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narrative therapy

second edition

An Introduction for Counsellors

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ONE

An Overview of Narrative Therapy

Narrative Therapy and traditional therapies

Narrative therapy is radical in many ways, as it embodies ideas, assumptions, aims and methods which may be unfamiliar and challenging for counsellors familiar with traditional counselling approaches. However, there are common factors with traditional therapies which may provide entry points to understanding. These common elements are not very much emphasized in the narrative therapy literature, which has led some commentators to see it as élitist despite (for example) Michael White's insistence that his ideas and ways of working are a *contrast* to those of traditional approaches, with no implication that these ideas are 'mistaken' or 'wrong' (2000: 19–20, 2004a: 132).

Person-centred counsellors will recognize common ground with narrative therapy in that both therapies aim to encourage knowledge, skills and capacities for living to become consciously recognized, and transformative. Both therapies aim to create a context of respect and acceptance where these elements, not initially very much part of the person's self-perception, may be recognized, spoken, reinforced and drawn upon for positive change. The counsellor's role in both therapies is to facilitate this process rather than to impose assumed expert professional knowledge about the person's motives or needs. Both therapies assume a co-operative and egalitarian stance between the counsellor and the person, with the counsellor following slightly behind the person as she develops her discoveries and decides how these discoveries may be called on.

Counsellors who use *cognitive* approaches believe that illogical thinking is the main element preventing persons from overcoming their practical and emotional difficulties. Narrative therapy also encourages a re-structuring of existing perceptions through the close examination of existing conceptual limitations. Both approaches see the therapist's task as assisting the person to engage more fully with his ability to re-frame his experience.

Psychoanalytic theorists such as Donald Spence emphasize that therapists do not and cannot address the raw, actual past experience of the person seeking help, but are limited in therapeutic material to persons' accounts of what brings them to therapy. The narratives by which these accounts are told by the person

are partial, selective, inconsistent, and influenced by conceptual assumptions derived from wider society. The embedded professional assumptions and interpretative biases through which the therapist understands the account also contribute to its remoteness from the past actuality being selectively described, and socially inherited linguistic forms and conventions add their own shaping and moulding (Spence 1982: 321–37). Narrative therapists would agree with all these observations.

A few more examples may be helpful. *Neuro-Linguistic Programming* has in common with narrative therapy its close attention to the language of therapy and its recent focus on the nature of the stories told by the person to the counsellor (Young 2004). *Adlerian* recognition of the centrality of power relations between individuals and in society is also a central concern of narrative therapy, as are the focus on the importance of social context, and on persons' interactions as more appropriate than analysis of assumed pathology (Carlson J. in ed. Madigan 2004: 76). Counsellors whose work is based on Kelly's *Personal Construct Psychology* see it, like narrative therapy, as a hopeful approach which emphasizes the person's interpretation of the world as the material for therapy, and like narrative therapists they believe that examining persons' constructs of reality can be the starting point for the person's escaping the limitations of restrictive autobiographical schemas (Fransella and Jones 1996: 37–8). *Solution-focused brief therapy* is similar to narrative therapy in many respects, in particular in the refusal to pathologize, and the technique of identifying instances when the problem has not been present, discussing the significance of these instances, and using them as a basis for working towards change (de Shazer 1985, 1991). Narrative therapy emerged from *Systemic Family Therapy* and shares many of its methods, including the extensive use of questioning, attention to social and familial influences on persons' perceptions, and the use of reflecting teams.

In suggesting entry points to narrative therapy for readers who work in other counselling models I am not advocating eclecticism, or suggesting that these therapies are essentially the same:

> running together of distinct traditions of thought and practice … leads to the false representation of the positions of different thinkers … when these distinctions are blurred we cannot find a place in which we might sit together, regardless of our different persuasions, and engage in conversations with each other in which we might all extend the limits of what we already think. (White 2000: 103–4)

Nevertheless it can be argued that the concept of 'narrative' does provide a place where therapeutic minds can meet (Angus and McLeod eds: 2004a: 367–404). And some practices developed by White and other narrative therapists, when properly understood, can productively be introduced into other ways of working. Person-centred counsellors taking part in a workshop on narrative approaches to couples work told me that the concept of 'exceptions' (another word for 'unique outcomes' – see explanation below) struck a chord with them, and helped them to identify with more precision occasions when their clients were finding a way forward.

Different but equally valid descriptions

Adams and Hooper's delightful book *Nature Through the Seasons* (1975/1976) describes the changing seasons in the English countryside in two ways. One description is scientific, covering topics such as atmosphere, temperature changes brought about by the earth's journey round the sun, chemical changes in the soil, biochemical aspects of plant growth, and the mating and migration patterns of birds. The other description is evocative, describing the misty beauty of autumn fields, the starry carpeting of ditch banks by primroses, the distant call of a cuckoo. Each description of the same time of year is valid and yet they are utterly different. Taken together they give a dual perspective, *a more complete overall description.* Two disparate narratives combined to make *a richer overall narrative.*

Narrative therapy encourages richer, combined narratives to emerge from disparate descriptions of experience.

The book has illustrations, two for each season. One portrays open landscape, and the other woodland. David Goddard's illustrations show each animal, bird, plant or tree in meticulous detail. Yet one aspect is far from realistic: crowded into each scene is almost every tree, flower, plant, insect, fungus, bird, animal and reptile associated with the season! The illustrations follow a convention – the reader knows that she would never see all this wildlife gathered together in one landscape, but it is convenient for the book to show them all at once in one picture. Even so, there are missing elements: in an actual landscape there are possibilities for surprise (once, in Kent, I saw an osprey diving – a bird native to Scotland). No portrayal of the typical can include variants and yet it can be the variants that make experience uniquely memorable.

Narrative therapists encourage a focus on the untypical – untypical, that is, as perceived by the person. They encourage the untypical to be considered in great detail because it is through the untypical that people can escape from the dominant stories that influence their perceptions and therefore their lives. Stereotyped descriptions of experience become less fixed and influential when methods of therapy assist these stereotyped descriptions to be more *complete.*

The outline of narrative practices which follows in this chapter uses a convention similar to the illustrations in Adams and Hooper's book. It offers an overview, not implying that all of these elements are necessarily found in any one session or indeed in any sequence of sessions. Certain practices are often found in narrative therapy sessions, but the priority is a sensitive response to the person. I have taken part in narrative counselling in which almost exactly the sequence of practices I describe was followed; where few of the practices were used; and where these particular practices were not used at all.

The language of narrative therapy

The use of specific terminology is important in narrative therapy. Michael White sees his use of precisely chosen but sometimes unfamiliar language as inevitable when he describes ideas outside the mainstream of traditional therapy: 'Although

some readers may consider some of these terms to be jargon, I would ask that they avoid re-translating these into more familiar words and phrases of the conventional discourses of counselling/psychotherapy, for to do so will change their meaning' (2004a: x). A consciousness of language usage is seen by White and Epston as a central responsibility of therapists:

> We have to be very sensitive to the issue of language. Words are so important. In so many ways, words are the world. So, I hope that a sensitivity to language shows up in my work with persons and, as well, in my writing (White 1995a: 30).

The powerful associations triggered by evocative language can be called on in therapeutic conversations to increase vividness and immediacy, and I give examples of this in later chapters. But there is a down side. Narrative therapists try to remain aware that language is fraught with possible ambiguity, misinterpretation, and unthinking assumptions. By its very nature language is saturated with historically and culturally derived meanings, often unrecognized as such, which may influence or distort what the person and the therapist characterize and how they communicate. 'Masculine' and 'feminine' are good examples: even to the most thinking person these words are likely to trigger rooted associative overtones of 'tough, active and decisive' contrasted with 'soft, vulnerable and passive', and both imply an absolute gender distinction which biology and social psychology deny. It takes a conscious effort to escape from these meanings. Words are not representations of clearly distinguishable realities, but generalized symbols inviting the reader to supply meaning and definition from her own store of associative linkages. These associations are powerfully imbued with assumptions derived from their usage in a social and linguistic community. Slippery definitions apply even to the words we use to describe our profession. To the general public the word 'counselling' has perhaps begun to lose its original meaning of advice-giving, but 'therapy' certainly retains its medically-derived meaning of an expert-based cure.

The point is well expressed by Adrienne Chambonne and her colleagues:

> language is constitutive of people's lives. One cannot stand outside language. Language is evocative and brings forth realities. Therefore, vigilant attention must be paid to the use of language from the very beginning and throughout the therapeutic conversation. Our concern is not only how people interpret language and circumstances, but how we interpret their interpretations. (ed. Madigan 2004: 152)

White's and Epston's written language is often vivid and engaging:

> Nick had a very long history of encopresis, which had resisted all attempts to resolve it, including those instituted by various therapists. Rarely did a day go by without an 'accident' or 'incident', which usually meant the 'full works' in his underwear. To make matters worse, Nick had befriended the 'poo'. The poo had become his playmate. He would 'streak' it down walls, smear it in drawers, roll it into balls and flick it behind cupboards and wardrobes, and even taken to plastering it under the kitchen table … the poo had even developed the habit of accompanying Nick in the bath. (White 1989: 9)

> I purposefully mis-heard the few responses that she gave me to my questions. I often do this with nervous, shy or unwilling adolescents:
>
> *Neolene*: [*mumbling inaudibly in response to DE's question.*]
> *DE*: [*incredulously*] You want to buy a pumpkin?
> *Neolene*: [*looking at me in amazement*] What do you mean pumpkin?
> *DE*: I thought you said you wanted to buy a pumpkin?
> *Neolene*: [*laughing, but now perfectly audible and responsive*] No … what I said was …
>
> (Epston and White 1992: 39)

However, as White implies in the passage quoted earlier, the reader new to narrative therapy may well find some of its language puzzling or obscure, and discover that familiar terms are used in unfamiliar ways. White's exposition of concepts in the writings of Michel Foucault, themselves derived from Ancient Greek originals, is daunting:

> The second aspect of the constitution of the self as a moral agent is the 'mode of subjectification' (not 'subjugation)'. It is the mode of subjectification that provides the mechanism through which people are encouraged or required to recognize their moral obligations in regard to the management of the relevant ethical substances. (2004a: 189)

On other occasions narrative therapy language carries clear, specific meanings familiar to those who have read publications where the terms are defined, but which may puzzle readers new to these terms:

> I will present candidate questions that assist family members to select out unique outcomes, place these unique outcomes in the context of a pattern across time, ascribe significance to unique accounts, and speculate about new possibilities. These are all questions that invite, from family members, a 'performance of meaning'. (White 1989: 41)

In the following pages I explain terms used in narrative therapy when describing their place in practice. Their strange quality should evaporate with familiarity.

White is scrupulous to maintain gender- and ethnic-neutral vocabulary, but his concern goes further than these widely accepted conventions. He is particularly alert to vocabularies which have developed within institutions incorporating power-based relationships, where linguistic terms have been transferred to other contexts where their implicit meanings may be unrecognized yet influential. He particularly avoids the medical-model language of some therapies:

> There now exists a simply fantastic number of opportunities that are available to mental health professionals for the pathologising of people's lives … we now have at our disposal a vast array of speaking with and interacting with people that reproduce the subject/object dualism that is so pervasive in the structuring of relations in our culture. (White 1995a: 112)

White's use of 'person' instead of 'client' demonstrates, perhaps, dissatisfaction with the role implications of a word widely used and presumably thought to be respectful. I have not come across an explanation of his usage but it is present from his earliest published work. He also never refers to 'cases' or 'case histories', seeing this as language which objectifies persons' lives and diminishes the sense that people bring experiences to therapy which are central to them; often painful, meshed with loving, puzzlement, joys, despairs and grieving. Such trust is not appropriately honoured when referring to people in difficult stages of their lives by the distancing and pathologizing word 'case' (White 1997a).

The organization of sessions

There is no set convention for the length of narrative sessions. My own counselling tends to stay within the conventional frame of 50 minutes, but I have observed White and his colleagues hold sessions lasting over two hours, not just with families but also with individuals and couples. Intervals between sessions vary – there is no assumption of weekly sessions, or sessions at any other predetermined interval. Narrative therapy is not a 'brief therapy', and some narrative therapists describe work over many sessions, but narrative techniques and practices can make the overall length of counselling much shorter than in some other therapies (White 1995a: 195, 200).

An outline of narrative therapy practices

The following outline of practices is intended to orientate the reader through the rest of the book. Each element is explored at greater length in later chapters, with references to publications or other sources; here I exclude references in order to keep the text unbroken. Between descriptive sections I tell a 'story of therapy' to illustrate the text. Unlike elsewhere in this book, this is an invented account; I have not worked with any one person in the precise sequence, and with all the practices, described in this summary. However, the story does derive from my counselling with several persons.

I outline practices in approximate sequence, although the therapist may expand them, contract them, return to them or omit them altogether according to her sense of what might be of assistance to the person. They are separated into headed sections simply for convenience of description. The variety, intricacy, sensitivity, and flexibility of narrative therapy is not reflected in this outline, which should not be taken as a prescription for practice. For simplicity I have referred to working one-to-one, but later chapters include examples of work with couples.

The person tells her story: 'problem-saturated' description

Narrative therapy begins with the counsellor giving the person respectful, interested attention in a safe and uninterrupted setting. The person is invited to talk

about her concerns, and the therapist listens. Often, persons tell stories that are full of frustration, despair and sadness, with few or no gleams of hope. One of White's names for such accounts is the 'problem-saturated description'. A problem-saturated description embodies the person's present 'dominant story' of her life. The therapist takes this description seriously, and accepts it, while at the same time assuming that it is not likely to be the whole or only story. Although most descriptions by persons starting therapy are problem-saturated, some are not, as the person may already have moved towards positioning herself differently towards the issues which concern her. In these instances the practices outlined below may be considerably modified.

Once the person has reached the end of her account, and there is a natural pause, the therapist begins to ask clarifying and extending questions, encouraging her to describe her difficulties in greater detail, and to make clear the effects of these difficulties on her life. Through the person's responses both the therapist and the person gain a store of remembered material to use as the basis of therapy. From the 1990s White has moved from the term 'problem-saturated description' to the term 'thin description', which reflects more accurately the idea that an initial 'story' inevitably omits certain forgotten or unnoticed elements of the person's life.

> Louise, a schoolteacher, and Jim, a machine operator, married after a whirlwind courtship. After a happy year Jim's health deteriorated and Louise nursed him for six months through a long and distressing illness until his death eight months before she came to counselling. She attributed his illness to his employer's neglect of safety precautions and to a culture of macho risk-taking in the workforce. She described the circumstances of his illness and death and how her feelings were still overwhelming her; she could not sleep, her work was suffering, and she would find herself crying when shopping or driving. I invited her to describe other ways in which her life was affected, and she spoke of many other reactions, including nightmares, inability to enjoy life and a sense of hopelessness.

Naming the problem

When encouraging the person to expand her initial narrative, the therapist invites her to give a specific name or names to the problem, perhaps a single word or short phrase. If the person cannot think of a name the therapist floats possibilities, such as 'depression', 'stress in the marriage', 'abuse' and so on, until a name is provisionally agreed. This name is then used, unless further description by the person suggests that a different, more precise name might be appropriate, when another name is chosen. Naming encourages focus and precision, enables the person to feel more in control of the problem and gives a precise definition for externalization of the problem (see below).

Louise named her problems as 'Grief, Frustration and Anger'. When we had looked more closely at the circumstances and cause of her husband's illness Louise changed the name 'Anger' to 'Justified Outrage'.

Using externalizing language

Narrative therapists often use language embodying an implicit assumption that the problem is *having an effect on the person* rather than existing within or being intrinsic to him. This linguistic device is called 'externalizing the problem'. The therapist says 'depression invaded your life' rather than 'you became depressed', or she might say 'You were both affected by stress' rather than 'You were both stressed.' Externalizing language, when used, is continued throughout therapy, not just at the first session. The aim is to help the person to separate her identity from her problems, and to conceive them as the product of circumstances or interpersonal processes rather than as caused by her psychology or personality. Externalizing language is *not,* however, used for selfish, damaging or abusive actions. These are bluntly named: 'He abused you over a long period' or, if the person himself is an abuser, 'You abused her over a long period.' Beliefs and assumptions used to justify the abuse may be externalized: 'You were dominated by a belief that violence is acceptable'.

I used externalizing language when discussing Louise's situation, speaking, for example, of 'grief having power over your life', 'justified outrage insisting on being heard' and 'frustration invading your quiet times'.

Considering social and political issues

Narrative therapy embodies an assumption that cultural, social and political factors are enmeshed with the problems people bring to therapy, and in particular that power-based relations in Western society are endemic both interpersonally and more widely. Narrative therapists recognize that persons sometimes ascribe the distressing and unjust results of these social factors to themselves, as personal failures, shortcomings or faults, and that they are often implicitly encouraged to do so by those who hold positions of power. Correspondingly, a factor assisting persons to free themselves from the interiorization of blame and guilt can be an examination of issues of social power. The politics of gender interaction or of parental authority may be named and examined, and also the effects on persons' lives of institutional and governmental economic and social policies. Therapy itself is recognized as potentially harmful when based on unrecognized power relations, and narrative therapists attempt to reduce this potential by continuous critical examination of their practice, by regular checking-out with persons that they find the therapy acceptable, and by various other means of 'de-centring' themselves.

After checking that Louise was comfortable about detailed discussion of the circumstances of her husband's illness, I encouraged her to say why she considered that his death had resulted from inadequate safety precautions at his place of work, and to explore what she might wish to do about this. She decided to bring the matter to the attention of the appropriate legal authorities, both as something worth doing in itself, and as a therapeutic activity in tribute to her husband. We also discussed the expectations of 'getting over it and moving on with your life' being placed on her by others which made her suspect that her continuing, powerful emotions of grief might indicate instability. Louise concluded that in British middle-class culture many people are embarrassed at witnessing powerful feelings, and that the intensity of her grief was appropriate – a problem for others, not for her.

Relative influence questioning

'Relative influence questioning' elicits two descriptions: the influence the problem has had and is having on the life of the person; and then, in contrast, the influence the person has had, and is having, on the 'life of the problem'. White and Epston's earlier writings suggest that, after drawing out a full problem-saturated description, they would ask the person to remember occasions when she managed to get the upper hand over the problem, even if only slightly, or to remember occasions when she was able to deal with similar or related issues. The person would describe these slipped-out-of-memory examples in detail and then the therapist would invite her to consider their significance. More recently, White has preferred simply to wait for such memories to emerge spontaneously from the person's account and at that point to focus on them and explore them in detail. Questions at this point concern feelings, thoughts and actions, past and present, perceived by the person direct, and perceived by others. White, Epston and other narrative practitioners usually use Erving Goffman's term 'unique outcomes' (1961) for significant memories which contradict or modify the problem-saturated, dominant story.

Louise identified some unique outcomes – instances which contradicted her dominant story of being overwhelmed. She had continued with her work, she had dealt with the legal and financial aspects of her husband's death, she had continued to run a hockey team for handicapped young people and she had cut down on her drinking, which had increased considerably in the period immediately after her loss. She had also come to recognize that attempts to persuade her to 'move on in her life' were inappropriate and unhelpful. On the whole, despite occasional moments of panic when she wondered if the intensity of her feelings did indicate 'instability', she managed to hold on to recognition that powerful grief and justified outrage were natural and appropriate.

Deconstruction of unique outcomes

When the person has mentioned aspects of her experience which appear to deny, contradict or modify her dominant problem-saturated story, the therapist invites her to expand on the circumstances and nature of these unique outcomes and, by asking questions, focuses attention on how these do not fit with the story-as-told. This detailed focusing and description, or deconstruction, assists the second description to become a firm account rather than to dissolve away. Therapist questions are wide-ranging, covering unique outcomes in the person's feelings, actions and thoughts in the past, the present and for the future. The therapist invites speculation on how other people, important to the person, who witnessed these unique outcomes, may have understood them. Through this process the person gains a wider perspective on her experience, tells a richer and more complete story, reconsiders her identity, and identifies previously obscured bases for change.

Among the unique outcomes I deconstructed with Louise, her desire to take direct legal and political action loomed large. She recognized that outrage at what had happened to her husband was not actually a problem at all but a wholly appropriate reaction, and that her determination to gain retribution for her husband was a healing element in her life. By outlining in great detail the carelessness, negligence and macho culture at his place of employment, which led him to undertake work without insisting on full safety measures, she gained both a conviction that she had to act, and the energy to do so. By discussing in detail the action she intended to take, she gained a perspective of resistance which contradicted her previously dominant story of being overwhelmed and powerless. Her continuing to run the hockey team involved skills in organization and human relations, and she was sure that the members of the team and their parents would recognize that she had not allowed her personal situation to stand in the way of fulfilling this responsibility. She began to see herself in a new light. In discussing all these details of continuing activity, she became aware that alongside her periods of accepting her immense grief, there was another, complementary story, of competence and pushing on with life.

The person is invited to take a position on the problem

Therapy has now reached a turning point. The person can decide to remain dominated by the problem-saturated story of her life, or she can decide to take fully into account the richer story the therapist has encouraged her to tell. Dilemmas for the person might include: Is this the right time for me to take new directions or do I need more time to consider these possibilities? Is the problem still too much in charge of my life for me to challenge it safely? If it is, when might its power be reduced? How might I recognize that development? Usually persons do decide to position themselves differently in relation to the problem, and bringing this specific commitment into a verbal form assists them to embed the decision

rather than for it to remain nebulous. But sometimes a person may decide that change is too disturbing, painful or premature. The therapist explores with the person, in detail, the possible outcomes of these different courses of action.

After several sessions Louise gained a richer perspective. She no longer internalized powerful grief in self-blaming terms, but allowed it as appropriate, proportionate and inevitable. At the same time, she was aware that frustration and grief had not wholly overwhelmed her life. I had no need to 'raise the dilemma' by exploring whether she wished her life to remain as it was because her decision to take legal action on behalf of her husband was energizing and therapeutic, giving her a sense of taking control rather than being a passive victim.

Use of therapeutic documents

The therapist may introduce written documents, sometimes creating them herself and sometimes encouraging the person to create them. These documents summarize the person's discoveries and describe the person's own perceived progress. The person may keep them for future reference, or use them in any other way she may decide. Formats include letters, memos, statements, lists, essays, contracts and certificates. Non-verbal 'documents' may also be used such as sound recordings of sessions where important discoveries have been made by the person. Sometimes documents may be private to the person, sometimes they may be shared with the therapist, and sometimes they may be shared with other people. Their use as a device for consolidation is based on recognition that the written word is more permanent than the spoken word and, in Western society, carries more authority – here, the authority of the person rather than that of a professional.

During the period of her therapy I wrote several letters to Louise, summarizing our discussions and referring to unique outcomes and the meanings she had found in them. Louise decided to write a personal book, an account of her and Jim's love story, and to illustrate it with drawings, photographs and other mementos of their shared life.

Re-membering

Persons can find comfort and support by drawing on memories of significant people who have been lost to them such as relatives and friends who have died, or lost touch; strangers who made an important positive contribution to their life; famous people who have indirectly contributed to the person's life by examples of courage and integrity. Assisted by the therapist, the person metaphorically invites

these people to re-join the 'club of her life'. White calls this process *re-membering*. The person may, on the other hand, wish to *exclude* from her life club people who have behaved abusively, neglectfully, coercively or in other detrimental ways.

> Louise's personal book, and the reminiscences of her time with her husband which she shared with me, assisted her to keep his presence in her life rather than to follow the advice of others to try to exclude him from her life and 'move on'.

Using outsider witnesses

White has increasingly emphasized the importance of an audience other than the therapist for the person's telling and re-telling of her developing story. In earlier papers he describes encouraging persons to identify people such as friends, relatives, peers and so on, to whom they would like to tell their revised stories. From this idea he developed the practice of providing an audience in the therapy room at an appropriate stage, consisting of other therapists, people chosen by the person, or both. White defines such audiences as 'outsider witnesses' and organizes the session into several different tellings and re-tellings. Sessions may be video-recorded and the recording given to the person for private re-hearing. Members of the outsider witness team may touch on one or more of their own related experiences, not to diminish or take from the person's account but to reinforce it by resonances from their own lives. Members of the wider community may also be recruited as an audience for the person's re-telling.

> Louise completed her personal book several months after counselling ended, then made an appointment to show it to me and to discuss what writing it had meant to her. She also wanted to bring me up to date on her campaign about safety at her husband's workplace. At this session she agreed to my tentative request for her to discuss her whole experience of loss, grief, retribution and healing with two of my colleagues, who were exploring narrative therapy. This session took place three weeks later, and Louise said at the end of it that sharing her experiences, and hearing others relate these experiences to their own lives, had been moving and helpful.

Continuing therapy: telling and re-telling towards enrichment of the self-story

Sometimes no further sessions are needed. When therapy continues it aims to facilitate the person's building on and expanding the richer story she has begun to narrate about her life as it was, as it is and as it might become.

Louise attended for several further sessions in which she consolidated her decision to act, discussing details of legal steps she was taking and of a newspaper campaign she hoped to initiate. In several sessions she simply talked quietly and movingly about her husband and her memories of their life together, especially the golden year of their marriage before his illness began.

Ending therapy

Therapy ends when the person decides that her self-story is rich enough to sustain her future. The final session may be organized as a joyful occasion. People significant to the person may be invited for re-tellings and there may be a ceremony to mark the occasion, such as the presentation of a certificate of achievement.

A final session with Louise, my colleagues and myself, where she re-told her story and heard further re-tellings and personal meanings from the three of us in response, took on an atmosphere of ceremony and affirmation.

TWO

Ideas Informing Narrative Therapy

A synthesis of ideas

When I first read about narrative therapy I found that my background in person-centred counselling had not prepared me for ideas and practices familiar to family therapists, and I soon realized that White and Epston were saying things that were unorthodox even in this field. Their ideas came from an utterly unfamiliar conceptual framework, with few apparent connections to the assumptions underlying my own training. I hope that this chapter will provide a map by which readers new to narrative ideas may gain a sense of conceptual direction when exploring the territory of this therapy.

Michael White has exceptional skills for synthesis; he draws on ideas from diverse sources, sometimes conceptualizing and integrating them in ways which might not wholly meet the approval of specialists in those fields. This is an evolving process. Some concepts in White and Epston's earlier writings, such as strategic and systemic approaches to family therapy, Gregory Bateson's concepts of negative explanation and restraint, and cybernetic metaphors for describing interactions between persons and events, are less prominent in White's more recent publications and teaching. Since narrative therapy began to emerge as a distinct way of working, other practitioners have contributed their own glosses on the theoretical base and enriched it. Their emphases are sometimes a little different from White's and Epston's, for example in giving attention to postmodernism and social constructionism as well as to post-structuralism (Parry and Doan 1994; Hare-Mustin and Maracek 1994; Freedman and Combs 1996; Winslade and Monk 2001).

In a few pages I cannot do justice to themes which have engaged some of the most original minds of our time, have an extensive literature and have played a major part in Western thought over a wide range of disciplines. Nevertheless, I hope the outline will enable readers to orientate themselves through the rest of the book.

Two meanings of 'narrative'

A dictionary definition

> *Narrative*: narrating: giving an account of any occurrence: inclined to narration: story-telling. – *n* that which is narrated: a continuing account of any series of occurrences: story. (Chambers Concise Dictionary, 1985)

'Narrative' can mean an account of an event or events; story-telling. Poems such as *Sir Gawain and the Green Knight* and Tennyson's *The Lady of Shalott* tell stories; they describe events in a sequence. They are narrative poems. Gray's *Elegy Written in a Country Churchyard* is meditative. It does not tell a story; it is not a narrative poem. 'Accounts', 'stories' and 'narratives' are terms used interchangeably in this therapy. They refer, in the sense given by the dictionary definition, to *selected sequences of life* which come into existence as an entity through the act of being narrated.

A person's self-story is a first-person narrative through which he defines who he is, based on his memories of his history, his present life, his roles in various social and personal settings, and his relationships. Extracts from these self-stories are often told to others; and are frequently told to himself, in fragmented 'inner' monologue, changing in precise detail at each telling but with recurring dominant themes and concepts. A person will often project this story into an *assumed* future: 'So I've always been depressed and I suppose I always will be'; 'Our marriage has dragged on till now and I can't see there'll ever be any way out.' And sometimes a person will narrate his story into a *preferred* future: 'I've always been depressed but I expect I'll be able to sort it'; 'Our marriage has dragged on till now but no way can it carry on like this.' The process of a person's telling such narratives, and of the narratives being gradually amended in conversation with the therapist, is called 're-storying' or 're-authoring', which are metaphors from writing and reading literature. Literary theory has played an important part in the development of narrative therapy, and I describe these influences in Chapter 5.

Narrative as a postmodern concept

The French philosopher, theologian and literary theorist Paul Ricoeur published his magisterial and influential three-volume treatise *Time and Narrative* in the mid-1980s, at a time when coincidentally White and Epston were developing their ideas about therapy (Ricoeur 1984). Calling on ideas from St Augustine and Heidegger, Ricoeur places narrative at the centre of human awareness. He proposes that narrative is the mental structuring process through which we define our existential relationship to the movements of our earth and the planets, stars and galaxies; to our linear perspective of time typified by the invention of the calendar; to events in the objective and subjective worlds; and to our sense of moving from past to future, through retrospection and anticipation, with the present as a continuing interaction point with both (Sheehan 1997; Cobley 2001: 16–21). This is a long way from poems which tell stories.

The dictionary definition is only one sense in which the term 'narrative' is used in narrative therapy. If that were all, then it would have very little specific meaning compared with its use in the many other therapies where persons are invited to tell their story to the counsellor. A significant, wider meaning relates to concepts from Ricoeur and other thinkers, a way of thinking about the nature of human life and human knowledge which has become known as 'postmodernism'. This term has come to mean many things, but at its core is a recognition of the legitimacy of multiple ways of describing the world and human life. Two of these ways are the scientific and the narrative. Since scientific descriptions have traditionally enjoyed a higher truth status in Western culture, postmodern expositions tend to give more attention to the previously undervalued narrative mode.

Many traditional therapies are based on ideas about psychology, frequently defined by those who have developed them and who have allegiance to them as 'scientific': meaning derived from observation, formed into theories which offer explanations for those observations, and confirmed by what is believed to be objective research (Rogers 1961: pt. v; Garske and Anderson 2003: 145–75). Originators of psychology-based therapies assume that through reading, thinking and practice the trainee therapist can take on objective, expert knowledge enshrined in those theories; can learn to locate and assess the sources of motivation, uncover the historical roots of distress, analyse the complex mechanisms of relationships, and define the unrecognized reality behind presenting issues brought to therapy. But in a postmodern perspective it is assumed that it is our immediate, day-to-day, concrete, personal apprehension of our lives – expressed through narrative, the stories we tell ourselves and others about our lives – that is primarily knowable, even though these stories are only partial representation of the actual complexity of life as it is lived. The stories do not just comprise a neutral linguistic representation of memory; they are also *influential*. These stories, or narratives, come to form the matrix of concepts and beliefs by which we understand our lives, and the world in which our lives take place; and there is a continuing interaction between the stories we tell ourselves about our lives, the ways we live our lives, and the further stories we then tell.

During an interview White was asked what he meant by a 'story or narrative of life, as being the basis of your work'.

> This is to propose that human beings are interpreting beings – that we are active in the interpretation of our experiences as we live our lives. It's to propose that it's not possible for us to interpret our experience without access to some frame of intelligibility, one that provides a context for our experience, one that makes the attribution of meaning possible. It's to propose that stories constitute this frame of intelligibility. It's to propose that the meanings derived in this process of interpretation are not neutral in their effects on our lives, but have real effects on what we do, on the steps that we take in life. It's to propose that it is the story or self-narrative that determines which aspects of our lived experience get expressed, and it is to propose that it is the story [or] self-narrative that determines the shape of our lived experience. *It's to propose that we live by the stories that we have about our lives, that these stories actually shape our lives, constitute our lives, and that they 'embrace' our lives …* (White 1995a: 13–14, emphasis added)

In this passage White is using 'interpreting' as Ricoeur and other postmodern writers use it. Interpretation, here, does *not* refer to an activity where a professional tells another person what their experience really means; equally, it does not mean a person's applying a psychological theory to her life. Such practices are not used in narrative therapy, although they are of course in some other therapies, and the distinction is important. Interpretation here refers to the way in which, according to postmodernism, people understand the world not 'as it is' (since this is impossible) but always through the lens of their preconceptions. These preconceptions are formed out of their past subjective experience and its resulting mind-set, which have been powerfully influenced by the norms and givens of the micro- and macro-societies in which people happen to live.

Narrative therapists emphasize that people interpret (make sense of) the experiences they bring to therapy primarily through seeing them through cultural and social lenses, rather than via inherited biological or psychological factors. These socio-cultural factors are frequently invisible, since they are the taken-for-granted assumptions and values of the groups we belong to and the wider society in which we live, which we have to a greater or lesser extent incorporated into our perceptual lens as constituting the everyday and the obvious. This does not, however, imply that these factors are solidified: we can identify them, consider how they work on us, and choose whether or not we will continue to accept them.

Language, with its capacity both to clarify, and to distort and oversimplify, plays a mediating and influencing role in these interpretative processes, as it is through language, including our inner unspoken monologues, that we define and organize our thoughts and feelings. Language, because it is the product of our culture and embodies its assumptions, influences in turn our interpretations of what happens to us by providing both ready-made meanings and 'canonical stories' – ready-made stereotypical narratives into which we try to fit and story our lives. These canonical narratives (achieving success in work, finding a permanent partner, being a parent, living in gender-appropriate ways and so on) are frequently a source of distress and loss of identity when our lives fail to correspond to them.

> In describing to someone the situation in which I find myself placed, in giving them an account of what it is like to be me … I scan over my situation this way and that distinguishing in it certain crucial features … while my description works to give it structure, what allowably I can say is grounded in what might be described as my 'pre-understanding' of my situation … (Shotter 1985: 182–3)

Dominant cultural narratives concerning issues of power

The term 'narrative' (sometimes 'grand narrative') is also, and sometimes confusingly, applied to culturally assumed truths with a long history. With this in mind, socio-cultural narratives around issues such as ethnicity, disenablement, sexuality, gender, age and all other areas where therapists may have different bases from others, are of particular concern in narrative therapy. Taking gender as an example,

feminists have demonstrated how patriarchal attitudes permeate social institutions and popular thought, and how these assumptions lead to injustice. As a result, in some social circles traditional narratives about the 'essential' – and subordinate – nature of women are no longer taken seriously, although I believe that these ideas are often demonstrated in ways we do not recognize by those of us men who think of ourselves as liberal. A determination to keep alert to gender issues is characteristic of narrative practice, not only in giving attention to specifically gender-related problems brought to therapy, but also in a self-monitoring focus around the politics of therapy. Gender issues are not the only factors kept in mind; all issues of cultural power in the therapist's unacknowledged attitudes have the potential to inhibit or distort work with persons who identify with different cultures or subcultures. I imagine that few counsellors of any persuasion agree with male chauvinist, racist or similar beliefs, but the emphasis in narrative therapy on the need for continual vigilance against their more subtle manifestations is particularly emphatic. White values feminist analysis of the patriarchal assumptions embedded in established psychologies, and acknowledges that feminists have alerted him to subtle ways in which sexism and chauvinism may be demonstrated by male therapists through vocal tone, dominance of conversation, marginalization through vocabulary choice, unverified assumed capacity for empathy, and assumed cultural and gender norms (1997a). White insists that these manifestations are impossible to avoid altogether because male therapists live in the culture in which those attitudes are embedded (1995a: 158–9). However, he believes that by critical self-monitoring and regular checking out with persons, therapists may go some way towards minimizing these factors, and that to do so is a moral obligation.

Postmodernism and narrative ways of knowing

> *Modernity* is held together … by stories of progressive rational scientific discovery of the nature of the exterior world and the interior of individual people's minds. (Parker et al. 1995: 14, emphasis added)

Postmodernism, with its principal starting-point in the 1970s despite some historical antecedents, questions many of the assumptions that have underpinned Western thinking about the observable and subjective worlds for about three hundred years. It is a movement of thought which has rediscovered complexity, variety, and not-knowing. Despite some of its extreme manifestations, in writing which is so dense and obscure that it invites satire and deflating (Dawkins 2003: 47–53) it actually invites a degree of humility in the face of the mysteries of existence. In particular it offers the uncomfortable challenge that there can never be any final certainty about almost anything. Postmodern thinkers would certainly accept that the earth is not flat, and almost certainly accept that today's living creatures have evolved from earlier versions, because the evidence for these proposals is overwhelming. But they would question (for example) any certainty that an infant's failure to bond with its mother always has effects on later life. They would argue that this is unverifiable – the most that scientifically carried out

observations could provide is a provisional hypothesis, and this cannot be wholly objective either in itself or in how it is tested.

From the Renaissance onwards, there was a belief among the educated minority that reason and logic could and would unravel the mysteries of the world, the universe and humankind. By the seventeenth century, with its discoveries in astronomy, the exploration and mapping of many of the previously unknown territories of the world, and the theoretical explanations of Newton and others, it appeared as if this process was fully under way. Later discoveries and theories appeared to confirm this assumption: and simplified versions of Darwin's and Einstein's theories, permeating everyday awareness, reinforced the idea that all truth is ultimately discoverable, and that the way of achieving this is through the methodology of science. Engels, Freud and other theoreticians in the rather less verifiable areas of *human* study (economics, history, psychology) defined their work as scientific and took on the status this description carried. Certain core beliefs arising from the tradition of progress through scientific knowledge became so taken for granted that they were invisible as *beliefs* – they took on the status of 'assumed', or 'dominant', truths. Today, for example, media interviewers almost automatically ask people about their childhood as an assumed means of throwing light on their subsequent personalities and actions.

Dominant truths

Postmodern perspectives have not permeated Western culture beyond certain limited intellectual circles, and modernism is still a dominant way of thinking in contexts untouched by controversial new ideas. Perhaps most Western people's picture of the world still incorporates modernist dominant truths such as the following:

- Cause and effect are universal and knowable.
- Humans can understand reality as objective observers.
- Language refers to and reflects reality.
- The history of the growth of knowledge consists of exceptional persons applying their skills, and humanity appears to have a limitless potential for uncovering the actual nature of physical and biological reality. Given time, it will be possible to reach a state of near-complete knowledge, and to apply this to the betterment of human life.
- Modern knowledge is often 'deep', rather mysterious and out of reach of the understanding of ordinary people. In order to be understood these realities need the attention of experts with rare, highly developed skills.
- Just as methods have been developed for discovering the hidden truths of the physical and biological world, so truths have been discovered about the hidden world of human motivation and social dynamics.
- In the 'social sciences', distinct disciplines are based on real distinctions between various areas of human life. At the same time, a common human nature can be identified across cultures.

Postmodernism challenges such thinking. This reaction arose partly out of the failure of many of the venerated activities grouped as 'science' to fulfil their optimistic

promises. Even before the term postmodern began to be used, there was a widespread reaction against the idea that science was *intrinsically* objective, truth-based and benevolent. Its claims to represent objective knowledge became suspect. Scientists began to lose their self-assigned status as objective investigators of a reality assumed to exist behind appearances. They began to be recognized as people whose work, and the ways in which they interpreted the results of that work, were always influenced by social, political and personal factors. Scientists in 1930s Germany had published research which, they claimed, demonstrated scientifically that certain groupings of people were sub-human. Millions of these people were then murdered in gas chambers. The Second World War ended in 1945 with the Allies dropping atomic bombs, and soon after this the development of hydrogen bombs faced mankind with the possibility of extinction. The gas chambers and the hydrogen bomb entered the consciousness of humanity and, for some, that consciousness changed. Medical advances have failed to cure cancer or to prevent the growth of AIDS, and today antibiotics are vulnerable to increasingly resistant bacteria. Pollution, global warming and the population explosion pose new threats to the world. Despite the application of 'scientific' economics poverty, unemployment and recession continue. Stress and psychological pain are widespread. The early idealism of communism resulted in the horrors of Stalin's totalitarianism, but when Eastern Europe finally broke from that totalitarianism it was replaced by violent nationalism and criminal dominance. The meltdown of the nuclear reactor at Chernobyl threatened the world with radiation poisoning, and the existence of hundreds of unstable and deteriorating nuclear reactors in Eastern Europe has created the fear of more such disasters. Wars, civil strife and famine continue to kill millions.

This partial, selective, and pessimistic story of recent history suggests some of the background against which the assumptions of modernism were and are being called into question. The apparent march of technical and scientific progress has produced much of great value, but has also resulted in disasters and dangers. Not only are the procedures and results of the rational and the scientific suspect, but also the very idea that rationality and scientific objectivity can be independent of cultural and social influences. Postmodern scepticism about science has perhaps failed to distinguish between scientific methodology as a way of studying and investigating phenomena, and the humanly fallible implementation, interpretation of and use of that methodology; but the optimistic promises of 'the modern' have for many thinkers been replaced by a postmodern intellectual climate representing a move towards relativity, flexibility, reconsideration of the past and the identification and re-thinking of assumed norms. Postmodernism assumes that all knowledge is provisional, socially and politically influenced, and linked with social power. And science is redefined as just one particular way of knowing.

Postmodernism does not crush belief or conviction or moral position, but it does take the stance – *Why?* In the answer may recur some of the beliefs of modernism, but re-examined, thought through, taken apart, checked out, re-assembled in new ways. *Deconstruction* is the term for this detailed, scrutinizing, nothing-taken-for-granted, fresh look at assumptions and beliefs. The touchstone for this deconstructive examination has increasingly been identified as our own, personal, immediate, lived experience, embodied in the narratives we tell ourselves and others.

Physical and social sciences: a misleading analogy

Veneration of scientific objectivity has led to assumed parallels between physical/biological areas of human life, and the areas of thought, feeling and action. The same concepts and language have been used for both; social sciences, research findings, mechanisms, symptoms, dynamics, maladjustment, functioning, dysfunctional, pathology, trauma, healthy, breakdown, and so on. The use of such metaphors invites and confirms an assumption that human life functions in much the same way as the biological or mechanical worlds. In a postmodern perspective, human life, whether studied through the lenses of economics, psychology, sociology, anthropology or any other self-defining discipline, is too changing, variable, unique, multi-faceted, uncertain and complex for definitive conclusions to be drawn. Human reality cannot be tied down. Only hypotheses can be formed, and these are impossible to prove because no test methods will include all the moment-by-moment changing kaleidoscope of factors needing to be taken into account. Postmodern thinkers do not deny that carefully worked out and controlled research can provide useful suggestions as to what *might* be, on the evidence available. But they do bring a cautious attitude to truth claims. Expert knowledge is seen as partial, provisional, biased and often remote from the specific concrete knowledge of people living their unique lives from day to day. Postmodern thinkers have recognized that such 'local knowledge', expressed in narrative is as worthy of respect as expert knowledge. And certainly in narrative therapy, the language in which this everyday concrete knowledge is expressed is valued more than professional terminology.

A complementary 'knowing'

Postmodern writers do not venerate experiential/local knowledge, or sentimentalize it as folk wisdom. The modernist mistake had been to elevate scientism and recent thinking above other forms of knowledge, and postmodernism attempts to avoid making the same error in reverse.

> *Opposing* postmodern to modern involves a dichotomy which is contrary to a postmodern move to go beyond binary oppositions to descriptions of differences and nuances … *the term is not 'antimodern'*… The approach to history is rather that of re-use and collage, of taking up elements of tradition and recycling them in new contexts. (Kvale 1992: 7, emphasis added)

Michel Foucault, whom White acknowledges as an important influence in his thinking, made the point when asked his views on postmodernism:

> I think that there is a widespread and facile tendency, which one should combat, to designate that which has just occurred as the primary enemy, as if this were always the principal form of oppression from which one had to liberate oneself. Now this simple attitude entails a number of dangerous consequences: first, an inclination to seek out some cheap form of archaism or some imaginary past forms of happiness

> that people did not, in fact, have at all … a good study of peasant architecture in Europe, for example, would show the utter vanity of wanting to return to the little individual house with its thatched roof. (1984: 248)

Foucault's target is sentimentality about the past attempting to justify itself in the name of postmodernism, and he refers to architecture because postmodernism found its first expression in new thinking about architecture. Modern architecture for large buildings was characterized by the increasing use of prefabricated units held in place by a steel framework, and at least since the 1930s, avoiding rounded shapes. These gleaming glass and concrete structures often began to crack, weep dark stains and eventually be hated by people whose traditional housing communities had been destroyed to make way for this modern way of living, where stairways became dangerous, lifts did not work and there was no garden of one's own. Postmodern architects began to ask people what *they* wanted and, responding to their answers, to design a different kind of building. Geometrical styles gave way to echoes of traditional shapes and proportions. Postmodern architects sometimes included elements of fun, humour and vividness, even brashness, which people enjoyed, such as the architecture of Disneyland (Ghirardo 1996: 45–62). Tower blocks gave way to smaller-scale buildings incorporating local traditional shapes, materials and textures, allowing both privacy and access to neighbours. This was not universal practice; tower blocks are still built, and many new houses are designed with, at best, lip-service to postmodern design – a wall textured in natural stone, or stained wood rather than metal for window frames.

Postmodern attitudes soon spread beyond architecture. In anthropology there was a movement away from assumptions of expert knowledge, towards respect for what people themselves could contribute from their knowledge of their lives. Instead of assuming they could understand, for example, the significance of a community's artefacts, anthropologists asked the members of the community what these signified to *them.*

> The trick is not to get yourself into some inner correspondence of spirit with your informants. Preferring, like the rest of us, to call their souls their own, they are not going to be too keen about such an effort anyhow. The trick is to figure out what the devil *they* think they are up to. (Geertz 1983: 58, emphasis added)

An 'Interpretive Turn' was occurring; as postmodern thinking spread, people were in quite a new way being invited to give accounts of their lives, and of the meanings they derived from aspects of those lives, and in quite a new way were having those narratives taken seriously (Geertz 1973, 1983, 1995, 2000). Universals had been presumed, but the more they were sought, the more they vanished in the light of the differences and diversities of the uniquely actual: 'The only thing that links Freud, Piaget, Von Neumann and Chomsky (to say nothing of Jung and B.F. Skinner) is the conviction that the mechanics of human thinking is invariable across time, space, culture and circumstance, *and that they know what it is*' (Geertz 1983: 150, emphasis added). It was recognized that both scientific *and* 'local' knowledge were needed for the most complete pictures of human reality to be hypothesized: concrete, experiential, narrative knowledge providing the precise, unique, experienced subject

matter, with researchers applying scientific methodology in order to hypothesize theories from this multiplicity.

Postmodernism, then, does not represent an attitude of 'What we now know, think and do is better than the "knowledge" of the past.' Postmodernism is, rather, an attitude of 'We have no "expert knowledge" of what is true *and we cannot ever have this* – we must continually start our thinking anew, always in the knowledge that our conclusions will be partial.'

> We must, in short, descend into detail, past the misleading tags, past the metaphysical types, past the empty similarities to grasp firmly the essential nature of not only the various cultures but the various sorts of individuals within each culture, if we wish to encounter humanity face to face. In this area, the road to the general, to the revelatory simplicities of science, lies through a concern with the particular, the circumstantial, the concrete, but a concern organized and directed in terms of … theoretical analyses … That is to say, the road lies, like any genuine Quest, through *a terrifying complexity*. (Geertz 1973: 53–5, emphasis added)

Narrative and meaning

In whatever form or context 'local' knowledge is expressed, whether in a discussion between friends, a three-volume biography, or a problem outlined in therapy, it takes the form of *stories* – selected elements told in a sequence – and it is through these self-stories that we form our sense of who we are:

> for the last several years, I have been looking at another kind of thought, one that is quite different in form from reasoning: the form of thought that goes into the constructing not of logical or inductive arguments but of stories or narratives … just as it is worthwhile examining in minute detail how physics or history go about their world making, might we not be well advised to explore in equal detail what we do when we construct ourselves autobiographically? (Bruner 1987: 12)

> Narrative is a scheme by means of which human beings give meaning to their experience of temporality and personal actions. Narrative meaning functions to give form to the understanding of a purpose to life and to join everyday actions and events into episodic units. It provides a framework for understanding the past events of one's life and for planning future actions. It is the primary scheme by means of which human existence is rendered meaningful. (Polkinghorne 1988: 11)

A crucial difference between expert knowledge and experiential knowledge is that the latter incorporates *personal meanings* – it has no claims to be objective. It fully embodies the significance for the person of her first-hand experience. The term used in narrative therapy for this knowledge-from-immediate-concrete-experience, *local knowledge,* is borrowed from Geertz (1983). The term applies both to communities and to individuals. All members of a community of old terraced houses, corner shops and local pubs, moved to a high-rise tower block in 1965, would have possessed shared but untapped local knowledge that this would be a disaster for their community's way of life. Equally, a single member of that community who was affected by a depressive illness, perhaps because she was now cut off from

daily interaction with neighbours, would possess unheard local knowledge that her isolation was more harmful to her than her new kitchen and hot water system were valuable.

Post-structuralism

Within the overall perspective of postmodernism there are subdivisions. Postmodernism was by definition a reaction against the rationalist, authority-based modernist world-view, and post-structuralism is by definition a reaction against a position called structuralism, which was current and influential in the 1950s and after.

Structuralist thinkers claimed to perceive 'deep structures' in all human life and activity, and proposed that it was these structures which mattered rather than local, individual variants and differences. This is a difficult idea, so I shall give an example from literary theory. Structuralist literary theorists sought to demonstrate that it was the balancing of overall elements in texts which links them as genres and which gives them their power and value. The conventions which apply to novels, for example, include the division of sequences of events into chapters, the evolution of events arising from other events, the later resolution of puzzling or uncertain earlier events, and overall themes such as the Quest. These structures are communicated in language which is, of course, itself structured, and language structures and associations incorporate historical meaning which is out of the control of the individual author. Barthes' famous essay 'The Death of the Author' argues that since all literary works are written in inherited linguistic forms, the author is simply a transmitter of pre-formed meanings (1968). In the structuralist view, novels by authors as disparate as James Joyce, Agatha Christie, Henry James and Ian Fleming are equally open to structuralist analysis:

> we must discount the 'realism' of narrative. Receiving a phone call in the office where he is on duty, Bond "reflects", the author tells us: "Communications with Hong Kong are as bad as they always were and just as difficult to obtain." Neither Bond's 'reflection' nor the poor quality of telephone connections are the real information here; such contingency may give the illusion of "life," but the true piece of information, the one which will germinate later, is the localization of the phone call, to wit, Hong Kong. Thus in all narrative, imitation remains contingent; the function of narrative is not to 'represent,' it is to constitute a spectacle which still remains very mysterious to us, but which cannot be of a mimetic order; the "reality" of a sequence is not in the 'natural' succession of the actions which compose it, but in the logic which is revealed and risked and satisfied there. (Barthes 1966/1988: 134)

A post-structuralist might say – so what? What kind of literary analysis chooses to use an example from *this* particular novel while ignoring the novel's meretricious and cliché-ridden prose style, its sexism, its casual violence, its general nastiness? Barthes is giving an implicit rude gesture to people who value literature for what it can say about human experience and how it can embody an author's vision and perception. The extract illustrates Terry Eagleton's contention that structuralism

'brackets off the actual content … and concentrates entirely on the form' (1996: 83). Structuralist analysis ignores and therefore implicitly dismisses those very elements which through an author's unique voice give literary works their particular, individual quality as descriptions and expressions of life.

None of this is to imply that the way an author organizes a literary work is unimportant or unworthy of study; without the structuring of represented events and relationships the work would be inchoate and unsatisfactory. But this is different from perceiving structure in the abstract as carrying the meaning and value of a text. The language of structural analysis perhaps constitutes an implicit warning against positing too close an analogy between written texts and improvised oral accounts of life.

A post-structuralist therapy

Questioning essentialist metaphors

We live in an apparently solid, three-dimensional physical world, where naturally occurring or manufactured objects such as lakes, trees, houses, computers, cars and people incorporate structures; related parts which make up the whole. These objects have surfaces, and beneath these surfaces are elements essential to function and stability. When the internal parts of a structure start to malfunction, alterations in the surfaces may give clues as to what is wrong, at least to the trained and experienced eye. A rash on the skin may indicate an internal disease; an unpleasant message on a monitor screen may indicate an electronic virus in the computer; cracks in a house wall may indicate hidden subsidence. If there is malfunction without any surface evidence indicating what might be wrong, it is usually necessary to look *beneath* the surface – lift the car bonnet, open up the computer casing, perform exploratory surgery, strip away the soil. An expert, someone with special knowledge and training, has to get to the source of the problem, work out a solution, and put that solution into operation.

The perfectly appropriate language we use for these factors in the physical world is frequently transferred to descriptions of human experience and to concepts of mental and social functioning. A post-structuralist position invites us to re-examine this use of language, and its results.

It is easy to be unaware that the language of structures, when applied to human experience, is not literal – it is *metaphorical* – and it is therefore easy to be unaware that the images and concepts embodied in such language can be misleading. Comparisons implicit in metaphors can appear to indicate actualities about the human world. Structural and depth metaphors used to describe human life have become absorbed into everyday language and into the language of psychology and therapy. Some metaphors characterize the mind as a structure with interacting parts. Freud's explanations can be understood as metaphors from hydraulics, for example, with 'repression' and 'resistance' echoing concepts of steam pressure needing to be released (Freud 1917: Chapter 19; White 2004a: 6). White and Epston's early writing used metaphors from mechanical control

systems before the narrative metaphor became predominant in their thinking and language.

Such language is structuralist. Structuralist thinking asserts that in both psychological and social terms 'man [*sic*] is what he is made by structures beyond his conscious will or individual control' (Kearney 1991: 256). These 'deep structures' are assumed to include human nature, the workings of the unconscious, interaction patterns between individuals, family patterns across cultures, a religious instinct, and the quintessential content of all mythologies. Essential structures are said to be present over the whole range of human life despite cultural differences (Pinker 2002).

White insists that narrative therapy is *post-structuralist* (1997a; 1997b pt iv; this book Chapter 9). Other narrative therapists have followed White's lead and I do not know of any writings on narrative therapy which question this premise. In examining and questioning the 'surface as opposed to depth' metaphors of structuralism, and the language of mechanical interactions, White has proposed alternative metaphors. These can help us to break away from the limitations of language which embodies concepts such as 'difficult to uproot' and 'needing experts to understand and put right'. He suggests that, in the language of therapy, the traditionally venerated verbal metaphor of a continuum between 'surface and depth' ('he described his life superficially', 'she had a deep ignorance of her motives') might preferably be replaced by a verbal continuum between 'thin and thick,' or 'thin and rich'.

Thin and thick (rich) descriptions of life

The thin/thick or thin/rich metaphor for the description of experience, originated by Ryle, is explored by Clifford Geertz in *The Interpretation of Cultures* (1973: 6–10). Ryle points out that the same action can have different meanings according to the intentions and circumstances of the actor, and that external observers may misinterpret the action because of their own preconceptions. This point is also impressively illustrated by Gergen's exposition, in nine closely printed pages, of possible interpretations of one simple act – a man briefly touching a woman's hair (1982/1994: 60–68). Geertz distinguishes between 'thin' descriptions, defined as interpretations of events which embody an observer's unexamined and socially influenced preconceptions, and 'thick' (or 'rich') descriptions of those events, which embody the meaning of those events to the persons actually involved in them. He illustrates this by describing a complicated series of sheep-stealing incidents between Moroccan and Jewish tribesmen, completely misunderstood by a French colonial official who interpreted their warfare in terms of his own cultural assumptions, unaware of the specific meaning of these incidents for the tribes.

White's distinction is between thin descriptions of life, which derive from a person's unexamined socially and culturally influenced beliefs, and rich or thick descriptions, which more nearly correspond to the actuality and complexity of life as experienced by that person. A thin description may arise from the person's being subject to expert diagnoses and commentaries, where the power status of the expert has obscured his own immediate, or local, knowledge. Thin descriptions can originate from the influence of many kinds of power figures and power

institutions. A domineering man may make a woman doubt her worth, a teacher's sarcasm or slashing red-ink commentaries on a child's written work may affect his confidence, a person described by her doctor as obsessive-compulsive may believe she is mentally ill, an adult who was treated without tenderness in her family of origin may still believe she is unlovable. Appropriate practices in narrative therapy can assist persons to re-examine their lives and to focus on their own local, experiential knowledges, and this can have a counter-balancing effect, facilitating richer counter-descriptions of their lives and relationships which assist them to escape from power-based influences. Their self-stories become more 'experience-near', to use another term from Geertz (who borrowed it from Heinz Kohut). The woman may recognize that her worth does not depend on her husband's opinion of her, the boy may regain confidence, the woman may reject the demeaning label, and the adult may recognize that she has been loved. The thin truths proposed by the power figure have been replaced by the convincing rich or thick actuality of the person's lived experience and consciously held knowledge.

Social constructionism

Interpersonal and cultural influences on persons' dominant self-stories

The branch of social psychology called social constructionism emphasizes the social and cultural influences and norms which permeate and activate people's thoughts, interactions and identities, rather than individual dynamics conceived as taking place within the person. This contrasts with the focus of many traditional therapy approaches, where the individual or couple as a discrete unit has been put at the centre of therapy. According to these traditional perspectives, individuals or couples may be affected, influenced, even conditioned by interactions with others, or by the impact of unfortunate experiences, but then they contain and perpetuate the 'damage' or 'pathology' as an inner essence or dynamic. It is this assumed damage which has been perceived as needing to be put right by the attention of therapists. The range of 'treatments' in the (modernist) counselling culture includes such diverse practices as rooting out assumed unconscious influences in early life; helping the person to think more logically; altering behaviour through coaching; developing an accepting and empathic relationship with the client. In these ways of conducting therapy, the social location of the person and the issues she brings to counselling are under-emphasized, and may be absent. Social constructionist psychologists, in contrast, focus not on theories of deficit, inner damage or pathology, but on the social and cultural processes through which we gain our views of the world, and how those views in turn influence our actions and relationships. Social constructionists propose that unexamined socio-cultural norms take on 'truth status' for individuals, subgroups and communities. They propose that we continually construct our view of reality via these norms. As Jerome Bruner puts it, 'the very shape of our lives – the rough and perpetually changing draft of our autobiography that we carry in our minds – is understandable to ourselves and others

only by virtue of … cultural systems of interpretation' (1990: 33). In England some years ago a young man followed, terrorized and eventually brought about the deaths of a young couple in a small car who failed to give way and let him overtake. Social constructionist psychologists would consider this behaviour not in terms of inner dynamics, but in terms of his choosing to act, or 'perform', a view of the world derived from his social subgroup, where certain road behaviours are interpreted as affronts, and violent and dangerous responses are seen as valid and appropriately masculine; rooted, like many other instances of male violence, in distorted concepts of honour (Archer and Lloyd 2002: 117, 126–7).

Social constructionism is postmodern in that it questions the possibility of actually 'knowing' through Individual Psychology. It is postmodern in its emphasis on the multiple, changing, complex, interactive nature of human life. In a forthright and witty essay, Peter Ossario asserts:

> Psychological theories portray persons in ways which are not merely limited, but highly distortive as well … is there any observation whatever that would tell us that in fact behaviour is *not* a way of discharging instinctive energy, or that in fact behaviour is *not* the inevitable outcome of a learning history and present circumstances or that in fact a person is *not* a being-in-the-world? Of course there is not. (Ossario 1985: ch. 2)

Ossario suggests that traditional psychological theories are inadequate to provide a rationale for 'clinical practice', and that the assumption of 'clinical judgement' as genuinely inferential from evidence is 'rank superstition' and 'nonsense'. He suggests that two thousand years of history have shown 'truth' to be 'an intractable myth', and that what is needed is a psychology with the perspective that 'truth is always relative'. The enterprise of this psychology would be to formulate a systematic range of concepts deriving from people's direct experience. Ossario believes that, through social constructionism, such a fresh start has been made.

In less trenchant mode than Ossario, John Shotter also suggests that narrative can be the basis of a social constructionist psychology:

> Everyone's social life is … a whole mosaic of interlocking activities with the function of mutually supporting and reciprocally defining one another, each known in terms of the part it plays in relation to the rest … what we need is an account of personhood and selfhood in the ordinary sense of the term 'account' as simply a narration of a circumstance or state of affairs … that allows us to see all the different aspects of a person as if arrayed within a landscape, all in relation to one another, from all of the standpoints within it … we have concentrated far too much attention on the isolated individual studied from the point of view of an uninvolved observer. (1985: 175–7)

Social constructionism is not the same as determinism. Narrative therapists endorse the constructionist view that although socio-cultural factors are the most powerful influence on thought and behaviour, these influences can be identified, examined, *and discarded*: 'therapeutic conversations … bring the world into therapy in the sense that many routine and unquestioned understandings about life and ways of living become visible as cultural and historical products, and these are no longer accepted as certainties' (White 2004a: 104–5).

An alternative view of 'the self'

Social constructionists question the concept of a 'core self'. They propose that identity is socially constructed – 'negotiated' – from moment to moment, and varies according to circumstance, its apparent continuity an illusion based on the generally consistent and repeated social circumstances within which most people live (Gergen and Davis 1985; Anderson 1997; Gergen 1992, 1999). These ideas are disturbing, rather as it is disorienting to realize that colours are not inherent in objects but are formed subjectively by physical reactions in our optical nerves. But there is room for a more middle-road viewpoint, where the concept of moment-by-moment social re-creation of identity exists together with a recognition of subjective continuity:

> To have a sense of self is to have a sense of one's location, as a person, in each of several arrays of other beings, relevant to personhood. It is to have a sense of one's point of view, at any moment a location in space from which one perceives and acts upon the world, including that part which lies within one's own skin. But the phrase 'a sense of self' is also used for the sense one has of oneself as possessing a unique set of attributes which, though they change, nevertheless remain as a whole distinctive of just the one person. These attributes include one's beliefs about one's attributes. 'The self', in this sense, is not an entity … It is the collected attributes of a person. The word 'self' has also been used for the impression of his or her personal characteristics that one person makes on another … We seem to have three aspects of personhood in focus at the same time. Though none of these are really entities … we have forged a way of speaking about them using nouns, the very grammatical form that entity talk takes, in our several uses of the expression 'the self'. (Harré 1998: 4–5)

Social constructionism can create a sense of insecurity by its refusal to accept the psychological world at face value. However, there are compensations: it can be a stimulus and a breath of fresh air. It forces us to re-examine the bases by which we live, and to link theory with real life.

> Postmodern consciousness does not … invite skepticism regarding the potentials for psychological enquiry. Rather, by demystifying the great narrative of modernism, it attempts to bring psychologists and society more closely together. Not only is technology placed more directly and openly in the service of values; more important, the psychologist is encouraged to join in forms of valuational advocacy, and to develop new intelligibilities that present new options to the culture … the possibility for escaping the pretences of the past, and more fully integrating academic and cultural pursuits, is one to which I, among others, feel greatly drawn. (Gergen 1992: 28)

Power and knowledge

Michel Foucault's writings from the 1970s onwards analyse the history of the relationship between ideas, political power and social institutions in the West. His explorations of the development of beliefs, practices and institutions around themes such as mental health and madness, discipline and punishment, and

sexuality, took place within a postmodern framework; his concern was always to define what these institutions and concepts meant to the persons at the historical time he discusses, not to interpret them according to some absolute, modern perspective.

> For Foucault, there is no external position of certainty, no universal understanding that is beyond history and society. His strategy is to proceed as far as possible in his analyses without recourse to universals. His main tactic is to historicise such supposedly universal categories as human nature each time he encounters them. (Rabinow, in Foucault 1984: 4)

Foucault proposed that in Western society there has been a development of people's capacity to maintain positions of power through their actual or assumed expert knowledge, power which is perpetuated in interrelated social institutions such as medicine, psychiatry, class divisions and the law. Recent social power has not primarily been established by force and threat but by jealously guarding the specialist knowledge which established power in the first place, and then by subtly persuading people to interiorize and maintain their subordinate positions as a matter of course. In the early nineteenth century, new prisons were built where inmates could be seen by gaolers but where they could not be sure that they were being observed, and Foucault's discussion of one of the most famous of these, the Panopticon, assigns significance to it as representing a particularly modern *attitude*:

> The prison, the place where the penalty is carried out, is also the place of observation of punished individuals. This takes two forms: surveillance, of course, but also knowledge of each inmate, his behaviour, his deeper states of mind, his gradual improvement; the prisons must be conceived as places for the formation of clinical knowledge about the convicts. (Foucault 1984: 216)

The prison authorities' knowledge is psychological knowledge, just as important as the bars and the cells. This knowledge is gained by surveillance – the prisoner is watched, and knows he is or might be watched, and since his behaviour is not private, it is subject to (or at least influenced by) the wishes of the watchers. To survive in the institution he has to perform the role of a good prisoner, and in performing this role he is likely to interiorize the role, *become* the subordinate person demanded by the institution. 'Big Brother' in Orwell's futuristic novel *1984* projects a benevolent image to hide the power of the state, and Foucault's analyses of power/knowledge/control situations examine many institutions which are, or believe themselves to be, benevolent. He quotes an early nineteenth-century doctor who, after suggestions for observation of symptoms and choice of treatment, stresses taking account of the patient's feelings ('affections'). The doctor uses the language of benevolence but actually urges the maintenance of power:

> 'make yourself master of your patients and their affections; assuage their pains; calm their anxieties; anticipate their needs; bear with their whims; make the most of their characters and command their will, not as a cruel tyrant reigns over his slaves, but as a kind father who watches over the destiny of his children' … So many powers, from

> the slow illumination of obscurities … to the majestic confiscation of paternal authority, are just so many forms in which the sovereignty of the gaze gradually establishes itself – the eye that knows and decides, the eye that governs. (Foucault 1963: 88)

Foucault's analyses of how people in positions of power establish and maintain that power through 'techniques of subordination' involving 'expert knowledge', apparent benevolence, surveillance and the subtle promotion of interiorized subordination, are echoed in Goffman's study of the institutional power of mental hospitals (1961).

Foucault's influence on White's work relates to the political dimension of narrative therapy, the proposal of therapy as a means of assisting persons to counteract the effects of overt or invisible power relations on their lives. Many of the problems brought to therapy are defined as socially constructed issues arising from practices of power which lead persons to define their identities and their lives in circumscribed ways, and these dimensions are directly addressed in narrative work. Here are some examples from my own practice where I was aware of addressing a powerful power/political dimension.

Instances where overt power was being exercised:

- A woman's husband occasionally attacked her physically, perhaps once a year, so she was permanently terrorized by the fear that an attack might come at any time.
- A teacher was brought to the point of despair by uncontrolled increase in administrative paperwork, arising from government policies of pupil assessment, which his head teacher was always pressurizing him to complete.
- Parents were at their wits' end because of their teenagers' physical domination of the household.
- A man whose wife was seriously ill was told by her consultant that he had an open door policy, but always found his attempts to see him barred by administrative staff. When he finally managed to corner the consultant in a hospital corridor he was threatened with the police.

Instances where people self-censored themselves as a result of interiorizing others' views of them:

- A woman's partner accompanied her everywhere, chose her clothes and hairstyle, selected what books she should read and what television programmes she should watch, and visited her unannounced at her sports club to make sure she was not talking too intimately with the male members, all in the name of caring. She felt guilty because she could not appreciate these examples of loving concern.
- A grieving widow felt inadequate at not being able to 'let him go' in the way demanded by her friends.
- A woman caring for her elderly mother found it hard to have any life of her own but accepted that her brothers, living nearby, had no responsibility to take part in their mother's care as this was a woman's role.
- A woman whose husband insisted that he must continue to maintain a sexual relationship with another woman because he 'loved them both in different ways' was racked with guilt because she found it hard to accept this arrangement.

I see many instances of persons controlled by their partners; bullied in their employment; afraid to speak out against malpractice because of fear of losing their jobs; humiliated by arrogant and domineering attitudes of some people in the helping professions. *Self*-surveillance is also common, often in terms of an inability to live up to the norms and expectations of partners, family, subgroups or wider society. Quite frequently, persons suffer from a belief that they can never achieve the standards expected by their parents, and this can be particularly powerful when the parents are no longer alive.

Summary

'Narrative' in this therapy refers to the accounts or stories that persons tell themselves and others about their lives, and also to persons' and communities' first-hand, experiential knowledge. Postmodern thinkers validate such 'local' knowledge as of equal legitimacy to scientific ways of knowing, especially in contexts of human living. Postmodern perspectives emphasize the provisional nature of knowledge, and question the claims of many modernist dominant truths widespread in Western society. Many of these dominant truths are seen as the self-justifying rationalizations of persons in positions of power, disguised as benevolence and/or scientific truth. Narrative therapy is located in the tradition of post-structuralist thought, which challenges descriptions of human life based on metaphors of physical mechanism, biological functioning or universal essences such as human nature. Metaphors of depth, structure and symptom for aspects of human mental life are considered less helpful by narrative therapists than metaphors which contrast 'thin' descriptions of life against 'rich' (or 'thick') descriptions. The distinction is between accounts of experience largely influenced by unexamined culturally and politically influenced beliefs and assumptions; and, on the other hand, accounts of life largely based on beliefs and assumptions derived from a full apprehension of first-hand, lived experience. The originators of narrative therapy identify with the proposal that the stories people continually tell each other and themselves are the most powerful influences on the ways in which they understand the world, live their lives and define their identities. These stories are often distorted by unrecognized and unexamined social norms including expert knowledge imputed to others.