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Re-authoring Conversations

Psychologist Jerome Bruner¹ (1989) suggests that within our selection of stories expressed, there are always feelings and lived experience *left out of the dominant story told*. Narrative therapy is organized through the text analogy with the central idea being that *it is the stories that people tell and hold about their lives that determines the meaning they give to their lives*. Therefore, it is what *we select out as meaningful* from the stories we tell, that is given expression. For example, an 80% grade on a driving test could be expressed through a story of appreciating what was *remembered* in order to achieve an 80% passing grade or, alternatively, what it was that accounted for all that was *forgotten* that did not afford us a perfect grade? Two descriptions and two very different experiences in the telling of these descriptions.

Epston and White relied heavily on the text analogy (Bruner, 1990) as a way to explore re-authoring conversations² with the people who came to see them in therapy. Re-authoring conversations were a crucial part of both the philosophical underpinnings of narrative therapy theory as well as the practice work itself. White and Epston found that persons tend to seek out therapy when the narratives they are telling (or are somehow involved in): 1) did not quite represent their lived experience and, 2) there were vital aspects of their experience that contradicted dominant narratives about them (David Epston, personal conversation, Auckland, New Zealand, 1991). They found that by externalizing problems, the process assisted persons in separating from saturated tellings of these problem stories. Persons then began to identify previously neglected aspects of their lived experience (that contradicted the dominant story told).

Epston and White also found that re-authoring conversations invited people to do what they routinely do, that is, to link events of their lives in sequences through time - according to a theme or a specific plot (Bruner, 1990). It was within in this activity of telling/performing their story that people were assisted by

¹ Bruner suggested that there are two primary modes of thought: the narrative mode and the paradigmatic mode. In narrative thinking, the mind engages in sequential, action-oriented, detail-driven thought. In paradigmatic thinking, the mind transcends particularities to achieve systematic, categorical cognition. In the former case, thinking takes the form of stories and "gripping drama."

² The text analogy proposes that meaning is derived from storying our experience. And it is the stories that persons tell that determines meaning about their lives.

the therapist to identify the more neglected events of their lives – named in narrative therapy as *unique outcomes*³ (Goffman, 1961). People were then encouraged to capture these unique outcomes into alternative story lines named unique accounts. For example, when Tom from the previous chapter first entered into therapy with me he initially relayed a version of himself as a “failed person”. It was only after a bit of narrative inquiry that he began a fascinating re-telling of himself that included stories about his life lived as a proud father, fair minded employer, talented gardener etc. – stories once restrained through a totalized telling of himself as a resident-psychiatric-ward-chronic problem person.

White and Epston (1990) felt that unique outcomes provided a starting point for re-authoring conversations that lived outside the restraints of the problem saturated story being told. Unique outcomes made available a point of entry into the alternative story lines of people’s lives that, at the outset of these therapeutic conversations, became visible only as withered traces, which were full of gaps, and not clearly named. As these conversations proceeded, therapists built a scaffold around the emerging subordinate story (personal conversation, Michael White, Adelaide, Australia, 1991).

As unique outcomes were identified, the narrative therapy conversation plots them into an alternative story line about the person’s lived experience. Unique outcomes were explained by way of unique accounts as the narrative therapist worked to generate questions to produce, locate and resurrect alternative (and preferred) stories that filled in - and made more sense of - the client’s stories of unique outcomes (White, 1988).

Questions were introduced by Epston and White to investigate what these new developments in the story might mean about the person and their relationships (stories that lived outside the dominant problem story being told and told by themselves, family member or professional). It was then important to the therapeutic conversation for these subordinate stories to be given a *thicker description* (Geertz, 1983) and plotted into an alternative story about the person’s life.

More questions might be crafted to inspire what White and Epston called ‘unique redescription’ questions⁴ (Epston and White, 1990) designed to investigate what the new developments might reflect about the person

³ Unique outcomes are also referred to as exceptions. Unique accounts of these unique outcomes are also referred to as alternative stories or subordinate storylines etc.

⁴ See practice chapter on unique redescription questions.

and their relationships. Questions also involved the investigation of plot lines to discover unique outcomes, unique accounts, unique possibilities, and unique circulations of the story - as well as experience of experiences, preferences and historical locations to support the evolving story (we will explore these questions further in the practice chapter three of the book).

The numerous ways Epston and White designed narrative therapy's re-authoring conversations, acted to re-energize people's efforts to: 1) understand what it was that was happening in their lives, 2) what it was that had happened, 3) how it had happened, and 4) what it all could possibly mean. In this way, therapeutic conversations encouraged a dramatic re-engagement with life and with history and provided options for people to more fully inhabit their lives and their relationships.

Epston and White established that there were some parallels between the skills of re-authoring conversations and the skills required to produce *texts of literary merit*⁵. Amongst other things, texts of literary merit encourage (in the reader) a dramatic re-engagement with many of their own experiences of life. It is within this dramatic re-engagement that the gaps in the story line were filled, and the person lives the story by taking it over as their own.

Operating alongside the skills that construct texts of literary merit, White and Epston's made it possible for people to address and to fill in the gaps of these alternative landscapes of their experience. Their narrative therapy questions were not oriented to the *already known* in ways that precipitated the sort of thoughtlessness that is the outcome of boredom and an acute familiarity with the subject⁶. And nor were these narrative questions oriented to precipitate the sort of thoughtlessness that is the outcome of fatigue and of failure to *identify the unfamiliar*⁷.

As re-authoring conversations evolved, they provided conditions under which it became possible for people

⁵ Epston and White's book "Narrative Means to Therapeutic Ends" was originally published in 1989 as "Literary Means to Therapeutic Ends"

⁶ A narrative therapist is interested in having completely new and novel conversations in therapy with the person. This involves a new re-telling of the story of the person/problem and not a *parroting* of what has been told many times before by the person or by experts commenting on the person/problem relationship.

⁷ As in the development of any skills, competence in the expression of these scaffolding questions is acquired through practice, more practice, and then more practice.

to step into the near future of the landscapes of action of their lives. Questions were introduced that: 1) encouraged people to generate new proposals for action, 2) account for the circumstances likely to be favorable to these proposals for action, and 3) predict the outcome of these proposals.

Epston and White found that people were likely to respond to questions by generating identity conclusions that were informed by the well known structuralist categories of identity – these being categories of *needs, motives, attributes, traits, strengths, deficits, resources, properties, characteristics, drives and so on*. These structuralist identity conclusions invariably provided a poor basis for knowledge of how to proceed in life. As these conversations further evolved, there was opportunity for people to generate identity conclusions that were informed by non-structuralist categories of identity – *intentions and purposes, values and beliefs, hopes, dreams and visions, commitments to ways of living*, and so on (White personal conversation, Adelaide, Australia, 1992).

It was in the context of the development of these non-structuralist identity conclusions that people found the opportunity to progressively distance from their problemed lives, and it was from this distance that they became *knowledgeful* about matters of how to proceed (David Epston, personal conversation, Vancouver, 2009). It was also from this distance that people found the opportunity for more significant dramatic engagements with their own lives, and to take further steps in the occupancy and habitation of their life.

Two Modes of Description

American psychologist Jerome Bruner⁸ (1986, 1990) writes that there are two modes of contrasting thought within the social sciences - thought informed by positivist science, and thought informed by a *narrative mode* of thinking. He suggests that there are two modes of cognitive functioning, two modes of thought, and that each provide unique ways of ordering experience and constructing reality. Bruner believed that a good story and a well-formed argument were different natural kinds and that each could be used as a means

⁸ Although Bruner helped create the foundational work for Cognitive Behavioural Therapy, he later moved more toward a narrative mode of thinking. Bruner argues that the cognitive revolution, with its current fixation on mind as "information processor," has led psychology *away* from the deeper objective of understanding mind as a creator of meanings. He suggests that only by breaking out of the limitations imposed by a computational model of mind can we grasp the special interaction through which mind *both constitutes and is constituted by culture*. Bruner's ideas had a tremendous influence on David Epston and Michael White's development of narrative therapy.

for convincing another. Yet what they convince of was fundamentally different: *arguments convince one of their truth, stories of their life likeness*. The one verifies by eventual appeal to procedures for establishing formal and empirical truth and the other establishes not truth but verisimilitude (1986, p. 11).

Philosopher Paul Ricoeur (1984) suggests that it is the "human condition" to tell stories that narrative is built upon. Furthering this line of thought, Bruner (1986) claims there is a certain "heartlessness" involved with empirical scientific logic. He writes that since one is trained to move always in the direction of where one's "premises, conclusions, and observations take them" one can thereby overlook certain intimate particularities of interaction. Bruner (1990), argues instead for an "imaginative application of the narrative mode" which deals with the gripping drama of good stories, and the "human or human-like intention and action and the vicissitudes and consequences that mark their course" (p. 13).

It is logico-scientific thought that is considered legitimate within the scientific community, as well as many segments of the social science community. This paradigm is based on an acquisition of "empirical discovery guided by reasoned hypothesis, and is directed towards finding universal truths as opposed to *truth conditions* (Bruner, 1990 p. 14). This particular belief is explained and popularized by a western version of what and who constitutes the psychological subject (Sampson, 1990).

Within psychological science, persons are viewed as *self-contained* individuals, who can be empirically studied, whereby laws concerning the 'essence' of the individual can be invented, voted on and universalized. Technologies and categories can then be put in place to keep models of theory and mental hygiene consistent through time (Karl Tomm, personal conversation, 1996, Vancouver, Caplan, 1991).