

2321 Theory & Practice 2: Lecture 11

NARRATIVE THERAPY

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Introduction

White and Epston (cited in Andersen, n. d.: 2) have summarised the analogies that have been used to construct meaning in therapy. These analogies (or metaphors) have been drawn from the physical, biological, and social sciences. For example, if human organisation is viewed in terms of the physicalist sciences it will be understood using machine analogies. Problems will be construed, as 'breakdown' and 'damage' and solutions will be framed as 'repair', 'reconstruction' and 'correction' preceded by identification of cause through precise analysis.

More recently, **social science** analogies have become more dominant¹ in therapy. We need to understand that present-day theorising of the knowing process is *constructivist* in tenor which stems from current post-modernism (Middleton & Walsh, 1995). *Constructivism* means that humans *create* meaning within social contexts because it is believed either that reality is essentially without meaning or its true meaning is beyond us.

¹ However, even though Freud has been accused of being primarily a mechanist and a 'biologist of the mind' these titles are hardly accurate as comprehensive descriptions of his work. Freud is most interested in interpreting the 'presenting text' of the patient. For Freud, the patient needs to be interpreted just as the *torah* needs to be interpreted: what is apparent on the surface is not what is actually there. Perhaps Freud can be said to have been a special kind of Gnostic.

Acceptance of constructivism has broad, therapeutic implications for if, as White and Epston² suggest a '*behavioral text*' (drawn from literary studies) is used in depicting social organisation (e. g., family, marriage and other intimate relationships, business enterprise) then *one's personal text has been constructed and can be deconstructed and reconstructed.*

1. Story

We all tell stories. Story telling is a great pastime. When we are asked, 'Tell us a bit about yourself, your background, where you grew up', few of us have much trouble responding animatedly! Such stories outline who we are, where we have come from, where we are going and what we think about life. This procedure appears innocent enough but story is always a way to 'organize (sic) and give meaning to experience' (Andersen, n. d.: 5). Associated with the story is an implied *text* (see Figure 1 below).

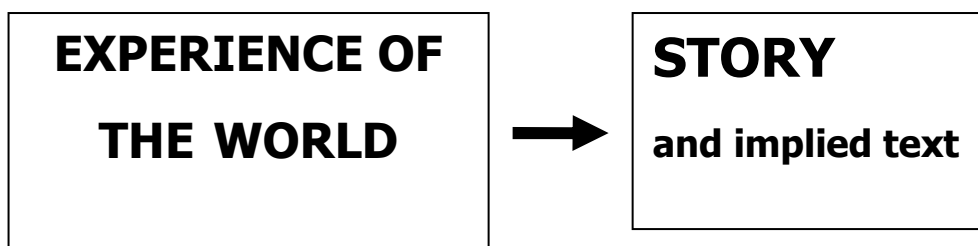


Figure 1 Relationship between experience and story

However, complications arise when we imagine telling our story with our parents as audience as opposed to that of friends! We might have a number of different versions (see Figure 2 below) of our story that have quite different moods and events being highlighted.

² The authors also mention the constructs of serious game, living room drama, and rite of passage as having been used in this same context.

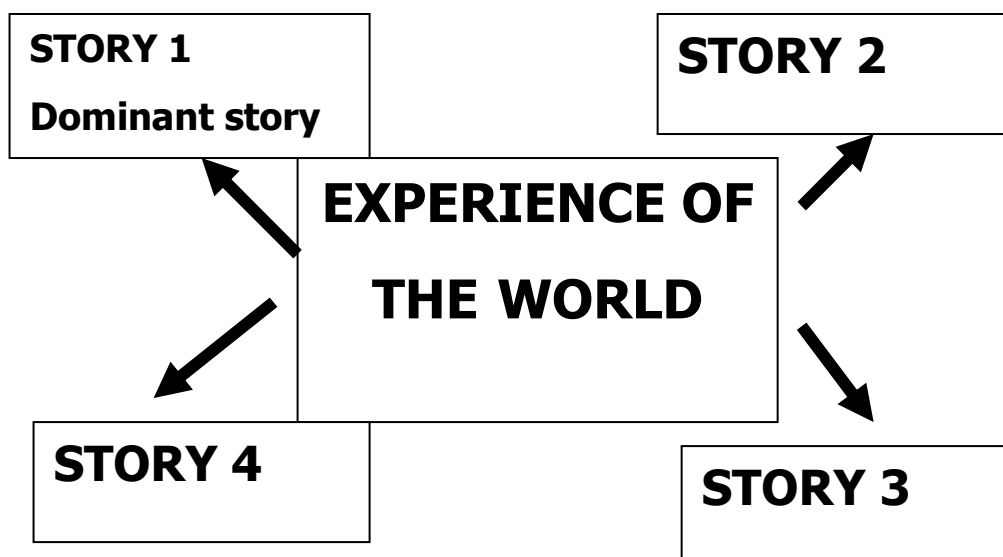


Figure 2 Different stories from the same experience

When CTs come into therapy, they will present a certain version of their story and CRs need to be aware of that because some stories will contain more liberating aspects of living than others will. Furthermore, one story will often be accorded a dominant position among the different stories and this dominant story will be 'problem-saturated'.

What we do not always appreciate is that our stories are necessarily a ***selection*** of our experiences. They cannot include all that we have undergone. They cannot be exhaustive. Herein lies the rub. If that is case, what principles are being employed to prevent other types of experience from being included in our story? Constructivism believes that cultural realities such as political, historical, 'religious', familial, scientific knowledge connections influence the experience of each person and moreover, how she *authors* her life (see Monk, 1997).

2. Narrative and Therapy

Andersen (n. d.) lists a number of narrative practices.³⁴

First is 'deconstructing the problem-saturated narrative' (p. 5). Therapist listens carefully to the CT's recital knowing that this story form is not the whole story (because experience is *always* richer than what can be expressed in language⁵).

Deconstructive practice derives from post-modernism's suspicion of 'meta-narratives' (Middleton & Walsh, 1995: 69-79). Meta-narratives are over-arching, 'big' stories that set parameters for personal, local and national stories. Post-modernism tends to regard such stories as just *rhetoric* aimed to exert **oppressive power** over others (Monk, 1997: 8). It would say that if one controls the form and development of the 'big' story of a people then all the smaller stories that may *conflict* with that story will be forced into oblivion. Narrative therapy is embedded in a social and political ideology. Hence, from a NT perspective, when CTs experience discomfort, we suspect that some **oppressive** narrative theme is inappropriately shaping their story. In order to subvert this oppression we challenge it at the level of narrative. White and Epston (cited in Andersen) focus on identifying 'previously overlooked aspects of experience that are inconsistent with the dominant [oppressive] story' (p. 5).

For example, an unmarried Christian man, mid-30s, comes to therapy suffering from great anxiety (perhaps GAD, a flying phobia), mild depression (according to BDI) and some evidence of Chronic Fatigue Syndrome. Life is passing him by and he worries because he has not reached his potential. Time is a scarce resource as he sees it. He cannot seem to make decisions about whether to marry his girlfriend, what he can do about his job future, his wish to have his own property

³ Some therapists prefer to speak of using narrative 'practices' rather than being narrative therapists as such. I have tended to use the two interchangeably.

⁴ I won't mention all of these. You will meet them again in *Marriage and Family Counselling*.

⁵ 'The map is not the territory.'

and issues of faith. He does not seek material gain, which seems to be associated with not wanting things in general. Once went to the UK for 7 years, living and working there. He has had no sexual relationships and only the one present girlfriend.

Is there anything in the story that strikes you as inconsistent with its overall tenor? If we can find this inconsistency, can we then find an alternate story that highlights this inconsistent element and gives the CT another way of thinking about his life?

What other information might you like to know about to fill out your understanding of the 'socially oppressive' forces in his life?

Narrative therapists make much of an attitude of 'not knowing'. This attitude supports an exploratory approach to issues. After all, the expert on the CT is the CT. Narrative therapy (NT) is about the unique rather than the general.

Second, naming the problem is the job of the CT not the CR! This task is critical because naming implies power and authority for those who feel that are disempowered by their present difficulties.⁶

Andersen gives a helpful list of ways to introduce this naming by the CT. For example, 'What name would you give to what you are going through at the present time?' 'It sounds to me like you've been emotionally abused. What name would you like to give to what has happened to you?'

Third, externalising the problem⁷ is a provocative move in narrative practice that runs counter to beliefs in autogenic [self-caused] pathology.

⁶ Think of Adam's naming of the animals.

⁷ One writer even connects this practice with the structure of demonic possession and exorcism. Indeed, Gabriela Byrne, a Pentecostal believer, who works in the area of gambling addiction, uses an approach very similar to this narrative practice of externalising the (gambling) problem.

The therapist speaks in such a way that the problem is placed outside the CT, not inside (e. g. CBT and especially reality therapy) and not intrinsic (e. g., temperament or genetic inheritance) to the CT. (However, similarly, the blame for the problem is not placed on someone else.)

Hence, not 'You became depressed', and certainly not, 'You began to depress yourself', but, 'Depression attacked your life'. So, not 'You're an alcoholic!' but 'Alcohol has had great success in its attempts to take over your life'. (However, actions exist that must be accepted as one's responsibility.) Particularly in marriage or family conflict, externalising the problem can lead to greater unity directed towards defeating the problem. It can also create a greater light-heartedness towards problems, which can promote solutions that are more creative. Deadly seriousness is often deadly! Instead of making the person the problem, we seek to make the problem the problem.

Andersen also reports a number of ways this practice can be used with *internal discourses*. This application is very like a form of cognitive therapy except that one is trying to gain distance from the internal voices by externalising them rather than by disputing what they are saying. So, 'How did you come by these ideas? Have you always told yourself that you are unlovable? Whose voice might it be telling you that?' Identification of the voice enables the CT to externalise the *inner* statements.

Fourth, therapists need to consider the social and political context of 'problems'. Minority groups (like church-attending Christians!) may experience subversion of their deeply held beliefs because our 'liberal' society finds it hard to tolerate groups or individuals that do not fit the 'liberal' norm. Andersen asks the following questions: What feeds the problem? What starves the problem? Who benefits from the problem? In what settings might the problematic behaviour/attitude be useful? What sorts of people would definitely be opposed to the problem?

For example, a client might be asked, Where might the idea have come from that you must be strict with your children? Who would applaud what you are doing?

Fifth, we focus on constructing 'unique outcomes'. We look for exceptions to the general rule and inquire as to how the unique outcome came about. For example, if we are faced with a feuding couple then was there ever any times when in their own recital of events that their relationship was less conflicted, more affectionate and close. Has either partner been surprised by something the other has said.

These 'unique outcomes' also form part of their story and encouragement is given to provide a place for them in their history. To this point, they have been suppressed.

To give another example: if a person was suffering from generalised anxiety disorder, and it was found that this complaint was embedded in a story of emotional neglect and abandonment, can we find times when she was not abandoned by another? Did another surrogate parent love her and hold her. This experience runs counter to the dominant plot.

Sixth, a critical point is now reached when the CT is invited to take a position re the problem: he/she may decide to stay with the old story or take fully into account the new elements. If the latter path is chosen, efforts are made to *establish the alternate narrative*. Person is invited to re-author his story.

Seventh, is the 'thickening the plot' step (Andersen, n. d.: 13). Firstly, CRs thicken the plot by appealing for more detail, more characters, and other perspectives that support the alternate story. Secondly, from session to

session CRs should be sensitive to experiences that reveal the CT is living the alternate story and reinforce.

Eighth, name the counterplot. This move gives this plot more definition and helps to organise the therapy more easily. When a particular event occurs, one can ask which plot was associated with that event. Was it on the side of the problem or on the side of the counterplot?

Ninth, 'therapeutic documents' are made much of in narrative therapy. They support and consolidate the therapy by providing permanent records of what has happened. They may take many forms. Notes of sessions, letters, cards, questions, musings, maxim cards, mottos, key phrases, lists of achievements, unique outcomes, achievement certificates, and bravery awards (Andersen, n. d.: 14). All are designed to memorialise the counterplot. These documents derive from CT insights not those of CR.

Tenth, witnesses are also used from outside counselling situation 'to listen, validate and affirm the client's [new] story' (p. 15). These witnesses will be significant people in the CT's life who will be confirming of the CT.

Eleventh, narrative therapy also uses 'reflecting teams' where a CT – behind a one-way mirror – observe others who have watched her session talking about what they saw. This provides more consolidation and validation of the worth of what is taking place.

3. Christian Faith and Narrative Therapy

Creation is a story beginning with 'original blessing'.⁸ Fall, is the antithetical plot of the enemy bringing curse and judgment. This story is the birthplace of all oppressive stories. Redemption is the renewal of the blessing, now blighted by the effects of the Fall. Redemption is an undoing of the curse and judgment of the Fall, a re-direction of the creation exploiting the misery of the Fall's curse for glorious blessing for all creation (Rom 8: 18; 2 Cor 4: 17). Wright in a helpful analogy speaks of the scriptures in terms of 4 acts (viz., creation, fall, redemption, Israel) and an uncompleted 5th act, the church (Wright, 1989).

Hence, when CRs listen to the stories of curse and judgment (the effects of the Fall), can they also identify creation blessing in the stories? This creation blessing will always be there! Despite the Fall, the earth did not become Hell. The CT's problematic story is embedded in the Fall and the 'counterplot' will always be rooted in creation and redemptive blessing. (Biblically, we can confess that, even if we never tell the CT that.)

In the fifth point above, the CT is invited to stand in the truth, in the reality of a 'faithful God who always keeps His word and never forsakes the works of His hands'.⁹ Decision is required. (Of course, in using the above, I am departing from the postmodern paradigm that undergirds narrative therapy because I assume that the human story is governed by a metanarrative.)

⁸ This phrase was first used by Matthew Fox, a once rebellious Dominican Roman priest, now excommunicated from the Roman Church but now in the Episcopal Church of America (!). However, he overvalued the original goodness of creation and underestimated the effects of the Fall and hence, of redemption.

⁹ An opening salutation I heard many times used in the Christian Reformed church.

4. Critique

The mantra of NT is 'you are not the problem, the problem is the problem'; the mantra is built on the foundation of social constructivism (Boje, 1999, 2005: n. p.). Many using narrative therapy may be unaware of its underlying social constructivism, part of the movement from modernism to postmodernism (Raskin, 2002: n. p.). The client's problem got to be a problem for the person because humans constructed it. Therefore, it can be de-constructed (dismantled) by pulling down its language scaffolding.

Problems do not have an essence, a being thingness that allows them to exist. They only exist for us *only through language* because all reality only exists for us in this language-based way. However, language is always socially constructed (and hence, much more powerful than if it were more simply individually founded) and defying its constraints – because empowerment is a powerful metaphor within postmodernism – is difficult within one's unique language group.

Gergen, an educationalist, outlined his post-modernist doctrines as 'communal rhetoric', 'socially constructed world' and 'pragmatic language' (Gergen, 2001: n. p.). Gergen summarised the modernist position as 'the individual mind acquires knowledge of the [objective] world, and language is our means of conveying the content of mind to others, [and] . . . language becomes the bearer of truth' (n. p.). Against the belief in the truth-bearing character of language, he posits his belief of language as pragmatic, as different language games within social interactions for people to play. For Gergen, humankind can never get out of its social-cultural context.

Apart from the fact that Gergen's view is self-referentially-incoherent,¹⁰ constructivism has large problems explaining how physical scientists all over

¹⁰ I've mentioned this fallacy before: it means in this case, how can he escape the fact that his own view becomes subject to his own socially-constructed context and therefore irrelevant to our socially-constructed context.

the world manage to come up with the same results independently of each other. Moreover, constructivism reduces humankind's experience of reality to its language nested within its social context. How is this social subjectivism any better from the objectivism of the modernism it claims to be taking issue with? It is merely substituting one type of reductionism for another.

However, that said, deconstruction has a place within a narrative therapy that respects the fact that the supratemporal communal humanity is expressed in lingual, social and various other ways too. A Christian way would respect each of these modes of experience and not try to reduce one to the other. The real point is that the Christian view does not have to determine the essence or root of humanity in the temporal horizon; that root lies in the supratemporal condition. Temporal expressions of that root are just that, temporal expressions.

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