

# Narrative Therapy

*When Play is a Serious Game*



# Overview

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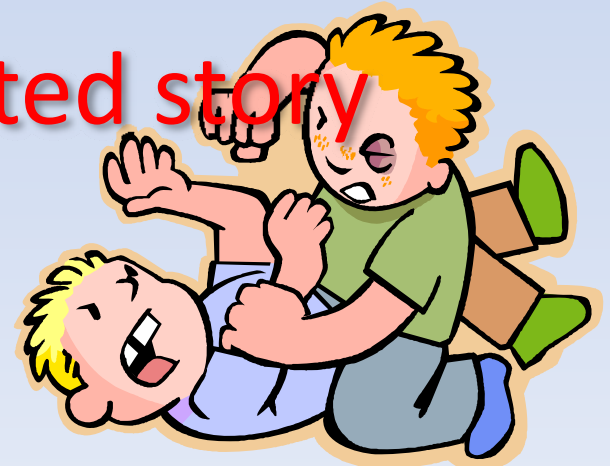
- Narrative therapy sees the client as the expert of his or her life. It assumes that the client has resources, skills, values, and abilities that will help them to overcome the problems they are living with.
- The therapist will be exploring the problem-saturated story with curiosity and asking questions he or she genuinely doesn't know the answer.

# Overview

- Clients talk about the stories of their lives.
- Stories dominated by the problems they are dealing with.

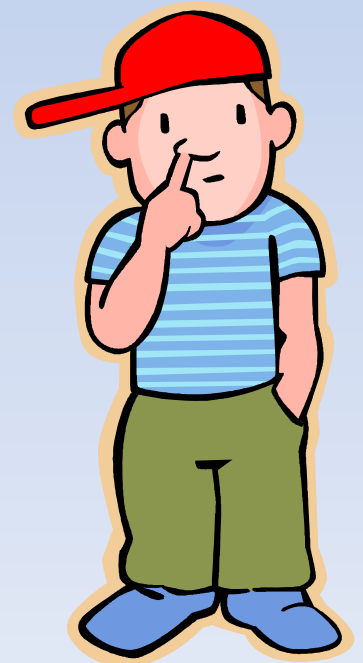


**Problem-saturated story**



# Problem-Saturated Stories

- People have their own resources and solutions to deal with their problems. Problem-saturated stories block people's ability to be aware of their own resources.
- Problem-saturated stories limit people and convince them that they are defectives.

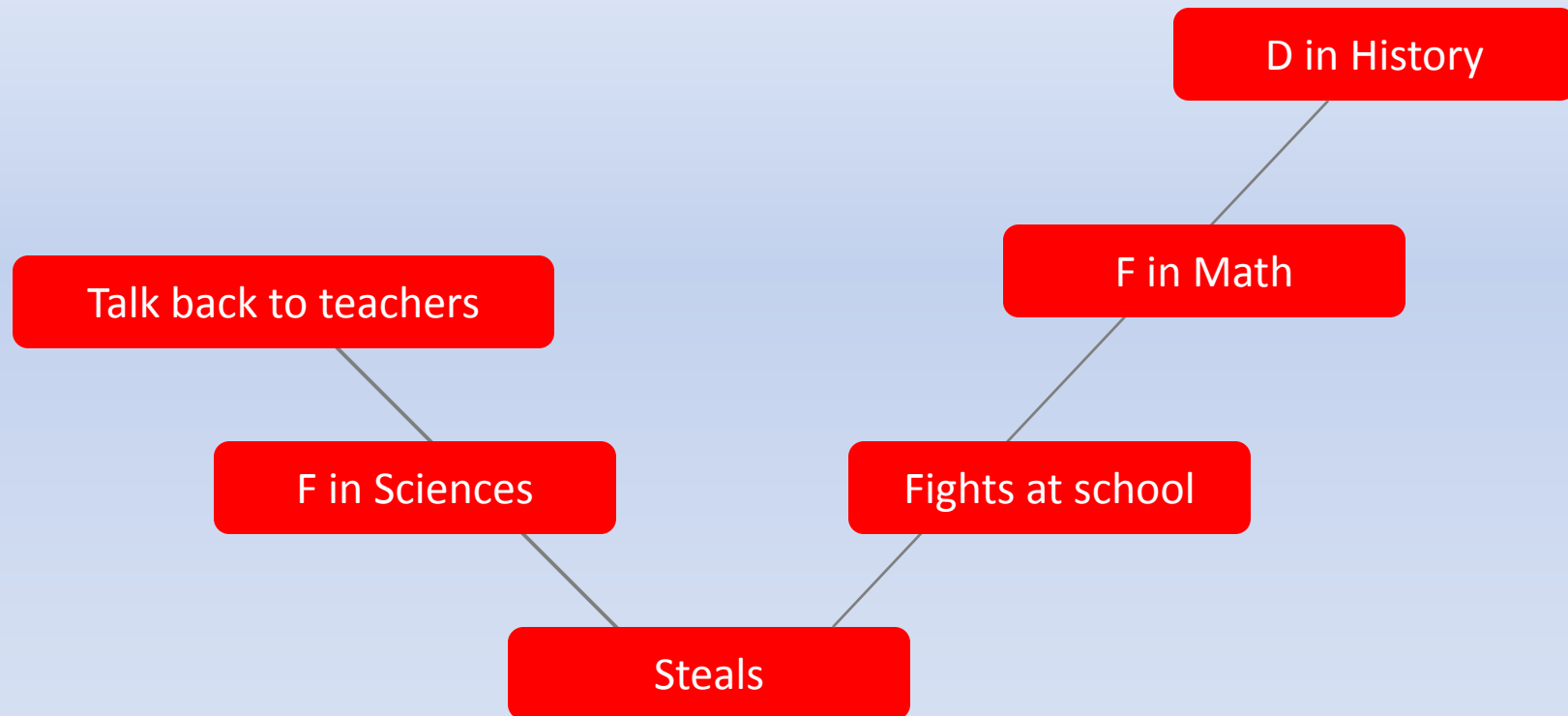


# James Story

- We are really worried about James because he is stealing and we have tried to stop him but he just won't. He's always been a problem child, he talks back to the teachers, has all F's and D's, he steals, fights at school. He didn't get much attention when he was a small boy because his mother is ill. He does this things because he wants people to notice him.



# Dominant Story



# Dominant Story

- Asking questions and exploring the problem-saturated story the therapist can bring forth those resources and solutions that are hidden and don't fit in the problem-saturated scenario.
- Exploring the problem-saturated story, the therapist will be attentive to client's strengths and what is not so evident in the client's story at the present moment. Therapist will be making questions such as:

When was the first time this problem happened?

How was client's behavior before?

What are the positive things client is doing at this moment?

What are the sports client likes?

What is his behavior with friends and siblings that are positive?



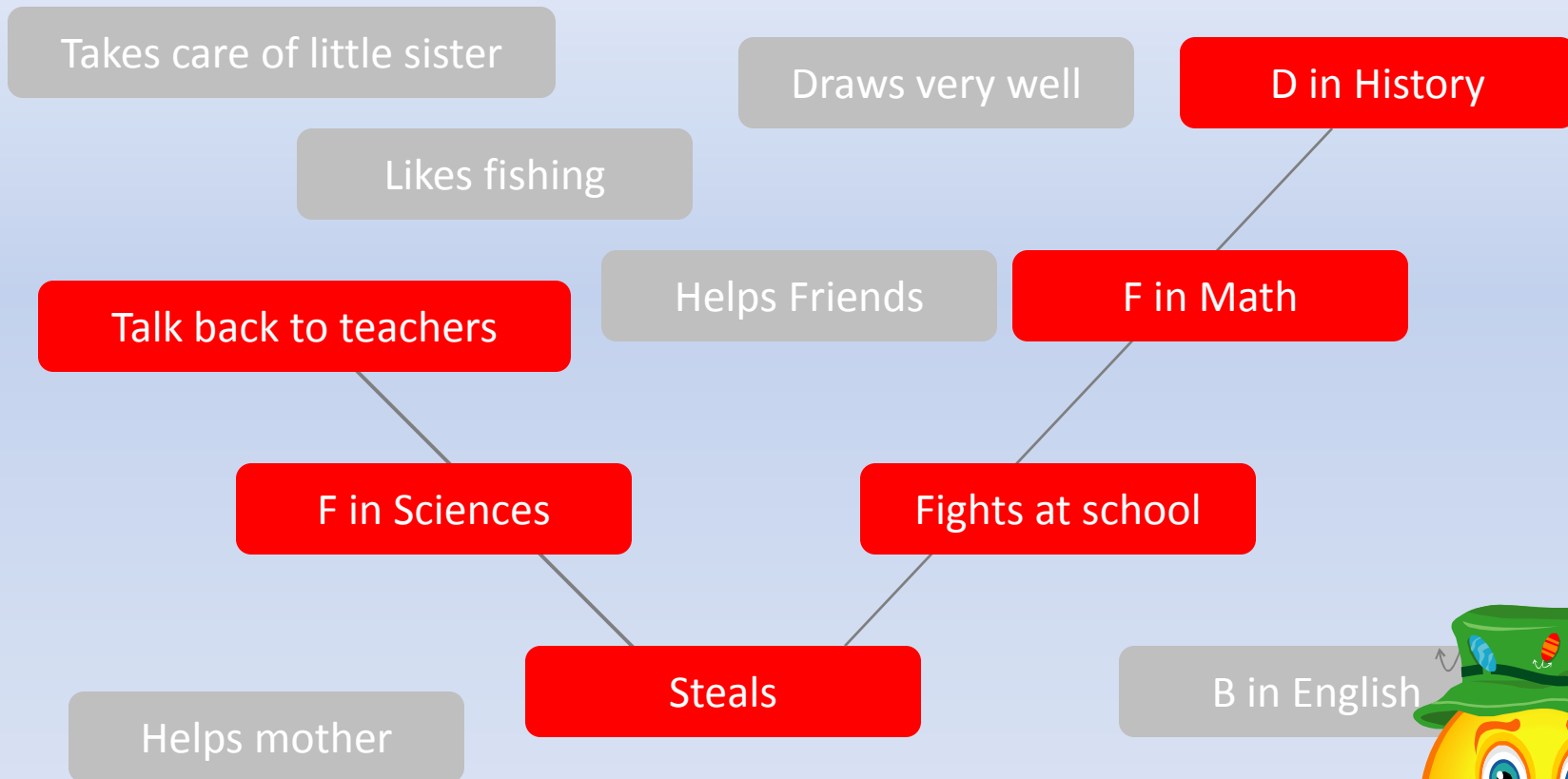
# Dominant Story

- In making these questions, therapist will be able to highlight client's strengths and will be able to assist client and family to re-author client's story.
- In the next slide you will see how James alternative story starts to appear.





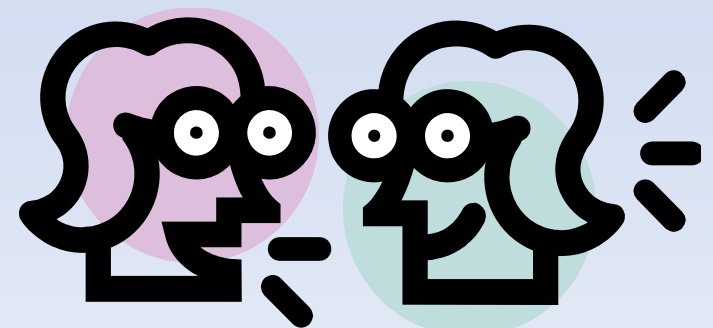
# Alternative Story



# Post Modern School

- Post Modern school of Therapy
  - Essentially believes that there is no absolute truth or reality but the reality is what we agree it is.
  - Therapeutically reality is co-constructed by participants in conversations.

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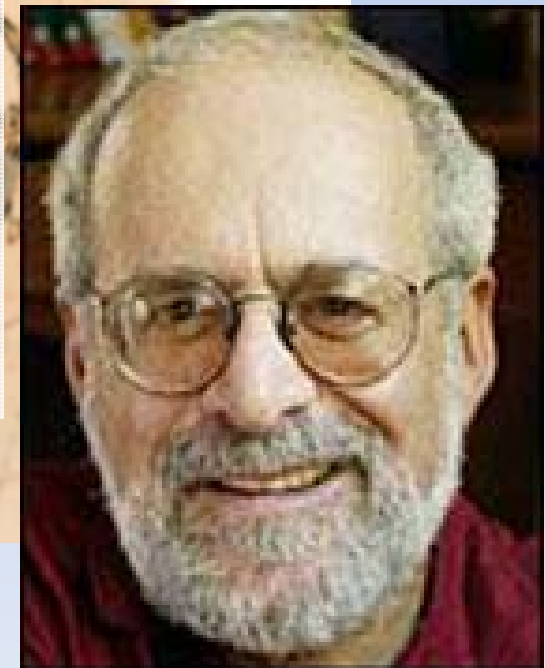


# Narrative Therapy Development



MICHAEL WHITE  
Australia

Narrative Therapy was developed by Michael White and David Epston. Was built on the work of the French Philosopher Michel Foucault who focused on the development of systems of thoughts.



DAVID EPSTON  
New Zealand

# Narrative Therapy Intention

- Make visible the power relationships inherited in various cultures.



Including the  
culture of  
Psychotherapy

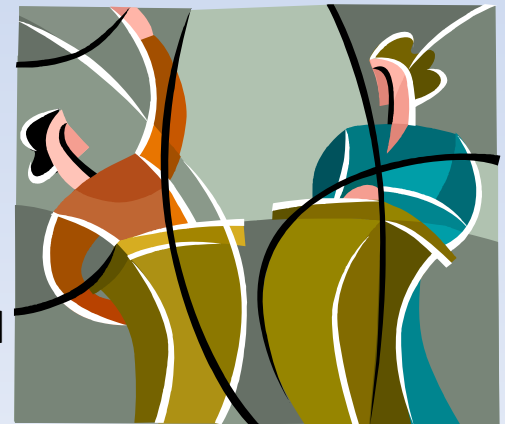
I am the  
**EXPERT!!!???**



# Narrative Therapy Intention

- Helps individuals to break free of the constraints of power that have been imposed politically and culturally by those who define and claim authority for various kinds of knowledge.
- Concerns with power and the oppression clients maybe experiencing at the hands of the culture and the therapy itself.
- It is a **Political Psychotherapy**

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# Differences from traditional therapy

1. More interested in effects than causes;
2. Believes that problems are imposed in people rather than intrinsic to their nature;
3. It does not believe in Universal description of how people are supposed to be;
4. Consider the client the expert of his or her own experience;
5. Narrative Therapy is resource oriented.



# Therapeutic Relationship

It is not a substitute for other relationships.

Collaborative relationship the goals are co-constructed by both client and the therapist.

The therapist will focus attention on client's experience which may have not being noticed or considered important



# Therapeutic Relationship

- The client is the expert on his or her own experience.
- The therapist will not impose his/her ideas or solutions on the client.
- Therapist is sensitive and aware of the possible imbalance of power in the relationship with the client.
- Therapist will also be aware of power imbalance related to cultural differences.

I am the EXPERT





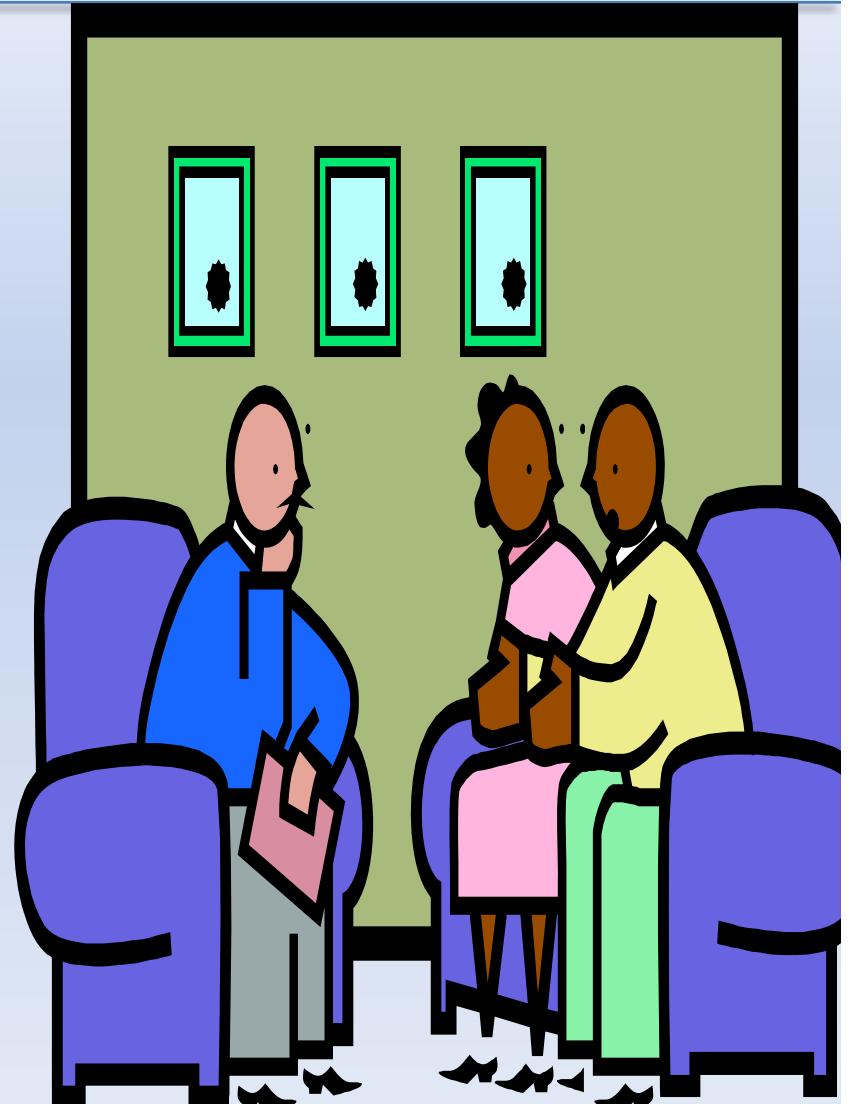
# Overall Goals

- Collaborative approach – Client and therapist conjointly work on goals
- Therapist guides client to re-author a new alternative story about himself .
  - Therapist assist client to bring forth resources
  - Therapist assist client to use coping mechanisms he/she has to deal with the problem.



# Overall Goals

- The therapist listen to clients story attentively and with curiosity. Therapist is alert about times when client resisted the problem.
- Therapist uses interventions to assist client in developing an alternative story using his/her own resources.



# Externalizing the Problem

- It is the first step in helping the client separate themselves from the problem.



# Externalizing the Problem

- Listening to the client's story.
  - Therapist will listen to the client's story and will direct the conversation in a way client is able to distinguish the problem outside from him/her.



# Externalizing the Problem

- The client is not the problem. The problem is the problem.
  - Therapist will assist client to realize that he or she is not the problem and the problem is a separated entity. “Personification of the problem”. Therapist will make questions leading to awareness that the problem has its own way of living that are distinct from the person’s way of living.



# Externalizing the Problem

- Naming the problem
  - Therapist will listen to the client and will guide the client to identify a name for the problem. The therapist is not supposed to name the problem for the client.
- What can be externalized?
  - Feelings
  - Problems between people
  - Cultural and social practices
  - Broader context



# Externalizing the Problem

- How long has “this problem” been in your life?
- How long has “this” keeping you from socializing with your friends?
- Therapist will maintain assist client in naming the problem.



# Deconstruction

- Problem situated in context:
  - Ideas, beliefs and principles
    - Exploring gender, class, race, sexuality, cultural beliefs
    - Therapist will assist the client in being aware of the effects the problem has in the client's life.
    - Deconstruction assists client to be free of the influence of ideas that support the problem.  
Assists altering the relationship to the problem and its story.





# Deconstruction

- Problem situated in context:
  - Ideas, beliefs and principles
    - Questions related to their beliefs about who they are and who they believe they are supposed to be as a member of a group, gender, family, etc
    - What are the effects of these beliefs on client and on client's problems?



# Deconstruction

- Problem situated in context:
  - Questions and conversations pulling beliefs apart  
Deconstruction of cultural beliefs
  - Take them apart and uncover their effect on the person and the problem
  - When they are seen as ideas and not as invariable truth, the client will be free to decide what to do with them.

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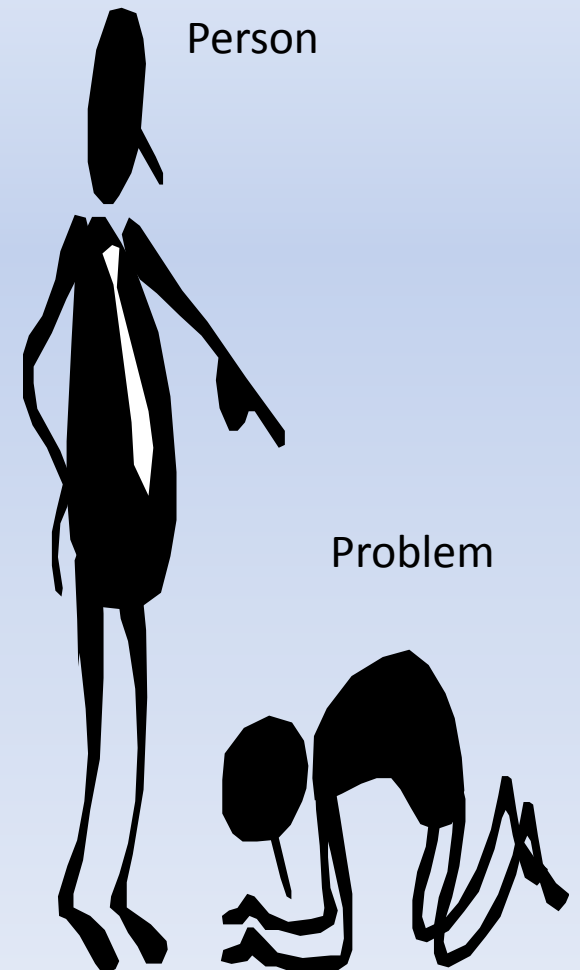
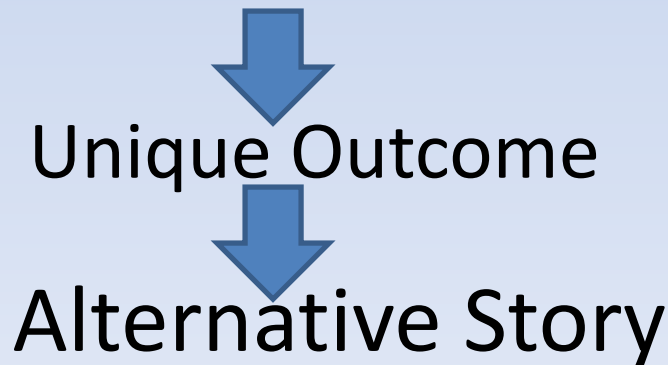
# Deconstruction

- Problem situated in context:
  - Therapist considering the context in which the problem story exists.
    - What are the background assumptions that enable this story to make sense?
    - What are some of the taken-for-granted ways of living and being that are assisting the life of the problem?



# Deconstruction

- Tracing their history
  - Therapist will listen to exceptions of the problem
- Breaking from structures that support the problem
  - Unpacking the dominant story – observing them from a different perspective.
  - Times when the person stood against or challenged the problem become visible.



# Tracing the History of the Problem

- After externalizing the problem therapist will explore the effects the problem has had on the client's thoughts, feelings, ideas, etc.
- What experiences do you remember that seems to re-enforce "Depression"?
- What does "Depression" get you think about yourself and your life?
- What tricks does it use to keep you from doing things you want to do?



# Tracing the History of the Problem

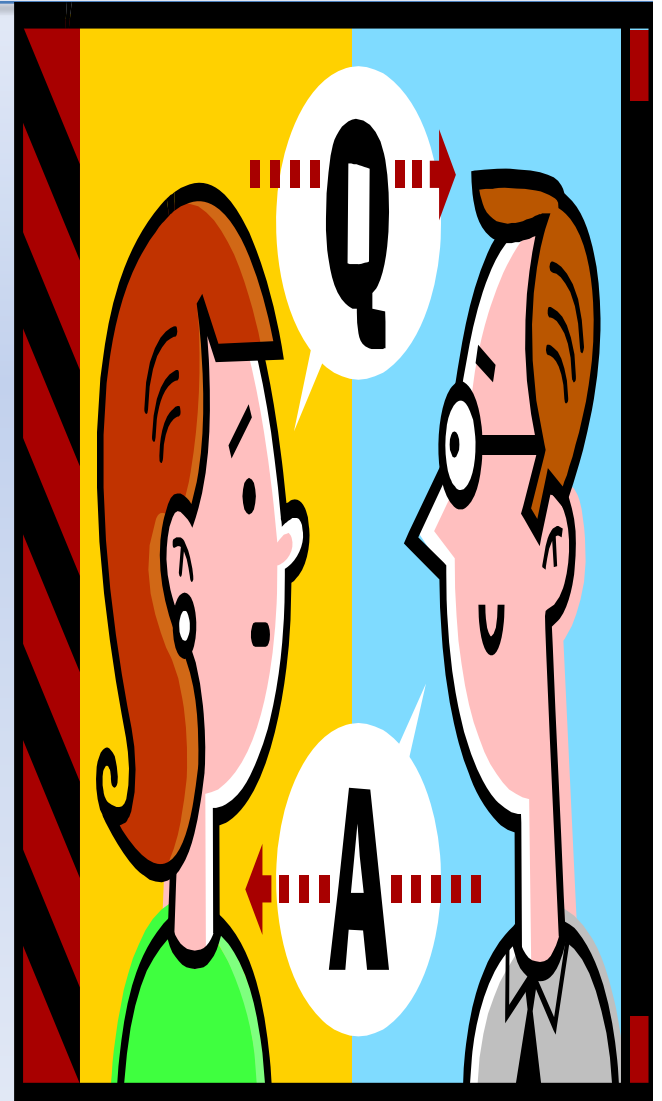
- The therapist will explore the tricks, techniques, motives, desires, plans, rules... “Anorexia” uses to keep client away from his friends.



# Tracing the History of the Problem

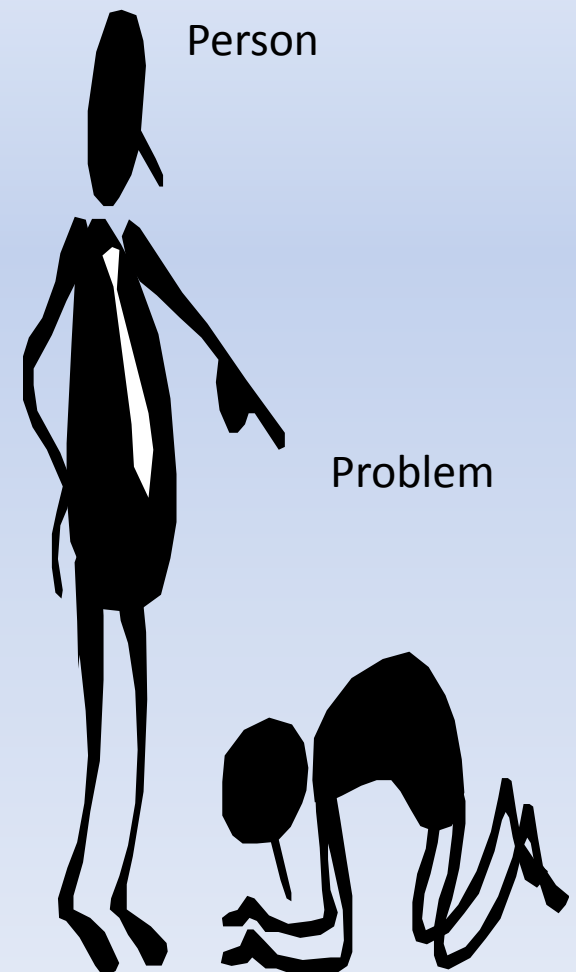
- The client plays the problem while therapist asks questions:
  - What are your hopes and dreams for the client's life?
  - How do you get your way with client?
  - What other particular incidents and people which have really supported you in your efforts to take over the client's life?

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# Mapping the influence of the person on the Problem

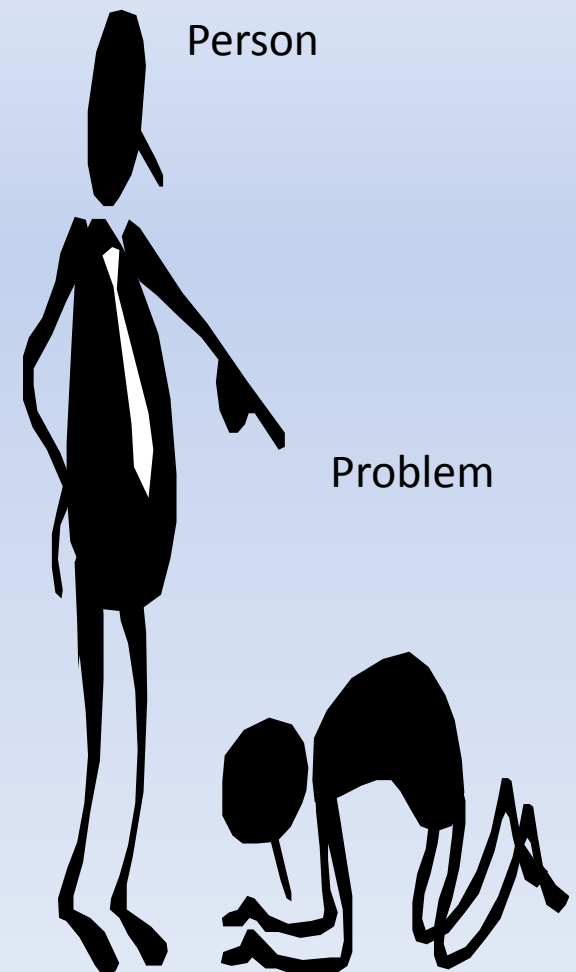
- This includes questions such as:
  - Are there ever times when you are able to resist “Depression’s” invitation?
  - Are there times that on despite of “Depression” you are able to do something you would like to do?





# Mapping the influence of the person on the Problem

- Therapist will interview the problem and uncover client's resources which can threaten the power of the problem.
  - What has you "The Problem" most worried about your power in the client's life?
  - What has the client doing or saying that stops you from taking charge?



# Unique Outcomes

- Unique Outcomes are also known as Sparkling moments are moments that stand apart from the problem.
- Can be located in the
  - Past
  - Present
  - Future or
  - In the imagination of the client



# Unique Outcomes

- Times when the problem has had less or no influence.
  - Exploring beliefs, thoughts and actions that don't fit with the dominant story.
  - Bringing forth a new or different story.
  - Tracing its history and meaning.
  - Creating a new story.
  - Naming an alternative story.



# Unique Outcomes

- This moments are examined closely and developed in dense detail.
  - What client did or didn't do what circumstances or people supported him or her; what specific behaviors, thoughts and feelings were moved through moment by moment to achieve such result.



# Unique Outcomes

- By asking such questions as
  - “How do you think you were able to do this?”
  - What do you think this says about you as a person?
- Therapist encourages client to derive meaning from these exceptions.
- Highlights the importance and saying something about the client.



# Unique Outcomes

- This development of dense detail is called :

**Thickening** the  
Alternative Story



# Alternative Story

- Alternative story begins to develop
  - Contradicts and counteracts the view put forth by the problem.
  - Brings resources and strengths that the problem kept in the background.
  - Values and preferences of the client.
  - Highlighting a person who is strong, resourceful and self directed as opposed to one dominated or defined by his or her problems.



# Thickening the Alternative Story

- Re-Membering
  - Therapist looks to expand the audience. Assisting client in present and shaping future actions.
  - Re-membering: Joining with significant others. Privileging those who are supportive and revoking those who contribute to the life of the problem.
    - Significant figures in client's life
    - Re-connecting with important relationships
    - Contribution of others.





# Thickening the Alternative Story

- Documentation
  - Family's documents
  - Declarations
  - Certificates
  - Handbooks
  - Pictures
  - Acknowledging client's achievement.



# References:

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Website:

<http://www.narrativeapproaches.com>