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Payne, M. (2006). *Narrative Therapy: An introduction for counselors* (2<sup>nd</sup> ed.). Sage.

## **One An Overview of Narrative Therapy**

p.7	<p><b>Difference but equally valid description</b></p> <p>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.</p>
P.10	<p><b>The person tells her story: ‘problem-saturated’ description</b></p> <p>Narrative therapy begins with the counselor giving the person respectful, interested attention in a safe and uninterrupted setting. The person is invited to talk</p>
P.11	<p>[cont]</p> <p>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.</p> <p>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 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. Form the 1990s White has moved from</p>

	<p>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.</p> <p><b>Naming the problem</b></p> <p>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).</p>
P.12	<p><b>Using externalizing language</b></p> <p>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’.</p> <p>‘You were both affected by stress’ rather than ‘you were both stressed’.</p> <p>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.</p> <p>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’</p>

	<p>themselves.</p>
<p>P.13</p>	<p><b>Relative influence questioning</b></p> <p>‘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’.</p> <p>White and Espton’s earlier writings suggest that, after drawing out a full problem-saturated description, the 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.</p>
<p>P.14</p>	<p><b>Deconstruction of unique outcomes</b></p> <p>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 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.</p> <p><b>The person is incited to take a position on the problem.</b></p> <p>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</p>

	<p>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</p>
<p>P.15</p>	<p>[cont]</p> <p>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.</p> <p><b>Use of therapeutic documents</b></p> <p>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, contacts 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 shred with the therapist, and sometimes they may be shared with other people.</p> <p><b>Re-remembering</b></p> <p>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</p>
<p>P.16</p>	<p>[cont]</p> <p>these people to re-join the ‘club of her life’. White calls this process re-remembering. 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.</p>

	<p><b>Using outsider witnesses</b></p> <p>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 she describes encouraging persons to identify people such as friends, relatives, peers and so on, to whom they would like to tell their revised stories.</p> <p>White defines such audiences as 'outsider witnesses' and organizes the session into several different tellings and re-tellings. Session may be video-recorded and the recording given to the person for private re-hearing. Members of the outside witness team may touch on one or more of their own related experience, not to diminish or take their own lives. Members of the wider community may also be recruited as an audience for the person's re-telling.</p>
P.17	<p><b>Ending therapy</b></p> <p>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-telling and there may be a ceremony to make the occasion, such as the presentation of a certificate of achievement.</p>

**Three**  
**Assisting the Person to Describe the Problem**

P.40	<p><b>Encouraging a more complete account</b></p> <p>Once the person has come to a natural pause which indicates that his initial account of his problem or problems is complete, I encourage him to stay with the problem description and to extend it.</p> <p>I ask questions like the following: not as a set series or predetermined list, certainly, not as an interrogation, but aiming for a natural and conversation mode in response to the person's response:</p> <ul style="list-style-type: none"> <li>▪ Is anxiety about your exam results having any effect on your sleep or your ability to relax?</li> <li>▪ Are you experiencing any health problems which might be related of anxiety?</li> <li>▪ What do you find yourself doing/saying/thinking which seems to be a result of anxiety?</li> <li>▪ Is anxiety affecting how you feel about anything else, which you haven't mentioned? Would you like to say more about that?</li> <li>▪ You say your lack of confidence goes beyond the exam anxiety you're suffering from. I'd be interested to hear more details, if that's OK.</li> <li>▪ So depression sometimes makes an appearance. Does this affect how you get on with people or how they treat you? Would you like to tell me a bit more about that?</li> </ul>
P.41	<p>[cont]</p> <ul style="list-style-type: none"> <li>▪ How worry attacked your routines at all?</li> <li>▪ How are things at home? What do your partner/parents/friends/colleagues say about all this?</li> </ul> <p>I elicit detail about topics of particular significance to the person if he feels comfortable with this; reluctance is noted but questions are not pursued. The aim is not for the person to feel, or to be, diagnosed or assessed, but for him to take part in a conversation with someone who really wants to know what his life is like at the difficult time.</p> <p>At the same time, drawing out the effects of the problem in such detail usually helps the person to begin to recognize that there are limits o the problem's influence. He finds, and may stat without prompting, that there are aspects of his life, now identified, which the problem has not affected, or has</p>

	only affected in part.
P.42	<p><b>Inviting the person to name the problem</b></p> <p>One aim of narrative therapy, from the earliest possible moment, is to assist the person to regain her sense of control over her life. This is one of the reasons for systematically and persistently inviting her to name the problem.</p>
P.43	<p>Question I ask at this point may be something like:</p> <ul style="list-style-type: none"> <li>▪ I wonder what we can call this problem</li> <li>▪ Do you have a particular name for what you're going through at the moment?</li> <li>▪ There are lots of things happening to you- shall we try to pin them down? What are they, what name shall we put them to them?</li> <li>▪ I've been calling what they did to you 'constructive dismissal'. Does that seem the right term to use?</li> <li>▪ Judging by what you say, you've been subject to emotional abuse. How would it feel if that's what we called it from now on? Or perhaps there's a better name</li> </ul> <p>Naming the problem can diminish the tendency for each to blame the other- blaming language becomes 'process language'.</p> <p>They locate problems in the interactions of the relationship rather than in imputed characteristics of either individual.</p>
P.44	<p><b>Externalizing the problem</b></p> <p>Externalizing the problem means maintaining an attitude, reflected in particular verbal forms when referring to problems, where the difficulties brought to therapy are implicitly characterized as something affecting the person, rather than as intrinsic characteristics or qualities.</p>
P.45	<p>However, externalizing can sometimes, through characterizing a problem as an inescapable situation extrinsic to the person enmeshed in it, assist him to recognize and value his survival and coping skills.</p>

P.46	<p>White's (1989: 6) description of the effects of problem-externalizing is worth quoting in full:</p> <p>I...have concluded that, among other things, this practice:</p> <ol style="list-style-type: none"> <li>1 Decreases unproductive conflict between persons, including those disputes over who is responsible for the problem;</li> <li>2 Undermines the sense of failure that has developed for many persons in response to the continuing existence of the problem despite their attempts to resolve it;</li> <li>3 Paves the way for persons to co-operate with each other; to unite in a struggle against the problem, and to escape its influence in their lives and relationships;</li> <li>4 Opens up new possibilities for persons to take action to retrieve their lives and relationships from the problem and its influence;</li> <li>5 Frees persons to take a lighter, more effective and less stressed approach to 'deadly serious' problems; and</li> <li>6 Presents options for dialogue, rather than monologue, about the problem.</li> </ol> <p><b>Metaphorical language</b></p> <p>It is a habitual use of phrasing which carries an externalizing implication, in the low-key, natural atmosphere of ordinary conversation:</p> <ul style="list-style-type: none"> <li>● When did these nightmares start to appear? (rather than, 'When did you start to have nightmares?')</li> <li>● Loneliness seems to have been with you for most of your life (rather than, 'You have been a lonely person most of your life').</li> </ul>
P.47	<p>[cont]</p> <ul style="list-style-type: none"> <li>● So you've always used comforting rituals to give yourself confidence? (rather than, 'So you're a compulsive-obsessive?')</li> <li>● Alcohol has had a lot of success in its attempts to take over life (rather than, 'You're an alcoholic').</li> <li>● You and Joan have found that jealousy invades your relationship (rather than, 'You and Joan have been jealous of each other').</li> </ul>

**Discourses**

Questions I might ask when externalizing internalizing discourses, inviting people to examine the things they tell themselves about themselves and to examine the discourses which underpin those self-narratives, take forms like:

- How did you come by those ideas?
- Is this idea yours or someone else's? Have you ever come across ways of looking at what makes a person tick which make you wonder about your own views?
- Why does the prime minister only talk about 'families' when defining the people his party exists to help? What does that make you feel about yourself as a gay man?
- So you tell yourself you are treating her like that because your father treated your mother like that. I wonder where you got the idea that we can't help behaving in certain ways because of our parents' example. Did you read about that and where or hear it on TV?
- Has the habit of self-blame ever seemed like something you might try to give up? Who has encouraged you to continue the habit? What techniques have they used to do this? Is there a difference between guilt and regret?
- I wonder what films, books, magazines and television programmes might have influenced your belief that the only acceptable way to solve a dilemma is to face it out by yourself?
- What has your firm's management philosophy done to make you feel undervalued and pressurized? What political ideas have encouraged your firm to take on a hard management philosophy? Why has 'hard management' become a term of praise? What are the real effects of these policies on the lives of your colleagues and on their relationships within the organization?
- How has your marriage been affected by your husband's mates' ideas about how men should treat women?
- Have your workmates' stories about the women they've 'pulled' and 'shagged' made you want to boast about similar 'successes'?
- Why do commercial manufacturers promote the idea that only very slim women are attractive? Why do they say women 'deserve' a good shampoo or face cream?

	<p><b>Externalizing: some cautions</b></p> <p>1 Externalizing is of limited value unless it is used within a framework of post-structuralist assumptions. The whole point of externalizing conversations is to assist the person</p>
P.51	<p>[cont]</p> <p>to break away from the concept of the problem being part of her, within her, an aspect of her assumed fixed character, or in any way pathological. Unless the therapist has himself broken away from these ways of thinking, externalization is pointless and even potentially damaging.</p> <p>2 Externalizing may not always be appropriate. White suggests that externalizing conversations are most useful when persons come with very fixed and habitual dominant stories. Therapy needs to be flexible.</p> <p>3 Externalizing through naming can sometimes become too simplistic or too difficult to be helpful.</p>
P.52	<p>[cont]</p> <p>4 Externalization is not appropriate when defining oppressive practices.</p>
P.53	<p><b>Externalizing the problem by defining it as attitudes and beliefs</b></p> <ul style="list-style-type: none"> <li>● How has the temptation to speak to Dot with contempt got a grip on you?</li> <li>● What habits of forgetting have stopped you from seeing your son's distress when you insult your wife?</li> <li>● Might others' everyday use of obscene language have persuaded you that it's ok to call your wife a whore?</li> <li>● Has your habit of seeing the time you once gave Janet a black eye as trivial got you completely in its power?</li> <li>● Have you forgotten that love usually urges people to be gentle with each other?</li> <li>● Has self-justification become a more powerful force for you than clear-sightedness?</li> <li>● Do you ever find yourself winding anger up and enjoying it?</li> </ul>

	<p><b>Externalizing internalizing discourses</b></p> <ul style="list-style-type: none"> <li>● What beliefs about how men can talk to women persuaded you to call your wife a ‘fucking slag’?</li> <li>● What ideas do your mates have about how women like to be treated? Where have those ideas come from?</li> <li>● Do you ever feel a bit as if you’re acting in a film, being a tough guy?</li> <li>● Where have you got the idea that resenting the past has to be permanent?</li> <li>● Who has persuaded you that forgiveness is weak in a man?</li> </ul>
P.57	<p><b>Keeping externalizing simple</b></p> <p>I wonder whether acknowledgement of person’s achievements might be rather sidelined by externalizing the non-problem elements in their stories. My own practice, when I use externalization, is to restrict it to the naming of problems and to holding externalizing conversations.</p>

#### **Four Encouraging a Wider Perspective on the Problem**

P.60	<p><b>Stories</b></p> <p>But there is a difference between ‘therapeutic tales’ told by the therapist to persons and narratives told by persons when encouraged by the therapist to outline the issues they bring to therapy.</p>
P.62	<p><b>Sub-plots of life</b></p> <p>There is an enormous number of stories, an enormous number of stories, an enormous number of sub-plots ready to be written from the various elements of a life. They are all potentially there: all that remains is for me to choose which elements to isolate out and link. In this sense, ‘all lives are “multi-storied”’ White 1995a: 32) These stories, once created through narration and thus brought into awareness, are not just passive information: they influence me: they form the conceptual structures within which I ascribe</p>

	<p>significance and meaning to my life, including the picture I have of myself and others, and what has been, and is now, meaningful to me.</p>
P.65	<p><b>A change of direction in the session</b></p> <p>I encourage the person to tell and re-tell sub-plots from her life, selected sequences not previously created because ‘gaps in the text’ have not been identified, noticed, remembered, or recognized by her as significant.</p>
P.67	<p><b>Unique outcomes in historical context</b></p> <p>The bringing out of significance occurs through the person’s gradually formulating and telling unfamiliar sub-plots in response to my questions about unique outcomes, and then, also in response to my questions, considering what this enlarged story means for him. Once told and considered, the new sub-plots become woven into his overall self-story. By the sometimes lengthy and difficult process of his telling alternative stories in addition to his original problem story, he gains a new perspective.</p>
P.72	<p><b>Using unique outcomes</b></p> <p>A more careful reading of White, Epston and other narrative therapists followed, but it still took me some time to grasp that, although clues to different stands in the story may indicate ‘hidden strengths’, ‘underestimated capacities’ and so on, that is not the point. The point is that the clues should contradict or call in question the dominant story in any way that is potentially helpful for the person. The helpfulness may be painful rather than pleasant or initially heartening.</p>
P.73	<p><b>Particularities</b></p> <p>When persons identify unique outcomes, I try to draw out very specific and detailed descriptions, so that images of the occasion become vivid in the present moment and then in the renewed memory.</p>

P.76

**White's statement of position maps**

White emphasizes that all his maps of therapy are guidelines; once thoroughly learned, to be used or modified in sensitive response to the person (white 1999; 2004a: 195). Each statement of the position map contains four 'categories of enquiry' to be followed in sequence as a therapist builds externalizing conversations.

I simplified White's wording in the version below.

Map no 1

- 1 Negotiation with the person of a precise, externalized definition of the problem, that describes it closely and accurately.
- 2 Drawing out a description of the effects the problem is having on the person's life and relationships, over as board an area as possible.
- 3 Checking out whether the person is satisfied to leave things as they are, or wishes things to be different.
- 4 Asking the person the reasons for his answer to (3) and in particular, what in his history has led him to make this evaluation.

Map no 2

- 1 Negotiation with the person of a precise definition of a unique outcome, that describes it closely and accurately.
- 2 Drawing out a description of how the unique outcome has affected or might affect his life and relationships, over as board an area as possible.
- 3 Checking out whether the person though the effects of the unique outcome were positive, negative or mixed.
- 4 Asking the person the reasons for his answers to (3) and in particular, what in his life history has led him to make this evaluation.

**Five  
Asking Questions**

P.85	<p><b>Questions deconstructing narratives</b></p> <p>Three categories are suggested:</p> <ol style="list-style-type: none"> <li>1 Landscape of action questions: <ul style="list-style-type: none"> <li>● How did you get yourself ready to take this step?</li> <li>● Would you describe to me the circumstances surrounding this development in your son’s life? Did anyone else contribute to this, and if so, in what way?</li> <li>● What have you witnessed in your life up to now that could have given you at least some hint that this was a possibility for you?</li> </ul> </li> <li>2 Landscape of consciousness questions: <ul style="list-style-type: none"> <li>● What do these discoveries tell you about what you want for your life?</li> <li>● What do these developments inform you about what suits you as a person?</li> <li>● What does this history of struggle suggest about what Jane believes to be important in her life, about what she stands for?</li> </ul> </li> <li>3 Experience of experience questions: <ul style="list-style-type: none"> <li>● If I had been a spectator to your life when you were a younger person, what do you think I might have witnessed you doing then that might help me to understand how you were able to achieve what you have recently achieved?</li> <li>● Of all those persons who have known you, who would be least surprised that you have been able to take this step in challenging the problem’s influence in your life?</li> <li>● I would like to understand the foundations upon which this achievement rests. Of all those persons who have known you, who would be best placed to supply some details about these foundations?</li> </ul> </li> </ol>
P.88	<p><b>Zig-zagging through the person’s history</b></p> <p>White has offered various clarifying images of this questioning process. Figure 5.1 represents my own simplified version of a zig-zag diagram that white has presented in workshops and writings, which represents the next</p>

	<p>stage on from the telling of the initial story: the telling of sub-plots, by means of which the person begins to question and modify his view of himself and of the problems bringing him to therapy (2004b: 62-3). The overlapping zig-zag line represents a sequence of questions around unique outcomes, moving back and forth from one landscape to the other over the time sequence of events described by the person. This questioning sequence replicates and enhanced what happens in life itself, as persons seek to make sense of their memories by scanning them and linking them into a meaningful framework:</p> <p><b>Rite of passage</b></p> <p>White and other narrative therapists sometimes describe the process of therapy in terms of a rite of passage or journey of discovery (Epston and White 1992: 12-24; Parry Doan 1994: 42; McPhee and Chaffey 1999; White 2004a: Chapter 2) In the rite of passage analogy the first stage is of ‘separation’, where the person</p>
P.89	<p>[cont]</p> <p>becomes detached from her previous, dominant perceptions of personal history, situation and identity. The second stage is ‘liminal’ or transitional, when the sense of confusion brought about by the first stage is accompanied by an awareness of new possibilities for change. The third stage is ‘reincorporation’, where the person’s rediscoveries are authenticated and reinforced by being communicated to others and by hearing their responses.</p>
P.90	<p><b>Scaffolding</b></p> <p>The analogy for the process of drawing out the initial account, then progressively questioning around unique outcomes, elaborates a pun on the word ‘stories’. In workshops white reminds his audience that life is ‘ multi-storied’, then draws a sketch of a building and proceeds to compare the process of questioning to erecting scaffolding around a building under construction which enables persons to move away from one storey/ story to another and back again ( when spoken, of course, there is no distinction between the two words).</p> <p><b>Storey</b></p>

	8	involve others in a witnessing and affirmation process.
	7	invite the person to consider specific actions, decisions and problem solving;
	6	provide a foundation for action through the ideas and discoveries which have come out of the previous stages, including evaluating the positive or negative aspects of these discoveries;
	5	invite the person to reconsider her view of herself in the light of the preceding conversation and what it has revealed about her values, beliefs and achievements;
	4	bring the unique outcomes into a storyline of the person's history;
	3	invite the person to identify, and consider the meaning of, unique outcomes;
	2	define and negotiate a name for the problem;
	1	Invite a telling of the problem/dominant story;
p. 94	<p><b>The literary metaphor: co-creation of stories</b></p> <p>When I am involved with persons in co-creation of enriched stories, I try to make the process unequal, with the major role going to the person. But a story told in therapy can never be created by the person alone. Therapists of any persuasion are contributing to the co-creation of narratives and are doing so by every look, word and action.</p>	