

Introduction

Some years ago I was part-way through a diploma in counselling course based on person-centred approaches which also included a wide-ranging introduction to other individual counselling psychologies and methods. I was also informally learning a little about family therapy, as my partner Mary Wilkinson was attending a diploma course in systemic therapy at a different training institution. I was struck by how little overlap there was in our recommended reading material and in the ideas and practices of these two courses, and this was puzzling as family therapy ideas seemed exciting and stimulating. I particularly liked the idea of a person's family and social context being taken into account in the definitions of problems and the processes of therapy. I began to wonder whether ideas and practices from family therapy might be appropriate in working with individuals.

I happened to open one of Mary's books, by a family therapist I'd never heard of, and came across this description of part of a session with a 12-year-old boy and his parents:

John suddenly remarked with surprise, 'This is the first time a definite way of defeating my fears has come up' (although he had, in the past, been encouraged on many occasions to stop his obsessive-compulsive behaviour). He now 'knew' the solution was to stop feeding the fierce friends of the fears. John and Mrs Walker began sobbing quietly with what I suspected was relief. John, with his hands over his eyes, lapsed into silence. I asked him what he was thinking, and he replied that he was worrying what I would think of him for crying. I said, 'if you are crying on the inside and not on the outside at the same time, you will drown your strength.' (White 1989: 5)

I was struck by the compassion of the description, and moved by the sensitivity of the response being offered to the boy for his shame at crying. As I looked through the book, intrigued now, another passage leapt out at me, this time with powerful echoes from a past period in my own life:

Externalising is an approach to therapy that encourages persons to objectify, and at times to personify, the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person who was, or the relationship that was, ascribed the problem. Those problems that are considered to be inherent, and those relatively fixed qualities that are attributed to persons and relationships, are rendered less fixed and less restricting. (White 1989: 97)

I had been affected by clinical depression some years before, calling it The Enemy. This had been helpful, but I had never really thought about why, or articulated the difference this had made to me. The passage was illuminating; I realized that by

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calling depression an insulting name I had been able to feel more separated from it and more in control of my life.

The book was *Selected Papers* by Michael White (1989). I began to read more of White's writing, and that of his colleague David Epston, and thus began an intellectual, professional and personal journey which has resulted in identifying my own work as narrative therapy.

Michael White is a co-director of the Dulwich Centre in Adelaide, South Australia, and David Epston is a co-director of the Family Therapy Centre in Auckland, New Zealand. They have written books and articles individually and jointly, generally published at local level and available only through specialist outlets in their own countries and elsewhere. An exception is their joint *Narrative Means to Therapeutic Ends*, published by Norton in 1990. White is perhaps the more prolific and influential of the two. They have re-thought many established family therapy ideas from Europe and North America, and drawn on the history of ideas, postmodern philosophy, social psychology, anthropology, feminist theory and literary theory (White 1995a: 11–12, 61–2). Narrative therapy is now established and being increasingly written about outside Australia and New Zealand, in the United States, Canada and elsewhere (for example Parry and Doan 1994; Parker et al. 1995; Freedman and Combs 1996, 2002; Zimmerman and Dickerson 1996; McLeod 1997; Law and Madigan 1998; Parker 1999; Angus and McLeod 2004; Madigan 2004).

Scope and style of the book

In this book 'Narrative' Therapy' has a specific meaning. It refers to the ideas and practices developed by Michael White, David Epston, and other practitioners who have built upon their work. It does not include other therapies, not specifically called 'Narrative', where ideas about narrative processes are nevertheless used, such as for example the psychoanalytic approach of Donald Spence.

Michael White modestly insists that he has merely 'made a contribution to this work', that it belongs to all who identify with it, and that its actuality is embodied in the multiple day-to-day practice of many therapists (1997a). However, his books, papers, published interviews and international presentations have spearheaded its development and he is still, by far, the therapist most widely identified with it.

White did not initially use the term 'narrative' for his way of working. He had already published articles and books outlining some of his ideas when 'it was Cheryl White and David Epston who encouraged me to interpret my work according to the narrative metaphor, and to undertake a more specific exploration of this metaphor' (White 1995a: 13). As I say above, narrative concepts also appear in therapies which are not 'narrative therapy' in the White–Epston sense, and this can be confusing. John McLeod cautions:

all therapies are narrative therapies. Whatever you are doing, or think you are doing, as therapist or client can be understood in terms of telling and re-telling stories. Yet there is no 'narrative therapy'; no one way of doing this. To present 'narrative therapy' as a new brand-name product in the therapeutic marketplace (with accompanying training manual) is to misunderstand what this is all about. (McLeod 1997: x)

Perhaps a new name is needed. Creators of other therapies have not, however, specifically chosen the word 'narrative' to define their work. Persons do 'tell stories' when talking with therapists who describe their work as Gestalt, person-centred, psychodynamic, cognitive-behavioural and so on, but it is only White and Epston who have appropriated the term, and in whose work a deliberate, sustained focus on narrative processes and concepts *is* the therapy. I do believe that White and Epston have developed a distinctive and coherent way of working which validates their use of 'narrative therapy' as a definition, even if it inevitably obscures other aspects of their therapy which give this way of working its identity. White and his colleagues see narrative therapy in terms of evolving, collaborative practices, but there are techniques and methods unique to their therapy which need to be learned by therapists who wish to develop skills in this way of working. Many of these techniques are described in the following pages, but this book is an *introduction*, not a manual, if that means a comprehensive and prescriptive series of rules for performing therapy.

In my view [family therapy] is still open and pluralistic, and I think that this is perhaps its most important strength. Family therapy does not signify a 'closed shop'. (White 1995a: 78)

I'm still learning how to do this therapy – I'm not a Michael White therapist! (White 1997a)

When I asked Michael White what he would like to see in this book, what on no account should be omitted or understated, I expected a reply along the lines of, 'Make sure you emphasize externalization' or 'Include a description of telling and re-telling.' What he said was: 'I would hope to hear your own voice, your own discoveries of this work, the ways in which this work has resonated in your own life and the ways in which your life has contributed to your participation in this work.' The book is based on my own reading, thinking and understanding or misunderstanding. To avoid its being viewed as an attempt to be authoritative I have incorporated elements of my own history of trying to understand and practise this therapy, with examples of practice from my own work unless otherwise stated. Although the work of other narrative therapists finds a larger place in the second edition, this book remains primarily an account of what I understand to be White's contribution.

I have followed David Epston in the use of italics, exclamation marks, rhetorical questions and informal, sometimes colloquial, phrasing in order to avoid an academic, impersonal register, an expert stance, reflected in an all-knowing and remote style: 'I chose early on to allow my own "voice" to pervade and situate my account, and renounced the objective, distancing rhetoric required in scientific "writing up"' (Epston 1989: 7). I use 'counsellor' and 'therapist' interchangeably, and follow Michael White's practice of calling people who come to therapy 'persons', not 'clients'. To avoid mis-attributions to gender the pronouns he/she, her/his appear at random.

The book is intended to be read in sequence, as ideas, practices and terminology are described progressively, although some readers might like to return to Chapter 2 rather than reading it before the rest of the book. Chapter 1 outlines some key

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narrative therapy concepts and practices. Chapter 2 describes the philosophical base of narrative therapy. Chapters 3–7 cover the application of theory to practice in some detail, with disguised examples mostly from my own work. Chapter 8 presents two stories of therapy, around memories of abuse and experience of depression, then Chapter 9 returns to ideas, exploring how the post-structuralist basis of narrative therapy invites reconsideration of some cherished ideas taken for granted in the traditional counselling culture. Further detailed examples of narrative therapy are given in Chapter 10, around post-traumatic reactions and working with couples, and the Appendix comprises an experiential learning exercise.

My hope is that the book will be found sufficiently interesting as a broad introduction to narrative therapy to stimulate colleagues who work with individuals and/or couples to explore other writings of practitioners who are developing and shaping the work. My further hope and belief is that colleagues who do this will, as I have, find their conceptions of and assumptions about therapy both challenged and enriched.