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

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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