

Brief Counseling Techniques for Your  
Most Challenging Patients  
Narrative Therapy:  
A Story of Thriving, Not Just  
Surviving

Avi Kriechman, M.D.

UNM Department of Psychiatry

Center for Rural and Community Behavioral Health

Division of Child and Adolescent Psychiatry

# Objectives

- Understand the ways in which narrative therapists emphasize *how people construct meaning* rather than how people behave
- Describe how people are negatively influenced by dominant culture “stories” (beliefs and practices) which may objectify them and limit their freedom
- Describe how people can be liberated through alternative, empowering stories about themselves and their problems

# Objectives

- Learn how to help people **externalize** their problems: instead of *having* a problem or *being* a problem, patients are encouraged to think of themselves as *struggling against* their problems.
- Learn how to help people identify **unique outcomes**: times when they resisted the problem or behaved in ways that contradicted the problem story
- Learn how to help people connect to communities of support to maintain their new narratives

The Truth of Experience Isn't  
Discovered, It's Created

# Providers of Narrative Therapy

- Collaborate and listen rather than direct
- Are open about their premises (to “situate” themselves with clients) rather than retain expert knowledge
- Use questions to take a non-imposing, respectful approach to any new story
- Help people make sense of their own experience rather than stand in judgment of them

# Providers of Narrative Therapy

- Assume people are not their problems and don't need or want their problems
- Resist labeling and objectifying people
- Search for times when people were strong and resourceful
- Assist people in separating from oppressive, dominant culture "stories" they may have internalized through the development of alternative, empowering stories.

## Process of Narrative Therapy: Telling the Problem-Saturated Story

First, find out how people spend their time, paying special attention to talents and competencies.

- Then ask them to tell their *problem-saturated story*: closed, rigid, pessimistic and blaming accounts (and destructive cultural assumptions) that encourage people to respond to each other in ways that perpetuate the problem story.

# Key Purposes of Externalizing the Problem

- Separate the person from the problem
- Permit the problem to be viewed from a variety of perspectives and contexts
- Foster client agency over the problem



# Separate Person from Problem

- Ask questions that *map the influence of the problem on the person*, using the externalizing language of *deconstruction questions* to ask about the problem's effects rather than its causes
- How does Guilt affect you? Push you around? Get you to do what it wants?
- What does Guilt tell you?

# Ask About the Influence of the Person on the Problem

- Ask questions that *map the influence of the person on the problem* using *relative influence questions* that explore how much the problem has dominated the person versus how much the person has been able to control it
- “What times have you won the battle against depression?”
- “What did you do?”
- “Who helped you?”

# Define the Problem to be Externalized

- Symptoms (Sadness, Tantrums, Self-hatred)
- Patterns of interaction (The Rift, The Fight)
- Cultural assumptions (Sexism, Racism, Classism)

# Personify the Problem

- *Personify the problem* as unwelcome invaders that try to dominate people's lives
- Encopresis becomes Sneaky Poo
- Anxiety becomes The Worry Monster

# Open Space for Unique Outcomes

- Ask *Opening Space Questions* to make a discovery of “*unique outcomes*” to learn when the person has escaped the influence of the problem by
  - Resisting it
  - Behaving in ways that contradict the problem
  - Focusing on strengths

# Open Space for Unique Outcomes

- Ask *Opening Space Questions* to make a discovery of “*unique outcomes*” to learn when the person has escaped the influence of the problem
- “Can you remember a time when Chronic Pain tried to make you do what it wanted but you didn’t let it?”
- “Maria, do you realize how hard it was for Ben not to let Chronic Pain win last night?”

# Is the Unique Outcome the Desired Outcome?

- Speculate as to how this “*unique outcome*” might be part of the solution to the problem
- Make sure *unique outcomes* present preferred experiences by *Preference Questions*: “Was this way of doing things better/more effective or worse for you?”

# Developing the New/ Preferred Story

- Elaborate the discovered solution practices and invite the person to endow these practices with significance, thus *reinforcing the story*.
- Draw distinctions between problem-saturated stories where the person is the problem and the practices that free the person from the problem



# Developing the New/ Preferred Story

- These *Story Development Questions* include
- “Who will be the first to notice these positive changes in you?”
- “How is this different from what you would have done before?”
- “Who played a part in this way of doing things?”

# From Problem-Person to a Person with a Solution

- Ask *Meaning Questions* that challenge negative images and emphasize positive action further this goal
- “What does it say about you that you were able to do that?”
- “What does this tell you about yourself that is important for you to know?”

# From Problem-Person to a Person with a Solution

- *Ask Questions to Extend the Story into the Future*
- “What do you predict for the coming year?”
- “How do you see this working for you the next six months?”

# Audience of Support for the New Story

Provider writes letters to patient to

- Convey what the person has endured in fighting the problem
- Confirm the outline of the new story
- Express confidence in the person's abilities and capacities
- Underscore the client's progress.

# Audience of Support for the New Story

- Encourage the development of ongoing groups of people with similar problems to support one another's efforts to continue to resist the problem.
- Encourage some kind of public ritual to reinforce new and preferred interpretations moves past private insight into not just action but socially supported action.

# Critiques of Narrative Therapy

- Ignoring attempts to understand the interpersonal, interactional context in which problems develop
- Imposing the provider's values and political bias regarding an oppressive, dominant culture

# Selected References

- *Narrative Means to Therapeutic Ends* by Michael White & David Epston
- *Maps of Narrative Practice* by Michael White
- *Using Narrative Therapy with Native American Recreational Tobacco Users* by Rodney C. Haring