At the heart of social workers David Epston and Michael White’s creative practice known as narrative therapy (White & Epston 1990) is an unswerving commitment to a relational/contextual/anti-individualist therapeutic view of people and relationships. Turning away from 150 years of psychological thought, narrative therapy is founded on an ideology designed to counter the decontextualized, skin bound, non-relational, individual self (Madigan, 1992, 2011). Instead of being informed by the discourses of psychology and psychiatry, narrative therapy is situated within the disciplines of cultural anthropology, feminism, post-colonialism, anti-oppression, social justice, literary theory and queer studies (to name just a few of the disciplines).

The practice of narrative therapy is primarily concerned with questioning the politics of identity making and of who has the story telling rights to the story being told in therapy. The practice has also brought forth the unique idea that the person is not the problem – the problem is the problem. This practice is known as externalizing the problem. It sets out to separate the person/client from the problem (and/or the restraints which maintain the dominant discourse about the problem).

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By taking up a post-structural theoretical view of the self as relational, narrative therapy practice proposes that the complexity of life, and how lives are lived, are mediated through the expression of the stories we tell (Madigan & Epston, 1995). And these stories of our lives are fully shaped by the surrounding *dominant* cultural and discursive context. Narrative therapy believes in the idea that the stories we tell (and do not tell), are performed, live through us and have the ability to both restrain and liberate our lives.

A narrative therapy perspective brings forth a multi-sited and multi-storied idea of the individual, and disputes any universalized/totalized descriptions of who persons are stated or labeled to be by the expert of psychological and social work knowledge (Madigan, 2011). This therapeutic concept affords the narrative based social worker/psychologist a flexibility to view persons and problems not as fixed, fossilized or under any one unitary description, theory, or label. Where most psychological theory wants to pin a person’s identity onto a category of behavior (for example, attention deficit disorder), narrative therapy wants to open up the discussion to include multiple possibilities describing who the person may have been, might be and may become – outside the boundaries of the problem description. This allows both client and therapist the possibility to re-vise, re-collect and re-write the story from various and competing perspectives (Madigan and Epston, 1995; Madigan, 2007). It is among the many forms of relational re-authoring conversations that change is believed to take place in narrative therapy.

Re-authoring conversations are a crucial part of both the philosophical underpinnings of narrative therapy theory as well as the practice work itself. The purpose of constructing re-authoring conversations is a responsibility and accountability towards exploring the issue of *storytelling rights* and more specifically - *who has the story telling rights to the ‘problem’ story being told?* From a narrative therapy perspective, it is the stories people tell and hold onto about their lives that shape and determine the meaning they give and how they express their lives. Therefore, it is what we *select out as meaningful* from the stories we tell that is given expression (Epston, 1988, Madigan, 2009, 2011).
Narrative therapy questions are central to the narrative practice of re-authoring lives and relationships (White & Epston, 1990). Questions act to open discursive space for new descriptions, exceptions, and information previously restrained by the problem. The intention of narrative questioning is to include news of information and difference that weakens the problems version of the client and their family. Questions are grammatically designed to unpack the politics of the problem and predict possible futures, moments of freedom, and victories across the temporal plan (past—present—future.)

The writings of the French philosopher/historian Michel Foucault (1965) prompted narrative therapy co-creators David Epston and Michael White to theoretically explore the therapeutic question: Is the talk about the problem gaining more influence over the person or is the person's talk gaining more influence over the problem? (therapeuticconversations.tv interview with David Epston and Michael White, 1994). Their consideration of this somewhat innocent puzzle led them to discover not only the oppressive effects that result from the ways in which problems are usually discussed (personally and professionally), but also, the constitutive and subjugating effects of descriptive knowledge and language itself.

Narrative questions explore multiple discursive contexts that have helped train the person into the problem lifestyle For example, when asking questions regarding a woman’s relational struggle with anorexia (Madigan & Goldner, 1998) a narrative therapist may ask:

- What rules of anorexia did you have to break in order to come to therapy today?
- Given perfections influence on women’s lives and relationships have there been any times when you have been able to rebel against it?
- By what methods do you think women get trained up into body surveillance?
- Have there ever been times that you have thought you might step away and out from under anorexia’s death march?
- How is it that anorexia wants to kill of some of the best minds of our generation?
- Is there any memory of you giving anorexia the slip to indulge yourself in an anti-anorexic conversation?
Can you imagine a time in the future that you might defy the culture of anorexia and give yourself a break?
Do you know any other women who have done this?

A narrative therapy first interview often begins with externalizing the problem (White & Epston, 1990). Through externalizing conversations, narrative therapists put into practice the anti-individualist idea that problems are communally created and located relationally outside persons bodies (Madigan, 2011). Externalization allows space in which people are not seen as pathological; rather, they have relationships with problems. When expressed from a relationally externalizing perspective, people’s stories become less informed by blame and are less totalizing.

Once the problem is relationally externalized, the narrative therapist can ask about the effects of the problem: “What impact is the problem having on your view of yourself?” “What feeds the problem?” “When does the problem show up?” When the problem has the upper hand, what impact does it have on your hopes for your future?” Externalizing questions such as these invite people to consider the relative influence of the problem on their lives and relationships. Externalizing conversations open up space for people to explore areas of their life that have not been dominated by the problem.

There are a number of pathways to preferred stories. Typically, when mapping the effects of the problem, an event, action, or thought, spontaneously emerges that contradicts the problem story. An exception to the problem is referred to as a unique outcome. Unique outcomes can provide an entry point into new stories. If openings do not develop organically in an externalizing conversation, the narrative therapist can inquire more directly about them. A direct way of searching for openings is to ask about a person’s influence on the life of the problem. For example, the therapist can ask questions such as, “Has there ever been a time when the problem tried to take over, but you were able to resist its influence?” or “Have you ever been able give the problem the slip even for a moment?” When questions of this sort follow a careful and thorough inquiry, there are always experiences outside the negative effects of the problem.
Once an event that has become a candidate of a unique outcome and is identified, it is important for the therapist to ask the person if it is viewed as a preferred development or not. For example: “Is this step you took away from violence significant or irrelevant? Why or why not?” Once the unique outcome is established as a preferred and important development, questions are asked to expand the emerging story. A starting point can be what is referred to as a *landscape of action* question (therapeuticconversations.tv lecture of Michael White, 1987). These questions invite the client to situate unique outcomes in a sequence of events that unfold across time according to particular plots (a story line). Landscape of action questions can focus on recent or past history of unique outcomes. They imply a grammar of agency. A line of inquiry can include: “How were you able to take this step given the power of the problem?” “How have you been advising yourself differently in order to move in this direction?” “Is there some achievements in your past that can provide a backdrop for this recent development?”

A rich and detailed conversation about the developments in the landscape of action can lead to what narrative therapy refers to as *landscape of consciousness* questions (also referred to as landscape of identity or landscape of meaning) (therapeuticconversations.tv lecture of Michael White, 1987). These questions explore the meaning of the preferred developments in the person’s life. Conversations about the person’s values, knowledges, qualities, and skills can then be more fully articulated and performed by asking such questions as: “What do these recent steps say about what you value and appreciate?” or “What skills do you think you utilized to move in this direction and away from the path the problem had set out for you?”

After a preferred event is identified, storied, and performed, questions are asked that might link the new development to past events and develop the story of those events further so those meanings might survive and grow. Questions that might identify and thicken such events include experience of experience questions. These questions invite the person to be an audience to their own story by seeing themselves, in the recent recalling of unique outcomes, through the eyes of others. Lines of inquiry might include: “Of all the people who have known you over the years, who would be least surprised that you have been able to take this step?” or, “Of the people who knew you as you were growing up, who would have been most likely to predict that you could achieve this?”
As people’s alternative stories become more robust and established in the past, they are able to imagine and take steps towards more hopeful futures. Questions can be asked to invite people to speculate about their personal and relational futures now that they have access to a preferred story. For example, “Where do you think you will go next now that you have embarked upon this new direction?” “Is this a direction you see yourself taking in the weeks to come?” “What possibilities do you imagine for your future now that you have retrieved these abilities?”

Narrative therapists rely on therapeutic letters and documents as a way of maintaining preferred stories between therapy conversations (Bjoroy, Madigan, Nylund, 2015; Nylund & Thomas, 1994). These letters/documents often provide a summary of a therapy conversation with a particular focus on unique outcomes and preferred stories that are developing. Others can announce the preferred developments that are circulated with others. Some can commemorate the alternative story through certificates that position the person as an expert in their own life. Often these letters/documents are informed by a rite of passage metaphor; an honoring and celebration of the hard work and achievements the person has made in therapy. The intention for all these letters and documents written is to thicken and broaden people’s experience of the preferred directions in life and to arrive at new accounts of who they might be.

A response team (Madigan, 2011) and sometimes referred to as reflecting teams or outsider witness groups, is a group who witnesses a therapy session and, during a break in the session, have a conversation reflecting on the therapeutic conversation while the person and therapist observes. The person is then invited to reflect on the response team’s conversation. Response teams create a context where people can tell their preferred stories to a group of outsiders who highlight, appreciate and amplify the stories they witnessed. Response teams may be comprised of therapists and/or people who are invited to join, either because they have insider knowledge about a particular problem or because they are significant in some way to the person being interviewed.

Narrative therapy’s turning away from individualism makes it the first post-psychological practice. Pivoting towards the idea of a person’s identity being discursively created, relational,
and ever-changing, narrative therapy offers novel and creative therapeutic practices. As the psychotherapy field moves increasingly towards the discourses of science and “evidence based” practices, narrative therapy offers a detour; one that privileges the local knowledge of persons, acknowledges the social context of problems, and cultivates imagination.

References


