DEAR READER

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Commonly asked questions about narrative therapy:

What is narrative therapy?

Narrative therapy is an approach to counselling and community work. It centres people as the experts in their own lives and views problems as separate from people. Narrative therapy assumes that people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. The word 'narrative' refers to the emphasis that is placed upon the stories of people's lives and the differences that can be made through particular tellings and retellings of these stories. Narrative therapy involves ways of understanding the stories of people's lives, and ways of re-authoring these stories in collaboration between the therapist / community worker and the people's whose lives are being discussed. It is a way of working that is interested in history, the broader context that is affecting people's lives and the ethics or politics of therapy. These are some of the themes which make up what has come to be known as 'narrative therapy'. Of course, different people engage with these themes in their own ways. Some people choose to refer to 'narrative practices' rather than 'narrative therapy' as they believe that the phrase 'narrative therapy' is somewhat limiting of an endeavour which is constantly changing and being engaged with in many different contexts.

(For an easy-to-read introduction about narrative therapy, see 'What is narrative therapy?' by Alice Morgan, Dulwich Centre Publications 2000)

How does narrative therapy fit within broader family therapy traditions?

Family therapy is a diverse endeavour that has a fifty year history of engaging with new and unorthodox ideas, of questioning commonly held views, and developing creative practices. The family therapy field is characterised by a number of themes including - considering the problems people face in the wider context of life; considering people's identities as constructed through family relations and through history and culture; and addressing people's problems through an interactional or participatory approach – that is to say by meeting with families and other communities of people.

Within family therapy there are a number of different approaches, all of which explore these themes differently. The family therapy field has shown a genuine interest in narrative therapy ideas, opening space for narrative therapy discussion, keynote addresses, workshops and publications. Narrative therapy is just one of the various schools of family therapy, sitting alongside structural family therapy, systemic family therapy, constructivist family therapy, brief therapy, solution-focused therapy, linguistic systems approach and various others. Although these schools of thought all share the common themes listed above, there are also many significant differences between them.

Is there only one form of narrative therapy?

No, not only is there diversity within the field of family therapy, it seems relevant to note that there is also a considerable variety in the ways in which people have taken up the narrative metaphor in therapy. Some writers have explored the potential for postmodern ideas to influence therapeutic conversations, while others have explored poststructuralist ideas. Some other therapists are now referring to themselves as discursive therapists (sharing much in common with critical psychology). Just as there are differences in the ways in which people have engaged with the narrative metaphor in therapy, so too do people engage differently with specific narrative practices. There seems a vibrant diversity of thought and practice.

What are some of the ways of thinking and traditions that narrative therapy is linked to?

There have been, and continue to be, a great range of traditions with which narrative therapy is linked. Various narrative practices are linked to developments within other family therapy traditions. Family therapy has provided a context for asking questions about what is not often questioned. This is particularly true in relation to taking into consideration issues of context and social fabric (for example Salvador Minuchin's work in relation to the lives of families in poverty). The emphasis on curiosity within narrative practices is linked to developments that occurred previously in the Milan family therapy model. The use of reflecting teams within narrative therapy is linked to the groundbreaking work of Tom Andersen (See Andersen, T. 1999 'The reversal of light and sound'. In *Gecko* No.2. Dulwich Centre Publications). Many narrative therapists started out working from systemic or interactional family therapy perspectives.

There have however also been many alternative sources that have informed narrative practices – from anthropology, literary theory, post-structuralist philosophy and feminist writings and explorations. More recently, work in partnership with Indigenous Australian communities has contributed to the development of narrative ways of working in community gatherings.

Many of the ideas and practices of narrative therapy have been developed through conversations with those who have consulted narrative therapists / community workers. It seems important to acknowledge these people's contributions to many of the ideas, practices and ways of working that have come to be known as narrative therapy.

Are people engaged with narrative ideas all family therapists?

People from a wide range of professions and perspectives are engaging with narrative ideas – from family therapists, community workers, teachers and school counsellors, academics, anthropologists, community cultural development workers, film and video documentary makers. As these engagements occur they lead to further creative developments in narrative thinking and practices. Many disciplines (anthropology, literary theory, cultural studies, philosophy, the arts) have been engaging for some years with post-modern and post-structuralist ideas. As narrative therapy is also

significantly informed by post-structuralist thinking, this is leading to many generative connections and conversations across these fields of thought. As mentioned above, the people and communities with whom narrative therapists / community workers are working, are also engaged in narrative ideas in ways that shape their future directions.

Are narrative ideas only able to be used with people choosing to come to therapy? What about involuntary clients?

Many of the ways of working that are referred to as narrative therapy originated from work with people who had no choice but to attend therapy (involuntary clients), who were living in situations in which they had little choice over aspects of their lives (as in locked psychiatric wards), or who initially were unwilling to join a conversation with a therapist (people who were not speaking to anyone, who were living reclusive lifestyles). Narrative therapy derived from a desire to find ethical and effective ways of working in these situations. Many workers are continually refining ways of working in such contexts.

Is narrative therapy only able to be used with people who are eloquent and articulate?

Narrative therapy always involves conveying meaning and the telling of stories but the ways in which this occurs differ enormously depending upon the people involved. Much of the work that is now referred to as narrative therapy originated in and continues to involve work with very young children. Much of the work also had its origins in conversations with people who had great restrictions upon their lives and ways of expressing themselves (for example those living within institutions). There is a great diversity of ways in which stories can be told and conveyed that do not require what is generally considered to be eloquence or literacy, or for that matter any formal education. People try to make themselves understood in a great variety of ways. It is the therapist's role to engage with the experience and meaning of the person who is consulting them in whichever way or shape the expressions of this meaning occurs.

Is narrative therapy transferable across cultures?

This question can really only be answered by people from non-dominant cultures. Over many years the therapy community has been consistently challenged to recognise that due to the significant distinctions and differences between cultures, any form of therapy cannot be simply transferred from one community to another.

Just as with any way of thinking or working, there will be many aspects of narrative therapy that cannot simply be applied from one culture to another. Differences across cultures (such as whether the culture is informed by oral or written traditions, whether or not direct questions are appropriate, variation in ideas about family and community life etc) mean that great care needs to be taken so as to ensure that dominant cultural ideas are not enforced upon others. Ideally, workers would be of the same cultural background as the people consulting them. Ways of ensuring that work is accountable to the people, cultures, communities whose lives are most effected by it is very important.

A diversity of people from many different cultures and communities have engaged and are engaging with aspects of narrative therapy. This is occurring in different ways in different places. The ways in which these people and communities engage with narrative practices will in turn creatively influence the direction of narrative therapy.

Is narrative therapy anti-medication?

Put simply, no. This is a question commonly asked of family therapy and narrative therapy in particular. Narrative therapy is associated with a clear questioning and challenge of pathologising practices – these practices are common within all disciplines of the health professions – social work, nursing, psychology, psychiatry, etc. Narrative therapy questions pathologising practices. It is associated with not locating the problem in the person and instead locating the problems in people's lives in their broader social context. This does not mean however that narrative therapy is opposed to the use of anti-psychotic medication in any general way. In some circumstances medication can contribute enormously to people's lives, whereas in other circumstances, it can be used in ways that are primarily for the purposes of social control. In circumstances where medication is involved, narrative therapists are interested in exploring with people a range of questions to assist in clarifying what is and what is not helpful in relation to the medication.

When people talk about the 'gurus' in narrative therapy, what does this all mean?

When people refer to the 'gurus' in narrative therapy they are probably referring to those people who have made a significant contribution in relation to the development, documentation and teaching of these ideas and ways of working. In certain cultural contexts (generally more collective / communal cultures) the word 'guru' is used within rich descriptions of relationships that allow for the acknowledgement of the contributions of key people while not placing them on a pedestal, or disregarding the contributions of others. However, within more individualistic cultures (eg Australia, North America), regardless if it is used as a term of respect or in a derogatory way, the word 'guru' has different connotations – located within discourses of hierarchy. In evoking the idea that there are 'gurus' of narrative therapy, unfortunately this generally only serves to diminish the speaker, the person(s) being referred to, and all the others who have contributed and who continue to contribute to the ever evolving body of work referred to as narrative therapy.

Sometimes it is said that the writing about narrative therapy is inaccessible and difficult to understand. Is this true?

There is an enormous diversity of written material available about narrative therapy and community work. Much of this material is very easy-to-read and accessible to those with little familiarity with this subject. There are many papers written by a great diversity of authors all of whom are experimenting with and engaging with narrative ideas in their own contexts. Other writings, which articulate the thinking that informs narrative practice, sometimes require more effort to read as these writings grapple with complex issues. These writings deliberately use language in very precise ways in order to clearly articulate the distinctions in thought that inform narrative therapy. To

use other language in these situations would perhaps make the passages easier to read, but would mean they would lose their precision. Maintaining a diversity of ways of writing about narrative therapy seems very important.

About these questions and answers:

We have compiled these answers to commonly asked questions about narrative therapy in response to regular requests. Ula Horwitz, with assistance from other people working at Dulwich Centre Publications, facilitated a number of interviews (either in person or via email) and compiled the responses from these interviews. The responses to these interviews were then combined and circulated widely for further discussion and refinement. This process worked very well, although obviously the variations in people's responses are not adequately represented here. If people are interested we may put together a more detailed publication at a later date. But for now, we hope these are useful and stimulate further thinking. We'd love to hear your feedback!

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