

# Narrative Approach

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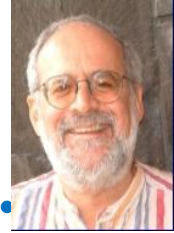


# OBJECTIVES

- **Bring the Narrative Approach to the forefront of the MINT world**
- **Look at common ground with MI**
- **Learn unique narrative practices that may broaden possibilities in the process of change**
- **Practice relational identity, externalizing conversation, unique outcome and preferred stories**
- **Discuss how narrative ideas can be “married” with MI**

# Narrative Approach to Counseling

- Narrative therapy seeks to be a respectful, non-blaming approach to counseling and community work
- Centre people as the experts in their own lives.
- Assume that people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the influence of problems in their lives.
- Alice Morgan, 2000: “There are various principles which inform narrative ways of working, but in my opinion, two are particularly significant: *always maintaining a stance of curiosity, and always asking questions to which you genuinely do not know the answers*”.



# Hallmarks of narrative approach - 1

## Meaning



- **People are meaning makers**
- **To establish coherence and meanings, realities are organized & maintained through narratives.**
- **The narrative approach assumes that people live their lives according to stories.**
- **Our lives are multi storied. One story is as true as another story. There are many different sorts of stories by which we live our lives and relationships .**
- **Stories are not only a result, they also form a reality.**

# Focus on 'Narrative'

- For narrative therapists a Story-Line consists of *events* in a *sequence* across *time* organized according to a *plot* or theme



- Realities are maintained through telling and retellings of stories → language is the bridge between the objective and subjective world
  - ❑ Creating a dominant story
  - ❑ The story gains richness and thickness
  - ❑ Conclusions about possibilities

## Hallmarks of narrative approach – 2

### Realities are socially constructed

**It can never be the case that there is a ‘self’ independent of one’s cultural-historical existence**

**Jerom Bruner (1988)**

- **The context of gender, class, race, culture and sexual preference are powerful contributors to the plot of the stories by which we live.**
- **Each culture have particular beliefs about moral, norms, ethics, the self and the operation of power/ knowledge, and how our stories and lives about discipline, institutions and their practices are shaped by these beliefs.**



# Narrative approach is Post-structuralistic

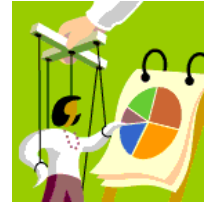
## Structuralist View

- Seeks to classify individuals in terms of general classes or types.
- **Expert knowledge is valued.**
- Surface phenomena hold the clues to deep identity. Only expert specialists have the power to accurately decode surface clues.
- **Individual lives are interpreted and valued according to rules or norms.**
- Experts have the power to assign meaning to people's life stories by decoding the formulas that underlie their structure.
- **Thin conclusions are valued.**

## Post-Structuralist View

- **Seeks specific details of people's identity.**
- **Local knowledge is valued.**
- Surface phenomena are all we can really know.
- **Individual lives are valued and interpreted in terms of how they embody exceptions to what might have been expected.**
- **People have the power to construct meaningful lives through the stories they enact, tell, and remember with one another.**
- **Thick descriptions are valued**

# Identity as social construct



- **Stories have the power to ‘hold’ our identities and are shaped by the accounts of our lives.**
- **Stories relate to culturally dominant accounts of how we should be and what we should do and how.**
- **The stories that we tell about ourselves are therefore socially constructed.**
- **The identity is contextual and relational rather than fixed** (Thomas 2002). **Identity is a cultural achievement, in processes of social & cultural construction** (Lifton 1993; Gergen 2001),
- **Our identities are multi-storied** (White 1997)
- **Everyone has meaningful people that contributed to preferred identity conclusions and stories.**



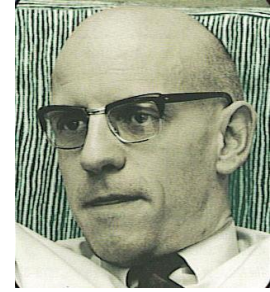
# Identity Conclusions



- **Identity conclusions are self- descriptions that have developed over time in relation to meaning making attached to the events of one's life.**
- **Thin conclusions about life and identity**  
“I will always be like this...depressed & hopeless!”
- **Thick conclusions & rich description of identity**  
“I've always been caring of others”  
-How does getting back to life fits with your purposes?  
-How does shame fits with your wishes?
- **The idea is to search for life beyond the depression/ drugs/ mental illness etc. and to use it for rich description of identity.**

# Hallmarks of narrative approach – 3

## Power relations based in discourse



Michel Foucault

- **Dominant discourses** inform social norms that are policed by processes of surveillance.
- Narrative therapy operates under the assumption that "problems are anchored and supported by **cultural discourses** or **taken-for-granted cultural prescriptions about how we should act**" and make sense of our lives
- Postmodernism de-emphasizes the hierarchy implicit in modern. Thus, part of the therapy process is deconstructing these artificial hierarchies and power structures → **the person is the best expert for himself.**

# Therapist is de-centred and influential

## THERAPEUTIC POSTURE

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

# Hallmarks of narrative approach – 4

## Focus on Hope and Empowerment

- If the identity is not objective and not a fixed internal entity than it can be changed.
- If behaviors are shaped not only by the internal identity but also by language and stories, reality may be re-shaped.
- Health and healing is operating through preferred stories, from that source of power to make choices, act, move, produce change, own responsibility.
- Narrative practice engage in empowering processes, explore the absent behind the explicit, thicken unique outcome or stolen initiatives to produce preferred stories<sup>12</sup>

# Absent but implicit

*"It is not possible to talk about anything without drawing out what it is not. Every expression of life is in relation to something else."*

(Michael White referring to the work of Derrida, Workshop notes, 2006. Small group intensive with Michael White, Adelaide. )

Exploring the accounts of life that lie “outside of” the problem story via practicing “**double listening** (White, 2003):

*Hope is implied by desperateness*

*Success is implied behind failure*

*Relationships are implied behind anger*

*Presence of beloved ones are behind longings*

We can use this notion as a point of entry to explore stories of self that are alternative to the problem story that people bring to therapeutic conversations. The identification and development.

# Hallmarks of narrative approach –5

## The power of language and stories



- A narrative approach communicates meaning...and at the same time creates distance so that the meaning can be understood.
- The language is not only the reflection of the reality, it also creates reality.
- Everyone has meaningful people that contributed to his preferred identity conclusions and stories – the practice of outsider witness and reflecting team





# Externalizing the problem

- **"The problem is the problem, the person is not the problem"** (White, 1988/9)
- The linguistic practice of externalization, which separates persons from problems (White & Epston, 1990a).
- Relieves the pressure of blame and defensiveness.
- Focus on the relationship between the person and the problem instead of upon a problem-person. The problem itself is objectified and given relational name (White, 1989)

# Advantages of Externalizing

- Creates a space between people and problems that enables people to draw on previously obscured abilities, skills and know-how to revise their relationship with the problem.
- **Allows a way to disentangle blame and responsibility. Problems are to blame for their effects.** People are responsible for their responses to the invitations of problems
- Can help workers develop a more compassionate & connect view of people who engage in off-putting behaviors.
- **Offers a way to transcend dichotomy between problem and solution focus.**
- Acknowledges problems and focuses attention on people's resourcefulness in dealing with problems.

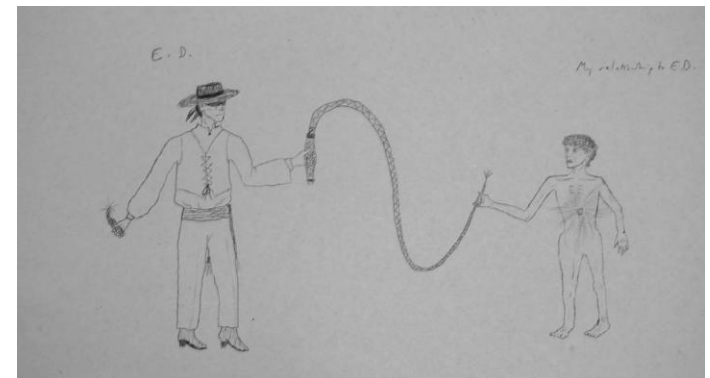


# The Power of Externalizing

**How does your ED look like?**



**What does your relationship with your ED look like?.**



# What is Narrative Practices?

The Narrative therapist is a **collaborator** with the client in the process of examining the stories that organize life, reflecting on the degree of fit and helping people “live into” stories that best serve them – **preferred stories**.

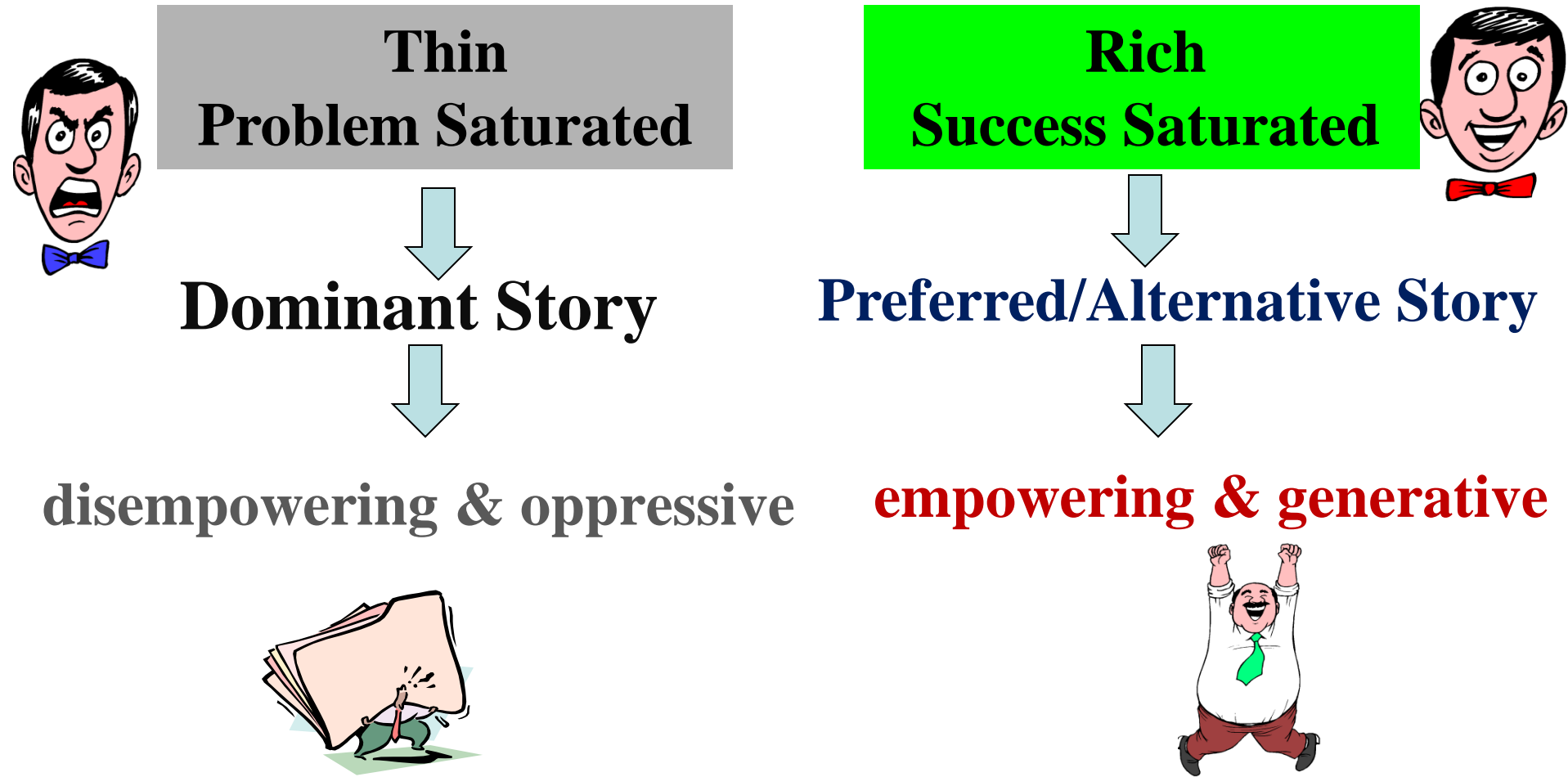
**“Scaffolding” - the practice of inquiry into preferred stories (White, 2000).** A metaphor describing how therapeutic questions provide stepping stones for people to "learn" previously unknown things about themselves in the as yet unexplored territories of their preferred stories.

To engage clients in making sense of their narrative

- **Externalizing the client’s problem**
- **Re-authoring the Story**
- **Providing a context for the new story**

# Thin Descriptions and Dominant Stories

## Story Description



# Statement of Position Map 1

Possible to Know

Intentional Understandings of Experience & Understandings about what is Accorded Value	
Experience of this Development	
Problem in Relationship	
Characterization of Problem	

←————— time in minutes —————→

**Known & Familiar**

- 1. Experience-near description of the problem** (their own words)/ Externalizing  
e.g. “What would you call that”?
- 2. Noticing the effects of the problem.**  
e.g. “What kind of impact does that have on your life?”
- 3. Evaluating the effects**  
e.g. “So would you say that this is fairly positive, fairly negative or a bit of both?”
- 4. Justifying the evaluation**  
e.g. “What do you think that says about you that you want to change that?”

# Landscape of Meaning

(Intentions, Values & Beliefs, Hopes & Dreams, Commitments)

Past

Present

Future

X

X

X

X

X

X

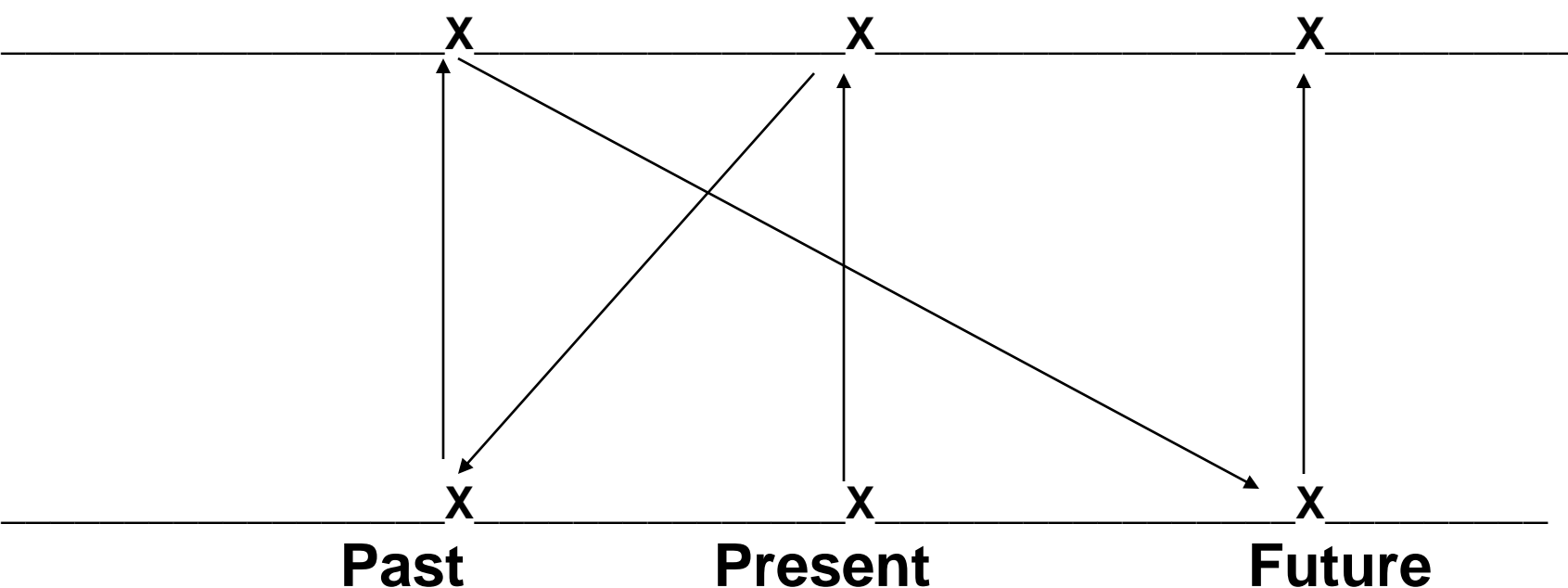
Past

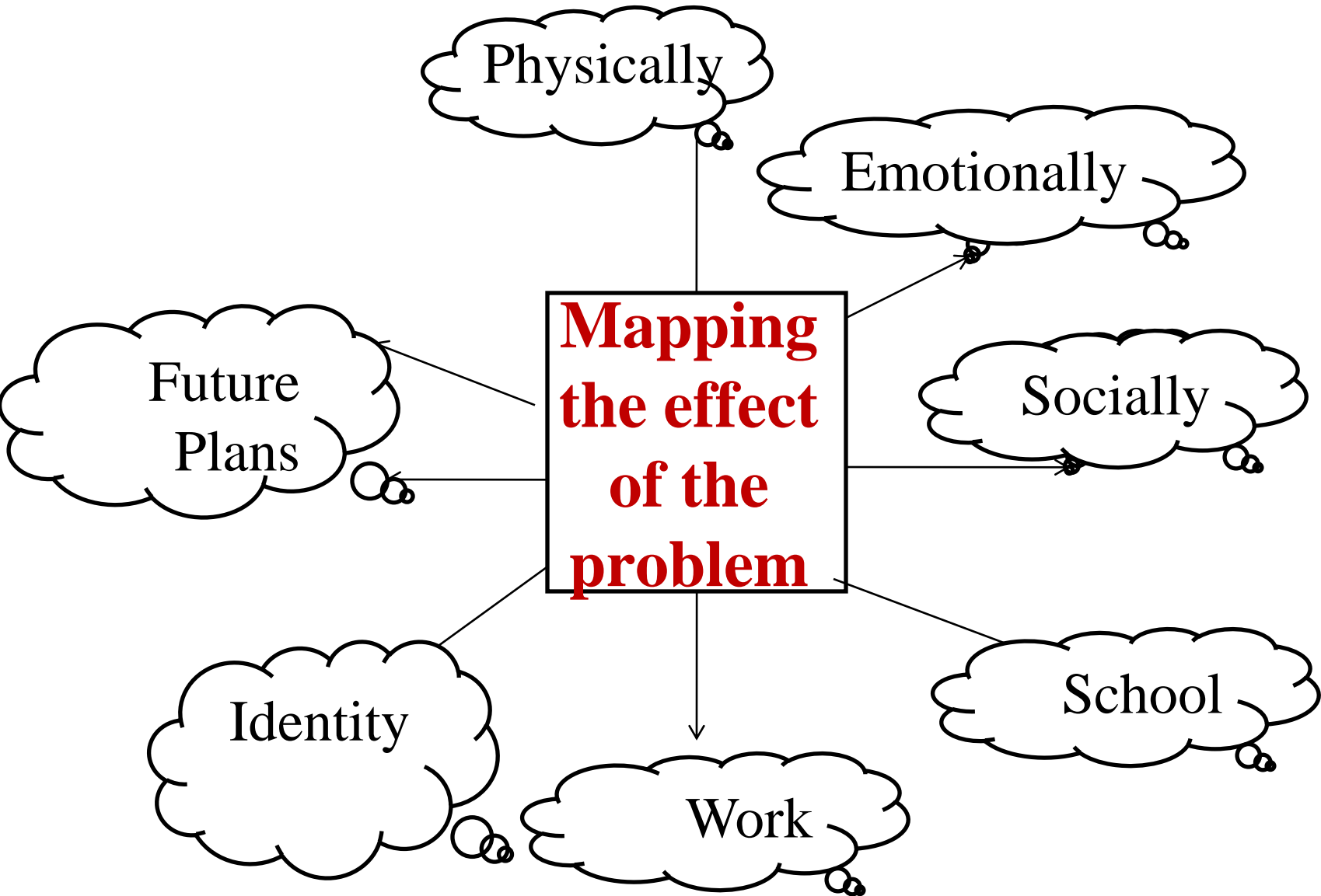
Present

Future

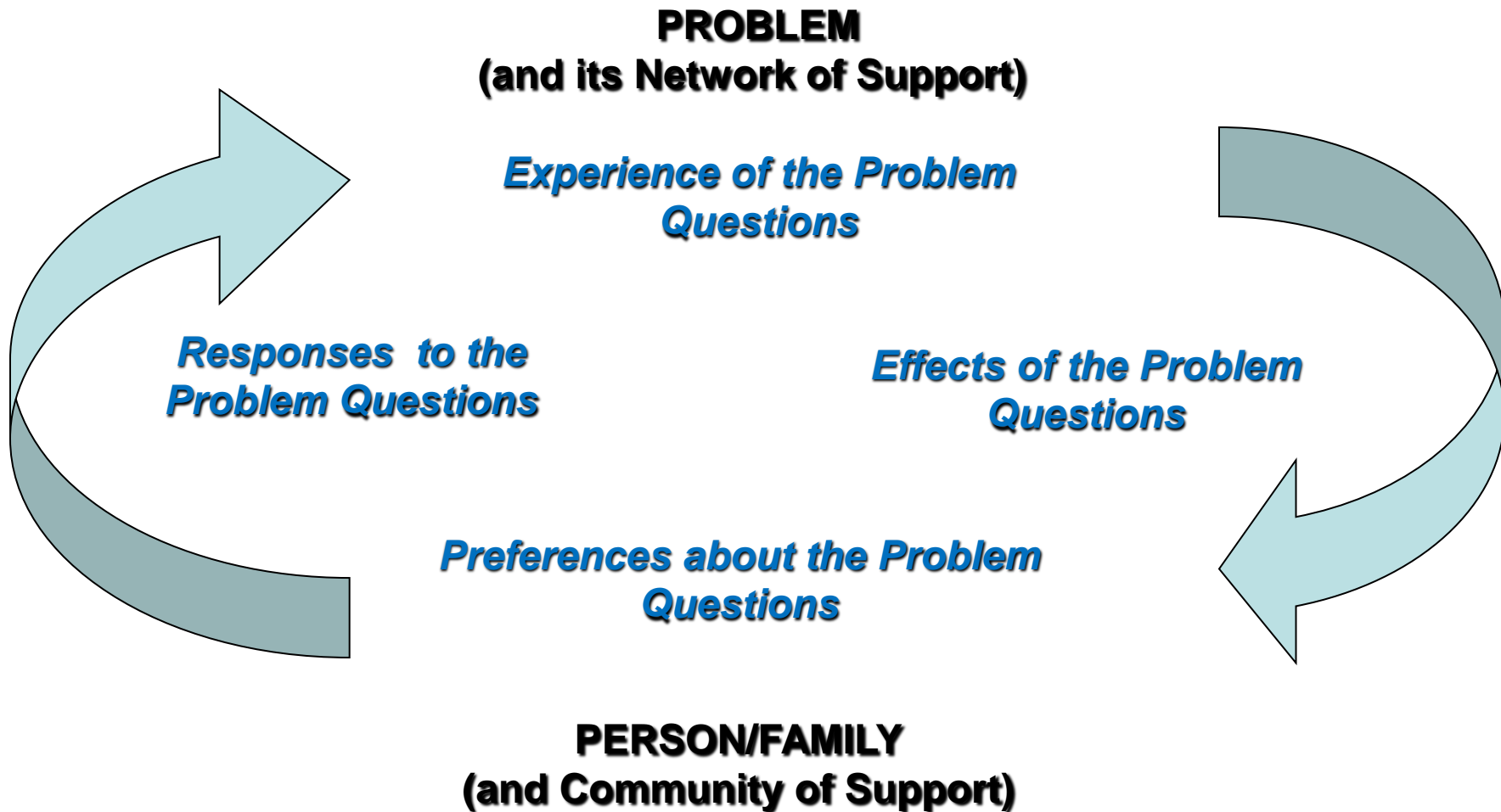
# Landscape of Action

(What, Where, When, Who, How)





# A Simple Outline for Externalizing Conversations



# **A More Complex Map for Externalizing Conversations**

## **Story of *Problem's* influence on Person**

- Tracing the history of the problem
- Mapping the effects of the problem
- Exposing the tactics of the problem
- Identifying supports for the problem

## **Story of Person's influence on Problem**

- Identifying exceptions to the Problem's influence
- Developing counter-story of person's influence
- Elaborating the meaning of counter-story story
- Building supports for the person



# Conversations that seek out alternative stories

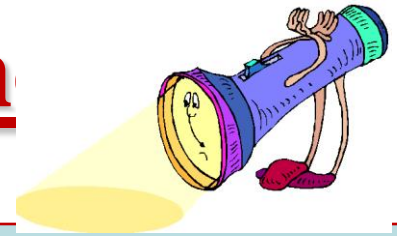
- Narrative approach looks for clues to **alternative/preferred stories** which include people's:

Hopes	Purposes	Values
Commitment	Intentions	Dreams
Knowledge's	Skills	Belief

- Alternative stories can reduce the influence of problems and create new possibilities for living.

**Jill Freedman and Gene Combs (1996, p 16):** *Narrative therapists are interested in working with people to bring forth and thicken stories that do not support or sustain problems. As people begin to inhabit and live out the alternative stories, the results are beyond solving problems. Within the new stories, people live out new self images, new possibilities for relationships and new futures.*

# Identifying Unique Outcom



**A unique outcome can be anything that the problem would not like, anything that does not fit with the dominant story** Alice Morgan (2000)

**Therapists invite clients to describe their experience of new options that are unique to them and are the beginning of a new story:**

- How is it that anger did not completely stop you from wanting to talk together and find your way through the present difficulties?*
- How do you explain that you were able to be more in charge of blame, humiliation, hurt feelings, or injustice than you initially thought?*
- What do you do that let anger the feeling that your are serious in not letting it ruin you everything?*
- What does this tell you about yourself that you otherwise would not have known?*

# Statement of Position Map 2

Possible to Know

Intentional Understandings of Experience & Understandings about what is Accorded Value	
Experience of this Development	
Initiative in Relationship	
Characterization of Initiative	

←————— time in minutes —————→

**Known & Familiar**

- 1. Experience-near description of unique outcome.**  
e.g. “Are there times when the problem is not happening?”
- 2. Mapping the effects of the unique outcome**  
e.g. “When get a break from \_\_\_\_\_ what effects does it have on your life”
- 3. Evaluating the effects of the unique outcome**  
e.g. “So would you say that this is fairly positive, fairly negative or a bit of both?”
- 4. Justifying the evaluation , Why is this a positive or negative for you?”**  
e.g. “What do you think that says about you that you want to change that?”

# Re-authoring conversations



Re-authoring conversations invite people to identify unique outcomes and re encouraged to Take these into alternative story line.

**As these conversations proceed, therapists build a scaffold through questions that** assists people to recruit their lived experience, that stretches and exercises their imagination and their meaning-making resources.

As an outcome, the alternative story lines of people's lives are thickened and more deeply rooted in history, the gaps are filled, and these story lines are clearly named. these into

**In developing this scaffold, therapists traffic in "landscape of action" and "landscape of identity" questions.**

# The Therapeutic Process in Narrative Therapy

1. Collaborate with the client in identifying (naming) the problem
2. Separate the person from his or her problem
3. Investigate how the problem has been disrupting or dominating the person
4. Search for exceptions to the problem
5. Ask clients to speculate about what kind of future they could expect from the competent person that is emerging
6. Subordinate storyline development and re-author new story
7. Create an audience to support the new story

# Narrative Therapist's function and role

- To become active facilitators
- To demonstrate care, interest, respectful curiosity, openness, empathy, contact, and fascination
- To adopt a not-knowing position that allows being guided by the client's story
- To help clients construct a preferred alternative story
- To separate the problem from the people (instead of person own the problem)
- To create a collaborative relationship with the client being the senior partner

# Why bring it to MI ?

- **Shared Ideas:**

- ✓ **Spirit** : collaboration, notion of agency (autonomy)
- ✓ **Counselor role**: De-centered, Influential, Directive

- **New/Different focus Concepts:**

- ✓ **Identity as social construct**
- ✓ **Strategies**
  - relational identity
  - externalization
  - unique outcome, stolen initiatives, absent & implicit
  - outside witness practices
  - empowerment (not affirmation) which operates in humanist discourse.