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McLeod, J. (1997). *Narrative and Psychotherapy*. Sage Publications.

2 Narrative Knowing: The Nature and Function of Storytelling in Therapy

P.34	<p>The meaning of each event is given by its place in the overall sequence or plot. To make sense of a story, then, the listener must extract the plot from these constituent elements. This aspect of narrative communicates a sense of experience as a process (every action is preceded by something, and leads on to something else). The sequentiality of the story as a form of communication carries a sense of ‘nextness’: each bit of the story, each segment of action or feeling, somehow points toward an emerging future.</p> <p>Narrative is therefore the mode of communication and representation that best captures the experience of temporality, of living in time.</p> <p><i>Accounting for departures from the ordinary</i></p> <p>Everyday life is mainly constituted of ‘ordinary’ events or ‘taken for granted’ routine experiences. On the whole, these events do not make ‘good’ or ‘interesting’ stories. Burner suggests that stories are often told to manage or explain departures from the expectable or ‘canonical’ norm.</p> <p><i>Communicating subjectivity</i></p> <p>A story imparts information about the inner world of the storyteller or the person(s) about whom the story is being told. A story is not just a chronicle...</p>
P.35 Cont’ed (P.34)	<p>...of events over time, but will include statements about intentionality (‘so I decided to...’), feeling states and beliefs.</p> <p>The story gives entry not only into a ‘landscape of action’ but also into a ‘landscape of consciousness’. An important dimension of the meaning of a story therefore lies in what it has to say about the identity, intentions and feelings of the person telling it.</p>

	<p><i>Ambiguity</i></p> <p>Stories refer to specific, concrete events. Although general principles can be abstracted from a narrative (e.g. the ‘moral’ of the story), the convention of storytelling is that what is recounted has taken place at a particular time and place. However, these events may have actually happened, or they may be imaginary, or they may comprise a combination of the imaginary and the real. Bruner (1900: 52) points out that no language imposes sharp grammatical distinctions between true stories and imaginary ones; making the distinction between fact and fiction is no easy matter.</p> <p>The ambiguity of stories is heightened by what J.S. Bruner (1986: 26) calls <i>subjunctivising</i> devices. The idea of <i>subjunctivising</i> refers to the introduction of implicit meanings within a story, of using the structure of a story to ‘mean more than we say’. Frequently, the teller of a story will not directly describe what happened, but will recount events in a way that forces the reader/hearer to make presuppositions about what has happened.</p>
P.36	<p><i>Story-construction as problem-solving</i></p> <p>A story can be seen as a particular way of representing experience, but it can also be a means of resolving dilemmas and tensions.</p> <p>It is worth noting that his particular story is basically a monologue, in which Carl himself is searching for a way of ‘making comprehensible’ the puzzle of why he can’t tell his close friends his feelings. Toward the end of the storytelling sequence, he begins to move closer to a solution of this puzzle.</p>
P.37	<p>In co-constructed narratives, the listener or audience may feed their own alternative accounts into the story that emerges, or may seek clarification by asking questions. So, the act of telling a story makes available a communication structure that not only conveys a sense of a world of uncertainty and ambiguity, but also provides a means for reducing dissonance and re-establishing a sense of control and order, by assembling an account that becomes more complete or ordered through the process of being told.</p> <p>Another way that stories may have a problem-solving function is through re-casting chaotic experiences into causal sequences,</p>

	<p>thereby helping the person to gain an understanding of how and why something happened.</p>
P.38	<p>Re-telling stories is also a means of problem-solving. Each time the story is re-told the teller gains the opportunity to revisit that set of experiences, to assimilate into the narrative elements of experience that have hitherto remained unnamed or have not fitted into the sequence.</p> <p>The social construction of narrative</p> <p>As a way of knowing, narrative implies a <i>relational</i> world. A story exists in a space between teller and audience. It may be created by the teller, but is always created in relation to a particular audience, so it is as if to some extent the recipient(s) of the story draw it out of the teller. A story is a performance (Langellier, 1989). Even a story written alone, such as a novel, has an implied audience.</p> <p>The most immediate social function of storytelling is to enable one person to be known by another. Telling a story is a way of telling someone else about yourself, of being open to receiving their empathic response (or not). The story of ‘my problems’ or ‘my life’ is a very direct way of being known.</p>
P.40	<p>Communicating feeling and emotion through narrative</p> <p>Stories can function by giving a means of contextualising or locating feelings and emotions within a broader framework of meaning.</p>
P.41	<p>Emotions are connected to other roles and meanings in a person’s life through the medium of the stories in which they are embedded.</p> <p>They suggest that an emotion comprises four distinct components. First, there is the ‘situation’, the way the individual interprets or construes a given event. Second, emotion involves ‘transformation’, represented by change in the person’s way of being in the world, including his or her experience of their body, and sense of space and time. Third, an emotion implies an ‘instruction’, or impulse to act in a particular way.</p> <p>Finally, these three parts of an emotion, taken together, have a ‘function’ in terms of expressing, maintaining or preserving core values.</p>

<p>P.43</p>	<p>From an experiential perspective, the audience for such a story will engage in the meaning of the story by allowing the themes or images of the narrative to resonate with appropriate areas of inner feeling.</p> <p>It is usually the intention in psychotherapy to create conditions and expectations of sufficient safety for the client to be able to tell stories that open up previously warded-off areas of feeling.</p> <p>Feelings are of course experienced by individuals, and are very much personally 'owned' through being experienced...</p>
<p>P.44 Cont'ed(P.43)</p>	<p>...as 'in' the person's body. However, much of the time these feelings are collective, are shared.</p> <p>Stories and the sense of self</p> <p>At the heart of the personal meaning of stories is the process of constructing an on-going 'self-narrative'.</p> <p>Polkinghorne argues that these approaches to the self-concept ignore the existential notion that the 'self' is not experienced as a static 'entity' but as a process of becoming. From this perspective, the self-concept requires a narrative structure, since this is the only way in which events over time can be integrated into a cohesive unity.</p> <p>For Polkinghorne, the person's concept of self can best be understood as comprising a self-narrative that tells the story of the whole of a life. This self-narrative gives coherence to the multiplicity of episodes, events and relationships experienced in the course of a life to date, including the ...</p>
<p>P.45 Cont'ed(p.44)</p>	<p>...prospective anticipation of its ending. The person has access to a rich cultural stock of narrative plots in the form of novels, films, fairy stories and religious stories that can be employed in the construction of a coherent self-narrative. Polkinghorne uses Rollo May's idea of <i>personal myth</i> to capture the sense of an overarching life-story: 'a myth...is a story having the power to provide life with meaning' (Polkinghorne, 1991: 145).</p> <p>The view that there can exist a personal myth that captures a coherent sense of self cannot, therefore, be accepted as a universal</p>

	<p>truth. It is a conception of self that is part of the ideology of individualism prevalent in much of Western culture. Perhaps it would be more accurate to locate this conception of self more explicitly within Western masculinist culture, with its emphasis on hero myths. It is easy to see how this idea of the bounded, autonomous individual fits into the achievement-oriented, militarist, ...</p>
<p>P.46 Cont'ed(P.45)</p>	<p>...consumer society that has been created in the modern world. However, it is possible to generate other ways of viewing self without necessarily venturing into non-Western cultures. Even within the main currents of psychological theory there can be found images of a multiple-storied self rather than a single-story self. Mair (1977), for example, talks of a 'community of selves'.</p> <p>From this point of view, then, the self can be seen as encompassing a multiplicity of narratives, attached to different situations and relationships, places and people.</p> <p>The moral landscape of narrative</p> <p>A story can provide a guideline or 'script' for how to behave in social situations. This aspect of narrative can be seen, for example, in religious parables.</p>
<p>P.47</p>	<p>J.S. Bruner (1986), proposes that narrative requires five elements: an actor, an action, a goal, a scene, and an 'instrumentality'. However, the dramatic or suspenseful quality of a good story is provided by a sixth essential element: 'trouble'. What makes a story worth telling is the tension or imbalance between the five main elements.</p> <p>By contrast, Labov and Waletzky (1967), working with spoken rather than written language, suggest that the grammatical structure of stories found in everyday dialogue consists of six key elements. First of all, the teller offers an 'abstract', in effect a summary of the story. Woven into this may be 'orientation' information, in which time, place and persons are identified. There then follows the 'complicating action', which comprises the core of the narrative, and takes the form of a series of clauses describing 'what happened next'. There is then a 'resolution', which conveys the result of the action, an 'evaluation', in which the teller conveys the point of the story, and, finally, a 'coda', which returns the speakers to their</p>

	present, here-and-now situation.
P.48	<ol style="list-style-type: none"> 1 Setting/Orientation 2 Initiating event/Complicating action 3 Internal response/Complicating action 4 Attempt (by friend)/Complicating action 5 Consequence(s)/Resolution 6 Reaction/Evaluation
P.51	<p>I have found it valuable to use the term ‘narrative’ to refer to the therapeutic discourse as a whole, and the word ‘story’ to refer to accounts of specific incidents. The therapeutic narratives, then, can be viewed as an attempt by the clients to ‘narrativise’ a problematic experience through the production of a series of stories connected by linking passages and therapist interventions (see McLeod and Balamoutsou, 1996). It is possible, in therapy discourse, to identify discrete storytelling ‘events’ without needing to be prescriptive about the defining features or precise boundaries of these events.</p> <p>A story communicates:</p> <ol style="list-style-type: none"> 1 A description of an event, including data about time, place and behaviour. 2 An expression of subjectivity, intentionality and identity—‘this is who I am’. 3 An expression of relationship—‘this is the story I choose to tell to <i>you</i>’. 4 Data about the teller’s understanding of his/her social world: ‘this is what I would expect, but look what happened yesterday...’. 5 An expression of feeling. 6 The location of events within a moral order.
P.52	<ol style="list-style-type: none"> 7 Bringing order, sequence and a sense of completion to a set of experiences. 8 Problem-solving, by providing a causal explanation for something that happened. 9 Development of a sense of perspective, by placing a singular event into its broader context.

3 Narrative in Therapy: Psychodynamic Approaches

P.54	The work being discussed here can be broadly divided into two broad approaches. First, there are numerous examples of narrative
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	<p>concepts, and narrative-informed methods, being used in an almost incidental manner, being subsumed into theoretical frameworks that do not fundamentally characterise the person as a storytelling being. Within this school of thought the most important groupings are around the <i>psychodynamic</i> and <i>constructivist/cognitive</i> uses of narrative in therapy. These therapies can be described as <i>foundationalist</i>, in that they employ narrative and story as a means of gaining access to supposedly more ‘foundational’ levels of psychological reality. Second, there are examples of therapists who have placed narrative right at the heart of their scheme of things, who have created an explicitly ‘narrative therapy’. This second group of writers and clinicians can be described as <i>constructionist</i> in orientation: experience is socially constructed (Gergen, 1985). Although the work of constructionist ‘narrative therapists’ represents a more coherent approach to the role of narrative in therapy, it is also clear that it draws heavily on earlier uses of narrative.</p>
P.55	<p>Encouraging the client to tell their story: narrative as a source of clinical data</p> <p>For instance, a psychodynamic therapist might be looking for examples of triangular relationships, developmental issues, and transference themes, with the aim of arriving at a formulation or diagnosis. The material gathered in the assessment would find its way into the patient’s file, but what could be found there would be more the therapist’s version of the client’s story, rather than the story as told by the person himself or herself.</p> <p>Thus it seems that, while a therapy session provides a unique arena for telling stories, these tales are not usually responded to as stories, but are treated as sources of evidence in relation to the supposed underlying personality structures expressed through the story.</p>
P.57	<p>The idea of the core, repetitive life narrative</p> <p>Another theorist who makes use of narratives ideas in the service of a fundamentally psychodynamic approach is Hans Strupp. In his model of time-limited dynamic psychotherapy, Strupp argues that a therapist working within time limits must actively seek a <i>dynamic</i></p>

	<p><i>focus</i>, which is defined as:</p> <p>...a working model...of a central or salient pattern of interpersonal roles in which patients unconsciously cast themselves, the complementary roles in which they cast others, and the maladaptive action sequences, self-defeating expectations, and negative self-appraisals that result. (Strupp and Binder, 1984: 68)</p> <p>This description of a dynamic focus looks remarkably like a description of a problem story, and in fact Strupp and Binder write that ‘the primary psychological mode of construing life experience...is narration: the telling of a story to oneself and others’ (1984: 68). They regard the dynamic focus as organized and communicated by the patient/client as a schematic story characterised by four main elements: acts of self, expectations about others’ reactions, acts of others toward self, and acts of self toward self (see Table 3.1). This story is continually re-enacted in the client’s life as a series of repetitive ‘self-propagating vicious circles’ (1984: 73). Client and therapist are seen as needing to be involved in a joint narration and re-narration of the central dilemmas and issues in the patient’s life, with the aim of constructing a new story that is more ‘intelligible and purposeful’.</p>
P.58	<p>The central theme in the work of this group of psychodynamic writers is, as mentioned above, the assumption that it makes sense to characterise a life in terms of a single story. Spence (1978) refers to this therapeutic strategy as the ‘singular solution’. It is clearly valuable to have a means of bringing order or coherence to the complex material presented by a client or patient in therapy. Nevertheless, it is also important to be aware of some of the implications of this way of seeing persons. Omer (1993b) has argued that there can be a danger of oversimplifying the complexity and richness of a life by reducing it to a core narrative theme.</p>
P.62	<p>The work of Dan McAdams: integrating psychodynamic narrative themes</p> <p>The body of theory and research produced by Dan McAdams and his colleagues (McAdams, 1985, 1991, 1993, 1994) represents a significant attempt to bring together many of the key ideas used by narrative psychodynamic therapists. While recognizing the importance of early exposure to mythic, fairy-tale narratives,</p>

	<p>McAdams draws on the writings of Erik Erikson in constructing a model of development that spans the entire life-course, rather than being principally determined by events in the first years of life. He is interested in identifying the personal myth that brings coherence to all the stages in a life. The sense of his approach is captured well in the instructions he gives to participants in his research.</p> <p>In his analysis of the ‘plot-lines’ that emerge in the life-stories that people create in his research, McAdams (1985) has found a number of metaphoric themes that occur over and over again: life is a journey, a battle, and so on. These typical plot-lines for life-stories are:</p> <ol style="list-style-type: none"> 1 Establishing a garden, or building a home: creating order from chaos. 2 Engaging in a contest or fighting a battle: protecting the integrity of the self against external threat. 3 Taking a journey: moving forward, searching, fleeing a difficult past. 4 Enduring suffering: overcoming external pressure, surviving tests of loyalty.
P.63	<p>5 Pursuing consummation: seeking transcendence.</p> <p>For McAdams, the basic motivational structure underpinning personal stories is the tension between <i>agency</i> and <i>communion</i> in a person’s life. The agency-communion distinction was originally made by David Bakan (1966), and has subsequently been a highly influential idea within North American psychology. Agency motivation refers to a striving to be in control of the environment, to achieve success and mastery, to be powerful, autonomous and separate from others. Communion, by contrast, refers to a striving to develop close relationships, to become immersed in something ‘bigger’ than the self, to have a sense of ‘we’ rather than ‘I’.</p> <p>In McAdams’ model, these characters are called <i>imagoes</i>. An imago is regarded as being a ‘personified and idealized concept of the self’ (McAdams, 1993: 122). These imagoes are mainly constructed during adolescence and early adulthood. McAdams suggests that it</p>

	<p>is helpful to gain insight into the imagoes around which a personal myth is organized:</p> <p>...we come to understand ourselves better by a comprehensive understanding of the main characters that dominate the plot of our story, and push the narrative forward. With maturity, we work to create harmony, balance, and reconciliation between the often conflicting imagoes in our myth. (1993: 123)</p> <p>The final component of McAdams' theory involves the role of significant stories that somehow capture the critical moments in a person's life. These are described as <i>nuclear episodes</i>, and include peak and nadir experiences, turning points, and significant memories (in early childhood, adolescence and adulthood).</p>
P.66	<p>Other voices within the psychoanalytic tradition: the work of Roy Schafer</p> <p>The American psychoanalyst Roy Schafer has been a key figure in the emergence of a narrative approach to therapy. Like Donald Spence (whose contribution is discussed in Chapter5), Schafer has taken the sensitivity to the client narrative that is characteristic of good psychoanalytic practice, and placed it at the centre of his style of doing therapy. Schafer's ideas on narrative need to be understood in the context of his earlier endeavours (Schafer, 1976) to establish an 'action language' for psychoanalysis. He argues that the theory of mind as a mental apparatus is obsolete and unhelpful, and proposes to replace it with an understanding of human beings as active agents, constructing a psychological world in which they live.</p> <p>For Schafer, narration is the way in which the person constructs a description of an action or sequence of actions. He is interested in how the client or patient employs an active process of <i>narrating</i>, <i>telling</i>, <i>presenting</i> a story-line to create and maintain an inner emotional life and set of relationships.</p> <p>Schafer takes as his starting point the idea that people create <i>story-lines</i> to account for important events and phenomena that they encounter in their lives. In therapy, both client and therapist are engaged in constructing story-lines, often drawing upon a well-know stock of possible stories. One of the most intriguing aspects of</p>

	Schafer's writing lies in the way he is able to take well-known psychoanalytic phenomena and re-frame themes as story-lines.
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4 Constructivist Narrative Therapies

P.69	<p>The key idea within cognitive approaches to narrative is the concept of a story as a form of <i>representation</i>. Modern cognitive psychologists tend to assume that people represent the world not through static 'pictures' or images in their heads, but through <i>schemas</i> or <i>scripts</i>, that can be understood as dynamic sequences of actions that can be taken in relation to external objects.</p> <p>This sense of representation occurring through action schemas can be seen most clearly in the context of language acquisition in young children, in which objects are initially encoded and remembered in terms of what can be <i>done</i> with them, whether they can be sucked, bashed or made noise with.</p> <p>Cognitive/constructivist therapists, therefore, regard stories as a means of gaining access to, and facilitating change in, fundamental underlying schemas and scripts.</p>
P.72	<p>Constructivist models of stages of narrative change</p> <ul style="list-style-type: none"> ● Phase 1. <i>Recalling narratives</i>. Identification of memories of important life events, using guided imagery exercises to facilitate recall. Homework assignment involving writing key stories from each year of life. Review of collected life-stories to select a 'prototype' narrative. ● Phase 2. <i>Objectifying narratives</i>. Re-telling important narratives in ways that 'bring the reader into the text', for example through giving greater attention to sensory cues: visual, auditory, olfactory, gustatory, tactile. Collecting documents and artefacts (e.g. photographs, music, letters) that will further 'objectify' the story by defining its external referents. ● Phase 3. <i>Subjectifying narratives</i>. The aim of this stage is to increase the client's awareness of his or her inner experience of the narrative. Exercises are used in which the therapist triggers recall of a significant story and then asks the client to focus on the inner experience of the event through instructions such as

	<p>‘allow yourself to be aware only of what you are experiencing now’ or ‘try to to pick one of your thoughts and uncover the thought that is behind it until you reach what seems to be your most basic thought’.</p> <ul style="list-style-type: none"> ● Phase 4. <i>Metaphorising narratives</i>. The client is trained in methods of generating metaphoric associations to stories, and then the origins of these images in his or her life are explored. ● Phase 5. <i>Projecting narratives</i>. The client is given practice in constructing alternative metaphors, drawn from literature and art. These new root metaphors are implemented within sessions and then in everyday life. <p style="text-align: right;">(Goncalves, 1995b: 145-7)</p>
P.77	<p>Reading and writing as adjuncts to therapy</p> <ol style="list-style-type: none"> 1 <i>Daily log</i>. Recording the day’s events. 2 <i>Period log</i>. The subjective construction of the current period in the writer’s life. Entries would begin by naming the period, and continue with ‘It is a time when I ...’ 3 <i>Steppingstones</i>. Reviewing formative life experiences from the vantage point of the present. 4 <i>Dialogue</i>. Crating a dialogue with a person, event or object from the journal writer’s life. 5 <i>Lists</i>. Clusters of ideas on a topic. 6 <i>Guided imagery</i>. Free writing stimulated by an image such as ‘being on a journey’. 7 <i>Altered point of view</i>. Writing about oneself in the third person or about someone else in the first person.
P.78	<p>The results of this study revealed that the students in the trauma group did indeed write about very personal and difficult experiences, such as loss and loneliness associated with leaving home, conflicts with members of the opposite sex, parental problems and bereavement. Compared to the control (writing about superficial topics) participants, the members of the trauma group reported significantly higher levels of physical symptoms and negative moods following each writing episode, indicating that the experience of writing was in itself distressing. However, those writing about trauma were found to have comparatively fewer health centre visits during the time of the study, and showed slight</p>

	<p>improvements in immune functioning. Those subjects in the trauma group who disclosed most in their stories, who wrote about topics that they acknowledged they had previously held back from other people, reported the greatest gains in health.</p> <p>Essentially, Pennebaker considers that there is a basic human tendency or need to disclose difficult experiences to other people, both in order that the teller of the story can achieve ‘peace of mind’, and so that the hearer and the community as a whole can be warned about possible dangers.</p>
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5 Narrative Therapy from a Social Constructionist Perspective

P.83	<p>It is only by adopting a social constructionist perspective tghat the intrinsically social nature of narrative can be grasped: stories are not merely cognitive or individual products, but are shared. The story is created between teller and audience.</p> <ul style="list-style-type: none"> ● A critical stance in relation to taken-for-granted assumptions about the social world, which are seen as reinforcing the interests of dominant social groups ● Rejection of traditional positivist approaches to knowledge as insufficiently reflexive ● Recognition that the goal of research and scholarship is not to produce knowledge that is fixed and universally valid, but to open up an appreciation of what is possible ● A belief that the way we understand the world is a product of a historical process of interaction and negotiation between groups of people ● A movement toward redefining psychological constructs such as ‘mind’, ‘;self’ and ‘emotion’ as socially constructed processes, to be ‘removed from the head and placed within the realm of social discourse’ (Gergen, 1985: 271)
P.84	<p>It would be quite wrong to characterize social constructionist therapy as a coherent school or approach. There are two reasons for this. First, social constructionism can be viewed as part of a postmodern social and cultural movement that is attempting to move beyond modernism. At the time of writing, it is possible to identify only some of the general outline of what might replace modern Western industrial—capitalist culture and thinking. It is a time of</p>

	<p>transition. No one really know where all this is hedging. The constructionist approach to therapy is not yet fully formed. The second reason for not expecting a unified school of constructionist narrative therapy ever to emerge is that the idea of discrete scholls or theories of therapy is itself a modernist notion. The pluralism and reflexivity of postmodern thought run counter to the formation of ‘grand theory’. Instead, those influenced by postmodern ideas seek to develop ‘local’ knowledges, in which theory and practice are closely integrated.</p> <p>Donald Spence and the concept of ‘narrative truth’</p> <p>Donald Spence is a psychoanalyst who has actively deconstructed the basis of his own discipline. In a series of books and articles, Spence (1982a, 1982b, 1986, 1987, 1994) has focused mainly on the task of understanding what is happening when an analyst makes an interpretation, in particular when he or she makes an interpretation that attributes the origins of the client’s problems to an early childhood experience. Spence points out that Freud regarded himself as engaged in a search for historical truth, for evidence of the actual events that now constitute memories buried in the patient’s unconscious.</p>
<p>P.87</p>	<p>Externalising problems: the contribution of Michael White and David Epston</p> <p>One of the main therapeutic strategies employed by White and Epston(1990) is a process they describe as ‘externalising of the problem’. They regard the ‘problem’ that a client presents as a story that is collectively performed or lived out by that person and the other people (for example, family members) closely involved in his or her life. White and Epston argue that is as though the person becomes his or her story, with his ore her identity being defined through that particular narrative. In some cases the story will attribute innate, inherent, immutable characteristics to the person, such as ‘schizophrenic’. It is in such circumstances that the therapist will strive to ‘open space for persons to re-author or constitute themselves, each other and their relationships, according to alternative stories or knowledges’ (White and Epston, 1990: 75)O.</p> <p>The technique of externalization used by White And Epston relies</p>

	<p>heavily on the use of certain types of questions on the part of the therapist. This technique is known as ‘relative influence questioning’, and comprises two sets of questions. First, participants are invited to ‘map the influence of the problem in their lives and relationships’. Then, they are asked to ‘map their own influence in the life of the problem’ (1990: 42).</p>
P.90	<p>The image of the person in postmodern narrative therapy</p> <p>Those who have developed and espoused social constructionist approaches to therapy regard these images as inadequate and limiting. They are inadequate because they cannot capture or convey the experience of being a person in the late twentieth century, and because they ignore the immense diversity in conceptions of self across cultures. They are limiting because they are images that implicitly deny the capacity of the person to be aware, to challenge existing oppressive social structures, and to be creative in developing new ways of living together. Social constructionist therapies are based in an image of the person as a social being.</p>
P. 91	<p>A social constructionist would understand, hear or read the concept of ‘self’ in a quite different manner. From this perspective, the modern ‘self’ is not an entity but is a construction. People in other cultures do not operate with such a sense of self (Landrine, 1992; Markus and Kitayama, 1991). The idea of the autonomous, bounded self can therefore be understood as part of the cultural system within which we live. We can then deconstruct the notion of ‘self’, we can examine the ways in which it is used, what it does.</p>
P.93	<p>Authors and voices</p> <p>From the perspective of Alasdair MacIntyre and Jerome Bruner, a person is regarded as existing within a culture that comprises a stock of stories, and as engaged in negotiating the fit between his or her individual experience and the story-lines that are available. The task of therapy is, as a result, to open a ‘space’ in which the correspondence of person and story can be reviewed and re-adjusted. The emphasis lies not so much with excavating ‘inner’ meanings but in identifying and understanding the stories that are ‘out there’.</p>
P.94	<p>‘Authoring’, in the sense meant by social constructionist therapists, is more like a conversation, a process of finding further horizons of meaning each time the tale is told. To ‘author’ is to participate in</p>

	narration, to construct meaning through storytelling.
P.95	<p>The meaning of ‘authoring’ within therapy is complex and problematic. As far as I can see, the notion of ‘re-authoring’ was first used by White and Epston, and perhaps fits most readily into this setting. White and Epston were influenced by Gergen’s notion of the person as a ‘text’, and many of their clients had apparently previously been labeled by the ‘authorities’, an official, pathologising version of their life-story written down in medical or social work case files. White and Epston intentionally developed techniques using written communications (letters, certificates) to counteract the force of this dominant official narrative in the lives of their clients.</p> <p>In my own practice, I have found that the concept of ‘voice’ somehow brings together many different strands of what I would hope to be able to achieve with clients. Being able to give voice to experience is not merely a personal matter, not just a process of telling about secrets in the family or finding words for feelings there is also a sense in which social groups or people within social groups, need to voice their needs and concerns.</p>
P.102	<p>Replacing the language of deficit</p> <p>Approaches to therapy that are informed by social constructionist thinking do not regard narrative in therapy, the stories clients tell, as merely events within a therapy hour. Each client story is an individual version or rendering of a broader cultural narrative. When a client in therapy recounts a story, he or she is selecting from among the many story forms available in the culture. The client speaks ‘from’ a tradition. If it is acknowledged that an experience can be ‘narrativised’ in many different ways, that in principle the same event or experience can generate a multiplicity of accounts, then the factors that influence which story form is used in which circumstances become key issues for therapy. Gergen (1990) argues that the setting or cultural milieu of therapy invokes the telling of ‘deficit’ stories: ‘common actions are translated into a professionalized language of mental deficit’.</p>
P.103	The means of achieving this kind of quality of authority between client and therapist is for the therapist to adopt what Anderson and

	Goolishian (1992) have called a ‘not-knowing’ stance toward the client. The notion of ‘not-knowing’ derives directly from hermeneutic and postmodern modes of understanding.
P.104	<p>The therapeutic relationship in postmodern narrative therapy</p> <p>The therapist can be audience, in the sense of being there to listen, giving the other an opportunity to tell. The therapist can go further and be a witness, someone with a culturally sanctioned capacity to affirm the validity or reality of the client’s experienced. The therapist can be a director, assisting the client to find the most effective ways of telling the story. The therapist may be an editor, deleting and moving about parts of the narrative until it makes most sense. The therapist may be interpreter of the client’s story, translating it into another (usually psychological) ‘language’ or conceptual system. Finally, the therapist can be co-author, engaging in a mutual process of storytelling. These are just some of the metaphors for the therapist role that are generated by a narrative therapy perspective.</p>

6 The Process of Narrative Therapy: Strategies for the Retrieval of Meaning

P.107	<p>Within the recent research and theoretical literature in psychotherapy, use has increasingly been made of a distinction between <i>process</i> and <i>outcome</i>. The outcome of a therapy session, complete course of therapy, or even of a single therapist intervention, is taken to mean the benefit to the client of these events. The process of therapy, by contrast, refers to what actually goes on in therapy, the actual behavior, action and interaction of therapist and client. ‘Process’ is what produces ‘outcome’.</p> <p>Another meaning of ‘process’ in therapy, one that is less mechanistic, refers to the <i>experience</i> that both client and therapist have that one thing flows into another, that feelings, thought, the relationship itself all change over time. From this perspective, to study or make sense of the process of therapy is to develop ways of conceptualising this experiential flow.</p>
P.112	<p>The process within a session</p> <p>In any of these circumstances, the chances are that the client will tell the story again, or offer a slightly different rendering of it, until</p>

	<p>the point gets across (or the client gives up). Each re-telling of story potentially allows several therapeutic processes to operate. First, every time a story is re-told gives both therapist and client another opportunity to hear and understand what it means. Second, as Pennebaker (1993b) has demonstrated in a series of studies, if a person expresses negative or difficult emotions (such as anger, shame,...</p>
<p>P.113 Cont'ed(P.112)</p>	<p>...guilt, despair) in the stories he or she tells, these feelings become less troubling to the person. Third, the telling of a story always contains within it some notion of why the story is 'worth telling'. It communicates the teller's sense of what Bruner has called 'departures from the ordinary'. And, as it opens up this tension, a story will also attempt to resolve it: each story is an exercise in problem-solving.</p> <p>Narrative microprocesses</p> <p>The verbal responses of the therapist can be categorized as:</p> <ul style="list-style-type: none"> ● <i>Approval.</i> ● <i>Information.</i> ● <i>Direct guidance.</i> ● <i>Closed question.</i> ● <i>Paraphrase.</i> ● <i>Interpretation.</i>
<p>P.114 Cont'ed(P.113)</p>	<ul style="list-style-type: none"> ● <i>Confrontation.</i> ● <i>Self-disclosure.</i> ● <i>Simple response.</i> ● <i>Request</i> ● <i>Experiencing.</i> ● <i>Exploration of client-therapist relationship.</i> ● <i>Insight.</i> ● <i>Discussion of plans.</i> ● <i>Silence.</i> ● <i>Other.</i> <p>Rather than merely list therapist and client behaviours, it can be more useful...</p>
<p>P.115</p>	<p>...to look at therapist <i>intentions</i>—in particular those that specifically</p>

Cont'ed(P.114)	<p>aim to facilitate narrative events and processes in therapy. These therapist activities can be divided into four broad categories: <i>construction, deconstruction, reconstruction</i> and <i>rehearsal</i>. These therapist activities or intentions correspond to the four stages of narrative therapy (telling, deconstructing, adopting and proclaiming) introduced above.</p> <p>The task of telling a story</p> <p>There are many things that therapists do to help clients to tell their story.</p>
p.116	<p>Finally, it is important to acknowledge that telling a story in therapy is not...</p>
<p>P.117 Cont'ed(P.116)</p>	<p>...by any means a simple act. As discussed in Chapter 2, there is a lot happening when someone engages in narrative. From the point of view of the client, for example, the moment-by-moment narrativisation of experience that takes place in therapy can be seen as made up of several different types of activity.</p> <p>The person in the role of client is aware of telling stories and (even at the same time) reflecting on the meaning and significance of these stories (client reflexivity). Clients may choose to hold back parts of a story. While telling a story clients may have a sense of needing to keep going until the end.</p> <p>They are also aware of the therapist as audience to their story, and may select a particular way of telling the narrative in order to create a favourable impression. The story may lead into new areas of feeling and emotion, or be a vehicle for expressing emotion (catharsis).</p> <p>Listening for stories</p> <p>From a therapist's point of view, perhaps the most significant difference between narrative therapy and other types of therapy is that a narrative approach involves <i>listening for stories</i>.</p>
P.118	<p>The task of deconstructing a story</p> <p>One of the big differences between therapeutic storytelling and everyday storytelling is that, in the latte, people can often tell and</p>

	<p>re-tell the same story in the same way for years at a time, while in therapy the expectation is that the story will change. Both therapist and client, therefore, engage together in the work of deconstructing the stories that are told, with the goal of finding better tales to tell.</p>
P.120	<p>...embedded in everyday discourse, or available to awareness if asked to think about it, are stories of occasions when the person has encountered a problem but has dealt with it effectively: solution stories.</p> <p>The basic therapeutic strategy for ‘subverting taken-for-granted realities and practices’ is to discover different ways of telling the story, different versions of a story. One way of doing this is to find or create alternative stories that, as it were, sit alongside the dominant ‘problem’ story in the person’s narrative repertoire and thereby invite further attention and re-formulation as the person struggles to deal with the dissonance between the different versions.</p>