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Narrative Therapy

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Narrative Therapy

Abstract
Narrative therapy (NT) is a strengths-based approach to psychotherapy that uses collaboration between the client or family and the therapist to help clients see themselves as empowered and capable of living the way they want. In the face of crisis or trauma, NT helps clients achieve a “This too will pass” attitude, while positioning the therapist as an appreciative ally in the process. NT is useful with individuals and is used extensively with families due to its ability to separate clients from problems and unite families against problematic patterns. NT also lends itself well to joining with families because it stresses strengths and achievements over problems.

Disciplines
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Comments
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Letters may also be written to invite and encourage the participation of reluctant family members in the process, note duplications of roles in the family to those wishing to change them, thank family members for their participation and inform them that they no longer need to play their role in the alternative narrative, and, at the conclusion of therapy, predict continued success and encourage the family to continue to search for new possibilities. Whatever the narrative therapist's form and purpose as a collaborator, the narrative therapist maintains transparency by exposing his or her thoughts to the family in letters and by providing room for confirmation or challenge as the process of co-construction progresses.

**Therapeutic Process**

Narrative family therapy is a nondirective, collaborative, and relatively brief form of family therapy. Throughout the therapeutic process, therapists consistently and skillfully ask questions to promote the development of new narratives. This allows client families to feel safe and respected within the therapeutic relationship and be willing to share in examining internalized and self-limiting truths transmitted from the dominant culture. Over time, family members and the family as a whole become more aware of the effect that dominant cultural narratives have had in creating problem-saturated narratives, and they become empowered to reauthor their stories of the past, present, and future. Once armed with new, problem-free stories, the therapist provides reinforcement and support to the family through the use of letters and by facilitating the recruitment of others who can serve as audiences or witnesses to the family's new narratives.

_Herman R. Lukow II and Emilie Godwin_

*See also* Constructivist Therapies: Overview; Constructivist Therapy; Existential-Humanistic Therapies: Overview; Palo Alto Group; White, Michael

**Further Readings**


**NARRATIVE THERAPY**

Narrative therapy (NT) is a strengths-based approach to psychotherapy that uses collaboration between the client or family and the therapist to help clients see themselves as empowered and capable of living the way they want. In the face of crisis or trauma, NT helps clients achieve a “This too will pass” attitude, while positioning the therapist as an appreciative ally in the process. NT is useful with individuals and is used extensively with families due to its ability to separate clients from problems and unite families against problematic patterns. NT also lends itself well to joining with families because it stresses strengths and achievements over problems.
Historical Context

In the 1980s, Michael White from Adelaide, Australia, and David Epston from Auckland, New Zealand, developed what has come to be known as “narrative family therapy.” White passed away in 2008, but not before NT became widely accepted as a standard option in family therapy. White and Epston’s original book *Narrative Means to Therapeutic Ends* was inspired and shaped by Michael Foucault’s theory of power and knowledge. Foucault’s work highlights how social power forges the knowledge that people use to interpret their lives. Using these ideas, NT challenges the dominant knowledges that restrict clients from progressing in their lives.

More recently, NT has been influenced by the work of therapists such as Stephen Madigan, who helped popularize techniques such as therapeutic letter-writing campaigns, and William Madsen, who developed collaborative family therapy. Of particular importance was the development of collaborative therapy by Madsen, a narrative approach outlined in his book *Collaborative Therapy for Multi-Stressed Families.* This book has become a guide for many agencies supporting families due to its straightforward and practical approach to working with systems and multistressed youth. It is also commonly assigned as required reading for many family therapy programs and courses.

Theoretical Underpinnings

NT refers to a range of social-constructionist and constructivist approaches to the process of therapeutic change. Therefore, NT is based on the idea that problems are manufactured in social, cultural, and political contexts. Change occurs largely by exploring how language is used to create and maintain problems. Interpretation of one’s experience is at the core of NT, which collapses these experiences into narrative structures or stories that provide a framework for understanding them. To deepen understanding, problems have to be viewed from the context in which they are situated. This includes exploring society as a whole and exploring the impact of various aspects of culture that help create and maintain the problem.

To help clients shift their perspectives and change their behavior, NT points out and brings to mind exceptions to a client’s or family’s stance of no control. It assumes that many of our patterns of behavior are supported by self-fulfilling prophecies or false beliefs about ourselves that have been shaped by the world around us. Using these exceptions, new stories or narratives are created that better match the client’s sense of self.

NT is strengths based. This means that the narrative therapist will choose to focus on strengths over problems whenever possible. NT assumes that a client or family will rely on their strengths to overcome problems in their lives, making them an important part of the therapeutic process. Focusing on strengths over problems also helps promote a more collaborative atmosphere where the narrative therapist can admire the client or family outside of the problematic context. This greatly contributes to the joining process and makes it easier to discuss problems without judgment. According to some research, therapists can actually learn more about problems by asking about strengths.

NT is goal directed. Narrative therapists are less concerned with what caused a problem and more concerned about what changes will look like when the problem is no longer as much of a problem. NT is also referred to as a future-focused approach for this reason. Treatment plans are positively worded and stress how improvement will be noticed versus how problems will be resolved.

Finally, NT does not accept resistance as a useful concept in therapy. That is not to say that narrative therapists do not experience resistance; instead, they interpret it as misunderstanding, rather than some of the other meanings that therapy sometimes chooses to assign. If a narrative therapist is experiencing a client or family as resistant, he or she will respond by considering what is not being understood about the client or family, always taking special care to avoid overresponsibility for a client or family in order to encourage empowerment, recognizing the relatively small role the narrative therapist plays in each client’s or family’s life.

Major Concepts

Consistent with a social-constructionist or constructivist paradigm, some of the major concepts include collaboration, dominant stories, social context, thick and thin descriptions, alternative stories and reauthoring, and community of support.
Collaboration

Collaboration is among the most important concepts in NT because it helps promote a nonhierarchical relationship between the family and the psychotherapist. Madsen referred to the psychotherapist’s role in this relationship as an appreciatively, or someone who appreciates the strengths and struggles of the family while striving to gain local knowledge, which is information about the family’s norms, values, and structure that helps elucidate the context where problems exist. The strengths-based and future-focused nature of NT naturally facilitates a more collaborative relationship than problem-based approaches to psychotherapy, which generally establish the psychotherapist as the expert in the relationship.

Dominant Narratives or Stories

Dominant narratives or stories in NT are made up of events linked by a theme and occurring over time and according to a plot. A story emerges as certain events are privileged and selected over other events as more important or true. As dominant stories take shape, they invite the teller to further select only certain information while other events become neglected, and thus, the same story is continually told. These self-fulfilling prophecies become a template for how clients understand themselves. For example, a client who considers himself or herself as a “late person” may avoid engaging in behaviors to improve timeliness because “I’m going to be late anyway.”

Social Context

Social context is where dominant stories are created and maintained. The ways in which we understand our lives are influenced by the broader stories of the culture in which we live. Some of these stories will affect us positively and others negatively. The meanings that clients give to events in their lives do not occur in a vacuum. There is always a context where the dominant stories in our lives are formed. This context contributes to the interpretations and meanings that we give to events. Gender, class, race, culture, and sexual preference are powerful contributors to the plot of the stories by which we live.

Thin and Thick Descriptions

Thin description is how many clients in NT describe their dominant stories at the onset of therapy. It allows little space for the complexities and contradictions of life. It also allows little space for people to articulate their own particular meanings of their actions and the context within which they occurred. Often, thin descriptions of people’s actions are created by others with the power of definition in particular circumstances (e.g., parent, teachers, health professionals). One goal of the therapist is to help clients develop thick descriptions of their stories, which are more complex narratives that deepen and broaden their story and help individuals view their stories in new ways.

Alternative Stories and Reauthoring

When initially faced with seemingly overwhelming thin conclusions and problem stories, narrative therapists are interested in dialogues that promote alternative stories. Alternative stories are examples of clients behaving outside of the problematic context. This process has been referred to as reauthoring in previous literature and is described metaphorically as “shining a light on moments of competence.” Some of the techniques used to facilitate the reauthoring process are discussed in the following section.

Community of Support

A community of support is another important concept in NT. A community of support includes anyone that a client or family chooses. It is important because it speaks to the importance of a client’s or family’s support outside of therapy, as well as the impact that a client’s or family’s social context has on the creation and maintenance of the dominant story. Communities of support are called on often in NT to assist with techniques such as letter-writing campaigns and to get a perspective on clients outside of the problematic context. Letter-writing campaigns are described in more detail in the next section, on techniques.

Techniques

NT involves the use of a wide variety of techniques to help clients or families examine their lives
within context and create alternative stories. Psychotherapists select techniques based on their relationship with the family or client and on the ongoing assessment of their progress. Techniques are generally implemented with fluidity rather than in a directive or overly structured way. Some of the more common techniques are joining, unique outcomes or exceptions, externalization, deconstructive questions, reauthoring questions, preference questions, reconnection interviews, therapeutic letter writing, letter-writing campaigns, and definitional ceremonies.

**Joining**

The term *joining* is used to describe the process involved with establishing a therapeutic relationship in NT. Joining is how the therapist helps position himself or herself as an appreciative ally in clients’ lives. Some of the strategies used to join with clients and families are strengths assessment, listening, and collaboration.

**Unique Outcomes or Exceptions**

As a client increasingly feels comfortable sharing his or her problem-dominated stories, the therapist will try to identify themes that are at odds with the client’s story by asking the client if there were times when there were exceptions to the story. In this manner, clients can begin to view their lives in new ways that do not include the problem narrative. Here, the therapist might be seen asking the client questions like “Was there ever a time when you did not have this problem?” or “Were there times when you effectively managed the problem?” or “Can you tell me about a time when you were able to overcome your problem?”

**Externalization**

In externalization, the therapist and the client work collaboratively to find language to describe and ways of thinking about problems as separate from one’s identity. Externalizing client problems often involves referring to problems as entities in and of themselves, which helps remove the sense that the problem resides within the person. This also helps to de-pathologize the individual. Sometimes, especially with children, this can involve imagining another character in the client’s stories. For example, a client might name anxiety “the Goblin” and talk with his psychotherapist about how he copes when the Goblin comes into the classroom.

**Deconstructive Questions**

Questions used to help narrative therapists, and their clients, to better understand the clients’ problems and dominant narratives are deconstructive questions. Deconstructive questions help narrative therapists learn about a problem’s influence and effects on clients and their community, cultural and other supports, and tactics and strategies. They can also help narrative therapists learn about clients’ preferences or opinions about a problem’s influence, effects, tactics, and supports. An example of a deconstructive question might be “How does anxiety keep making it difficult for you to get where you want to go?” or “When is anxiety most likely to show up in your life?”

**Reauthoring Questions**

Reauthoring questions help build and support alternative stories by examining life outside the problem. They also clarify client preferences and values, develop alternative stories in realms of action and meaning, examine new possibilities from alternative stories, and develop support for the enactment of new stories. An example of a reauthoring question might be “What do you think it means that you were able to make it to work on time every day this week?” or “What do you think someone else would say about someone who was able to do that?” or “What do you think your life would look like if you didn’t have the problem?”

**Preference Questions**

Questions intended to help narrative therapists and their clients better understand client preferences are preference questions. Preference questions are often used with deconstructive questions when learning about cultural supports or tactics to deal with a problem. They can also help evince client preferences about a problem’s influence and effects. An example of a preference question in NT might be “What would that be like?” or “What do you think about that?”
Reconnection Interviews

Reconnection interviews can help narrative therapists consider a client’s problem and/or the client’s reaction to the problem from the perspective of a respected friend or family member. This allows for outside feedback from someone who can see the client or family outside of the problematic context. When facilitating a reconnection interview, a narrative therapist will ask a client to find a person in his or her past who would recognize and appreciate life outside the problematic story. Clients then provide details of the relationship with that person, finding a specific event that happened in the presence of him or her that highlights an example of life then, outside the current problematic story. The narrative therapist will then link that story and its meaning to the present and the future, attempting to bring that person’s presence more into the client’s current life.

Therapeutic Letter Writing

Narrative therapists will sometimes write letters to their clients following a session to reflect more deeply on the themes discussed or to express positive sentiments regarding a client’s strengths as demonstrated in that session. Therapeutic letters are generally relatively short in length and are intended to promote progress between therapy appointments.

Letter-Writing Campaigns

One of the more risky narrative techniques, letter-writing campaigns involve having clients choose others in their community of support to write letters to them about them. For example, a family might choose five people who know them outside the problematic story to write them letters. Their lettered stories live outside the professional and cultural inscriptions that define the family’s suffering and are also stories that stand on the belief that change is possible. They are used in NT to better examine and reinforce alternative or preferred stories.

Definitional Ceremonies

Definitional ceremonies, sometimes called outside witness groups, are the witnessing or a retelling of a client’s stories to a carefully chosen group of friends or significant others in the client’s life. Witnesses are advised not to congratulate the client but to dialogue with the client about how he or she has changed his or her understanding of the dominant story. This helps solidify and reinforce the reauthoring of a client’s story.

Therapeutic Process

Joining is the first step in NT. The ability of a narrative therapist to join with a client or family depends largely on how well he or she is able to understand the context of the problem while focusing on strengths and areas of competence. Many narrative therapists will spend the first session discussing only strengths as part of a strengths assessment to help determine how the client will overcome constraints to their progressing. All narrative therapists spend significant time early on establishing a relationship that is collaborative and free of judgment. Externalization often works well in achieving this outcome, which is vital to the success of the approach.

Future-focused treatment planning generally follows the initial joining efforts. Achieving a future focus involves the narrative therapist encouraging the client or family to imagine what life would be like if the problem were not there. If a client or a family is not able to do this, the narrative therapist encourages them to remember life before the problem was there or when the problem was less intrusive. Using an image of life outside of the problematic context as a starting point, the future-focused treatment plan sets short-term goals and considers how progress might be noticed when it happens. Throughout and following this process, deconstructive and reauthoring questions are used to reinforce the story of the client or family outside of the problematic context.

During therapy, sessions are used primarily as an opportunity to check in on successes and revisit the collaborative therapy plan. During these times, narrative therapists take great care to notice and point out examples of the client or family acting in accordance with their preferred stories. As clients move toward an increased sense of mastery and competence in their lives, sessions are generally lessened. Termination correlates with clients
reaching their stated goals and adopting a “This too will pass” attitude toward new problems in their lives.

Robert Rice

See also Constructivist Therapies; Overview; Feminist Therapy; Solution-Focused Brief Therapy; White, Michael

Further Readings

**NATURE-GUIDED THERAPY**

Nature-guided therapy (NGT) takes a systemic approach to therapy, seeking to assist people not solely in terms of their individual psyches, relationships, family systems, or social and cultural milieu but also in the person–nature connection. It is a specific model in the broad field of ecotherapies that explore and apply the ecopsychology research about how contact with nature can have therapeutic benefits. NGT has been used in the treatment of mood disorders such as anxiety and depression, substance abuse, relationship issues, and child and adolescent therapy.

**Historical Context**

NGT originated in the Australian prison system in the mid-1970s when the clinical psychologist George W. Burns was researching targeted reinforcers for behavior therapy programs. He observed that nature contexts were most commonly rated as rewarding, relaxing, and enhancing. Researching this observation—across multiple disciplines that often did not find their way into the psychotherapy literature—he found considerable evidence showing the therapeutic benefits of human–nature contact. Over the next couple of decades, he developed and clinically trialed the Sensory Awareness Inventory (SAI). In 1998, he published his findings and therapeutic applications in the book *Nature-Guided Therapy.*

**Theoretical Underpinnings**

NGT is grounded in the theory that throughout our long evolutionary history, we have developed a “biological fit” with nature. This adaptation to our natural environment has been a crucial fact in our physical, psychological, social, and spiritual well-being. In recent centuries—a very brief time in our evolutionary history—we have gone from nomadic to agrarian to high-density, highly urbanized environments, which has resulted in an increasing detachment from our historic and evolutionary connections with nature. Growing industrialization, urbanization, and technology are claimed to have outstripped our biological evolution, resulting in a negative effect on our personal well-being, as seen in factors such as the escalating rates of depression in the urbanized, developed world. Because we are now living in a world vastly different from the environments in which we evolved, this mismatch is seen as a cause of much emotional discontent and physical disease.

NGT seeks to help people reconnect with nature in ways that will benefit their well-being by taking