosexual female. I am a first generation Canadian of European descent, raised in the forest of the interior of British Columbia. Growing up in the forest of B.C. offered many opportunities for me to build resilience. My parents raised my sisters and me with the conscious choice of going “back to the land” which was a critique of consumerism and of modern capitalism and an attempt to build a more natural society at that time. I was not raised with any religion, but rather with a sense of humanist values, internationalism, and a strong emphasis on social justice and the arts. I continue to carry this lens with me as an integral part of my being.

My parents’ influential values on the importance of social justice have led me to seek a deeper understanding and appreciation of humanity, a journey that has included extensive foreign travel. I have visited a refugee camp on the borders of Afghanistan and have lived and volunteered in an orphanage in India. These opportunities became transformative learnings that I continue to carry with me in my work: lived experiences that inform my perspective on the interconnectivity of humanity and the value of social justice. My involvement working with marginalised populations abroad influenced the direction of my internship. I sought opportunities to work with a wide range of populations, including those on the periphery of society.

I first worked at a safe injection site where I witnessed moments of resilience and humor. There, I had ample opportunity to provide genuine connection and unconditional positive regard. I am honored to have worked with this population as I found the experience foundational for beginning my practice. My first internship influenced my decision to work at the local Women’s Centre. The skills I learned while working with this vulnerable population have further informed this capstone and my developing practice.

Additionally, I carry with me valuable knowledge and experience from my twenty years of working with students and families in schools, including navigating complex family dynamics and advocating for children's needs. I have always been drawn to the students who showed signs of trauma or needed most care, and I have worked hard to meet their needs. These values and experiences influence my interpretations of my research.

Throughout my master's coursework and my internship, I have had the recurring thought that the very act of sitting in therapeutic alliance with another human being is, in itself, an act of social justice. As Vikki Reynolds states, "I believe clients contribute to our lives, whether we acknowledge this or not. We are transformed in the work, and that's not just acceptable, it is desirable, as it fosters our collective sustainability" (2019, p. 29). This thought is deeply inspiring to me and is relevant to my capstone question.

Personally, I have always been fascinated with resilience. I have a history of facing challenges that arise and of finding a way to see these difficult moments as opportunities for personal growth. A serious concussion which caused me significant trauma, gave me the opportunity to move from suffering to acceptance and eventually to growth. While the process has not always been easy, my personal journey of turning adversity into growth has led me to believe in this transformative possibility for others as well. Victor Frankl speaks of "tragic optimism" and makes a case for the human potential to rise above suffering, that is "optimism in the face of tragedy" (2018, p.137).

I feel privileged to have grown up, on the unceded territory of the Sinixt, Ktunaxa, and Syilx peoples, here in the Kootenays. As a first generation Canadian of European descent, my upbringing on the land taught me to engage, respect and learn from the Indigenous peoples of this area and their histories. Although my research is not focused specifically on Indigenous

practices, there is a focus on the effects of the role society plays in an individual's life and in this sense, the influential role community plays in building resilience. Clearly, many Indigenous teachings are more community orientated than Western viewpoints, and I believe much could be learned from Indigenous approaches moving forward. Therefore, when presenting recommendations for the conclusion of this capstone, I have chosen to share my ideas in the form of a Metissage. This is a form of presenting research in a decolonized way which Bishop et al., (2019) describe as "an autobiographical tool to better understand both our individual stories and the connections between our lived experiences and our research aims" (as cited by Kazmi et al., 2023, p. 61). Metissage, "relevant to those who are not necessarily Metis, but who see that their own identities can be found within the diverse characteristics that Metissage celebrates" (Burke & Robinson, 2019, p. 156) is used as a meaningful approach to research. Indigenous cultures encourage others to explore this way of knowing and sharing research in an authentic way. In particular, for me, this pertains not only to the findings in this capstone, but also to the honouring of self: honouring my background and my roots in social justice.

Significance of the Project

This significant study aims to examine how to deal more effectively with adversity and in doing so, open up the possibility for individual growth. After all, fostering resilience is a good mental health outcome (Kalisch et al., 2017). The capstone intends to examine strategies that help strengthen resilience and further understand early recognition of circumstances to prevent conditions rather than simply treat symptoms. The findings are intended to explore neurobiological, genetic and epigenetic changes which can lead to beneficial modifications in the brain, inform treatment approaches (Kalisch et al., 2017) and foster experiences of post traumatic growth. Naturally, being informed by such preventative approaches is significant for the trauma

community (Weitzel et al., 2022). I also believe it is timely to delve deeper into understanding what factors contribute and hinder resilience, as this directly affects students, families and communities. While researchers continue to work to define resilience and all the contributing factors, my hope is that the very act of synthesizing research around this topic while looking at it through a narrative therapy and social justice lens will also be informative when examining the interpersonal and societal effects we have on one another. Through recognising how we contribute to the fabric of humanity, often in small and subtle ways, we can collectively create a difference.

There is great value in being able to identify when support is needed as a way to provide opportunities, to recognise circumstances and to build proactive prevention programs. It is significant to look at the possibilities of a societal commitment to reduce the risk factors and examine the key role interpersonal relationships play when thinking of interventions. Ultimately, Hoegl and Hartmann (2020) state that what is key to the resilience process is to ask “how to proceed from here” (p. 457).

Theoretical Framework

Narrative therapy concepts and social justice practices will provide a foundational framework for this research question. This will feature looking at poststructuralist philosophy including the exploration of meaning and context, as the very act of understanding how a client is constructing their worldview will be the basis for exploring alternate possibilities (Phipps & Voster, 2015). Additionally, a narrative therapy approach encourages clients to question the “meta-narratives” as a way to begin to generate different possible versions of their lives and explore how culture determines what is “normal” (Gomez et al., 2019, p. 292). Therefore, as a way to examine how truths have been normalised, it will be helpful to consider Foucault, his

concepts of modern power and how this informs the narrative approach and social justice (Combs & Freedman, 2012). Furthermore, integrating intersectional theory will further provide an informative lens to examine social inequalities, offering another useful framework to look at improving psychological practices (Gomez et al., 2019) for the purpose of researching what fosters resilience. Reynolds, (2019) argues that “there are specific actions rooted in social justice that can foster resilience” (p. 4). These very practices move away from diagnostic labeling and challenge the concept that a client is a problem to be fixed. In doing so, they encourage individuals to be an agent in their own lives, with the goal of helping build solidarity. After all, “all narrative work is social justice work in that it always has the intent of countering and undermining the marginalization that can happen in pathology-based approaches to mental health” (Combs & Freedman, 2012, p.1041).

Chapter 2: Literature Review

Introduction

This review of literature will examine the interplay between resilience, narrative therapy and social justice. While analysing the strategies of how to build resilience, I will also explore the benefits as well as the challenges to becoming resilient. This will lead me to investigating how narrative therapy practices foster resilience as well as how these practices pertain to social justice. Through this I will be looking at the significant role therapists can play in contributing to acts of social justice, as well as the crucial role social inclusion plays in the chances of having a positive resilient outcome.

Resilience

Defining Resilience

When thinking about what makes one resilient and trying to define this multifaceted word, I look to the researchers and how they have worked to define it. Ultimately, the most common definition is as Fleming & Ledogar, (2008) state: resilience is “positive adaptation despite adversity” (p.1). Some Aboriginal educators have gone on to say that “resilience is an innate quality that needs only to be properly awakened” (p.1), which suggests resilience is a process. Researchers distinguish resilience from “resiliency”- which suggests it is more of a trait, rather than a dynamic developmental process. They further clarify that resilience also needs the presence of risk, where “resiliency” does not. They state that it is “not an intrinsic trait but a dynamic process occurring under specific circumstances” (Fleming & Ledogar, 2008, p.6).

Resilience is an English word derived from the Latin for springing back or “jumping back up” (Fleming & Ledogar, 2008, p.9). Over time this word took on a more preventative meaning. The focus of research that was once based on pathologies has now moved into ideas of supportive action (Ledogar, 2008). Levine (2003) breaks this down further by describing the process of resilience as when an individual uses their inner strengths that are available to them as well as the outer resources that they may have and from this, they overcome a traumatic or adverse situation and find a way to succeed. Clearly, the tools such as their personal strengths, the social supports available to that person and the degree of the hardship will vary (Levine, 2003).

Naturally, there are various views regarding what requires resilience to occur. One view explained by Fleming & Ledogar (2008) is from the prominent resilience researcher Suniya S. Luthar who asserts that resilience requires a substantial risk or adversity to happen for this positive adaptation to take place. Additionally, Luthar explains that a child might show resilience in one domain but not in another. For example, they might experience significant adversity, yet

still be academically competent. Through child psychiatrist Sir Michael Rutter's resilience research, he saw resilience as an individual having resistance to psychological risk experience. Canadian activist Emily Hunter conceptualised that resilience is a continuum with one end being less optimum resilience and the other end being optimum resilience (Fleming & Ledogar, 2008). However, Nugent et al. (2014) stress that much of the focus is placed on the negative side of the spectrum such as looking at chronic pathologies of the individual and suggest that instead the field could look more at the resilient outcomes. Additionally, the authors note that because the individuals are embedded in a system, there must be a broad approach to determine what fosters resilience.

Therefore, rather than focusing on simply the qualities of the individual, researchers have realised that it is important to look at the external factors that protect and promote resilience and to see this as an interaction of individual characteristics and the environment (Fleming & Ledogar, 2008). Researchers agree that the presence of a risk facing the individual is a common qualifying condition of resilience, which means it is important for researchers to look at these risk factors and protective factors and see how they interact with one another. The Compensatory Model looks at when the resilience factor operates in an opposite direction from risk factor and as a result, the resilience factor has a direct effect on the outcome. The Protective Model asserts that resources reduce the effects of risk on a negative outcome. And the Challenge Model asserts that there needs to be enough risk for an individual to learn how to overcome, but not too much that it's impossible for them. Therefore, moderate levels of risks are related to positive outcomes (Ledogar, 2008). "Resilient integration occurs when one experiences some insight or growth as a result of disruption" (Fleming & Ledogar, 2008, p.8).

Naturally, the study of resilience has gone through specific phases. The first wave mainly described a set of strengths that helped people survive adversity. The second wave was more focused on helping people adapt or grow through the disruption. The third postmodern wave of resilience refers to “the force within everyone that drives them to seek self-actualization, altruism, wisdom and harmony with a spiritual source of strength” Richardson, 2002, (as cited by Fleming & Ledogar, 2008, p.9).

Clearly, through this ongoing research, there are continued questions regarding resilience. Weitzel et al. (2022) state that the prevailing view is that resilience is a process that arises from an individual and their personal characteristics and that individual’s interaction with the environment. They assert that future studies should look at the interactions between these internal and external factors. Additionally, Nugent et al. (2014) assert that resilience continues to be difficult to measure as well as define, and it does not apply to just one population or context. They also suggest that it is valuable for researchers to continue exploring the process of resilience, and how this process changes within an individual over time. Furthermore, they suggest that the trauma community has more work to do with definitions of resilience (Nugent et al. 2014). After all, “resilience is relevant for mental health and well-being. Identifying correlates of resilience informs preventive approaches” (Weitzel et al, 2022, p. 8).

Strategies to Build Resilience

It is argued that resilience is created when specific factors initiate certain processes in an individual. Michael Rutter’s research on resilience argues these factors include building a positive self-image, reducing the effect of risk factors, and breaking a negative cycle to open up new opportunities for the individual (Fleming & Ledogar, 2008, p.6). Furthermore, Dr. Bruce D. Perry explains resilience grows by activating your stress response in ways that are controllable,

predictable, and moderate. He states that this is like weightlifting for the stress response system (Trauma, Resilience, and Healing - Brené Brown, 2024).

Dr. Charney and her colleagues identified six psychosocial factors that promote resilience in individuals: 1) optimism, 2) cognitive flexibility, 3) active coping skills, 4) maintaining a supportive social network, 5) attending to one's physical wellbeing, and 6) embracing a personal moral compass (Nugent et al., 2014, P. 2). They explain that through focusing on these psychosocial factors, it helps identify individuals who are most likely to show resilience after trauma as well as individuals who may need intervention or support. However, they also state that existing interventions do not address all six psychosocial factors that promote resilience (2014). While it is important to look at the factors that promote resilience, it is also important to look at the risk factors involved.

Saul Levine (2003) asserts that just as research finds that there are risk factors that can have an effect on one's resilience, there are also ideal circumstances that contribute to better chances for personal growth and resilience. Some of these factors include having a primary attachment figure, experiencing love in childhood, having personal limits and laws, and experiencing stimulation of the senses as opportunities to learn. It is commonly understood that trauma in childhood often leads to suffering in the adult years, but on the other hand, it is also possible for individuals to be immune to this. In fact, many of these at-risk children, often with therapeutic interventions, do very well in their lives. Therefore, Levine (2003) states that resilience is "truly a multidetermined and complex phenomena" (p. 247), and he argues that it is important to pay attention to what can be done to increase this resilience potential for an individual.

Furthermore, Levine (2003) looked at ways resiliency potential can be improved through a societal commitment to reduce social risk factors as well as provide programs to high-risk individuals. Therefore, he proposes using proactive intervention programs that combat specific psychosocial problems: these include family-centered, school-centered, and neighborhood-centered programs. Additionally, through interviews of elderly people he revealed four determinants of a person's perceived satisfaction and worth in their life. First, on the personal level, it is important for one to have a sense of self. Next on the social level, it is important for one to feel like they belong. Then, on the ideological level, it is helpful for one to have a sense of believing. Finally, altruistically, it is important for one to have a sense of benevolence or a commitment to sharing, giving and mentoring (Levine, 2003). Additionally, Weitzel et al. (2022) noted from their results of their Population-Based LIFE-Adult-Study that gender, marital status, education, and occupation are also related to resilience. Their findings ultimately illustrate that interpersonal relationships are integral for resilience and helpful when looking at interventions.

Through looking at various social factors that are important for resilience as well as identifying at-risk groups with lower resilience, the research findings stress the importance of reducing loneliness and promoting social connectedness. They are hopeful that if this is addressed, it will build resilience in the general population (Weitzel et al., 2022). Therefore, through understanding the psychosocial factors, reducing risk-factors, and stressing the importance of social connectedness, personal growth and satisfaction, a societal difference can be made.

Benefits of Resilience

Stress and trauma are inevitable for everyone at some point in their lives, and in such circumstances, having tools for resilience can help one cope. There is much value in proactively

building skills for resilience and preparing for the natural challenges of life. Additionally, it is possible to approach life by accepting the inevitability of such challenges rather than avoiding or reacting to such stressors. Hoegl and Hartmann (2020) emphasize the value in looking at what to do when stressors hit. “The question of how to proceed from here is what is key in the resilience process” (Hoegl and Hartmann, 2020, p. 457). By building an awareness, facing challenges and developing tools for coping, it is possible for resiliency skills to grow. After all, studies suggest that stress in small amounts can be beneficial and argue that such stress can be motivating for meeting goals, preparing for future challenges, and acting as a warning system to act (Friedberg & Malefakis, 2022).

Having a preventative approach while developing resiliency strategies for coping provides many benefits. An optimistic approach to challenging circumstances comes with many benefits. Friedberg & Malefakis (2022) suggest that through the use of coping techniques and strategies, resilient individuals can deal more effectively with adversity. They explain that a resilient individual is not always optimistic, yet when negative emotions may be present, it is possible to use skills and strategies to have an optimistic view. After all, there is much value in finding meaning in one’s life and in life’s challenges. Viktor Frankel stresses the importance of “healing through meaning,” Southwick & Charney, 2012, (as cited by Friedberg & Malefakis, 2022, p. 400), by being able to look into the future and create a sense of purpose in life, and in recognising opportunities for growth. So, if an individual is able to learn from their setbacks, successfully adapt to adversity, and see meaning in their future, Kalisch et al. (2017) argue that resilience is a good mental health outcome.

Furthermore, the development of resilience may open one up to the possibility for individual growth. Hoegl & Hartmann (2020) explain that through this process of building

resilience, an individual may emerge stronger than before. By going through challenging circumstances that require resilience, it's not only possible to build new skills, but also to thrive and experience post-traumatic growth. Posttraumatic growth is described as “a stage beyond thriving and resilience” (Herrman et al., 2011, p. 262). This may include an increased appreciation of life, closer intimate relationships, a greater sense of personal strength, finding new opportunities, and increased spiritual development (Herrman et al., 2011). After all, as Hoegl & Hartmann (2020) explain, if a significant setback can also create an opportunity for growth, where an individual might come out stronger than before, then the resilience building process clearly is beneficial, as this is not just bouncing back, but rather, they describe this as “bouncing beyond” (Hoegl & Hartmann, 2020, p.458).

Because resilience is a process, we can look beyond it as a trait, a genotype or some hard-wired feature of the brain (Kalisch et al., 2017). Therefore, not only can the nature of an individual change when they successfully cope with stressors, it is clear that the development of resiliency skills can also create beneficial changes in the brain. As a result, understanding the neurobiological benefits is essential. Kalisch et al., (2017) believe this may even lead to epigenetic alterations and modified gene expression patterns. This process involves adaptive changes in the neural system due to the stressor or “the result of active, dynamic adaptation” (Kalisch et al., 2017, p.785). Ultimately, as Friedberg & Malefakis (2022) stress, the scientific understanding of resilience such as the neurobiology, genetic and epigenetic aspects of it, can help us better use resilience for individual skill development as well as for treatment approaches.

The mental health field is often focused on pathologies, yet it is important to recognise the value in studying proactive mental health approaches. In this way, the research can shift away from a disease focus to a health focus and “towards investigating the mechanisms that can

protect individuals against stress-related disease” (Kalisch et al., 2017, p. 785). They argue that “resilience research is a promising strategy to help close the prevention gap and, thereby, compliment traditional disorder-focused research” (Kalisch et al., 2017, p.785). Because resilience involves the idea of overcoming stress or adversity (Herrman et al., 2011), it moves away from the ideas that might label people as damaged (Fleming & Ledogar, 2008). Therefore, it is valuable to understand why some people develop stress-related mental dysfunction, while others do not, even when being exposed to the same challenge (Kalisch et al., 2017). As a result, clinicians are becoming more focused on preventing conditions rather than simply treating symptoms, and Friedberg & Malefakis (2021) believe that strategies to help strengthen resilience are an important part of this shift.

Challenges to Becoming Resilient

Naturally, there are many challenges inherent in the nature of studying resilience and the link between mental disorders, genetic predisposition and environmental factors has already been established. Yet, by understanding the wide range of individual responses to becoming resilient, we can establish a better grasp of the challenges people face and further understand what makes resilience difficult to study. Through this, we can develop a deeper comprehension of why some respond positively to life’s risks and challenges while others do not.

As a place to start, it is possible to study the brain and look specifically at how negative events can create physiological impacts. For example, studies reveal that harsh early environments can have negative impacts on the developing brain structure, its function, as well as its neurobiological systems (Herrman et al., 2011). Research shows that early exposure to such environments can lead to changes in brain size and affect the functioning of neural networks, receptors and neurotransmitters. Naturally, these neurological changes have ripple

effects that may lead to struggles in regulating negative emotions which may ultimately lead to challenges building resilience. “Social experiences can lead to substantial and enduring changes in gene expression that can in turn affect later behaviour in a person and be transmitted to the next generation” (Herrman et al., 2011, p. 261).

When looking at various genetic and environmental circumstances, it is clear that some individuals are more vulnerable than others. Naturally, when there are more obstacles in the way to becoming resilient, there may be increased challenges and struggles with resilience. This is the reason it is important to understand the challenging factors that individuals face, as this can lead us to better understand the roadblocks to becoming resilient. Levine (2003) explains that when the risks are combined with an individual who is lacking in positive personal attributes this co-occurring situation makes it harder for the individual to overcome and rise above the circumstance. For example, Levine looked at when compounding factors such as abuse, neglect, family dysfunction, war, or natural disasters come together with the absence of “personality enhancing” factors such as social skills, health, secure attachments, intelligence, sense of humor, or optimism. In such circumstances, the individual is far more vulnerable. Therefore, when an individual faces economic, social, environmental and psychological challenges, their circumstances may create a decreased likelihood in building resilience (Levine, 2003, p.277).

Studies have found the correlation between early risk factors and later problems which can lead to cumulative risk, making it more difficult for an individual to build resilience (Levine, 2003). Researchers have made clear links between poor adult health due to the effects of negative early childhood experiences. There have been major research studies that look at ACEs and the accumulative effects over time due to adversities taking place during sensitive developmental periods (Herrman et al., 2011). Clearly, later in life this may develop into social

disadvantages which can lead to challenges with individual resilience. Therefore, Herman et al., (2011) stress the importance of “prevention of maltreatment, early recognition of childhood abuse, and appropriate intervention” (p. 259).

When looking at the challenges to resilience, it is also important to acknowledge the various cultural approaches to resilience and how this may either strengthen or hinder one’s ability to become resilient. Hoegl & Hartmann (2020) note that most resilience research has a bias towards Western nations, with a lack of studies in Asian nations, and that more exploration of the influence of culture on resilience is needed. However, studies have been able to determine that culture and context clearly do play a role in determining resilience. Correlations have been found between cultures that lean towards more social connectedness and links to more resilience. Alternatively, more individualistic, self-reliant cultures have more correlations with individual burnout (Hoegl & Hartmann, 2020). Furthermore, Levine (2003) explains that indigenous resilience comes from a relational rather than a linear world view. So, in this way, when we describe the idea of resilience as a response to risk or adversity, this description may be too linear from an Aboriginal perspective. Therefore, researchers have suggested that “a culturally and contextually embedded understanding of resilience is needed,” Ungar 2008, (as cited by Hoegl & Hartmann, 2020, p.461). Through studying various cultural influences that factor into developing resilience, we can further understand the challenges individuals face.

One point that has been made clear in studies is the valuable role that social inclusion plays across cultures, and how this plays an important role in supporting resilient adaptation (Weitzel et al. 2022). Herrman et al. (2011) stress that we should not only look at an individual and their family of origin, but also examine if they have access to service groups and other community supports and recognise the value in such supports. They suggest that when looking at

resilience interventions, the definition has been expanded to become "protective and vulnerability forces at multiple levels of influence - culture, community, family and the individual" (Herrman et al., 2011, p. 259). So, when looking at the challenges to becoming resilient, not only is it important to take into account childhood adversities, challenges across an individual's lifespan, and cultural differences, it is also important to look at society's systems. Through looking at an individual's experience of marginalization in society and how systems of power and oppression contribute and play a role, we can further understand the possibility for an individual's chances of a positive resilient outcome.

What is Narrative Therapy?

Narrative Therapy has been called a "consciousness-raising movement" that examines the larger socio-political characteristics of an individual's challenges (Gomez et al., 2019, p. 292). Intended to serve as a therapeutic approach rooted in examining social issues, it was developed in the 1980s by Australian social worker, Michael White, and his colleague, David Epston, and was "greatly influenced by anthropologists, cultural psychologists, feminist theory, literary theorists, develop-mental theorists, French philosophers, and other influential thinkers" White 2007, (as cited by Gomez et al., 2019, p. 286). Gomez et al. emphasize that a key concept of narrative therapy is to support clients in finding their voice and, in doing so, "re-author their life story in a strengths-based manner that feels authentic to them" (p. 286). In this way, the therapist listens carefully to how their client's narrative is structured as well as their client's frame of reference (Edwards & Walker, 2019). Combs and Freedman, (2012) note that narrative therapists prefer to reference therapeutic "practices" rather than interventions and techniques, highlighting that the work is ongoing and non-objectifying (p.1043). Ultimately, narrative therapy is a collaborative, non-judgmental approach with the intention of helping clients separate the

problem from the person and it relies on the individual's own skills and purpose to guide them (Phipps & Vorster, 2015).

One of the underlying ideas is that individuals make sense of their lives and create meaning by developing stories of their experience. Phipps & Vorster (2015) explain that these stories are interpretive and can shape individual's lives, yet these stories can also create problems when they don't represent the actual lived experience. Combs & Freedman, (2012) argue that conceptualizing such problem stories as separate from the client might be the most widely known theoretical construct from narrative therapy. Therefore, it is understood that individuals make meaning of events through their stories, but with the help of a therapist learn to separate from their problem story, and recognise this separation. In this way, Combs & Freedman explain that the process is more about exploring meaning and the complexity of possibilities rather than facts and uniformity. These ideas reflect "poststructuralist philosophical underpinnings" (Combs & Freedman, 2012, p.1055) which can impact a therapist's practice.

There is a strong connection between narrative therapy and poststructuralist philosophy. Combs & Freedman (2012) highlight that poststructuralism is a response to structuralism, which is still dominant in a range of fields, including counselling and psychology. They explain that where structuralism seeks "universal truths and value expert knowledge of complex systems of classification," poststructuralism is about immersing oneself in the individual stories and exploring the meaning and context (p.1035). Through this meaning-making approach, "they are looking for people's particular lived experience. Lives are valued in terms of how they embody exceptions or uniqueness, rather than how they fit general categories" (Combs & Freedman, 2012, p. 1036). In this postmodernist era, Phipps & Vorster (2015) argue that this is a way to

examine and challenge concepts that we take for granted in this world, and in particular, look closely at the way we acquire objective knowledge.

Narrative therapy examines this through deconstructing an individual's problem to allow different possibilities in the life stories to be explored. Ultimately, it is about "attempting to understand how the client is constructing and narrating his or her world as well as the meaning he or she attaches to this" (Phipps & Voster, 2015, p. 258). As a result, the focus and exploration shift to the external influence of the problem. Combs & Freedman (2012) note that externalizing conversations helps the client realize that people and problems are separate; "this [construct] invites people to consider how the entire context of their lives influences the problem and vice versa" (P. 1045). Combs & Freedman (2012) assert that narrative therapists look for life stories that offer alternate possibilities and directions rather than those offered by the problem stories.

A further central aim in narrative therapy is to help the client re-author a more helpful open-ended story. Phipps & Voster, (2015) emphasize that this re-authoring is a form of reframing. Combs & Freedman (2012) explain that these "preferred stories", can emerge through looking for "unique outcomes", finding "exceptions", or openings that can be developed into new stories (p.1045). As a result, Suddeath et al. (2017) argue that clients begin to build on re-authoring to examine other ways of viewing their situation. Furthermore, Suddeath et al. note that the language clients use in their stories also holds great importance, as "story and language is not only used as nouns but also as verbs" (Suddeath et al., 2017, p.119). However, Combs & Freedman (2012) are careful to note that engaging in this process of developing new stories does not take away problematic narratives, but rather offers the possibility of creating new meaning. Ultimately, it shows how individuals construct their identity through stories, and the power involved in deciding which stories will be told (Combs & Freedman, 2012). From discovering

the subordinated story, a detailed alternative story can be developed. Therefore, as explained by Edwards & Walker, (2019), Michael White and David Epston challenged the popular notion that “the client was a problem to be fixed” and examined the idea that culture determines what is considered normal (Edwards & Walker, 2019, p. 343).

Fostering Resilience Through Narrative Therapy Practices

Gomez et al. (2019) emphasize that narrative therapy is well suited as a therapeutic approach for vulnerable individuals because the narrative practices provide opportunities to honor resilience by “re-authoring” stories, and questioning the “meta-narratives” that are often rooted in patriarchal, racist, sexist, class-based and institutionally biased values. As a result, the individual can develop a richer and more helpful story of self that promotes resilience (Gomez et al., 2019, p. 292). Through opportunities that open up other possibilities and construct other stories, individual empowerment and growth is fostered.

Intentional questioning is a significant part of the practice for narrative therapists, providing clients with opportunities for self-reflection and growth. Combs & Freedman (2012) suggest that through this process of answering the therapist’s questions, individuals are able to notice gaps in their problem stories, which can provide openings to other stories. They further argue that through questioning, different possible versions of an individual’s life can be generated and the potential for alternative narratives can be developed. Essentially, through this process clients are able to notice their values and beliefs more fully (2012). Furthermore, Gomez et al. (2019) stress the importance of asking questions that highlight an individual’s strengths and go against the problem-saturated storyline such as feelings of worthlessness and guilt. Through this process, an entry point is created which encompasses conversations that fosters resilience

(Gomez et al., 2019). Through exploring questions while also taking an externalizing stance with the problem, individuals are better able to respond to the problem.

It is important for an individual not to feel isolated by their challenges and for the therapist to help the client view the problem as separate from the person. As well, the therapist must help the client recognize their problems as part of a larger societal discourse. The therapist must move away from simply using diagnostic labels as the only answer (Combs & Freedman, 2012). Through this process, an individual is supported by feeling less marginalized and more recognised as part of a wider community. This sense of solidarity is important for building feelings of empowerment and resilience. After all, “once there is a separation between the person and the problem, people can make better choices about their preferred direction” (Combs & Freedman, 2012, p.1052).

Furthermore, it is important for an individual to feel that they are an agent in their own life. Gomez et al. (2019) believe that through the process of using scaffolding conversations, it is possible for there to be sustainable therapeutic growth and change. By following the goal of honoring the client’s position and process while slowly fostering conversations, the clients “can recognize and embrace alternative storylines about themselves” (Gomez et al., 2019, p. 292). Through helping an individual recognise the responses they have made, even if these responses did not make an immediate difference, a sense of agency is developed and an opportunity for growth is fostered (Gomez et al., 2019). Combs and Freedman, (2012) state that through recognising their ability to make a choice, an individual is given a sense of agency to see the small choices and changes they are able to make in their life, as well as develop a sense of what they have control over. Gomez et al. (2019) argue that narrative therapists are interested in looking at how clients stand up to trauma and support them to examine what they hold important

in their life. “Narrative therapists work to help people experience and appreciate the skills and knowledge that they use in making choices, and the power they exercise in choosing” (Combs and Freedman, 2012, p.1047). Gomez et al. (2019) further explain that by using this framework, individuals are “able to gain a sense of agency and feel empowered to become active participants in their story rather than passive recipients of the trauma they experienced” (p. 287). Therefore, it is argued that narrative therapy is a particularly useful clinical method for survivors of trauma as it “views problems as separate from people and assumes that they have skills, abilities, values, commitments, beliefs, and competencies that will assist them to change their relationship with the problems influencing their lives” Countryman-Roswurm and DiLollo, 2017, (as cited by Gomez et al., 2019, p.287).

One of the major concepts of narrative therapy is the client as expert in their own lives (Gomez et al., 2019). This is done by externalizing conversations which “allows the survivor to reflect on their trauma in a manner that highlights their personal agency” White, 2005, (as cited by Gomez et al., 2019, p. 289). Finding exceptions to the problem and redefining it, aids the individual to re-author their story in a deeper way (Suddeath et al., 2017). Additionally, Suddeath et al. explain that “landscape of action and landscape of identity questions” are used as a way to help an individual deeply understand their exceptions to the problem as well as their possibilities for unique outcomes. Through this deeper understanding, alternative story lines and preferred narratives are developed (p.126). Gomez et al. (2019) specify that narrative therapists are ultimately looking to honor the client’s problem stories that have been relied upon to describe their lives, yet also to bring forward the often-unnoticed aspects of a person’s life as a way to uncover new, self-authored narratives.

Edwards & Walker (2019) highlight the significant role critical reflection plays in individual transformation and growth. They argue that personal change cannot happen without critical reflection and they stress that narrative therapy techniques support this growth to happen. Additionally, they make a case about transformation as being “emancipatory” for an individual from the fixed ways they may think of themselves and their problems (p. 341). Furthermore, they explain that critical reflection relates to a person’s ability to reflect on their assumptions about themselves, as well as the wider world. They assert that this process not only helps an individual grow a sense of autonomy, but “it also builds a sense of willingness to act in the face of injustice” (Edwards & Walker, 2019, p. 341).

Whether it is through separating oneself from the problem through the process of externalization, identifying problem saturated stories, or working to re-author a new narrative focusing on abilities and what can be done to change, these narrative therapy techniques naturally lend themselves to building resilience. Narrative therapists work with clients to help them recognise the small acts of resistance they make in their lives, to become aware of the areas where they have choice and, through this empowerment, build the groundwork for resilience. After all, when looking through the lens of possibilities of resilience, Michael White strongly believed that “no survivor is a passive recipient to trauma” White, 2007, (as cited by Gomez et al., 2019, p. 289).

Narrative Therapy and Social Justice

When looking at how narrative therapy pertains to social justice, it is important to look at Foucault, and the significant influence of his concepts on the narrative practice. As explained by Sanders (2012), Foucault was interested in looking at power and the way it influenced thought, and affected the individual. Additionally, Foucault examined the power dynamics that took place

when subjects were studied in an objectifying way. Sanders further highlights that Foucault looked at the “dividing practices” that existed within society as well as within scientific disciplines and specifically how this process divided the individual from self and others. As a result, Foucault articulated the ways that human beings are made into subjects through these practices (Sanders, 2012, p. 202). Sanders (2012) further asserts Foucault’s argument that we are subject to power “through normalizing ‘truths’ that shape our lives and relationships” (Sanders, 2012, p. 202), and through this, we experience the effects of power. When narrative therapists are working with problematic stories, Combs & Freedman (2012) explain that they find Foucault’s ideas of modern power helpful. When looking at Foucault’s concept of modern power, it is described as “a new, more subtle, and pervasive type of power, carried in discourses,” rather than power coming from a central authority (p.1038). Furthermore, it is explained that these discourses are often unnoticed, and not only do they have a powerful influence on individuals, but also the more privileged people in a society have a greater influence on them (Combs & Freedman, 2012). Additionally, Foucault highlighted the fact that the knowledge within society that is silenced is called “subjugated knowledge” Jardine, 2005, (as cited by Sanders, 2012, p. 203). Through the lens of social justice, narrative therapists work to deconstruct such knowledge.

As described by Combs & Freedman (2012), poststructuralists believe that we can all be caught up by societal discourses. Yet narrative therapists recognise that these discourses are often taken for granted and they value the importance of examining such norms and expectations. Additionally, it is argued that an individual’s problems are often constructions of trying to live up to these norms, which are rooted in society’s dominant discourses. Combs & Freedman (2012) highlight that if not aware, it is fully possible for therapists to reproduce these

discourses in the therapy room without even recognizing it. They assert that “no one is in a position to be an objective expert on someone else’s experience” (Combs & Freedman, 2012, p. 1036). Therefore, when looking through a social justice lens, it is part of the practice for a narrative therapist to be conscious not to assume the role of the expert, or further perpetuate society’s norms (Combs & Freedman, 2012). Examining who benefits from such narratives and challenging the dominant discourses, is an act of building an awareness and providing the groundwork for change.

Sanders (2012) argues that postmodern therapies recognize that these power dynamics exist within the therapeutic relationship between client and counsellor. “While narrative therapy has well-articulated ways of addressing the dynamics and relations of power and knowledge in the client’s narrative, there remains the reality that the client and counsellor are, themselves, caught up in relations of power” (p. 204). Sanders highlights that White and Epston suggest that instead of avoiding the fact that power and knowledge dynamics exist within the therapeutic alliance, “we should accept the fact that we can’t separate power and knowledge” (p. 205). Furthermore, it is argued that in order to practice effectively, the narrative counsellor must have knowledge and power. Narrative therapists recognise that they can become complicit in reproducing these very dominant discourses that are “othering,” marginalizing those they work with (Combs & Freedman, 2012, p. 1053). Therefore, Sanders (2012) stresses that the key is how this knowledge and power are recognised and used. For example, the practice of co-authoring narratives in a collaborative relationship can be done in a way that involves a shared responsibility in how the counselling conversation is shaped (Sanders, 2012). Ultimately, this offers a chance for the individual to define their experience in a non-hierarchical way. “Specifically, it refers to a shift away from experts making interpretations about other people’s

lives and toward people making interpretations and meaning of their own lives” (Combs & Freedman, 2012, p. 1042). It is significant that narrative therapists work to provide the client with the opportunity to be authors of their own stories.

Gomez et al. (2019) state that “stories lie at the heart of how individuals understand themselves and the world around them” (p.286). They further explain that the stories we read in novels, watch on television, and listen to on podcasts, become foundational for our social environment. They assert that “these stories are marked by our socio-cultural conditions and thus showcase both the best and worst of our society, including (meta- narratives) that are rooted in misogynistic, racist, and other forms of oppression that impact lives” (Gomez et al., 2019, p.286). Therefore, it is vital to deconstruct a client’s narratives in order to examine the power dynamics at work in this process. Furthermore, it is suggested that “hearing clients’ narratives must move beyond a simple telling of clients’ stories to an active deconstruction of oppressive and unhelpful discourses,” Brown, 2007, (as cited by Sanders, 2012, p. 203). Sanders, (2012) emphasize that the work of the narrative counsellor is to take apart, unpack and reconstruct these stories, and that the cultural discourses that form the clients’ narratives are often where the deconstructive work lies. After all, Sanders, (2012) argues that power is always a part of the work of narrative therapy, and that this deconstruction process is a way to challenge oppression.

The fact that narrative therapy works to separate the person from the problem is in itself an act of social justice. Through this empowering process of externalizing the problem, an individual has an opportunity to see and understand how the issue might be caused by systemic injustices, which helps the client not internalize the blame. Edwards & Walker (2019) state that externalization plays an important role in transforming the self-narratives of those who are marginalised. They argue that externalisation has the capacity to help overcome challenges and

“build motivation for ongoing transformation” (Edwards & Walker, 2019, p. 345). Therefore, narrative therapists feel that it is important to look for stories of personal agency in the face of disempowering circumstances. This process creates an opportunity to highlight unique values and skills of an individual and work together to “thicken” alternative narratives that are more based on the client’s values and strengths. Combs and Freedman (2012) believe that this is another theoretical concept linked to social justice, “because it assists people in not being defined by unjust circumstances” (Combs and Freedman, 2012, p. 1042).

Narrative therapy’s principles are naturally rooted in social justice. In fact, Combs & Freedman (2012) argue that narrative therapists take an active rather than neutral stand for social justice because narrative therapy works to address social problems and reduce feelings of marginalization. As well, narrative therapy often joins voices together so they are more likely to be heard. Combs & Freedman (2012) stress the importance of making sure that once an individual’s problem is externalized, “and placed in the social realm”, the solution to this problem should not simply return to the personal, but rather provide opportunities for collective support and contributions to “social movement” Denborough, 2008, (as cited by Combs & Freedman, 2012, p.1055). In this way, Combs & Freedman (2012) suggest that narrative therapy supports social justice as it links lives through shared purposes. “In any social group, small or large, we are all participants in each other’s stories” (p.1036).

Fostering Resilience Through Acts of Social Justice

When discussing social justice and resilience, it is essential to look at Kimberle Crenshaw’s work on intersectionality and the significant influence this has had in helping move away from looking at social issues from a single-issue perspective (Gomez et al., 2019). Hogan (2022) notes that the term has been used to discuss “multiple marginalised identities” (p.93),

directly relating this to resilience. Gomez et al. (2019) assert that Crenshaw uses intersectional theory to look at societal inequalities, traumas and chronic stress rooted in “intergenerational trauma, race-based trauma, sexism, racism, classism, heterosexism, historical trauma, insidious trauma, cultural violence, political and racial terror, and oppression” Crenshaw, 1991, p. 331, (as cited by Gomez et al., 2019, p. 285). Additionally, it is argued that applying intersectionality to mental health fields can be helpful for explaining how structural inequalities as well as social oppression make individuals more vulnerable and as a result, potentially less resilient in society (Gomez et al., 2019). Therefore, it is suggested that intersectionality can be a useful framework for improving psychological practice as well as providing opportunities to look at mental health through a wholistic lens (Gomez et al., 2019). Furthermore, when looking at how to support an individual and their path towards resilience, Hogan (2022) notes that Crenshaw herself calls for, a more vigorous focus on the “manifold ways in which the operations of power at the local level are constituted through the regional, the international, and the global” Crenshaw, 2013, p. 807, (as cited by Hogan, 2022, p. 97).

It is emphasized that mental health professionals need to understand and be ready to address the wide range of psychological challenges that are born out of intersectional inequality (Gomez et al., 2019). As highlighted by Gomez et al. (2019) this involves challenging the “meta-narratives” that are born out of dominant discourses and unhelpful narratives which are rooted in oppression, as these narratives clearly get in the way from helping individuals recognise their natural strengths as well as their individual resilience (p.283). Reynolds (2019) asserts, “the costs of our unjust societies fall on people who are impoverished and marginalised, and whose human rights are ignored and abused”. Therefore, she argues that “there are specific actions rooted in social justice that can foster resilience” (p.4).

Joan Liard (2008) proposes that in order to be culturally competent, one “must know about and appreciate difference” (p. 99). She argues that Western culture is largely organized around difference, and goes further by explaining that while Western culture acknowledges differences, these differences are often presented in binaries such as male-female, black-white, gay-straight, rich-poor, and she states that “these normative ideas, in which we are all embedded, encourage stereotyping, narrow our field of possibilities, and prevent us from recognizing the dynamic complexity and continuously changing nature of ethnic, racial, gender, social class, or sexual identity and experience” (Laird, 2008, p. 102). Combs and Freedman (2012) state that it is important to ask questions as a way to work to expose such power imbalances and “invite people to look at the effects of these power differences, and to consider what they want in their own lives and relationships in the light of these differences” (p.1054). Liard (2008) stresses the importance in becoming informed about ourselves as therapists, as this will help us not only better understand “those whom we perceive as different”, but also allow us to “listen in a way that has the potential for surfacing our own cultural biases and recognizing the cultural narratives of the other” (p. 102). Additionally, Combs and Freedman (2012) believe there is great value in therapists questioning their own cultural biases, not only to recognize that each of us comes from a particular culture, but also as a way to “try to make therapy culturally fitting for those who come” (Combs & Freedman, 2012, p. 1053).

Doorn et al. (2018) make a case for social justice and resilience while looking through the lens of resilience infrastructure. They argue that social justice is not simply about recovering from pre-existing conditions, but rather it is also about making a change so that circumstances move past the existing vulnerabilities and ultimately move forward. They stress that for a system to function; its resilience is important. Therefore, when looking at building resilience through

acts of social justice they believe the importance of “promoting both infrastructure resilience as well as human well-being as a way to achieve societal resilience” (p. 117). Doorn et al., provide examples of functioning that include “being nourished, being mobile, being sheltered, and being socially connected” (p. 117). Ultimately, they argue that in order to see what is needed for community resilience, it also involves examining individual well-being. Furthermore, they highlight that because things exist interdependently, social justice requires circumstances to be addressed at both an individual level as well as at a collective level, and in stating this they make a strong case for social justice to be recognised as a societal need (Doorn et al., 2018).

Reynolds (2019) addresses the importance of collective action. She asserts that rather than an individual bouncing back alone, it involves working to change the various underlying structures that become barriers for individuals, while also not shifting the responsibility away from the systems that cause the hardship. She highlights the fact that she first encountered the intersections of public issues and private problems in feminism, and she agrees with the feminist Carol Hanisch’s statement “the personal is political” (Reynolds, 2019, p.6). Reynolds argues that the field of community work, social work, therapy and counselling share “rich and diverse traditions of resisting neutrality”, and states, “public problems become private issues in a therapeutic practice” (p.6).

Morrison et al. (2022) take this further by arguing that “therapists, supervisors, and educators have a role in promoting social justice, equity and fairness in relationships and in the wider community” (p. 409). They suggest this should be done not only to change oppressive patterns on an individual level, but also in communities and institutions. They stress the importance in moving “from justice theories to practice” which requires therapists to be aware of their positionality, as a way to “place equity at the centre of therapy” (p. 410). Additionally, they

emphasize the importance of engaging critically around issues of justice, being self-aware, and interacting responsively so that relational power imbalances can be interrupted and transformed (Morrison et al., 2022).

As a way to move forward, Tutor & Rogers (2023) state that the therapist's genuine humility is important, as it "enables the client to be a partner in the therapeutic alliance" (p. 474). Tutor & Rogers further articulate this by noting that it is important to acknowledge the impact of structural power that exists on the client's life, by noting that the attempt to 'help' comes from a position of privilege, and by shifting the focus from the individual therapist, to the relationship between the two people in the helping relationship (Tutor & Rogers, 2023, p. 472). Additionally, they highlight the importance of having cultural humility which includes the importance of the counsellor "resisting to privilege their own culture and perspectives in the relationship" (Tutor & Rogers, 2023, p. 474). Finally, they note that many inequalities are historic and they stress that the challenge is to "find ways to 'own' this history, while also being grounded in the reality of ongoing contemporary injustices, so that 'we' can act to make a difference" (Tutor & Rogers, 2023, p. 476).

Reynolds (2019) not only asserts that clients contribute and make a difference in our lives, but also, she wonders what difference it might make for clients if they knew they changed us too. She argues that the ways we are transformed in the work fosters a "collective sustainability" (Reynolds, 2019, p. 29). Through these "relationships of solidarity we experience ourselves as alongside others, and having those others connected with us by our shared ethical responsibilities" (Reynolds, 2019, p. 31). She explains solidarity as something that comes from activist traditions envisioning collective ethics, looking for connective practices of resisting oppression and promoting "justice-doing" (Reynolds, 2019, p. 9). She confirms that a therapist's

work should be collaborative and stresses the importance of keeping the spirit of “collective ethics alive in our work and lives” (Reynolds, 2019, p.11). After all, Reynolds notes that “Brazilian critical educator Paulo Freire (2001) teaches that solidarity goes beyond naming oppressions and oppressors, and demands that we transform ourselves, our institutions and the world” (Reynolds, 2019, p.10).

Chapter 3: Summary, Recommendations and Conclusion

Summary

The central problem explored in chapters 1 and 2 of this capstone focus on how to foster resilience through narrative therapy techniques and acts of social justice. I learned that resilience is a difficult phenomenon for researchers to study because of the multiple factors affecting an individual’s responses for a resilient outcome. Through researching the many strategies that build resilience, I am left with a better understanding of the benefits and challenges involved for an individual to become resilient. As well, my research has led me to the conviction that proactively building resilience is extremely valuable not only to the individual but also to the collective.

I began this capstone with the idea that the very act of sitting in a room with an individual and helping them feel seen was, in itself, an act of social justice. I carried this idea with me, guiding my research, and my belief in making a difference in an individual’s life through acts of solidarity, standing with others in their struggles and, in doing this, striving for equality and justice. When researching narrative therapy, not only was I inspired by how this approach directly pertains to social justice, I was also inspired by the complementary nature of these concepts and the prevailing evidence regarding how they both interconnect and foster resilience. I held onto the idea that genuine small acts of solidarity have power, and as my research

developed, so did my certainty in their ability to create a ripple effect within communities, playing a positive role in building a healthier society.

From my literature review and informed by Reynolds' (2019) words of "justice-doing" (p. 9), it seemed fitting to create something in this chapter that was both a practical application and a form of action. This concept led me to develop an expressive piece that highlighted connection in action by creating a shared space through words. In fact, this very creation is a call for connecting, a recommendation to build self-awareness, and a sharing of experience through reflection and engagement.

Recommendations

The value of human interconnectedness has become a significant ingredient to strengthening resilience. Through my research I have learned and reflected on the huge effect society has on an individual's well-being as well as the critical role community plays in helping resource the individual. In stark contrast to Western society, Indigenous worldviews have much less separation between the individual and the community, and from nature itself. Part of our difficulty as humans may be due to this separation of the individual from the community and from the natural world. Therefore, I recommend implementing conscious acts of interconnectivity and, as mentioned in chapter 1, have chosen to present my culminating research recommendations in the form of Metissage.

"The root of metissage, Metis, comes from the Latin meaning mixed. Metissage was originally used to describe a cloth woven from different threads" (p. 61). As this word has been described as the intermixing of people due to colonization, it is also described as a place for potential relationality, from the "interwoven threads of our stories" (p. 61). As Metissage is often a weaving of three strands together, I was drawn to this style as a way to bring together my own story, my research, and a reflective analysis on social cultural ways of being. This form offered

me the possibility of blending my research elements on narrative therapy, resilience and social justice, as a way to envision something new.

Donald (2012) states that a central goal of doing Metissage is to “enact ethical relationality as a philosophical commitment” (as cited by Burke & Robinson, 2019, p. 156). Furthermore, they describe this as a process that involves moving from an individual identity focus to creating a “group consciousness” and a willingness to move past “binary categories” (p. 156). Ultimately, the authors assert that the model of Metissage offers “a research praxis for its inclusiveness and its representation of strength in diversity” (156).

My Metissage is in the form of a spoken word presentation. Choosing this creative and expressive delivery model is an innovative act of sharing and presenting material while challenging traditional structures. As Kazmi et al., (2023) assert, “a story that emerges as a collective braid can contribute to justice” (p.62). I am always looking for actions that provide opportunities for reflection, build justice in this world, and plant new seeds of thought. Using an expressive art form is purposeful as it offers a chance to connect to others in a way that only the arts can do.

Ultimately, I have created a spoken word poem as a way to promote the possibility about what the research *does* versus simply what the research *means*. I hope to open doors of connectivity, putting action into practice and creating processes that are reflective experiences. Through the act of presenting, the research becomes distilled into a summary, and the summary itself becomes an educational tool. By creating ripples through the act of sharing, ideas help us move into action and be moved.

Metissage Presentation: How Resilience Can be Fostered Through Narrative Therapy and Acts of Social Justice

I grew up in the forest

Then the world told me I was shy

Adults at the birthday party, looking down into my eyes

You don't say much, do you? She's shy, they said

I knew how to speak to trees

I invented my own language

My sisters saw me free

Many thoughts inside my head

Expressions

Conversations

Interactions

I could see the humans reaching

Trying to fill the void

I went deeper into my shell. My eyes got wider. I learned to watch the world

Compassion grew inside me

I discovered my voice through sharing other people's voices

We participate in each other's stories

And now helping a person feel seen

Offering safety

This matters to me.

To feel safe is to be seen

A human sitting in a room with me. Child, adult, refugee, addictions, depressions, anxiety.

With all their darkness and all their light, with grace, a space we step into together. Relational, human dignity, a narrative world view.

Identity is not fixed, for we are multistoried beings. Making sense of our lives through stories and finding our own place in the world is freeing.

No stories are neutral. What is the story being told? What is the story not being told? Who tells the story is also a part.

Seeing how these stories shape our lives

Seeing the whole person within these stories

This is where we start.

By looking for a place where the light gets in

Seeing them as people, not pathologies, not statistics, not suffering

Let's explore the effects of the problem story. Name the problem. Widen the space between the person and the problem. How has it influenced the individual's perspective?

The person is not the problem, the problem is the problem, and the solution is collective.

Behaviour put in a box.

What if there really is no fixed self?

No right way to do things

No such thing as the concept of normal

No singular identity waiting to be discovered on a shelf

A questioning of

Culture, class, race, gender, sexuality

Let's move the subjugated experience from the margin to the centre

This is the ethics of responsibility

Through questions

locate systems of oppression

Expose dominant discourses

Find what is being obscured

Reveal its hidden assumptions

The discourse is sneaky

What kind of measures of normality are being pursued?

Who benefits? What is blurred?

Double listen to the client's explicit story

What do they stand for? What do they care about?

Listen for moments of agency, for unique outcomes

For hope and resistance

It's about exposing conditions rather than simply treating symptoms

We can proactively build resilience

Resilience, the story of a human's life. Falling down and getting back up. Falling down and climbing back up. Falling down and stepping up, and into the room

Resilience / a small and winding path. Resilience / loud and dominant

Resilience / a multifaceted word

Not the label, nor the badge. It's the small acts, the little moments, the little cracks

Of pushing back

Of getting up

Standing up

Speaking up

Of being seen -

It is possible to emerge stronger than before

Resilience is needed for a system to change

What if we could move from justice theories to justice practices?

What if we could see the invisible headwinds that individuals face on a daily basis

And see the invisible tailwinds at our backs that is our privilege carrying us places

We are participating in each other's stories

Every therapeutic conversation shapes our identity
This is an act of social justice
This is intersectionality
The cost of our unjust societies is multiple marginalised identities
It's human rights ignored
Falling on shoulders
Of those who can't afford

Listen

Listen

Listen

There are cultural biases

Stereotyping

Narrowing possibilities

It's time to become informed about ourselves and how we're shaped by others

Informed about those we perceive to be different

Our stories wouldn't exist without our relationships with others

Our solidarity, our connection

Knowing my struggle is part of something bigger

Knowing my struggle is related to yours

And that the solution is collective

Relational means resilience

Social connection is essential

Solidarity is about transforming ourselves and our institutions

In the small acts of resistance there is a changing of the world

Conclusion

This capstone states the importance of knowing and appreciating difference, becoming informed about ourselves (Liard, 2008) as educators and counsellors, and understanding the role we play in a position of privilege. By addressing challenges born out of intersectional inequality, moving “from justice theories to practice” (Morrison et al., 2022, p. 409) and looking for the structures that are barriers for an individual to bounce back, it is possible to make a difference through collective action (Reynolds, 2019).

Through my research, I have highlighted the importance of building resilience and have underscored the value of a proactive approach by looking directly at narrative therapy and acts of social justice and their formidable power to foster resilience. I have emphasised how these interventions have the possibility of making this difference, reinforced the significant role interconnectedness plays in society and stressed how an individual’s resilience is affected by this. After all, there is a societal need for building resilience on both an individual and collective level (Doorn et al., 2018), and ultimately, I build a case for the importance of societal resilience.

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