DEAR READER

thank you!

We really appreciate it.
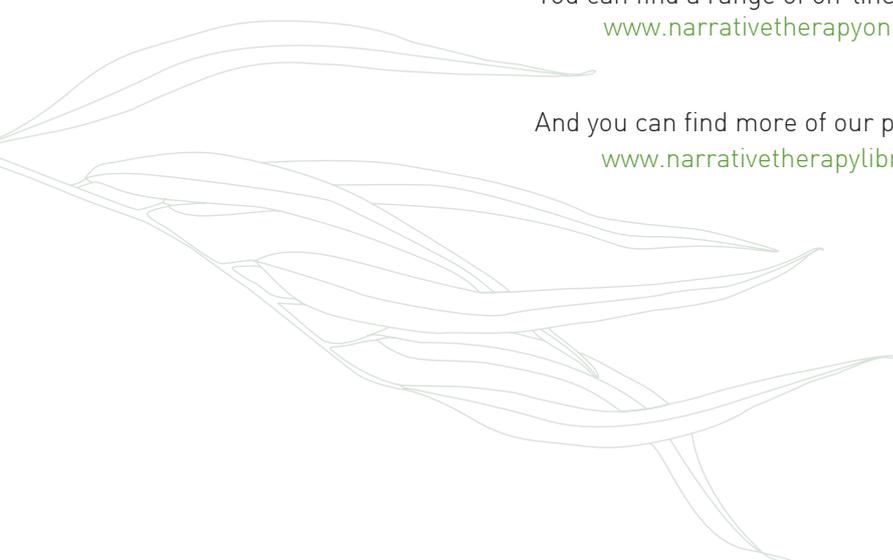
Beginning to use a narrative approach in therapy

Alice Morgan[1]

We invited Alice Morgan to write the following article for this first edition of our new journal. Over the years we have had many requests for writings that describe the process of beginning to engage with narrative ideas and practices. Within the following paper Alice describes some of the ways in which she began to engage with narrative ideas and what she found helpful in the process. We believe that this piece will be of interest to those who are new to narrative ideas, and also to those who are teachers and trainers. Alice is the author of the very popular book 'What is Narrative Therapy? An easy-to-read introduction' (2000) and editor of 'Once Upon a Time ... Narrative therapy with children and their families' (1999).

When I first became interested in trying to use narrative ideas in my counselling practice, I faced the challenge of trying to relate them to my own context. At times I found it tricky to know where to begin, how to make a start and then what to do next. This paper hopes to offer some reflections on this process.

At various points throughout this paper I have included a number of questions for reflection. These are questions that I have personally found useful and which I have also used in training groups[2] and in consultations with colleagues. Ideally, these questions are designed for use in conversations, that is,

in an interview situation so that the person responding to the questions has opportunities to elaborate and explore the territories that most interest them. I hope that these questions, and the conversations they scaffold, might enable readers to further enrich and strengthen their narrative practice and offer ways to further explore narrative ideas in the near future.[3]

Intentions, Commitments and Purposes

When I first heard people speak about narrative ideas, when I watched videotapes of interviews and read various articles, I remember feeling a sense of excitement. In reflecting upon this, I realise that this was because I felt a strong connection between some of the commitments and purposes that were important to me as a counsellor, and the practices that I was witnessing in other people's work[4]. This excitement meant that I was eager to 'try out' narrative practices in my own work, but I also felt pretty daunted about what to do first and confused about where to start. When 'Excitement' was most powerful, sometimes it tried to convince me that I'd never be able to do it 'properly'. In hindsight, I realise that I managed to find a way for Excitement to contribute to my initial explorations by particularly focussing on two of the narrative ideas that stood out for me[5]. These were:

1. the position of the therapist, and
2. externalising conversations.

These were the aspects of the work I initially tended to notice most when I saw other practitioners interviewing or talking about their work. These were also the two practices that frequently moved me.

Again, I believe this was due to the fact that these practices resonated with my own commitments and intentions for my work.

The position of the therapist

The decentred and yet influential position of the therapist in narrative conversations (White 1997) was one of the first things I noticed about narrative practices. I noticed that narrative conversations were not about giving advice, solutions or opinions. They were not about normative judgements or evaluations or positions of authority. I was intrigued by practices that held the person's ideas and resources at the fore and ways in which those using narrative practices declined invitations to be the expert in people's lives. It seemed to me as though the influence of the therapist had to do with their skills in consultation and asking questions in particular ways. I noticed that holding this consultative stance invited people to become the primary authors of their lives. Narrative questions put people's views, preferences, desires, hopes, dreams and purposes in the centre of the conversation.

Having identified that this is what I wanted to do more of in my own practice, I also tried to appreciate and notice those ways in which I had already found to be decentred and yet influential in my work as a therapist. I reflected on the times and ways in which I had positioned those consulting me at the centre of the conversation, times when I had managed to decline invitations to be the expert. Remembering these times helped me to overcome the sense of trepidation I initially felt about trying something seemingly new.

I also tried to think about why this idea of being decentred and yet influential was significant to me. Why was this so important to me? Holding a non-expert position had been something I had believed in as a teacher for many years. I had thoroughly enjoyed working in collaborative ways with children where the power relation was minimised as much as possible between adult and child. I also thought about what a difference it meant when people consulted me about my understandings and meanings of events in my life

rather than making assumptions about this. As I thought this through, I came to a much richer understanding of why collaborative practice was significant to me and the history that informed this.

Reflection

Think about just one thing that has particularly resonated for you about narrative ideas and practices that you have been trying to apply more in your work.

What would you call the principle or idea? Give it a name. Say something about it – describe what it is about, your understandings of it, in your own words.

Give some more details about it, e.g.: When did you first notice this idea or principle in the work? What told you that it was important to you?

What are you currently doing that you would say is a reflection of this particular idea, practice or principle? Say a little bit about the times you thought you had managed to apply the idea or principle to your own practice.

When you did it, what did you notice? How did it affect, for example:

• The conversation you were engaging in at the time?

• Your thoughts about yourself as a therapist?

• The other people who were with you?

• Your hopes or plans?

• Your feelings?

What was this like for you? Did you like it or not? Did it suit you or not? Or something in between?

Why is it that you give this evaluation? What did it seem to fit with?

Changes in practice

As I more fully appreciated my commitment to the decentred, influential position of the therapist, my practice began to change. I tried to make more visible the power relationship between me, the therapist, and the person seeking my help. I explored ways to diminish it, as much as possible. I remember some of the practical things I started doing immediately.

My note taking in conversations changed. I began to consult people about the idea of writing down some of their words (not my words) while they were talking. I explained my reasons for this. If people agreed, I made it my practice to try to repeat the words I was writing down and to check they were correct with the person consulting me. This ensured both the accuracy of what I was writing and that the person knew exactly what was being recorded. I bought a book with carbon pages so that I could ask to keep a copy of what was written and the person would also have a copy to take with them. I explained that I had a commitment to only write about people's lives in their presence and that the notes belonged to them.

I also started asking people more questions about the effects of the conversations we were sharing. I began to ask questions about what they found useful, and what had particularly interested them and why. At different points during consultations I also began to offer a range of options as to directions that could be followed and then ask the person concerned which direction they would most like to pursue. I began to create a different rhythm of conversations in which I would offer scaffolding and options, and the person concerned would make decisions that I would then follow.

I also made a point of beginning to articulate the effects that these conversations were having on me. I began to acknowledge the two-way nature of therapeutic conversations (White 1997), and to find ways to reflect back to those consulting me what a difference a particular conversation might have on my future work and/or other aspects of my life. I used to rehearse these taking-it-back practices (White 1997, p.132) in my head before saying them. Practising beforehand helped me to ensure that what I said was de-centred – that it still held the person's story as the focus and refrained from being like applause or congratulations (White 1997).

Positioning myself as a therapist differently opened space for me to more fully appreciate the competencies, abilities and resources available to people. Focusing on these seemed to fill conversations with hope and direct them away from problem-saturated descriptions and negative identity conclusions. No longer did I feel a sense of burden in needing to come up with ideas to convey to the person consulting me. Instead I had responsibilities to be skilled at facilitating conversations that would allow people to resource their own ways forward, in ways that suited them. This position opened room for curiosity, a curiosity that has since become one of my closest companions in therapeutic conversations.

Trevor

I would now like to briefly convey the significance that Trevor had on my thinking about the position of the therapist. Having Trevor's words in my mind makes it easier for me to decline invitations to hold the expert position in meetings with people, that otherwise I may inadvertently take up.

Trevor initially sought my assistance for what was described as 'acute anxiety'. His local doctor suggested he seek counselling to get some strategies for dealing with the attacks he was experiencing and to get some advice about what he should do to cope with them. Trevor told me a bit about his life and his attempts to seek relief for anxiety. These attempts had resulted in him seeking assistance from many different people in the past.

Early on in our conversations, Trevor spoke to me about his experiences of counselling and how in the past some of the people he had consulted had given him advice as to what to do about the problems he was experiencing. He said that he would then go away and attempt to put their advice to work, but when it did not work, when the changes did not come, he would feel ashamed as though he had failed the therapist in some way. Trevor also said that it made him feel as if he had failed himself, as if he was useless.

Trevor's strong words initiated a conversation about how therapists can be invited to think that they can and ought to tell people what to do about aspects of their lives. We talked a lot about where this idea might have come from and some of the aspects of society that supported these ideas. This included considerations of some of the ways in which medical and scientific discourses have influenced the therapy world.

When Trevor returned for the next meeting, ten days later, he seemed eager to tell me something. He told me how much he had been thinking about our conversation about expertise and how important it had been to him to discuss this with me. He said it was 'like a load off my shoulders' that 'I don't have to do what you say, that we can work things out together'. He said that he felt more confident in himself.

The conversation had been very significant for me as well and I remember it clearly to this day. Trevor's words brought home to me the tenderness with which people bring the stories of their lives to us as therapists. They brought home to me a far greater appreciation of the hazards of giving advice and also how therapists can so often be invited into this position. Our conversation made me realise what a burden it releases from my shoulders when I am working in collaboration with those who consult me.

Since talking with Trevor, I have often taken up similar conversations in therapy that deconstruct ideas about the position of the therapists. These conversations examine some of the 'taken for granted' ideas that influence people's views of therapists and create space for us to work collaboratively together.

These are just some examples of the ways in which my practice started to change as a result of my early explorations of taking up a de-centred and yet influential position as a therapist. These beginnings have, over years, been built upon in various ways. I continue to try to ensure that those who consult me remain the primary authors of the stories of their lives, while I am able to act as a co-author in the re-authoring process.

Externalising Conversations

The narrative practice of externalising problems (White & Epston 1990; Morgan 2000), of understanding and talking about problems as being separate from people, was another idea that profoundly challenged my thinking and changed my practice. In engaging with the idea of externalisation I began to think about problems as being things and not as part of people. I started to contemplate more about the influence of problems on people's lives – how problems operated, what tricks they had, how they spoke, and what they might look like. I also began to think about people's relationships with problems and how these might be altered, changed, renegotiated.

Thinking about problems as distinct entities outside of people shifted my focus towards identifying how certain contexts either encourage certain problems to thrive or diminish their influence. Externalisation also helped me to shift my attention more towards the resources, skills and knowledges that people had in relation to dealing with the problems in their lives. It enabled me to focus more clearly on what people were able to do in the face of problems, the times when people were able to defy the problem or diminish its

influence. I began to more consciously notice the actions people took that contradicted the problems' ways of doing things or that enabled them to renegotiate their relationship with a particular problem.

At every opportunity, I played with these ideas. I began by always imagining the problem in a separate chair or place, away from me and the people I was with. In this way, I visualised 'the Worry', or 'the Depression' or 'the Bickering' as a separate and distinct image and this allowed me to change my language and begin to more easily ask externalising questions. Feeling this distance between the person and the problem allowed me space to practise new ways of speaking.

Externalising conversations required a shift in the words I chose, the way I asked questions and the language I used in conversations. It took some practice. Noticing the difference between internalising and externalising language became a crucial distinction for me to develop (Morgan 2000, p.29). Knowing and recognising the differences was the first step. I began to notice how common it was when meeting people for the first time about a predicament in their lives or relationships, for them to use internalising language. People routinely describe the problem in ways that locate it internally, in terms of what is wrong or deficient about themselves or others: 'I'm useless', 'It's part of my addictive personality', 'I've got low self-esteem', 'She's dependent', 'He's a depressed person'. Gradually, as I thought more about the context of dominant western culture, and how it encourages internalising descriptions, I began to expect these descriptions. I began to prepare for contexts in which I would need to find ways to invite externalising conversations.

I experimented with finding ways to externalise common internalised descriptions. I started by practising at home, away from my meetings with people. I thought of an internalised statement like 'I'm useless' and thought about a few different ways to invite an externalised description. In this way, 'I'm useless' could be responded to with, 'Am I right in thinking that the problem tries to tell you about the type of person you are? How does it try to convince you that you are useless?' or, 'This Useless Feeling, when does it visit? Are there times when it is more or less likely for The Uselessness to come around?'

As I explored these ideas, I would set myself some exercises to allow myself to practise this linguistic shift. They were exercises like the one below that I now offer in training contexts:

A training exercise

Change the following Internalised statements into Externalising ones. You can: make a statement, ask a question, or use a reflection.

Internalised statement	Externalised Statement or Question
I'm a worrier	What does the Worry say?
He's unmotivated	How does it (the problem) affect his motivations?
They're dysfunctional	
She's a failure	
I can't go out at all	

Add your own to each list. Discuss them with a partner. See how many externalised statements you can add to their list.

In these initial attempts at externalising conversations, two words were my companions if all else seemed to go astray. These words were 'it' and 'the'. I concentrated on trying to use either of these words whenever a problem was spoken about. Using these two words meant that the conversation was immediately externalised. For example, if I wanted to externalise 'How do you feel about that?' I could use the word 'It' by saying something like 'How does It have you feeling?'. Placing the word 'The' before the name of the problem also immediately externalised it. For example 'worry' becomes 'The Worry' and 'despair' becomes 'The Despair'. Each time I met with people I would imagine the problem in one chair in the room and the words 'it' and 'the' with me in my chair. These words became tools for helping separate problems from people.

My note taking began to reflect the externalising conversations I was engaging in with people. Each time I wrote down something about the problem I used a capital letter. The Worry or Anxiety or Depression or It. Using capital letters helped name the problem as different from the person. I experimented with dividing the page in half vertically, devoting one side of the page to the problem (its tricks, habits, ways of speaking, effects, ways of operating, intentions, etc.) and the other side of the page to the person (i.e. their intentions, hopes, dreams, visions). Each piece of information I went to record on the page could then be located as either relating to the Problem's influence or the person's preferences. Sometimes it was clear from the conversation which phrase or words related to the person's preferences, and which related to influence of the problem. Other times it proved helpful to check with the person and

ask them where they would locate a particular statement that they had just made. People found it very helpful to be asked to distinguish statements that represented their own intentions, hopes and dreams, and those of the Problem. Consulting people in these ways often led to further externalising of the problem.

Once the problem has been externalised, the re-authoring process can begin. In this article I am not going to describe this re-authoring process in any detail. There is a wealth of literature available about the ways in which narrative practices can assist in tracing the history of problems, exploring their effects and situating them in the broader social context that allows for their deconstruction (see Morgan 2000; White & Epston 1990; Freedman & Combs 1996). There is also considerable literature about ways of discovering unique outcomes and thickening alternative stories through re-membering conversations, therapeutic documentation, and outsider-witness groups (see White 1995, 1997, 2000; Morgan 2000).

Challenging old ideas and discourses

In my early explorations of narrative ideas, along with making changes to the way in which I practised therapy, I also found myself challenging and questioning some ideas I had held in relation to learning. I noticed some ideas about learning that seemed to hold me back from my explorations, and others that supported and sustained me. I started to record the ideas that moved me towards my new explorations of narrative ideas, and I began to challenge those ideas that held me back by examining where the ideas may have come from and what aspects of 'popular' culture, training or society supported them.

It is difficult now for me to recall the exact ideas that I found burdensome, and yet I recall some of the forms that they took. I recall thinking things like: 'When will I get it?', or 'I need to sound like a "proper" narrative therapist', or 'How would a "proper" narrative therapist do this?'.

On the other hand there were particular practices of learning that assisted me. Actively appreciating each new development in my practice and finding ways to acknowledge them made a difference. I tried to develop steps and structures that would assist me in building upon each new learning, little by little. I would regularly take the opportunity to reflect on the steps I had taken, to speculate on the meaning of those steps, what had enabled them, and what they might mean in my next meeting with someone.

Holding onto an image of competence was also significant (Bird 2000). I tried to always recall and acknowledge some of the sparkling moments that had occurred in my practice and to hold these close at any time when I felt my confidence waning.

Most of all though, I found it helpful to acknowledge that learning is always about stepping from the known into the unknown. That is what is so exciting about it!

And it never ends. I am thinking now of the many areas of practice that I am currently exploring and tussling with. I wish you well in your ongoing explorations of narrative practice, perhaps I'll soon be reading about the learning that you have been doing in your context. I hope so!

Notes

1. Alice Morgan can be contacted c/o Dulwich Centre Publications.

2. I would like to acknowledge the contribution of the Dulwich Centre teaching faculty to the development of the ideas and exercises contained in this article.

3. I would be interested in hearing from any readers who do engage with these questions in conversations with others. I'd love to hear your feedback.

4. The scope of this paper does not allow for an exploration of the history of my connection with these particular commitments and intentions. I have, however, explored this history in conversation with other colleagues. I would encourage others to do similarly – to consciously think through the histories that inform the intentions and commitments that you bring to your work as a therapist.

5. My explorations of these practices did not take place in isolation from other significant elements of narrative therapy. It's just that, for ease of reading, I have limited this paper to describe my initial explorations into externalising conversations and the position of the therapist.

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Reflection

Think of a time or event that stands out to you in your practice. Something that seemed different or usual, a sparkling moment when you felt you had applied a narrative practice to your satisfaction or perhaps to your surprise.

Say a little about the moment or event. Give some details about what was happening, who was there, the circumstances around the time you are thinking about.

What led up to this happening? What preparations were involved beforehand? What steps paved the way for this to occur when it did?

If these few events had a theme or plot, what would you call it? What name would you give it?

What commitment, intention or purpose do you think this fits with?

When did you first notice this commitment, intention or purpose in your work? How long has it been important?

What other ways do you show this commitment, intention or purpose in your work? What would people see you doing that you would say is a reflection of this commitment, intention or purpose?

If you were to be drawn even further towards this commitment, intention or purpose what do you think you'd notice in your work? What would this be like for you? Positive or negative? Why? What effect do you suspect it would have on the people consulting you? What do you guess this would be like for them – positive or negative? Why?

If you were to continue to engage with this commitment, intention or purpose in your practice what would your next little step be?