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NARRATIVE THERAPY

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Outline

- History
- Concepts
- Narrative Practice
- Applications
- Implications for Psychiatry
- Discussion



History



- Both social workers and family therapists
- White had experience as a community organizer of mental health patients in Australia. In 1982 he was the first editor of the Australian and New Zealand Journal of Family Therapy (ANZJFT)
- Epston, hypnotist, also had a degree in anthropology, and had studied community development in Scotland.

Introduction

- Narrative therapy views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with problems in their lives.
- There are many possible directions that any conversation can take (there is no single correct direction). The person consulting the therapist plays a significant part in determining the directions that are taken.

- Narrative therapists think in terms of stories – dominant stories and alternative stories; dominant plots and alternative plots; stories that are powerfully shaping of lives.



M from Fregon...her story

- Narrative therapists, when initially faced with seemingly overwhelming thin conclusions and problem stories, are interested in conversations that seek out alternative stories – not just any alternative stories, but stories that are **identified by the person** as stories by which they would like to live their lives.



Key question

- “How can we assist people to break from thin conclusions and to re-author new and preferred stories for their lives and relationships? ”
- As Jill Freedman and Gene Combs describe: Narrative therapists are interested in working with people to bring forth and thicken stories that do not support or sustain problems.



Problem Stories
Dominant Stories



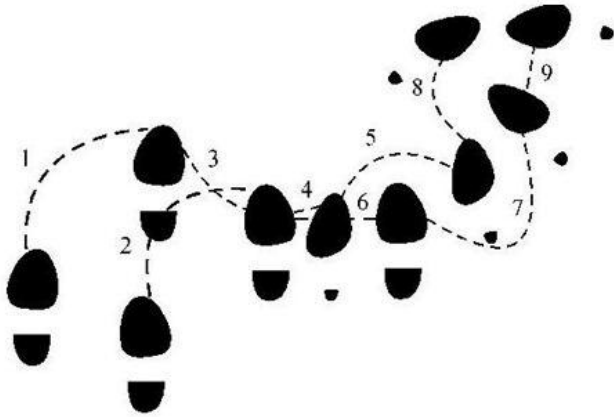
Alternative Stories
Preferred Stories
Subordinated Stories

PROBLEM STORIES



ASSUMPTIONS

That people consulting us
have **MEANING-MAKING
SKILLS**= have been developed
in the history of their lives,
their relationships and their
communities



4

Account of events

Linked in sequence

through time

**According to a plot/
theme**

theme

Eg: “losing my life”

“tragedy”

“loss”



Conclusions they reach

“I am inadequate”

“I am a failure”

“Just shows how incompetent I am”

IDENTITY CONCLUSIONS

Problems and identity

- A person who uses drugs is called a?
- A person who drinks a lot of alcohol is called a...?
- This way of speaking about problems internalises problems and affects identity



- Unfolding of events through a landscape of action
- Negative conclusions/ Understanding about their identity that have been confirmed by the developments: landscape of identity material

HOW ARE WE DOING?

MAPPING EXTERNALISING CONVERSATIONS

Mapping Externalising Conversations

- Experience-near, particular **DEFINITION OF THE PROBLEM/CONCERN**
- Experience of this Development (**INFLUENCE OF THE PROBLEM** in the various domains of living)
- Problem in Relationship (**EVALUATION OF THE EFFECTS/INFLUENCE OF THE PROBLEM**)
eg. Is this okay with you?
- Characterisation of Problem (**JUSTIFICATION OF THESE EVALUATIONS**) eg. Why is/isn't this okay for you?; Why do you feel this way about this development?





- Focus on problems that are internalised and externalise them (eg. 'the depression' and 'Mr Mischief').
- Broader considerations can also be taken into account. People's relationships with problems are shaped by history and culture, it is possible to explore how gender, race, culture, sexuality, class and other relations of power have influenced the construction of the problem
- Metaphors that become externalised (e.g. blame, bickering, guilt, worry, fear, jealousy) are those that are articulated by the person consulting the therapist

Problem Stories
Dominant Stories



Alternative Stories
Preferred Stories
Subordinated Stories

Externalising Conversations
Statement of Position Map #1



Justification of
the Evaluation

Why? —



Evaluating effects
of the Problem

OK, not OK,
bit of both



Exploring effects
of the Problem

Domains of life
Identity
Future



Naming
the Problem

Characterising
Context & history



MAPPING INITIATIVES

Mapping Initiatives



- Experience-near and particular DEFINITION OF THE UNIQUE OUTCOME/EXCEPTION/PROBLEM-SOLVING SKILL.
- EFFECTS OF THE UNIQUE OUTCOME/EXCEPTION/PROBLEM- SOLVING SKILL in those various domains of living
- EVALUATION OF THE EFFECTS of the unique outcome/exception/problem-solving skill in these domains of living
- 4. JUSTIFICATION OF THESE EVALUATIONS (Why is/isn't this okay for you?; How come you're taking this stand/position on this development?; Would you tell me a story about your life that would help me to understand why you would take this position?)

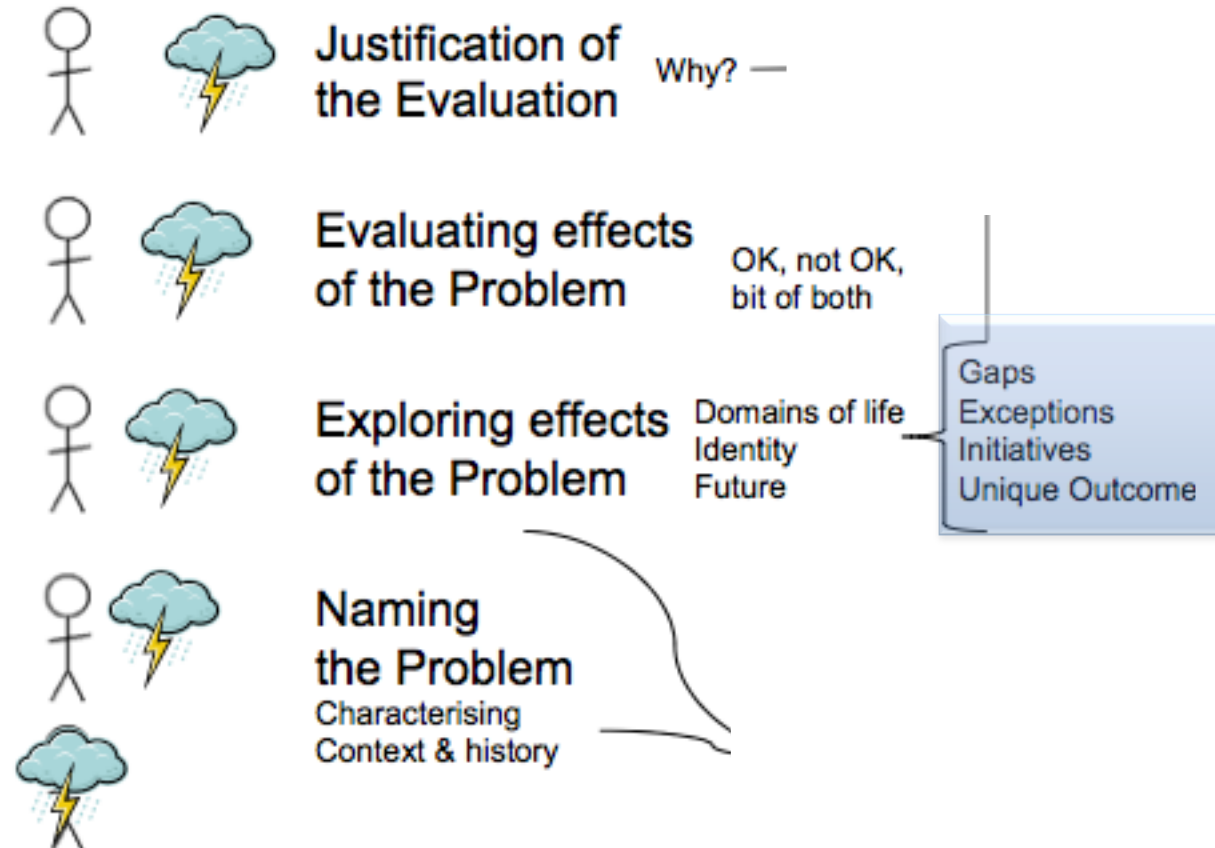
Problem Stories
Dominant Stories

Rich Story Development

Alternative Stories
Preferred Stories
Subordinated Stories

Externalising Conversations

Statement of Position Map #1



Mapping Initiatives

- In response to specific developments in people's lives, it can be very tempting for therapists to respond enthusiastically to what they construe to be a unique outcomes, and in so doing:

- a.engage in efforts to convince persons that they could take more notice of and appreciate these developments,

TO CONVINC

TO POINT OUT THE CONSEQUENCES

TAKE A STRONGLY POSITIVE POSITION

JUSTIFY THEIR POSITION ON THESE DEVELOPMENTS

- b.try to point out the consequences of potential in particular the possibilities associated with, such developments,

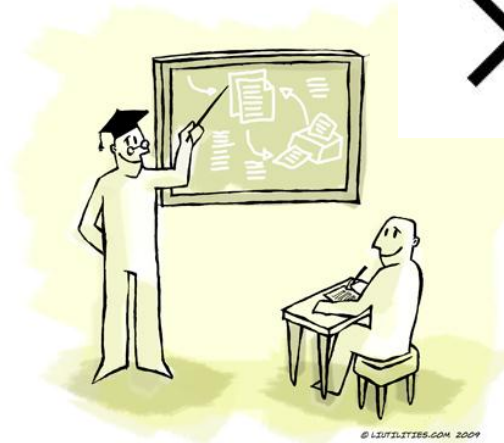
- c.take a strongly positive position on these consequences, implications, and possibilities, and

- d.justify their position on these developments by giving voice to a range of possibilities and conclusions about the lives and the identities of the people seeking consultation. In response to these developments, therapists become quite centred and relatively non-judged to be significant and weighty to people in these circumstances, it is the therapists who who consult therapists. This closes the door to other people joining people in their position.



conclusions about the developments of people's consultation. In such circumstances, not the people at is the outcome of

- The "statement of position map 2" can be used in consultations, and contributes to the opportunity for people seeking consultation to attend to those aspects of their lives, developments that might otherwise be neglected.



l posture in their that provide the opportunity of their lives, developments

Therapist

	De-centred	Centred
Influential	De-centred and influential (potentially invigorating of therapist)	Centred and influential (potentially burdening of therapist)
Non-influential	De-centred and non-influential (potentially invalidating of therapist)	Centred and non-influential (potentially exhausting of therapist)

Curiosity and a willingness to ask questions to which we genuinely don't know the answers are important principles of this work

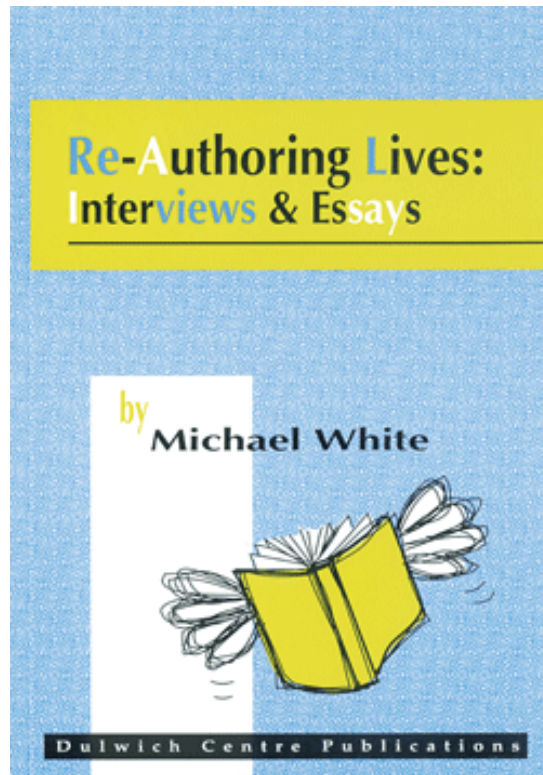
Line of Question

- The therapist seeks to understand what is of interest to the people consulting them and how the journey is suiting their preferences.
- “How is this conversation going for you? Should we keep talking about this or would you be more interested in ...?”
- “Is this interesting to you? “
- “Is this what we should spend our time talking about?”
- I was wondering if you would be more interested in me asking you some more about this or whether we should focus on X, Y or Z? [X, Y, Z being other options]



RE-AUTHORING CONVERSATIONS

RE-AUTHORING CONVERSATIONS



- People are assisted to identify the more neglected events of their lives
- Therapists build a scaffold through questions that encourage people to fill these gaps.
- In developing this scaffold, therapists traffic in "landscape of action" and "landscape of identity" questions.

A stair of questions: A scaffolding of the maps of narrative practice

Geir Lundby, Norway

- What is possible to know
them?
future?
commitments?
involved?
dreams?

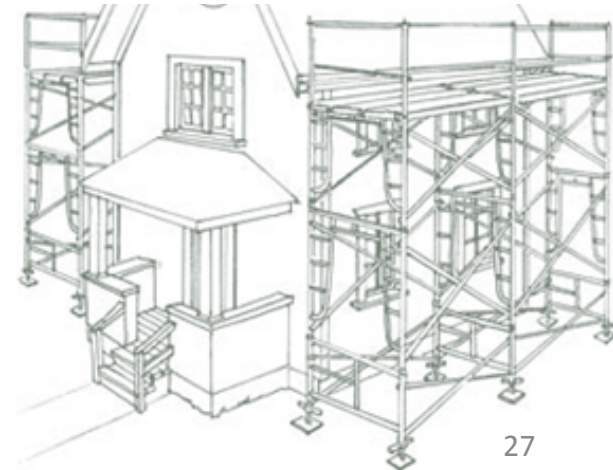
What might stop you from taking
What new steps or possibilities in near
What about
some values
What hopes or
What purpose or intention was behind the step?

- Re-authoring
to help me understand?

How did you prepare yourself?

- Re-remembering
evaluation
relationships
of both

Who would be surprised/not surprised?
Evaluate the effects
Naming the event (specific, experience-near
Event, initiative, or a step

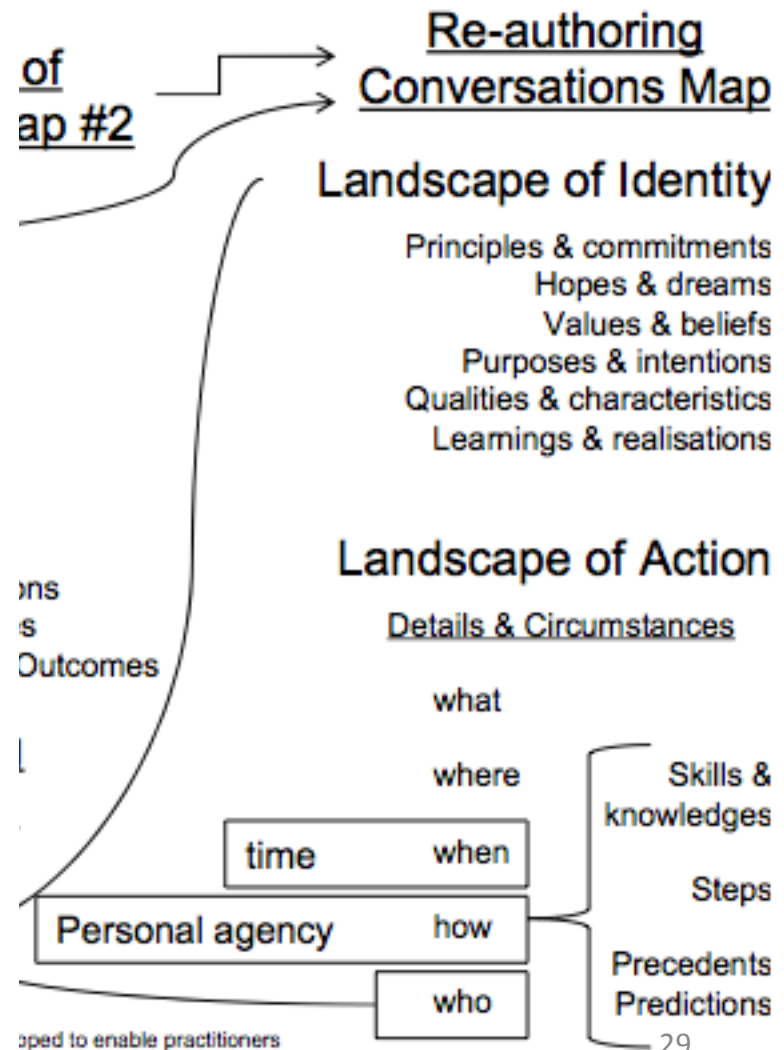


- As re-authoring conversations evolve, they provide conditions for people to step into the near future of the landscapes of action of their lives.
- In the first place, people are likely to respond to landscape of identity questions by generating identity conclusions that are informed by the well known structuralist categories of identity - needs, motives, attributes, traits, strengths, deficits, resources, properties, characteristics, drives and so on.
- As these conversations further evolve, there is opportunity for people to generate identity conclusions that informed by the well known non-structuralist categories of identity – intentions and purposes, values and beliefs, hopes, dreams and visions, commitments to ways of living, and so on.

Problem Stories
Dominant Stories



Alternative Stories
Preferred Stories
Subordinated Stories



RE-MEMBERING CONVERSATIONS

RE-MEMBERING CONVERSATIONS



- Evoke 'life' as a 'membered' club, 'identity' as an 'association' of life.
- Contribute to a multi-voiced sense of identity, rather than the single-voiced sense of identity
- Open possibilities for the revision of one's membership of life: for the upgrading of some memberships and the downgrading of others; for the honouring of some memberships and for the revoking of others.
- Are richly describing of the preferred accounts of identity and knowledges of life and skills of living that have been co-generated in the significant memberships of people's lives.

RE-MEMBERING CONVERSATIONS



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- Contribute to a multi-voiced sense of identity, rather than the single-voiced sense of identity
NOT ABOUT PASSIVE RECOLLECTION, BUT ABOUT PURPOSEFUL ENGAGEMENTS WITH THE SIGNIFICANT FIGURES OF ONE'S HISTORY, AND WITH THE IDENTITIES OF ONE'S PRESENT LIFE WHO ARE SIGNIFICANT OR POTENTIALLY SIGNIFICANT.
he
honouring of some memberships and for the revoking of others.
- Are richly describing of the preferred accounts of identity and knowledges of life and skills of living that have been co-generated in the significant memberships of people's lives.

RE-MEMBERING CONVERSATIONS



- The first set of inquiry:
 - I. recounting figure's contribution to person's life
 - II. person's identity through the eyes of the figure

- The second set of inquiry:
 - I. person's contribution to the figure's life, and
 - II. implications of this contribution for the figure's sense of identity



Narrative therapists think in terms of stories

– dominant stories and alternative stories; dominant plots and alternative plots; stories that are powerfully shaping of lives.

-Narrative therapists are interested in joining with people to explore the stories they have about their lives and relationships, their effects, their meanings and the context in which they have been formed and authored



Concept of change in Narrative practice

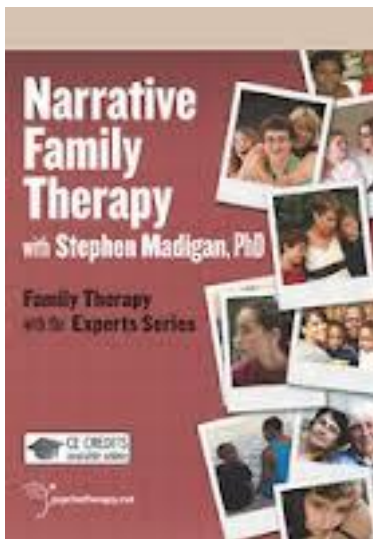
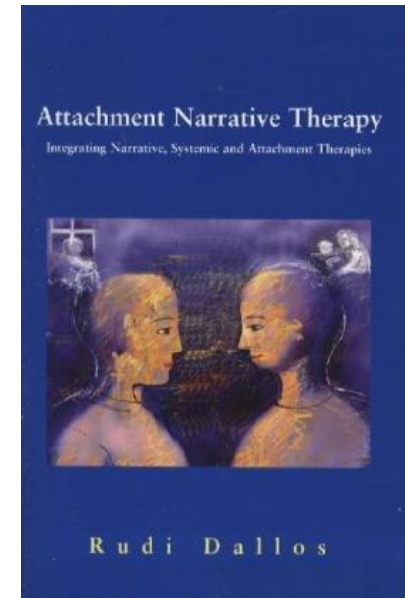
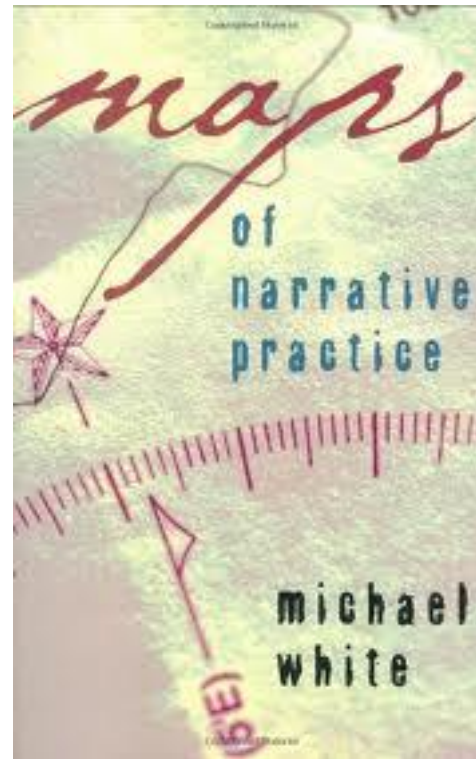
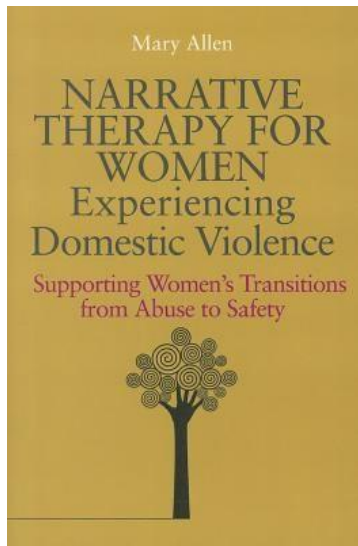
Establishing a context in which people are able to give voice to their values and their intentions

People become aware of a whole range of actions that are in harmony with what they give value to

Internal changes: Influences from William James's work and Russian psychologist Vygotsky's writings (Stream of consciousness).

Applications

- Aboriginal patients, families & communities
- Trauma: DV and abuse
- Children and families
- Schizophrenia
- Eating disorders
- International: US, Africa, Bangladesh, Pakistan, Columbia



Strengths/Weaknesses/Criticisms

- Advantages

- Counseling applicability
- Cultural applications
- Accessibility

Disadvantages/Criticisms

- Relativistic
- Nihilistic
- Notion of agency (Logio-scientific/Narrative/Humanistic)
- Indeterminate amount of time
- Downplays the role of expertise - S or W?
- Emphasis on language
- Cultural bias / difficulties
- The “blameless self”?

Narrative approaches to initial psychiatric consultations

SuEllen Hamkins'

**INITIAL PSYCHIATRIC CONSULTATION
AS A RE-AUTHORING CONVERSATION**



- <http://www.dulwichcentre.com.au/publications.html>
- <http://www.terapianarrativa.com.br/en/praticas.html>
- <http://www.dulwichcentre.com.au/the-danger-of-the-single-story.html>
- <http://www.dulwichcentre.com.au/trauma-and-narrative-therapy.html>

“One of the aspects associated with this work that is of central importance to us is the spirit of adventure. We aim to preserve this spirit, and know that if we accomplish this our work will continue to evolve in ways that are enriching to our lives, and to the lives of those persons who seek our help” (White & Epston, 1992, p. 9).

DISCUSSION...