What is it?

The Narrative approach is all about stories. More specifically, about the stories we tell about our lives, the stories we use to create meaning, the stories we re-tell and 're-author' in light of new understanding or evidence that 'backs' us up.

Narrative approach has a background in Social Constructionism. All experience is shaped by the stories we tell and as such there is no 'one truth' as we all view things differently and have our own experiences, bias and preference to what we pay attention to and what we don't – which impacts on how we tell our stories.

Michael White & David Epston were the 'architects' of this approach.
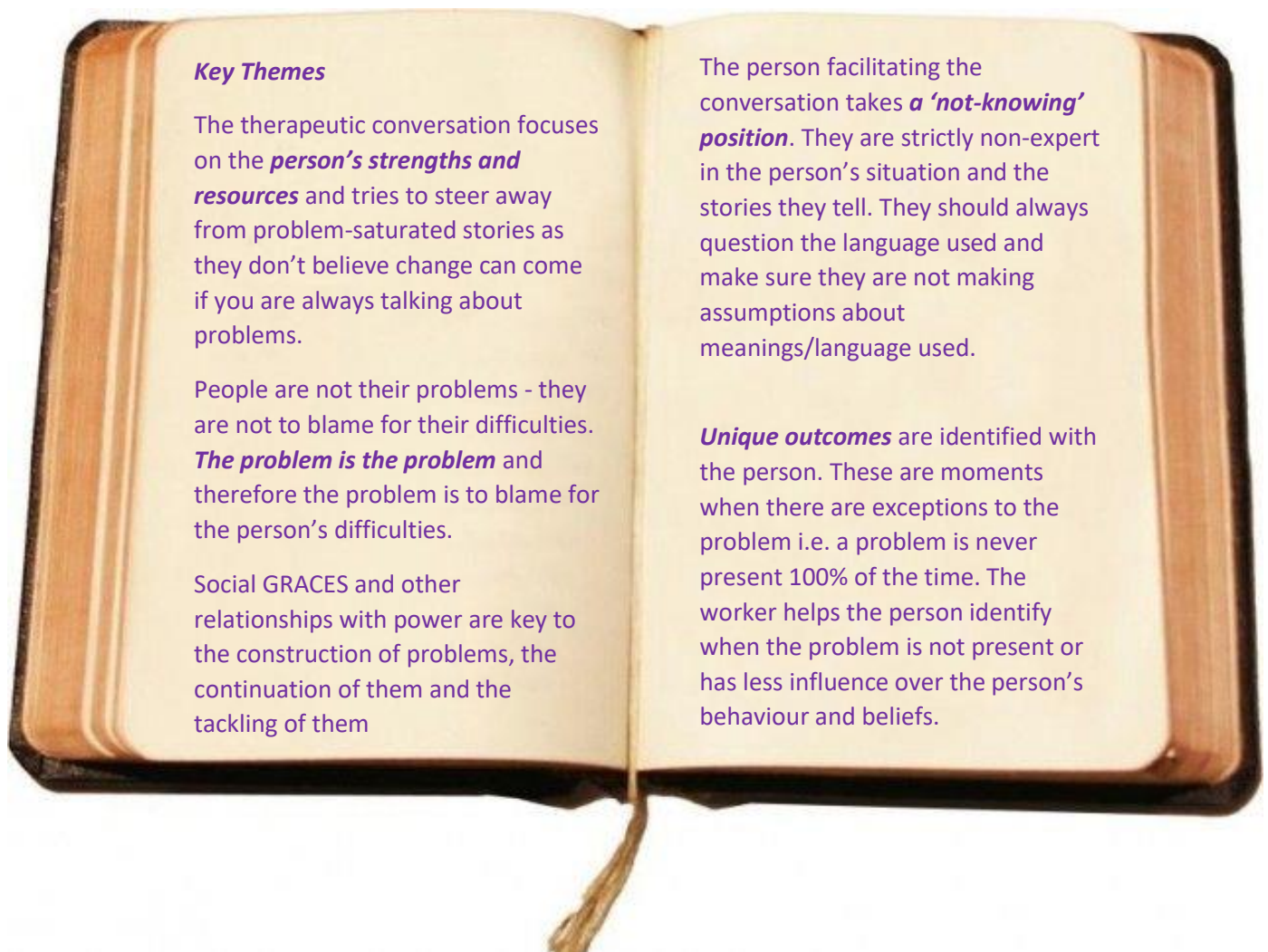
Key Themes

The therapeutic conversation focuses on the *person's strengths and resources* and tries to steer away from problem-saturated stories as they don't believe change can come if you are always talking about problems.

People are not their problems - they are not to blame for their difficulties. *The problem is the problem* and therefore the problem is to blame for the person's difficulties.

Social GRACES and other relationships with power are key to the construction of problems, the continuation of them and the tackling of them

The person facilitating the conversation takes *a 'not-knowing' position*. They are strictly non-expert in the person's situation and the stories they tell. They should always question the language used and make sure they are not making assumptions about meanings/language used.

Unique outcomes are identified with the person. These are moments when there are exceptions to the problem i.e. a problem is never present 100% of the time. The worker helps the person identify when the problem is not present or has less influence over the person's behaviour and beliefs.

Goals of this approach

- The person needs assistance to re-author (edit) their stories and beliefs so that the problem saturated ones are no longer the dominant (most believed) ones.
- The person has discovered their strengths and inner resources and are able to draw upon these in day-to-day life whenever challenge occurs.
- The problem is not presenting as a problem anymore

Key Interventions

Change occurs via **a therapeutic conversation** which has the following elements present:

Mapping the problem/Tracking the history: Exploring the history and effects of the problem. It should be located within day-to-day life, including significant relationships, roles, attitudes, thoughts and actions. It can be mapped over time (hours, days, months or years). There is an attempt to learn about them as a person aside from the problem.
The purpose of doing this is to find unique outcomes (exceptions to the problem); find inner resources and strengths and to co-construct alternative stories away from the problem. Difference should be explored as to when the problem was stronger or weaker and why i.e. mapping unique outcomes/exceptions to the problem.

Deconstructing the problem: Unpicking the context in which the problem occurs and helping the person to find a new relationship with the problem. Questions can be asked about the problem's intentions and goals. The person will start to see that there are unhelpful beliefs behind the problem, that it is impacting various parts of their life. In doing so, spaces open up for the person to think about how they want to tackle this. This is where social constructionism is key – helping the person to challenge some of the dominant discourses and being able to see the problem for what it is and how it is created through their social GRACES and power relations within society.

WORRY MONSTER

Externalisation: A conversation which encourages separation of the problem from the person. By giving the problem a name or putting *'the'* in front of the word to create a noun, the problem becomes objectified. So, anger could be '**the** *anger'* or 'the red mist'. Fear would become *'**the** fear'* or 'worry monster' etc. The purpose of doing this is so that people feel they have more control over the problem, it reduces shame and blame and minimises defensiveness.

Externalisation can be a hard technique to use unless you honestly believe people are not their problems – problems originate largely from constructions in society: the dominant ideas, beliefs and morals of the community/country in which they reside has a significant impact on definitions of 'problems'.

Example Questions to use with People:

Q. When did you first notice the problem?

Q. When has the problem been strongest?

Q: When has the problem not been so strong?

Q: When the problem is present, what influence does it have on your behaviour/thoughts?

Q: How much have you been in charge recently and how much has the problem been in charge?

Q: Who in your family/support network first notices the problem is around?

Q: When have you defied/ignored the problem?

Q: Would you prefer to be a weak person with a strong problem or a strong person with a weak problem?

Example questions to ask yourself:

Q: How does the problem make sense in the person's social construction of reality?

Q: What are the taken-for-granted ways of thinking and acting that have created and/or maintained the problem?

Q: Which of these ideas am I subscribing to as a culturally dominant discourse?

Q: Which of these ideas are restricting the possibility of change?

Q: Am I asking questions I honestly don't know the answer to?