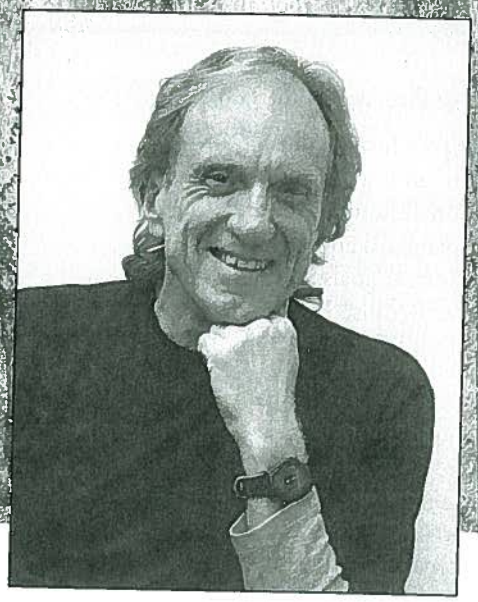

*Michael White*

CHAPTER 15

# Narrative Therapy

*The Kennedy family comes to counseling in hopes of helping the eldest daughter, Rachael (17 years old), in her struggle with anorexia. David and Melanie, the parents, have been divorced for 4 years. Rachael's problems developed when she was 13 years old, around the time her parents separated. There are two other children in the family, Jeff (age 12) and Jessica (age 15).*

*David and Melanie report that their marriage ended because David "came out." Another factor in the couple's history was Melanie's drinking—she was apparently physically abusive to the children when she was drinking, resulting in frequent conflict with David as well. Melanie reports that she has been sober for 4 years.*

*Rachael, according to her mother, just could not handle her parents' break-up, the news that her father was gay, and her mother's entry into alcohol rehabilitation. In addition, Rachael reports that she was almost raped by an uncle when she was 15 years old. Rachael says that when the family lived together, her father was perfectionistic and demanding, insisting that she perform at the highest levels in schoolwork and athletics. When she did not meet these standards, he would tell her that she was going nowhere with her life. Rachael readily admits that her anorexia is a form of "passive suicide."*

*Rachael has been hospitalized three times for her problems and the family is referred to counseling by the psychiatrist with whom she has most recently been working. Multiple forms of treatment have been attempted, including hypnosis, antidepressant medication, individual psychotherapy, music therapy, and Eating Disorders Anonymous. Rachael reported that until about a year ago she used laxatives, diuretics, and diet pills to maintain a low body weight. She currently weighs about 105 pounds and is considered severely underweight for her height. She restricts her food intake and exercises several times a day.*

*For the most part, the family is coming to therapy to see if they can help Rachael. However, David does not see how family therapy can help—he sees the problem as Rachael's and states that she just needs to get her act together and start eating.*

## BACKGROUND

Essentially, narrative therapists see life as a process of storytelling. Narrative Therapy (NT) is a relatively recent development and it is firmly situated in the social constructivist approach to psychotherapy. For some, what is disconcerting about this approach is that there is no one True Story. I will have more to say on this issue later.

The names most commonly associated with the NT approach are Michael White and David Epston. The "bible" of the theory is White and Epston's (1990) book *Narrative Means to Therapeutic Ends.* One hotbed of NT is the Dulwich Centre in Adelaide, Australia, co-directed by Michael and Cheryl White. You can find their website at www.dulwichcentre.com.au/index.htm. Check out www.narrativeapproaches.com/ for David Epston's website. In Box 15.1, you'll find a selection of Michael White's writing about a client, Robert, that will give you a sense of how he thinks about his work.

### Box 15.1

### A Case from Michael White

Robert was referred to therapy over abusive behavior in relation to his partner and one of his children. This abuse had only been recently disclosed. He had agreed to leave the family home, and the appropriate police and court measures were in the process of being instituted.

During our early contact, discussion centered on Robert's responsibility for perpetrating the abuse,* on the identification of the survivors' experiences of abuse, on the real short-term and possible long-term traumatic effects of this on the life of the survivors, and on determining what he might do to take responsibility to mend what might be mended.

Following this work, I asked Robert whether he would be prepared to join me in some speculation about the conditions and the character of men's abusive behavior. This he agreed to do, so I asked him a series of questions within the category of those represented below:

- If a man wanted to control and to dominate another person, what sort of structures and conditions could he arrange that would make this possible?
- If a man desired to dominate another person, particularly a woman or a child, what sort of attitudes would be necessary in order to justify this?
- If a man decided to make someone his captive, particularly a woman or a child, what sort of strategies and techniques of power would make this feasible?

During this speculation, particular knowledges about men's ways of being that are subjugating of others were articulated, techniques and strategies that men could rely upon to institute this subjugation were identified, and various structures and conditions that support abusive behavior were reviewed. I then asked Robert to determine which of these attitudes he had given his life to, which of these strategies had been dominant in shaping his relationships with others, and which of these conditions and structures had provided the framework for his life. This was followed by further discussion centered on

a review of the historical processes through which Robert had been recruited into the life space that was fabricated of these attitudes, techniques, and structures.

Robert was invited to take a position on these attitudes, strategies, and structures. Would he continue to subject his life to this particular knowledge of men's way of being? To what extent did he think it was reasonable to live life as "power's instrument," as an instrument of terror? To what extent did he wish to cooperate with these strategies and tactics that so devastated the lives of others? In view of his developing understanding of the real effects of his actions, did he think it acceptable to depend upon these structures and conditions as a framework for his life?

As this work progressed, Robert began to experience a separation from these attitudes and an alienation from these structures and techniques of power and control. His previously familiar and taken-for-granted ways of being in relation to women and children—and for that matter, his previously familiar and taken-for-granted ways of being with other men—no longer spoke to him of the truth of who he was as a man. For Robert to challenge his abusive behavior no longer meant taking action against his own "nature," and he was now able to take entire responsibility for the abuse that he had perpetrated on others.

In the space that Robert stepped into as a result of this separation, we were able to find various unique outcomes, that is, occasions upon which his behavior had not been compelled by those previously familiar and taken-for-granted ways of being as a man. I asked Robert to evaluate these unique outcomes. Did he see these outcomes as desirable? Did he feel positively about them? Or were they of no consequence to him? As Robert concluded that these outcomes were desirable, I asked him to share with me how he had reached this conclusion.

As our work progressed, the identification of these unique outcomes provided a point of entry for an "archeology" of alternative and preferred knowledges of men's ways of being, knowledges that Robert began to enter. For example, in response to my encouragement to give meaning to these unique outcomes, to determine what ways of "being" as a man were reflected in them, Robert recalled an uncle who was quite unlike other men in his family; this was a man who was certainly compassionate and non-abusive. Robert subsequently did some homework on this uncle, and this contributed significantly to his knowledge of some of the more intimate particularities of this alternative way of being.

Robert's family had signaled a strong desire to explore the possibilities of reuniting. As Robert had begun to separate from those attitudes and practices that had justified and supported his abusive behavior, and as he had entered into an exploration of alternative and preferred knowledges of men's ways of being, the time seemed right to convene a meeting with the family.** Understanding his responsibility to provide safeguards to family members, he agreed to participate in certain structures that would contribute significantly to the security of family members. These included (a) a meeting with representatives† of his partner and his child to disclose his responsibility for and the nature of the abuse, (b) a willingness to participate in weekly escape from secrecy meetings‡ with his family and the nominated representatives, and (c) a preparedness to cooperate with other family members in the development of a contingency plan should any family member again feel threatened by abuse.

Over time, Robert traded a neglectful and strategic life for one that he, and others, considered to be caring, open, and direct.

Excerpted from "Deconstruction and Therapy" by M. White. In S. Gilligan and R. Rice (eds.) *Therapeutic Conversation* (pp. 22–80) 1993. New York: W. W. Norton.

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*I would refer readers to Alan Jenkin's book *Invitations to Responsibility* (1990), for an excellent discussion of this and other aspects of work with men who abuse others.

*The counseling of family members in relation to the abuse and other issues was undertaken concurrently in a different context.

*I do not believe it is ever sufficient for men to take entire responsibility for perpetrating abuse, to identify the experience of those abused, to get in touch with the short-term and possible long-term effects of the abuse, to develop a sincere apology, to work on ways of repairing what might be repaired, and to challenge the attitudes that justify such behavior and the conditions and techniques of power that make abuse possible.

If that is where it ends, although the man may experience genuine remorse, he is likely to re-offend because he has no other knowledges of men's ways of being to live by. For there to be any semblance of security that this will not occur, I believe that it is essential that these men be engaged in the identification and the performance of alternative knowledges of men's ways of being.

*These representatives must be nominated by the child and the non-offending spouse. They can be relatives who do not have a history of abusive behavior or persons known to them in the community.

‡Escape from secrecy meetings are held weekly in the first place, and gradually move to a monthly basis over a period of two years. At each of these meetings, events of the past week or so are reviewed. Events which reflect a reappearance of any of those attitudes, strategies, conditions, and structures that provided the context for past abuse can be identified and challenged.

Different family members take turns at minute-taking for these meetings and in the posting of these minutes to the therapist (frequently with the assistance of the representatives). The family member whose turn it is to take this responsibility is encouraged to append his or her confidential comments to these minutes. If the therapist does not receive the minutes of a meeting on schedule, s/he immediately follows this up. From time to time the therapist joins these meetings to review progress.

It is not possible to overemphasize the importance of local accountability in this work. State intervention can be highly effective in bringing about the immediate cessation of abuse, but local accountability structures are essential to the establishment of secure contexts.

For an excellent discussion of the significance of secrecy in structuring a context for abuse, I would refer readers to Amanda Kamsler and Lesley Laing's "Putting an end to secrecy" (1990).

Beels (2001) provides a history of White and Epston's collaboration in creating NT and the following section draws significantly from his work. White and Epston are both social workers by training and are more likely to be found doing family therapy than individual therapy. As an undergraduate, Epston majored in anthropology and also worked for Australia's Northern Territory Department of Aboriginal Welfare. According to Beels, he held many diverse jobs and then "dropped out into the hippie world of Vancouver, Canada" (p. 166), in the late '60s or early '70s. Epston eventually returned to New Zealand in the late '70s and began to work with children and families.

A native of Adelaide, White worked for the Department of Welfare while working on his degree in social work and then in a children's hospital. An interesting tidbit about his training: the first therapy approach he learned was Person-Centered Theory.

White and Epston reportedly met at the First Australian Family Therapy conference in 1980 and found a mutual interest in anthropology as a basis for family therapy. The influence of this foundation can be clearly seen in the NT commitment to grounding individuals' stories in cultural and historical contexts. This emphasis, along with the

physical genesis of NT in Australia and New Zealand, probably led to the interest among these therapists in community-level interventions such as the Dulwich Centre's consultations with Aboriginal people's councils. Beels (2001) maintains that other major influences on the evolution of NT were White and Epston's '60s-era life experiences, and the fact that neither had been intensively trained in the psychoanalytic tradition.

Currently, NT has a sizable international following and social constructivism is considered a cutting edge of family therapy (Carr, 1998). You can see a really good example of Narrative Therapy on the *Theories in Action* DVD, featuring therapist Jim Kreider with the client Helen. The major websites for this approach are probably Epston's and White's (listed earlier) but you can easily find others through a quick search. The *Australia and New Zealand Journal of Family Therapy* can be found at http://www.anzjft.com/resources.htm and *Gecko*, a practice-based journal about Narrative Therapy is described at http://narrativebooks.com/journals.php?journal=16.

## BASIC PHILOSOPHY

NT, as noted earlier, is rooted in social constructivist philosophy. Pure social constructivists believe that there is no objective social reality; instead, the way we view ourselves, others, and the entire social world in which we live is created (constructed) by social processes, and most significantly, through our interactions with others.

An important aspect of the NT philosophy is the analysis of social power, which is rooted in the ideas of the French philosopher Foucault (White & Epston, 1990). In this view, power is seen as determining the truths by which society operates, which in turn, strongly influence the stories individuals create about their lives. You may see similarities with a feminist ideology in this NT perspective and these are not accidental. Both approaches are considered political stances as much as they are ways of helping. An NT therapist would be very comfortable with the phrase "the personal is political."

Power and knowledge (that accepted by the dominant culture) are inseparable. In fact, it is difficult to see the relationship, for the workings of power are disguised under the notion of "truth." For example, western European culture generally accepts the notion of an objective reality (outside of us) that can be known by scientific method. One who departs from this version of reality is usually known by those around her as "crazy" and is rendered powerless (think of how folks talk about psychic advisors, for example).

Further, White and Epston (1990) tell us:

> If we accept that power and knowledge are inseparable—that a domain of knowledge is a domain of power and a domain of power is a domain of knowledge—and if we accept that we are simultaneously undergoing the effects of power and exercising power over others, then we are unable to take a benign view of our own practices. Nor are we able simply to assume that our practices are primarily determined by our motives, or that we can avoid all participation in the field of power/knowledge through an examination of such motives. (p. 29)

Because therapy is part of the domains of knowledge/power it is possible for it to become a form of social control. If one accepts this stance, then, a critical evaluation of our actions as counselors in terms of power is in order. Further, because NT often supports and encourages clients to question the dominant stories of their cultures, the NT counselor is aware that therapy is a form of social/political action (White & Epston, 1990). There is a

distinct sense of social activism in this approach, nicely captured by Doan (1998): "narrative therapy concerns itself with the deliverance of clients from the weight of oppressive and totalizing stories via liberating the client's voice and preferences" (p. 219).

NT counselors approach clients from a perspective that emphasizes health and strengths (Semmler & Williams, 2000). This stance, combined with NT's insistence that reality is socially created, leads to a questioning of traditional psychological perspectives. In the words of the Dulwich Centre website: "narrative therapy questions pathologising practices" (Commonly asked questions about narrative therapy: Is narrative therapy anti-medication?). NT therapists don't particularly like the term *client*, and the term *patient* is even worse. Michael White has been known to reject the terms *counseling*, *therapy*, and *treatment* because they convey power messages, instead referring to himself as a conversational host. Other important values in NT are accountability of the therapist to clients and, like feminism, the commitment to make therapy as transparent to clients as is possible (recall the feminist value of demystifying therapy).

Here is a bit of Michael White's writing to give you a flavor of his position on therapy and politics:

> In therapy, I have participated with persons in challenging various practices of power, including those that relate to: (a) the technologies of the self—the subjugation of the self through the discipline of bodies, soul, thoughts, and conduct according to specified ways of being (including the various operations that are shaping of bodies according to the gender-specific knowledges); (b) the technologies of power—the subjugation of others through techniques such as isolation and surveillance, and through perceptual evaluation and comparison. (1993, p. 54)

*Deepa is the NT therapist who has agreed to work with the Kennedy family. She is 30 years old, of Asian Indian descent, an important influence on her choice of NT; her ethnicity is a constant point of reference in her work. Approaching Rachael's family with the knowledge of her own background and the awareness that historical and cultural influences affect their lives, Deepa is particularly attentive to the power differential that is inherent in the therapeutic relationship, traditional views of anorexia, and cultural discourses that suggest that women maintain a slim figure to be considered attractive.*

## HUMAN MOTIVATION

NT theorists don't spend a lot of time talking about what motivates people, probably because they are so intently focused on an individual client's story. Further, taking a stance in this area might be seen as limiting the possibilities of persons to create their own versions of a meaningful life. Given the emphasis on personally constructed meaning in this approach, however, it would probably be safe to say that NTs would view the tendency to create meaning as a central feature of human existence (Morgan, 2000).

*Deepa considers that Rachael and her family are struggling to create meaning out of the various life events in their experiences. Rachael is likely to be struggling with the meaning of sexuality and womanhood. Deepa guesses that in listening to their accounts of how the present came to be, she will understand this family's perspectives and how they make sense of the current situation.*

## CENTRAL CONSTRUCTS

### STORIES

Human life, according to the NT tradition, is a series of stories. These stories are created over time through our attempts to connect events in our experiences and in this way, derive meaning from them (Morgan, 2000). Morgan (2000) writes that "for narrative therapists, stories consist of events linked in sequence across time according to plot" (p. 5). The process begins when we start connecting a number of events into a plot or the beginnings of a story. Once these first connections are made, it begins to be easy to gather more events that are consistent with the story line; in the words of the NT theorists—events become "privileged" over other events and are included in what becomes the *dominant* story for the individual (Morgan, 2000). For example, I learn the tango, and then salsa. I begin to create a story about myself that I like to dance. I begin to live this story, and it creates meaning for me in my life. I then take up tap dancing. I now have a story of myself as Nancy the dancer.

In contrast to dominant stories are *alternate stories* (White & Epston, 1990). We all live such complex lives that invariably there are aspects of our experience that do not get included in or are hidden by dominant stories. These aspects are known as alternate stories, and are often important in helping our clients (more on this follows).

Stories, however, are not created in isolation; they are created through the interactions we have with others. Stories are also heavily influenced by the culture in which the person participates. In fact, NT theorists use the terms *cultural discourse* or *dominant discourse* to refer to culturally based "truths" that influence our lives (Zimmerman & Dickerson, 2001). Those who comply or accept these discourses are in the "in" group and those who don't are marginalized. An example of a Western European cultural discourse is individualism—the idea that a person should develop a strong sense of self separate from others. Other examples of cultural discourses are sexism, classism, racism, heterosexism, adultism, developmentalism, and capitalism (Zimmerman & Dickerson, 2001).

One special type of story is a *problem-saturated story*, which is what people bring to counseling (Payne, 2000). For most clients, the problem saturated story is the dominant story of their lives at that time—it is what prompts them to come to counseling.

*Rachael's family brings the problem-saturated story about Rachael's anorexia to counseling, seeking Deepa's help. Currently, it is the dominant story for this family and is heavily situated in cultural discourses about acceptable roles and appearances for women. The family also tells the story of Melanie's journey from alcoholism to sobriety and David's coming out process.*

### THINNESS AND THICKNESS

These adjectives refer to the qualities of the stories people tell. Thin stories contain few events and are relatively sparse in detail. Thick stories, on the other hand, are very elaborate and rich in nature. Stories get thick because they are told again and again, and they are usually embellished upon with each telling. More detail and description is added to the original, sparse story, making the retold story more vivid and complete. Dominant stories are rich and thick; alternative stories tend to be sparse and thin.

How one views the problem-saturated stories that persons bring to counseling is a matter of perspective. From the perspective of the dominant culture, forms of "psychopathology" carry rich, detailed stories that serve to reinforce the existing power structure. However, when thinking about the individual who is burdened by the dominant story, one can also see the problem-saturated story as relatively thin and unitary, because it contains a label and cultural discourse and tends to obscure the uniqueness of the individual and the power politics inherent in the label. That is, the social power and oppression embedded in the label are unrecognized and simply go unquestioned. Problem-saturated stories are also very restricted views of the person that don't include details about her strengths and competence.

*The Kennedy family has a rich, thick story about Rachael's problems that is highly connected to the dominant discourses of society about "anorexia." They describe her refusal to eat, her hospitalizations, therapy—it is clear to Deepa that they see her troubles as a sickness that resides in her. Her father thinks that Rachael needs to get her act together—this may be her last chance. Deepa thinks that this description of Rachael is very influenced by power and politics and represents a very thin view of who Rachael really is as a person.*

### Unique Outcomes

Unique outcomes are events that are not part of the dominant, problem-saturated story (White & Epston, 1990). They are the exceptions to the problem's rule and are very important in helping clients escape the tyranny of the problem. Often found in alternate stories, unique outcomes usually become part of the *preferred story* (here read "therapy goals") for the client. The NT therapist is very interested in unique outcomes and spends a lot of time asking detailed questions about them, getting the client to expand upon her description.

*Deepa sees a glimmer of hope in the family reports that Rachael no longer uses laxatives or diuretics. She has also managed to stop purging and Deepa sees these as potential examples of unique outcomes. Deepa will remember these things as she begins to talk with Rachael and her family, and will search for further instances that are counter to the family's dominant story.*

## THEORY OF THE PERSON AND DEVELOPMENT OF THE INDIVIDUAL

NT counselors don't have much use for a general theory of development of individuals. Smith (1997), in discussing using NT with children and adolescents, maintains that traditional theories of development (containing developmental "milestones" and normative patterns) are sometimes helpful. However, NT therapists are usually more interested in the client's unique trajectory through life, cultural context, and her personal understanding of the current situation.

Zimmerman and Dickerson (2001) suggest that we are all multiversioned or multistoried. How we behave in a given situation depends upon which story has the most influence at that point in time. For example, they suggest that "under the influence of patriarchy a man might be inclined to dominance and over entitlement. However, the same person, under the influence of compassion (as a way of being) might respond quite differently" (Zimmerman & Dickerson, 2001, p. 419).

Thus, the NT counselor sees humans as having multiple selves; the expressions of these are situationally determined. However, because mainstream Western society is so individualistic, we cling to the idea that we have one self and experience others in the same way (Zimmerman & Beaudoin, 2002). These understandings of self are heavily influenced by dominant cultural discourses operating around individuals, as just noted. The notion of a single self is deeply ingrained in Western European culture—so much that it rarely occurs to us to think differently. So, Sarah who would rather climb trees than play with the Barbies is labeled a tomboy because she violates the cultural discourse about girls. The quiet boy who would rather help his mother cook than play soccer likewise violates the cultural discourse about boys and is seen as odd or unusual.

*Deepa recognizes that Rachael is in the general developmental period termed adolescence but makes no assumptions about what this experience means to Rachael. Deepa does see Rachael as struggling to define herself and after listening to Rachael, understands that currently, for Rachael, self is anorexia.*

## HEALTH AND DYSFUNCTION

NT counselors believe that individuals come to therapy because the stories by which they are living do not sufficiently represent their life experiences (White & Epston, 1990). Something about the story doesn't fit with the client's view of how things are or should be. They become very focused on this particular story and the client's presentation is said to be problem saturated. As White and Epston note: "persons organize their lives around specific meanings and . . . in so doing, they inadvertently contribute to the "survival" of, or what is often called the "career" of, the problem" (1990, p. 3 qutoes in original).

Several authors have attempted to identify commonalities across clients in terms of problem stories. For example, West and Bubenzer (2002) described three problematic narratives: Ongoing Conflict, Not Being Appreciated, and A Continual Lack of Trust (p. 266). Doan (1998) suggested that it is possible that two central narratives are common to all people: Fear and Love. He maintains that it is inherent in the human condition that we can choose life stories that are saturated by one of these two themes, the consequences of which I am sure you can imagine. An amusing and informative reference is Doan's interviews with these two entities. Investigative reporters were hired to conduct the interviews in unbiased manners because although it was possible for therapists to interview Love, when they tried to interview Fear, they tended to try somehow to change it. These influence attempts invariably resulted in Fear prematurely terminating the interview and being labeled "suspicious" and "resistant" by the therapists (p. 220).

The term "preferred narrative" is probably the closest thing to "healthy person" in this approach. The client presents with a problem-saturated story that she experiences as not fitting her life experience. The therapist then helps the client find the preferred story.

*Deepa thinks that Rachael is somehow not happy with the current story of her life and her family generally agrees. They are contributing to the story of anorexia by focusing heavily on it and defining Rachael almost solely on the basis of this story. Although it is not entirely clear yet to Deepa, she thinks that perhaps another way to see this story is that it is partially one of*

*Rachael feeling Not Appreciated or Unloved. Deepa hopes to understand this story more deeply, and to help Rachael and her family find a preferred story that better suits them.*

## NATURE OF THERAPY

Most simply put, NT is a place where the client tells the therapist a story, the therapist listens, and the two make what they can out of it. Beels (2001) offered the following metaphor: "the telling and hearing of the story are a collaboration on one of many versions, one of many ways that consultant and client can travel across the landscape of experience together, perhaps retracing their path again and again, ultimately looking for a preferred path to a preferred place" (p. 163).

*Deepa begins with the Kennedy family by simply asking them to describe their experiences. The members of the family eagerly comply, and Deepa tries to listen to each family member intently.*

### ASSESSMENT

NT practitioners are not very likely to use formal assessment; the assumptions behind such systems are generally inconsistent with NT philosophy. First, traditional models of assessment assume a single reality to which the therapist has access. Second, these processes tend to be pathology-oriented and may ignore cultural or other contextual factors.

Assessment in an NT model is seen as a continuous process that is focused on understanding clients' perspectives on their lives (Smith, 1997). Particular attention is paid to the cultural and other contexts of the client's experiences. Multiple perspectives are honored such that "the initial focus of therapy is on trying to grasp the local meanings and understandings of everyone involved" (Smith, 1997, p. 29).

A thorough exploration of the problem is critical in the NT approach. Morgan (2000) recommends examining the problem's tricks, intentions, plans, motives, and deceits and lies, among other things (p. 25). Discussing the problem in these ways helps to externalize it.

*As members of the Kennedy family tell their stories, Deepa listens to each one closely, acknowledging their perspectives. As she listens, Deepa affirms the various views of the problem, but she generally refers to Rachael's situation as "her problems with eating" or her "problems with anorexia" rather than as Anorexia (as a formal diagnosis). She asks about Anorexia's ways of operating, how it "tricks" Rachael into not eating and exercising a lot. What does Anorexia tell Rachael about herself and who she should be?*

### OVERVIEW OF THE THERAPEUTIC ATMOSPHERE

The collaborative nature of the therapeutic relationship leads to a therapeutic process that proceeds at the pace of the client (Carr, 1998). The client's language is used, or privileged, rather than the therapist's. It is common for the NT counselor to overtly check with the client to see if it is OK to proceed and also to see if the therapist understands her story accurately and is on the right track (White, 2004).

*Deepa begins with the Kennedy family by asking if it is OK for her to ask them some questions so that she can understand them and the influence of Anorexia in their lives. She suggests that they will work together to find out what the family thinks might be better ways to live.*

### Roles of Client and Counselor

In NT, the therapist is a collaborator or consultant; clients are the true experts on their lives (Carr, 1998). Semmler and Williams (2000) provide a delightful characterization of the roles of client and counselor in NT: the therapist is a "curious learner" and the client is a "senior partner whose own wisdom and experience, rather than the counselors', are resources for change" (p. 53). Enron and Lund (1996) describe the therapist in NT as akin to the television show detective Columbo. Columbo was a humble guy in a rumpled old trench coat who presented a very distinct interview style. Often complimenting his interviewees on their willingness to help and perceptive observations, he assumed an attitude of curiosity and respect. His approach, simply put, was one of "not knowing" about the current crime but as knowledgeable about putting pieces together to solve problems.

*Deepa's orientation to Rachael and her family is one of not knowing—she makes no assumptions about how the problem gained its life and energy and how things will proceed in this consultation. She recognizes the Kennedy family members as the experts in this discussion and works hard to understand their points of view.*

### Goals

What NT counselors want is new, more satisfying, stories for their clients. More formally stated, the goal of NT is to deconstruct problem-saturated stories and to re-author narratives that support preferred outcomes (West & Bubenzer, 2002, p. 366).

*Deepa hopes that she can work collaboratively with the Kennedy family to help them define new stories, or preferred outcomes, in their experiences. It is likely that the preferred outcome of this family is to get out from under the tyranny of Anorexia and begin to tell stories about themselves as a loving, caring family. This process will require deconstruction of the story of Rachael the Anorexic.*

## PROCESS OF THERAPY

Beels (2001, pp. 177–178) identifies three stages of NT. First, through listening to the story of the problem, it is recast as an affliction of the client. To do this, the therapist and client concentrate on the effects rather than the causes of the problem. These efforts help in the process of externalizing the problem (see the following).

Next, alternatives to the problem are explored, and an alternate story is created through focusing on *unique outcomes*, or times when the problem was not manifest. The client is asked to decide if this story is the *preferred story*, if her actions or situation are more consistent with her experiences and more acceptable to her than was the problem-saturated story. As it begins to develop, this story will include plans and strategies to strengthen the story line, and details opportunities for the new story to take place. The preferred story

characterizes the client as capable, rather than downtrodden, as able to stand up to the problem. This process is sometimes called *re-authoring, re-storying* or *re-membering* (Monk, 1997; Morgan, 2000; White & Epston, 1990) and is described as "relocating a person/family's experience in new narratives, such that the previously dominant story becomes obsolete. In the course of these activities, people's own lives, relationships, and relationships to their problems are redescribed" (White & Epston, 1990, p. 127).

Finally, and in Beels' view, most importantly, the therapist and client build a support group to help the client continue the new story. The support group is chosen by the client and can be family, friends, or entire communities (such as the AntiAnorexia League; see the description under "Taking It Back Practices"). Supporters can be imaginary, too . . . think of the cartoon characters Calvin and Hobbes. Hobbes is recruited to deal with all kinds of problems that Calvin externalizes. The support group believes in the preferred story and helps to create this "new" reality for the client.

An important process in NT is *externalizing*. In externalizing, the NT therapist helps the client to recast the problem as something outside of her by carefully listening to the client's story and asking a lot of questions about it, particularly about the effects of the problem on the client and people around her. This kind of questioning is called *relative influence questioning* (more on this follows). In effect, the "problem becomes the problem, and then the person's relationship with the problem becomes the problem (White & Epston, 1990, p. 40). Usually, but not always, the problem is given a name to emphasize its separateness from the person (Beels, 2001). Some examples include Trouble, Misery, Tantrums, Guilt, and Bad Habits.

Externalizing the problem is thought to help clients take a stand against it (Zimmerman & Dickerson, 2001). It is often considered as a political activity in which client and therapist expose the problem as the oppressive agent of the power structure of the dominant culture. An NT counselor, might, for example, see a depressed client as under the influence of Sadness. She asks: What are the effects of Sadness? How does Sadness influence your relationships with others? What does Sadness tell you about yourself? Sadness tells the client she is not meeting someone's (society's) standards; it is oppressive and dictatorial. Together, therapist and client can find ways it can be resisted and overthrown. You can read about a good example of problem naming in Box 15.2, "The Story of Sneaky Poo."

## Box 15.2

### The Story of Sneaky Poo

An interesting and engaging case described by White and Epston is that of "sneaky poo," the story of a 6-year-old encopretic boy. Nick, the boy, had "accidents" nearly daily, and even more traumatizing for the family was his tendency to play with the poo, smearing walls, creating balls with it, secreting it in clothes, corners of the house, and bathroom drains. Relative influence questioning of Nick and his family revealed that "the poo was making a mess of Nick's life by isolating him from other children and by interfering with his school work. By coating his life, the poo was taking the shine off his future and was making it impossible for him and others to see what he was really like as a person"

(p. 44). His mother was at her wits' end, ready to give up, and seeing herself as a failure as a parent. His father was very embarrassed about the poo, and this shame was driving him to isolate himself from relatives and friends. All of the relationships in the family were affected by the poo; "it was wedged between Nick and his parents, Sue and Ron. The relationship between him and Sue had become somewhat stressed, and much of the fun had been driven out of it. And the relationship between Nick and Ron (the father) had suffered considerably under the reign of tyranny perpetrated by the poo. Also, since their frustrations with Nick's problems always took center stage in their discussions, the poo had been highly influential in the relationship between Sue (the mother) and Ron, making it difficult for them to focus their attention on each other" (p. 44).

White and Epston helped Nick and his parents identify instances where Nick was able to outwit Sneaky Poo—when he resisted smearing or playing with it in other ways. Sue identified situations where she did not feel overwhelmed and miserable. Ron could not recall *not* being embarrassed by the poo, but was open to revealing his terrible secret to a work colleague. How could they reauthor their story?

The narrative therapist helped this family identify their resources that could be used to quit being ruled by Sneaky Poo. Nick decided that he would no longer be "tricked" into being Sneaky Poo's playmate. Ron decided that he could reveal his problem to others, and Sue had some notions about how to refuse Sneaky Poo's invitations to misery.

After three sessions, this family had conquered Sneaky Poo. Nick was making more friends, and Sue and Ron talked to other parents, finding that they were not alone in their worry about parenting skills. By taking Sneaky Poo out of Nick and renaming it as the enemy, this family was able to unite and defeat it. They did this by revising their relationships with the problem. Nick was awarded the Breaking the Grip of Sneaky Poo certificate for his efforts.

From White, M. & Epston, D. (1990). *Narrative Means to Therapeutic Ends.* NY: W. W. Norton & Company.

*Externalizing conversations* have a special character. By giving the problem a name, it is given a life of its own, and is often cast as "recruiting" the client to its cause (White & Epston, 1990). Often, problems are situated in dominant discourses, which calls for a special kind of *deconstruction:* the examination of the influences of cultural truths in the genesis of the problem (Zimmerman & Dickerson, 2001).

NT therapists are quick to point out, however, that in cases of violence of or other abuse of others, perpetrators are not let off. Externalizing the problem does not mean that the person escapes responsibility for his or her contribution to its existence. An important part of externalizing is to understand the ideas or practices that underlie the behavior (Russell & Carey, 2004). "Violence" is not simply externalized in these cases—the individual is instead seen as under the influence of "stinking thinking" or cultural discourses of superiority or power (Russell & Carey, 2004).

There is some concern about externalizing conversations becoming overemphasized in NT. White (2004), while acknowledging the value of these conversations, maintains that they are not always present in his work with clients. Externalizing is only the beginning of the journey—the focus must next turn to the exploration of unique outcomes.

Dominant stories are often supported by lots of plot and don't go away easily. They are therefore sometimes difficult to deconstruct. This perspective is one way in which NT counselors would view "resistance" on the part of the client. In social constructivist approaches, client resistance is also seen as the client's attempt to protect the view of self and world if these are threatened by the prospect of change (Richert, 2003).

*Deepa engages Rachael and her family in detailed discussions of Anorexia. How does Anorexia manage to get the upper hand with Rachael? What does Anorexia tell Rachael about herself? Is Perfection a friend of Anorexia or its child? Anorexia is seen as taking charge of this family, and in particular, running Rachael's life. It is a tyrant that interferes with the family's mission. Deepa asks how it does this. Who is most affected other than Rachael? Are there times when Anorexia does not get the upper hand?*

*Deepa finds that the story of Anorexia is very detailed and complex. It is intertwined with the stories of Divorce and Alcohol or Drinking. There is also the issue of the sexual abuse of Rachael by her uncle and it is not clear to Deepa how this story plays out in relation to the others. It is clear to Deepa that Anorexia is a sneaky and powerful entity that tells Rachael that she is fat and unworthy. She is not perfect and also weak, for Anorexia manages to outwit her; it carries with it the force of society's judgments about women and their appearances.*

## THERAPEUTIC TECHNIQUES

### QUESTIONING

The major technique in NT is asking questions. They are critical in helping the client deconstruct the dominant story and a major vehicle in the process of externalizing the problem (Zimmerman & Dickerson, 2001). NT counselors believe that the questions asked of clients generate experience; that is, questions can bring about new ways of seeing things (Freedman & Combs, 1996).

One very important kind of questioning is *relative influence questioning* (Carr, 1998). These questions help the client explore two critical sets of information: (a) the influence of the problem in her life, most importantly, in her relationships with others, and (b) her influence on the problem (White & Epston, 1990).

The first set of questions includes some like these:

Who was in charge at that moment, you or the problem?
Who sides with the problem?
What has Trouble tried to get you to do lately that you didn't want to do?
How does Guilt get between you and your husband?

The second kind of questions are intended to help the individual see what influence she has on the problem and usually involve a focus on times when she is able to resist the influence of the problem.

Examples of this second sort include:

This is a pretty powerful problem. How have you managed to keep it from getting even more difficult?
How did you avoid Trouble when it wanted you to come out and play?
How did you act to make Anger take a break from bothering you?

Questions are also important in reinforcing alternative stories, containing unique outcomes. Here are some examples of these:

How did you manage to do this? Can you give me some idea of what it took?
Did you almost chicken out? How did you keep going?
Were there things going on in other areas of your life that helped you take these steps?

Another way of categorizing questioning is in terms of *Landscape of Action* and *Landscape of Consciousness.* These are used in both examining the dominant and alternate (preferred) stories. Landscape of action questions require the client to situate outcomes in a sequence across time. Landscape of Consciousness questions are used to help the client reflect on the material gleaned from action questions and to give it meaning (White, 1992).

*Deepa asks many questions of Rachael and her family, listening closely, and checking frequently to make sure she understands what they are telling her. How does Anorexia influence relationships in the family? What has been the pattern of Anorexia's influence over time? How does Anorexia trick Rachael into thinking she is incompetent, weak, fat, ugly, and so forth? She thinks about a similar series of questions on Divorce, Drinking, and Abuse, but because the family is so focused on Anorexia, she decides to stay with their dominant story for now.*

*Deepa is very interested in times when Rachael has been able to escape the influence of Anorexia. How did Rachael manage to defy Anorexia and stop binging, purging, and taking laxatives? Who is on Rachael's side against Anorexia? Have there been any times recently when Rachael has been able to resist Anorexia's commands? How did she do this?*

## Visualization

One way to help clients externalize is to use mental imagery. A compelling example was offered by Semmler and Williams (2002) who described the case of an African American woman who was struggling with issues of racism. The client eventually constructed a series of mental images in which racist messages became bricks tossed in her path. She would visualize herself picking up the bricks and giving them back to the individuals who tossed them.

*Deepa asks Rachael to relax and visualize what Anorexia looks like, and how its voice sounds. Rachael constructs the image of Anorexia as a fat, strong, bully. It is hard to tell what sex Anorexia is and although it speaks to her in an authoritative, critical voice, Rachael is again unsure whether this voice is masculine or feminine. Can Rachael trick the bully somehow so that it can no longer push her around? Should she try to make friends with it?*

*Other family members provide their images of Anorexia and they range from a slimy octopus-like creature (Jeff's) to a jailer (Melanie's). Deepa helps each member look at ways that they could defeat Anorexia. How to help Rachael take away the keys or cloud the octopus' water?*

## Outsider Witness Practices

As the name implies, the outsider witness practice involves inviting a special person or group of persons to participate in therapy conversations (Russell & Carey, 2004). This practice is also sometimes called a *definitional ceremony.* White (2004) describes this technique as rooted in the tradition of acknowledgement. Its primary purpose is to develop a rich, thick

story line for the client, often about the preferred story. In this process, values become clearly identified and negative perceptions can be diminished or defeated.

This technique involves the client(s) and an outsider-witness group. The witness(es) can be the other partner in a couple, family members, friends—anyone who is deemed relevant by the client(s). The ceremony begins with the client telling a story of her choosing and the witnesses listening carefully. At some point (determined by the therapist) the witnesses are invited to recount what was most salient for them in the client's story. They are encouraged to explain why they were drawn to aspects of the client's story, what they mean to them, and what images they evoked.

Following the witnesses' retelling, the therapist then interviews the client, asking some of the same questions: what stood out in the witnesses' retelling, what images emerged for the client about her life in this process, and what meanings were salient for the client.

Outsider witness procedures can take many forms depending on the needs of the client. Sometimes, the witnesses are members of the client's family or immediate friends. In other instances, the witnesses are former clients who have dealt with similar problems. For example, Russell and Carey (2004) describe a situation in which women who were formerly in abusive relationships attended a client's therapy session. These women listened and then respectfully responded to the client's description of her relationship with her brother, who helped her survive the abuse.

Sometimes outsider witness practices are used to help further establish the preferred story. People who are identified by the client as the most likely to believe in the client's ability to change can be invited to hear the client tell the preferred story and react to it. They might also become allies of the client in establishing the preferred story.

*Deepa thinks that outsider witness practices may be very useful to Rachael and her family. One form that Deepa considers is having Rachael describe how she managed to stop binging, purging, and using laxatives. The family members could listen and then comment on what was most important to them in what they heard. Rachael could also describe her dreams for her future as someone who has escaped the clutches of Anorexia.*

## Accountability Practices

Sometimes NT counselors turn the tables on clients, and ask them to interview the therapists on how they are conducting the counseling (Zimmerman & Dickerson, 2001). Interviewing members of the clients' salient groups (e.g., persons of the same gender, ethic identity, sexual orientation) can also increase accountability.

*Deepa checks with the Kennedy family about how they think the therapy is going, and on her work with them. Because he was initially pessimistic, she interviews David about how he thinks therapy is progressing and respectfully asks him to evaluate her performance. However, Deepa makes sure that everyone in the family has a voice in this evaluation process.*

## Reflection Practices

Originally, systemic therapists employed teams of other therapists, often behind one-way mirrors, to help the therapists (usually a co-therapy team) by providing a different, "external"

perspective on what was going on in the counseling session. NT therapists have adopted this practice, but use it in a unique way. In the traditional approach, the team behind the mirror would either call the therapists out during the session to give them advice, or debrief with them after the session. In the NT approach, the clients and therapist talk, observed by the team, but then sometime during the session, the two groups switch places (Freedman & Combs, 1996). The team then discusses, while the clients observe, what they witnessed in the therapy session, offering questions, impressions, and ideas. Following this interaction, the two groups change places again and the clients are encouraged to reflect on and comment upon what they heard from the reflecting team. In essence, the use of a reflecting team is another form of the outsider witness practice. The underlying rationale when tapping the expertise of other therapists is that increasing the visibility of the reflecting team emphasizes the collaborative, transparent, relationships critical to the NT approach (Freedman & Combs, 1996).

*Deepa considers that she has several colleagues who are accustomed to serving on reflecting teams, and at least one who is familiar with struggles with Anorexia. She decides to invite these colleagues to serve as a reflecting team, after ascertaining that this procedure is acceptable to the Kennedy family. Three NT colleagues observe the family as Deepa interviews them about recent developments in their lives and Rachael's progress in outwitting Anorexia. The team then emerges from behind the one-way mirror and conveys their impressions to the family. One comments on the obvious caring and concern among the family members, despite the hardships they have suffered. Another remarks that she was touched by Melanie's description of how she defeated Alcohol and wonders what this means to Rachael.*

## Taking It Back Practices

This term applies to both therapists and clients in NT. For therapists, the philosophy of NT counselors suggests that the therapist (or a reflecting team) tell the client how she/they have been influenced by the client (Zimmerman & Dickerson, 2001). What is in other approaches deemed a negative event, that is, influence of the therapist by the client, is seen in NT as a positive. NT counselors acknowledge that therapy changes both client and counselor (Carr, 1998).

Taking it back is also seen when clients are given the opportunity to share their experiences with others, such as when they help other clients by revealing their struggles and triumphs with similar problems (Carr, 1998). This sharing often happens in the context of outsider witness practice but can also be seen in larger-scale efforts. A great example of the latter form of this practice, the Anti-Anorexia League, is documented at David Epston's website, which houses the League's archives. The Anti-Anorexia League is a group of individuals who have been influenced by anorexia and have worked to combat this influence. Many have survived anorexia and they offer their stories in the interest of helping others. According to Epston and Maisel (2006), 200–300 people have contributed to the archive, motivated to express their protest of, and disobedience to, anorexia.

*Deepa will certainly alert Rachael to the existence of the Anti-Anorexia League and ask if she wishes to contribute or participate in any way. Deepa conveys her respect for Rachael's struggles and remarks that others may be able to learn from her. Rachael thinks that she*

*might learn a great deal from studying the archives of the league and seems encouraged to learn that others have struggled in ways similar to hers and found satisfactory new stories.*

## WRITTEN ARTIFACTS

NT counselors often use written documents as ways of reinforcing or celebrating the accomplishments of their clients. Because the written word is considered more powerful than the spoken, these artifacts are important evidence for the client and others of the client's new story. These artifacts can be letters, certificates, memos, lists; virtually anything that is dreamed up by the therapist and client (Payne, 2000). For example, White and Epston (1990) describe the "Certificate of Concentration" and the "Escape from Tantrums Certificate" (pp. 196–197) given to commemorate therapeutic success stories. They refer to these items as counter documents because they oppose the oppressive dominant discourse that has been influencing the client's life. You can read about another example in Box 15.3, "All It Takes Is A Party," which combines a written artifact (an invitation) with a ceremonial intervention.

### Box 15.3

### All It Takes Is a Party

*David Epston (1992) shows us how to eliminate temper tantrums, the Narrative Therapy way.*

In 1979, David Epston was called to work with a family in which the daughter was having uncontrollable temper tantrums. In attempting to discuss the matter with the young woman, Nolene, her family, and her boyfriend, Epston discovered two important things: that Nolene was embarrassed for her boyfriend to learn about the tantrums (he reported that it was beyond belief that she would behave in such a way around him) and that talking to embarrassed adolescents sometimes requires a little calculated misunderstanding. Because he was having difficulty understanding her, he deliberately "heard" Nolene say that she wanted to buy a pumpkin. With this off-beat approach, he lured Nolene into a conversation, peppered with random references to pumpkin pie, "a wonderful treat," "the national dessert of Canada," "pumpkin pie with whipped cream," and so forth.

What began as a desperate measure to communicate with Nolene evolved into a symbol used in the Temper Tantrum Control Programme, which can be tailored to fit most individuals experiencing seemingly out-of-control behaviors, especially anger. First the therapist gets a thorough description of the temper tantruming, including its influence on the identified tantrummer and her family members. In most cases, the therapist finds out that temper tantrums most affect the tantrummer, making her look immature and silly. Proceeding, the therapist then gets the family to agree on carrying out the Programme; the commitment of the tantrummer is particularly critical.

A key person in the family, usually the mother, is given the task of monitoring the tantrummer and to signal her when there is a tantrum coming on. The parent is warning the tantrummer that a recording session is in the offing—that is, if warnings are ignored, her temper tantrum will be recorded via audiotape. Three warnings are given,

at 1 minute intervals, meaning that the tantrummer can tantrum for 3 minutes. If she does not stop after the third warning, a tape recorder is turned on.

The tantrummer then is given the responsibility of writing a letter to individuals who don't know about the tantrum behavior (i.e., the "problem free context," p. 57). The recipients of the letter are usually the tantrummer's 3 best friends. Nolene's letter read as follows:

*Dear (guest)—*

*I would like to invite you to my house on (date, time) to have a piece of pumpkin pie and whipped cream and listen to a recording. I will be disappointed if you don't come.*

Clearly, Nolene does not want to really have to play the tape, although having a party and eating pie would be fun.

The family is invited to come back in a given period of time and if successful (which according to Epston, most are) describe what they did to overcome temper. This session is audiotaped as well, and the clients are asked if the therapist could share it with future individuals experiencing temper tantrums.

NT therapists sometimes send clients letters in between sessions. Used to reinforce events in therapy, letters sometime summarize session content, and are often used to comment on unique outcomes or offer new perspectives on the problem-saturated stories of clients. "Readiness letters" can be composed for clients who are reluctant about therapy to acknowledge the client's choice and control in her life. An interesting example was provided by White and Epston (1990) in which Jay, a young man who was incapacitated by headaches, was sent a letter, part of which read as follows:

> To prove your readiness, Jay, the Team suggests the following:
> That between now and when we meet again, if you are ready (we, once again, want you to know we have no doubts about your ability), you will initiate several approaches to a more self-embracing (instead of a self-erasing) lifestyle without your Mum or Dad providing you with either an initiative or instruction. For example, washing the boat without being asked. Jay, you are to keep a list of each and every one of your initiatives and not divulge them to your parents. Janis and Blair, you are to keep a secret list noting any initiatives that you have observed Jay taking. (p. 168)

*Deepa decides to send a summary letter to the Kennedy family after the first counseling session. In this letter, she describes her perceptions of the family and compliments them on their persistence in the face of great challenges from the two As—Alcohol and Anorexia. She wonders what Rachael has observed over the years in Melanie that allowed her to defeat Alcohol and if Rachael sees any of these strengths in herself. Rachel replies that her mother's determination and never-give-up attitude has been inspirational. . . . She is determined to get in touch with these qualities within her.*

## EVALUATION

Perhaps the most common criticism of NT (and of social constructivist approaches more generally) is that it is difficult to read and understand. Partly, this difficultly is due to the

language used—terms such as discourse, languaging, and privileging are not typically found in your average theory of counseling. Hayward (2003), a proponent of NT, argues that in order to really convey the new ideas of NT the unfamiliar is necessary to convey the uniqueness of the approach. He says, "If we accept that language creates our perspectives as well as reflects them, then different language practices will be required to access different perspectives and to think outside of what is routinely taught" (p. 186).

Minuchin (1998) has criticized the NT approach for "losing the family." He points out that although NT theorists emphasize the socially-embedded nature of reality, they in practice ignore the relationships between people because they do not attend to the relationship patterns and structures in their clients' families. Essentially, he is disappointed that NT does not include a more defined theoretical structure when he writes "I began to ask myself whether this metatheory concerning the construction of reality had a theory about families at all. How would this theory explain bonding? Or the affiliations between family members that create subgroups, and sometimes scapegoating? How does it explain the way conflict between parents affects their children's views of themselves? How does it frame the complexities of divorce and remarriage, or the way individual family members select certain family functions and certain styles of interpersonal transactions?"(p. 398). He contends that NT practitioners, who are not adverse to working with individual family members, unduly privilege the individual voice, and then skip the family context in their practice of relating individual stories to cultural discourses.

Efran and Clarfield (1992) ride to the defense of social constructivist therapies (in the general sense), pointing out that to assume the label does not automatically mean that "anything goes." Essentially, they argue that constructivism is simply another metaphor or descriptive device and that too often, advocates of this position obscure matters by weaving "a virtually impenetrable fog of abstraction" (p. 202). Further, they urge constructivist therapists to accept their expertise and to take positions, opining that "we regret that some constructivists feel inclined to deny that they are in this sort of 'influence' business" (p. 202).

## Qualities of Theory

*Operationalizable/Testable.* You will generally not find hard-core NT advocates out doing empirical research. The postmodern approach adopted by the NT camp recognizes two types of knowledge: the "expert" knowledge of traditional science and the "local" knowledge of individuals and communities. They are very suspicious of generalizations, and thus tend to see the products of traditional science (i.e., expert knowledge) as merely hypotheses that can be subjected to local tests (Payne, 2000).

Despite the reservations of NT proponents, there are probably ways to operationalize NT's constructs, relying on self-report or observational methods. It would be much easier to do outcome research on this approach than theory-testing, because there are few theoretical constructs in this approach and no elaborate theory linking them, as Minuchin (1997) has pointed out.

*Empirically Valid.* Because of the scarcity of the research on this approach and the difficulty in testing it, the question of empirical validity is not easy to answer. However, supporters of this approach would argue that the issue of empirical validity is rooted in the traditional,

expert-knowledge-based view of science and is therefore not very relevant to the verification of NT. Local knowledge (i.e., client and therapist stories of therapy) would be more legitimate and useful. Further, Lock, Epston, Maisel, and de Faria (2005) point out that accessing expert knowledge (via the traditional system of scientific verification) can legitimize dominant cultural stories that emphasize the location of health and dysfunction as properties of individuals, not problems to be re-storied.

## Research Support

*Outcome Research.* Etchison and Kleist (2000) presented a review of research on NT, although they indicated that the literature on this perspective was indeed sparse. Speculating about the reasons for the scarcity of research, they suggested that the newness of the approach and the philosophical stance of NT proponents (as just described) were significant factors. Lack of training in qualitative methods, seen as particularly appropriate to the NT approach, was also seen as an impediment to research in this area. Although they found that NT was useful in working with families, they cautioned that the limited research base precluded general statements about the efficacy of this approach with any specific family issue. With these reservations in mind, I will briefly review several examples of research on NT.

Besa (1994) examined NT in a sample of 6 families experiencing parent-child conflict. Using quantitative methods (parents' count of frequencies of child behaviors), they found that 5 out of the 6 families reported improvement.

St. James-O'Connor, Meakes, Pickering, and Schuman, (1997) used ethnographic methods to study clients' experiences in NT. Eight families participated in semistructured interviews, clients of the researchers, who were situated in a university hospital outpatient clinic. They reported that six overall themes appeared in their qualitative analysis of the data: externalizing conversation, unique outcomes and alternate story, developing personal agency, consulting and reflecting teams, building the audience, and helpful/unhelpful aspects of therapy. All of the families reported a reduction in the severity of the problem over therapy, although those who had been in therapy longer reported greater gains than those who had been in for only a short time. St. James-O'Connor et al. also noted two themes that clients most often recognized in therapy: increasing feelings of personal agency, and issues around reflecting teams (both positive and negative impressions of these). It is interesting that they further described clients' desires to talk with the reflecting teams; evidently, in their version of NT, this was not a routine practice as it is described elsewhere. Finally, to their surprise, discussions of externalizing conversations were much rarer than the other themes.

A different perspective was taken by Smith, Winton, and Yoshioka (1992), who examined therapists' perceptions of reflecting teams. Using participant-observation methods, they observed and interviewed the members of a training team using NT. Overall, the therapists reported that they found reflecting teams to be useful, provided a good working relationship had been established with clients and that the input of the teams did not confuse clients with too many perspectives and opinions. This technique was seen as particularly useful in resolving therapeutic impasses.

*Theory-Testing Research.* Piran and Cormier (2005) offered a study that could be construed as testing the theoretical propositions underlying NT. In a study of 394 women, they

examined the relationships between eating-disordered behaviors and attitudes and three internalized social expectations: (a) silencing the self in relationships in favor of the wants and needs of others, (b) anger suppression (hypothesized to be in response to cultural norms), and objectification of their bodies. Consistent with their predictions (and those that could be derived form NT theory), they found that all three of these qualities were significantly related to eating-disordered characteristics. On the basis of these results, Piran and Cormier argued that deconstruction of these social discourses would be particularly important in helping young women fight anorexia and bulimia.

An important aspect of NT is transforming the story of the problem as one located within the person/client to one external to the client, or one that is interpersonal or systemic. Coulehan, Friedlander, and Heatherington (1998) looked at this phenomenon in a sample of 8 families in NT. They found that in successful families (4 of the 8), 3 out of 4 were observed to have made this shift. In another study, Friedlander, Heatherington, and Marrs (2000) used conversation analysis (a qualitative technique) to study constructivist therapists' responses to client blaming statements. They reasoned that blaming statements were particularly problematic for therapists in this camp because although blaming is thought to be counterproductive in family therapy, confronting or challenging such client behavior could be construed as contrary to a constructivist approach (i.e., it negates the client's view of reality). Judges reviewed six tapes of well-known constructivist therapists and found three overall categories of response to client blaming: ignoring/diverting, acknowledging/challenging, and reframing. Within these categories, the most frequent response was focusing on the positive, which fell in the ignoring/diverting category. Friedlander and her colleagues maintained that these findings were consistent with a constructivist stance, and particularly an NT approach, for blaming is generally the problem-saturated story, whereas a focus on positive events would likely fit within the realm of unique outcomes.

## ISSUES OF INDIVIDUAL AND CULTURAL DIVERSITY

Proponents of NT argue that this approach is perfect for use with individuals from diverse backgrounds. Payne (2000) opines that even though he assumes that most current psychotherapy approaches are anti-isms (e.g., racism, sexism, classism, heterosexism, and so forth), "the emphasis in narrative therapy on the need for continual vigilance against the more subtle manifestations of these elements is particularly consistent and emphatic" (p. 31). Semmler and Williams (2002) suggest that NT's emphasis on the socially constructed nature of problems allows for the externalization of problems such as racism, which might otherwise be internalized by clients. They also point out that dominant cultural stories often diverge from those of individuals who are of minority groups, and worse, can have negative effects on them. Deconstructing these dominant narratives can help clients identify with the prized aspects of their own cultures.

NT counselors, however, warn that as with any approach to therapy, NT can't just be blindly applied in cultures other than the ones in which it originated (Dulwich Centre website). Differences in traditions across cultures (such as reliance on written or oral traditions, acceptability of asking direct questions) may influence the applicability of the approach. Ideally, according to the Dulwich Centre website, the therapist should be of the same culture as the client.

The values of NT are consistent with those of feminist therapy, proponents of which would heartily support the ideas about collaboration with clients and the demystification of the therapy process. NT's stance against oppressive practice would also seem to promote the growth of female clients and indeed, clients from any group that has been the target of such practices in past or present. Indeed, Nylund and Nylund (2003) argue that NT is useful in helping men question the traditional structures that have supported male dominance and power in relation to women.

The NT perspective on sexual orientation is to recognize the influence of the dominant cultural discourse about sexuality that privileges heterosexuality over homosexuality. Thus, NT is also considered to be a good approach for working with those whose sexual orientations are other than heterosexual. Logan (2002) described such work, and maintained that "coming out is a process in which a person 'rewrites' the story they have about themself [*sic*]" (p. 140).

## THE CASE STUDY

Conceptualizing the case of Rachael was relatively easy from the NT perspective. NT proponents are very interested in anorexia/bulimia and write extensively on this topic (e.g., Maisel, Epston, & Borden, 2004). However, my opinion is that although it is easy to discuss the conceptualization of anorexia from an NT approach, actualizing this in practice might be more difficult. It might be quite difficult for clients to perceive anorexia as something external to the identified client. The same might be true for conceptualizing Drinking/Alcohol.

## *Summary*

Narrative Therapy is a constructivist approach in which counselor and clients collaborate to create new life stories. NT therapists recognize that we create our realities through our language, and further, that cultures have dominant discourses that determine who gets power and control and who doesn't. Thus, NT therapists are very attuned to issues of social justice and power. People and problems are always viewed with an awareness of the cultural context in which they are embedded.

Clients come to NT counseling because the stories that are dominant in their lives do not fit some aspects of their experiences. The NT counselor listens closely to the client's story, attempting to understand the dominant themes but also looking for alternative stories or unique outcomes, cases in which the problem-staturated story does not hold. The goal of NT counseling is to help the client deconstruct the problem-saturated dominant story and to thereby create opportunities to choose among other, more preferred outcomes. Questioning is a major technique in this approach, and it is often aimed at externalizing the problem, which means that the person is separated from the problem and the problem becomes the person's relationship with it rather than part of the person. It is important that therapist and client examine all the influences in the life of the problem and their sources, but most importantly, the client and the therapist examine times when the client is able to resist the problem and focus on how this happened. A new story can then be created based upon the deconstructed version of the client's story. In the words of our

NT therapist on the DVD *Theories in Action*, the client and counselor engage in a process of "collaborative co-construction of a unique re-description" of the client's life (Jim Krieder, personal communication, March 30, 2007).

Other techniques of NT involve engaging important individuals or groups of individuals in the client's struggle with the problem. Outsider witness practices, in which carefully selected others listen to the client's story and then reveal their reactions to it are often employed. Written artifacts such as letters and certificates of achievement are also used to reinforce clients' process and progress in therapy.

NT, because it originates in the constructivist camp, does not lend well to traditional scientific approaches. Proponents of NT are critical of dominant discourses that emphasize the existence of one true reality that can be explained only through a culturally approved set of scientific methods. Therefore, little traditional theory testing or outcome research can be found that is specific to NT counseling.

Issues of cultural and individual diversity seem to be handled well in an NT perspective. Advocates of NT emphasize local and cultural influences in the stories lived by clients and also the deconstruction of dominant (culturally based) narratives that seem to negatively affect clients.

Visit Chapter 15 on the Companion Website at **www.prenhall.com/murdock** for chapter-specific resources and self-assessments.