

## REFLECTIONS ON NARRATIVE THERAPY

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In this short reflection, I describe the features of narrative therapy that have surprised or impressed me, then how I have begun to incorporate narrative practice into my work. Finally, I consider some questions about narrative therapy that I would like to explore further.

Michael White applied the philosophical insights of deconstructionism to the context of individual and family therapy (White 2011 p159). Recognising that meaning is culturally constructed, White found ways to deconstruct the oppressive meanings his clients brought with them to therapy. Rather than challenge the beliefs that were limiting people's options, he suggested a process of questioning that led to an expansion of possibilities, while still honouring the agency of the client as author of their own story (White 1988 p39).

I am surprised at the lightness and apparent simplicity of narrative's use of questions. White's invitation to an exploratory, relational inquiry works remarkably well, for people who struggle with various debilitating problems. Narrative therapy is cognitive but not normative (White 2011 p25), in stark contrast to the prescriptive approach used in standard cognitive methods, which, to me, lack empathy and respect for the client's experience.

I like narrative theory's critique of power relations in therapy, and its radically egalitarian approach, in which the therapist becomes more like a consultant or facilitative partner (Winslade, Crocket & Monk 1997 p54). I am surprised at how clients and therapists alike become energized by the use of curiosity in the search for unique outcomes (Monk 1997 p18). The fresh interest that narrative questions can generate enables new thinking and empowering honesty.

Narrative uses interesting methods to deconstruct and then facilitate reconstruction of the client's sense of self. The tools of externalizing, re-authoring, scaffolding, and finding unique outcomes (White 2011 p89), are a valuable addition to a therapist's skill base. The ethical responsibility which flows from recognising the impact of our language as therapists is also something I appreciate in the narrative approach (White 2011 p67).

I am impressed by White's non-oppositional way of challenging the dominant paradigms in people's beliefs. He skilfully opens new possibilities by directing the focus away from the problem-saturated viewpoint (White 1989 p7). The empowering effect of externalizing the problem stands out in the narrative case studies I have read, as does the healing effect of remembering after loss and grief (White 2011 p136).

Narrative therapy links individual experience with the resources of the wider human community, by seeking and validating witness-outsider contributions (White 2007 p269). This practice lends weight to the value of peer-support and repositions the role of the helping professional, which in turn empowers the client as an expert in their own life.

I have begun to incorporate some narrative techniques into my psychotherapy work. In particular, I have found useful opportunities to ask clients about unique outcomes in their past which may relate to the issue they currently face.

For example, one client was facing retrenchment and feared he would be pushed out by his boss. He expressed his fear of leaving the job, even though he longed to find a new position. By asking if he had ever faced a situation like this before, I got a surprised “yes – when I left my marriage!” He then told the story of how he found the courage to make this move.

We went on to explore the words his deceased father might offer if he was alive today, and what qualities he would see in him to cope with this crisis. These narrative-style questions had an enlivening effect on his sense of hope and strength, as he re-remembered the alternative story of his life.

Narrative theory has encouraged me to make more use of writing tasks with clients, particularly journaling and writing unsent letters (Neimeyer 2001 p180). I have begun to ask ‘why’ more often, and taken up clients’ metaphors and imagery more actively, as I have a clearer understanding of the power these hold in re-authoring a person’s story. The narrative approach has also broadened the range of topics I explore in therapy, and helped me rediscover the energy of genuine curiosity, along with my interest in what is not being said.

Some questions arise for me about narrative therapy. These centre around the role of emotions in the narrative view of how ‘self’ is constructed, how emotions are handled and integrated in narrative practice, and also, how narrative’s understanding of postmodern practice compares to that of intersubjectivity theory (Stolorow, Atwood & Orange 2002).

Regarding the role of emotions, I wonder whether narrative theory has a view on the impact of emotional experience, especially during childhood, on the development of personal meaning. Does narrative see any value in understanding emotions, as distinct from thoughts, beliefs and values? Perhaps by thinking in terms of ‘thick metaphorical descriptions’ rather than ‘surface/depth’, White believes a separate theory of emotion is not needed (White 2000 p62).

I am curious about one case White reports, in which a client became overwhelmed by emotion while re-authoring his experience of his mother, who suicided when he was seven (White 2007 p153-9). The outsider-witnesses (a mother who had attempted suicide and her children) were so understanding towards this man that he burst into tears and could not speak. White suggested they suspend the session for a short break, until the client was able to resume.

While this response may have been quite appropriate in the context, I wonder if it also reflects an attitude by White towards the place of emotion in the therapeutic dialogue. Perhaps there is something in White's 'cool' enquiry position (White 2007 p29) that leads him to focus more on thoughts than emotional experience in the search for meaning.

Another question I'd like to explore is the extent to which constructionist theory recognises biological factors in human life, such as childhood attachment needs. I understand the narrative view that we cannot directly know reality, and also that meaning is constructed through language and culture (Drewery & Winslade 1997 p35), but I remain unsure of how postmodern and scientific 'knowledges' interact.

Stolorow et al's intersubjective view of the construction of self is one that includes 'situated agency' (Frie 2009 p167) and 'embodied subjectivity' (Modell 2009 p221). This school of postmodernism, which evolved from Kohut's self psychology, recognises feelings as developmentally prior to language, and affective experience as primary in the construction of meaning. My impression is that narrative therapy neither seeks out nor privileges emotion in the therapeutic dialogue, stimulating my curiosity as to the reasons why.

The similarities and differences between narrative therapy and intersubjectivity theory is an area I would like to explore further. Both theories are grounded in a postmodern understanding of the contextualised, co-constructed nature of 'self', both critique the power relations of therapy, and both seek a relational dialogue in which elucidating meaning is the primary endeavour (Buirski & Haglund 2001 p12).

In addition, both narrative and intersubjectivity describe themselves as 'experience-near', as both privilege the client's own experience in building a re-authored or re-constructed sense of self. Narrative therapy approaches this task via language and 'intentional understandings' (White 2007 p100), while intersubjectivity looks to affective experience, and the co-creation of meaning in an attuned relational dialogue.

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