

Narrative Therapy: The Collaborative Language Systems Approach

- Narrative therapy is a philosophical mindset in which individuals approach therapy and being in the world.
- Main developers of this approach: Michael White, David Epton, Harry Goolishian and Harlene Anderson, Houston Galveston Institute
- Premise I: Narrative Therapy is a collaborative language systems approach, where language and conversation are the core concepts. These core concepts are rooted in the postmodernist interpretive perspective, which includes contemporary hermeneutics and social constructionism. The approach emphasizes meaning as an intersubjective phenomenon, created and experienced by individuals in conversation and action with others and themselves. Human reality is created through social construction and dialogue. Human systems are language-and-meaning-generating systems, meaning is thus created through interaction with others.
- Origin of Client Problems:
 - Lives and identities of individuals and clients are constituted and shaped by three sets of factors:
 1. The meaning people give to their experiences or the stories they tell themselves about themselves
 2. The language practices that people are recruited into along with the type of words they use to story their lives.
 3. The situation people occupy in social structures in which they participate and the power relations entailed by these.
 - Within the narrative frame, problems are viewed as arising from and being maintained by oppressive stories, which dominate the person's life. Problems occur when the way in which peoples' lives are storied by themselves and others does not significantly fit with their lived experience. In fact, significant aspects of their lived experience may contradict the dominant narrative in their lives.
 - The client internalizes ludicrous societal standards, and believes that in doing so they are aspiring to ideals of fulfillment and excellence. This leads to, for example, self-starvation and anorexia, extreme self-criticism in depression, or a sense of powerlessness in the face of threat and anxiety.
- Process of Therapy: In therapy, the client and therapist create meaning with each other in a language system. The therapist within narrative therapy addresses these 3 sets of factors by deconstructing the sense people make of their lives, the language practices they use, and the power relationships in which they find themselves.
- Since social realities are constituted through language and organized through narratives, all therapeutic conversations aim to explore multiple constructions of reality rather than tracking down the facts, which constitute a single truth.
- The process of therapy is a therapeutic conversation, a dialogue. The main purpose is to co-develop altered or novel meanings, realities, and narratives for the client. The problems is not solved, but dissolved – resulting in an altered understanding of the problem, which is then no longer viewed as a problem and may be dissolved through actions. Change, whether in the cognitive or behavioral domain, is a natural

consequence of dialogue. Conversational therapeutic process is best accomplished by creating a space for the authoring of alternative stories. These alternative stories usually fit with the client's experience and open up possibilities for the client to control his/her own life. The therapist assumes a "not knowing" attitude and asks conversational questions. The process of therapeutic re-authoring of personal narratives changes lives, problems, and identities because personal narratives are constitutive of identity.

- How this is different from traditional therapy: Each client, problem, and session is unique and the approach does not rely on preconceived knowledge such as commonalities of problems or on across-the-board skills and techniques. What is asked and offered is from a tentative attitude, it does not imply judgement, blame, or a fixed hypothesis. The therapist must be as willing to change as he/she expects the client be willing to change. This is in opposition to traditional therapy, where questions are usually rhetorical or serve as pedagogic devices – focussing on one aspect of the client's story for a particular purpose which usually confirms the therapist's knowledge. In narrative therapy, the therapist is trying to learn about and understand the other, to hear the client's story as he or she wants to tell it, being open to new experiences. The therapist is not the expert, but the co-expert, and structure is determined by both client and therapist. This doesn't mean that the therapist throws all of her knowledge and preconceptions out the window, but her knowledge, experience, and values are no truer or more final than the client's.

Basic Characteristics of Narrative Therapy:

- The therapist adopts a collaborative co-authoring consultative position.
 - The client's language rather than the therapist's language is privileged, allowing the person to create a story of their lives in which they view themselves as powerful and which is different from the dominant narrative which feeds their problem.
- The therapist helps the clients view themselves as separate from their problems by externalizing the problem.
 - Inquiry about how the problem has been affecting the person's life and relationships.
Example: How has depression encroached your life? In what situation were you stronger than depression and in what situation was depression stronger than you?
- The therapist helps clients pinpoint times in their lives when they were not oppressed by their problems by finding unique outcomes.
 - Ask questions about unique outcomes. Unique outcomes (term coined by Goffman in 1961, 1986) are experiences or events that would not be predicted by the problem-saturated plot or narrative that has governed the client's life and identity. Example: Can you tell me about a time when you prevented this problem from oppressing you? How did you manage to resist the problem? What does this success tell us about you as a person and your relationships with others?
- The therapist thickens clients' descriptions of these unique outcomes by using landscape of action (sequence of events) and landscape of consciousness (making meaning of events) questions.

- Link unique outcomes to other events in the past and extend the story into the future to form an alternative and preferred self-narrative in which the self is viewed as more powerful than the problem.
 - Through questions such as: If I were watching you earlier in your life, what do you think I would have seen that would have helped me to understand how you were able recently to achieve X? Of all those people who know you, who might be best placed to throw light on how you developed these ideas and practices? If you found yourself taking new steps towards your preferred view of yourself as a person, what would you see?
 - All the explorations of the future use tentative language, i.e. what if, suppose you were to, what would you... This is a language of possibilities rather than predefined certainties.
- Invite significant members of the person's social network to witness this new self-narrative
- Document new knowledge and practices which support the new self-narrative using literary means.
- Let others who are trapped by similar oppressive narratives benefit from their new knowledge through bringing-it-back practices

References:

Anderson, H. On a roller coaster: A collaborative language systems approach to therapy. In the book: Reflexive Conversations. (sorry, don't have full reference, will provide upon request).

Carr, Alan (1998). Michael White's narrative therapy. *Contemporary Family Therapy*, 20 (4), 485-501.