



What is narrative therapy?

By Alice Morgan

We have included here the introduction and first two chapters from Alice Morgan's influential and highly popular text, [*What is narrative therapy? An easy-to-read introduction*](#). This book is available from [The Narrative Therapy Library and Bookshop](#) and we strongly recommend it to anyone who is trying to, or is wanting to, apply narrative ideas in their own work context.

Introduction

Hello! Welcome to this easy-to-read book which is designed as an introduction to some of the main themes of narrative therapy. It includes simple and concise explanations of the thinking behind narrative practices as well as many practical examples of therapeutic conversations. This book certainly doesn't cover everything but hopefully it will serve as a starting point for further explorations. To assist this, included at the end of most of the chapters are references for further reading on various topics.

There are many different themes which make up what has come to be known as 'narrative therapy' and every therapist engages with these ideas somewhat differently. When you hear someone refer to 'narrative therapy' they might be referring to particular ways of understanding people's identities. Alternatively, they might be referring to certain ways of understanding problems and their effects on people's lives. They might also be speaking about particular ways of talking with people about their lives and problems they may be experiencing, or particular ways of understanding therapeutic relationships and the ethics or politics of therapy.

Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.

There are various principles which inform narrative ways of working, but in my opinion, two are particularly significant: always maintaining a stance of curiosity, and always asking questions to which you genuinely do not know the answers. I invite you to read this book with these two principles in mind. They inform the ideas, the stance, the tone, the values, the commitments and the beliefs of narrative therapy.

Possibilities for conversations

I have written this book in sections, each chapter describing one aspect or theme of narrative ways of working. I have done so in the hope that this makes each element easy to understand. Instead of approaching the ideas conveyed in this book like a recipe, however, one that must be followed in a particular order, I'd invite you to instead approach them as you would a smorgasbord – an array of delicacies to choose from! I hope this book simply outlines a range of possibilities for narrative conversations.

When I meet with the people consulting me, I sometimes think of the possibilities for the directions of the conversation as if they are roads on a journey. There are many cross-roads, intersections, paths and tracks to choose from. With every step, a new and different cross road or intersection emerges – forwards, back, right, left, diagonal, in differing degrees. With each step that I take with the person consulting me, we are opening more possible directions. We can choose where to go and what to

leave behind. We can always take a different path, retrace our steps, go back, repeat a track, or stay on the same road for some time. At the beginning of the journey we are not sure where it will end, nor what will be discovered.

The possibilities described in this book are like the roads, tracks and paths of the journey. Each question a narrative therapist asks is a step in a journey. All the paths may be taken, some of the paths, or one can travel along one path for a time before changing to another. There is no 'right' way to go – merely many possible directions to choose from.

Collaboration

Importantly, the person consulting the therapist plays a significant part in mapping the direction of the journey. Narrative conversations are interactive and always in collaboration with the people consulting the therapist. The therapist seeks to understand what is of interest to the people consulting them and how the journey is suiting their preferences. You will often hear, for example, a narrative therapist asking:

- How is this conversation going for you?
- Should we keep talking about this or would you be more interested in ...?
- Is this interesting to you? Is this what we should spend our time talking about?
- I was wondering if you would be more interested in me asking you some more about this or whether we should focus on X, Y or Z? [X, Y, Z being other options]

In this way, narrative conversations are guided and directed by the interests of those who are consulting the therapist.

Summary

So, before we dive into this exploration of narrative ways of working, let's quickly summarise what we have considered so far:

- Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives.
- It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with problems in their lives.
- Curiosity and a willingness to ask questions to which we genuinely don't know the answers are important principles of this work.
- There are many possible directions that any conversation can take (there is no single correct direction).
- The person consulting the therapist plays a significant part in determining the directions that are taken.

It seems appropriate to begin any exploration of narrative therapy with a consideration of what is meant by the 'narratives' or 'stories' of our lives.

Chapter 1: Understanding and living our lives through stories

Narrative therapy is sometimes known as involving 're-authoring' or 're-storying' conversations. As these descriptions suggest, stories are central to an understanding of narrative ways of working.

The word 'story' has different associations and understandings for different people. For narrative therapists, stories consist of:

- events
- linked in sequence
- across time
- according to a plot

As humans, we are interpreting beings. We all have daily experiences of events that we seek to make meaningful. The stories we have about our lives are created through linking certain events together in a particular sequence across a time period, and finding a way of explaining or making sense of them. This meaning forms the plot of the story. We give meanings to our experiences constantly as we live our lives. A narrative is like a thread that weaves the events together, forming a story.

We all have many stories about our lives and relationships, occurring simultaneously. For example, we have stories about ourselves, our abilities, our struggles, our competencies, our actions, our desires, our relationships, our work, our interests, our conquests, our achievements, our failures. The way we have developed these stories is determined by how we have linked certain events together in a sequence and by the meaning we have attributed to them.

An example: the story of my driving

I could have a story about myself as a 'good driver'. This means I could string together a number of events that have happened to me whilst driving my car. I could put these events together with others into a particular sequence and interpret them as a demonstration of me being a good driver. I might think about, and select out for the telling of the story, events such as stopping at the traffic lights, giving way to pedestrians, obeying the speed limits, incurring no fines and keeping a safe distance behind other vehicles. To form this story about my ability as a driver, I am selecting out certain events as important that fit with this particular plot. In doing so, these events are privileged over others.

As more and more events are selected and gathered into the dominant plot, the story gains richness and thickness. As it gains thickness, other events of my driving competence are easily remembered and added to the story. Throughout this process, the story thickens, becomes more dominant in my life and it is increasingly easy for me to find more examples of events that fit with the meaning I have reached.

These events of driving competence that I am remembering and selecting out are elevated in their significance over other events that do not fit with the plot of being a good driver. For instance, the times when I pulled out too quickly from the curb or misjudged the distances when parking my car are not being privileged. They might be seen as insignificant or maybe a fluke in the light of the dominant plot (a story of driving competence). In the retelling of stories, there are always events that are not selected, based upon whether or not they fit with the dominant plots.

The diagram on the next page [this figure cannot be represented here on this webpage but is included in [the book!](#)] demonstrates the idea of stories consisting of events linked in sequence across time according to plot. The X marks are all the events that have occurred in my life as a driver. The events that fit with the story of 'driving competence' are scattered amongst events that are outside of that story (e.g. a car accident that occurred 4 months ago). In order to author a story of driving competence, certain events are selected out and privileged over other events. Once privileged, they are linked with other events, and then still more events across time, to form a story about being a good driver. The line on the diagram shows this linking of events to form the dominant story. As you can see there are other events (X) that are outside of this dominant story that remain hidden or less significant in the light of the dominant plot.

In this example, perhaps why I can attend only to the good events, and have managed to construct a story of being a competent driver, is due to the reflections of others. If my family members and friends have always described me as a good driver, this would have made a significant difference. Stories are never produced in isolation from the broader world. Perhaps, in this example, I was never subjected to diminishing remarks on the basis of my gender. Who knows?

The effects of dominant stories

The dominant story of my driving abilities will not only affect me in the present but will also have implications for my future actions. For example, if I am asked to drive to a new suburb or drive a long distance at night, my decision and plans will be influenced by the dominant story I have about my driving. I would probably be more inclined to consider doing these things when influenced by the story I have about myself as being a good driver than if I had a story about myself as being a dangerous or accident-prone driver. Therefore, the meanings I give to these events are not neutral in their effects on my life – they will constitute and shape my life in the future. All stories are constitutive of life and shape our lives.

Living many stories at once

Our lives are multistoried. There are many stories occurring at the same time and different stories can be told about the same events. No single story can be free of ambiguity or contradiction and no single story can encapsulate or handle all the contingencies of life.

If I had a car accident, or if someone in my life began to focus on every little mistake that I ever made while driving, or if a new law was introduced that discriminated against people like me in some way, an alternative story about my driving might begin to develop. Other events, other people's interpretations of these events, and my own interpretations could lead to an alternative story developing about my driving – a story of incompetence or carelessness. This alternative story would have effects too. For a time I might live with differing stories about my driving depending upon the context or the audience. Over time, depending on a variety of factors, the negative story about my driving might gain in influence and even become the dominant story in my life in relation to my driving. Neither the story of my driving ability nor the story of my driving failure would be free of ambiguity or contradiction.

Different types of stories

There are many different sorts of stories by which we live our lives and relationships – including stories about the past, present and future. Stories can also belong to individuals and/or communities. There can be family stories and relationship stories.

An individual may have a story about themselves as being successful and competent. Alternatively they may have a story about themselves as being 'a failure at trying new things' or 'a coward' or as 'lacking determination'. Families may have stories about themselves as being 'caring' or 'noisy' or 'risky' or 'dysfunctional' or 'close'. A community may have a story about itself as 'isolated' or 'politically active' or 'financially strong'. All these stories could be occurring at the same time, and events, as they occur, will be interpreted according to the meaning (plot) that is dominant at that time. In this way, the act of living requires that we are engaged in the mediation between the dominant stories and the alternative stories of our lives. We are always negotiating and interpreting our experiences.

The broader social context of the stories by which we live our lives

The ways in which we understand our lives are influenced by the broader stories of the culture in which we live. Some of the stories we have about our lives will have positive effects and some will have negative effects on life in the past, present and future. Laura may describe herself as a skilled therapist. She has developed this story about herself from her experiences and feedback from her work. All these experiences have contributed to shaping a story about herself as a competent, caring and skilful therapist. When faced with the decision to apply for a new job in a field that is less familiar to her, Laura is more likely to apply or think about applying under the influence of this positive self-narrative. I suspect that she would experience the challenges in her work with some confidence and might talk about her work in ways that describe it as enriching.

The meanings that we give to these events occurring in a sequence across time do not occur in a vacuum. There is always a

context in which the stories of our lives are formed. This context contributes to the interpretations and meanings that we give to events. The context of gender, class, race, culture and sexual preference are powerful contributors to the plot of the stories by which we live. Laura's story of herself as a skilled therapist, for instance, would have been influenced by the ideas of the culture in which she lives. This culture would have particular beliefs about what constitutes 'skills' as a therapist and Laura's story would be shaped by these beliefs.

Laura's working-class background may have significantly contributed to the ways in which she finds it easy to make connections with people who come to consult with her from a diversity of backgrounds. Her confidence in speaking out in work situations may have much to do with her history within the feminist movement and also the fact that as she is a white Australian professional, it is likely that people will listen to what she is saying.

In these sorts of ways, the beliefs, ideas and practices of the culture in which we live play a large part in the meanings we make of our lives.

Summary

As I have tried to explain, narrative therapists think in terms of stories – dominant stories and alternative stories; dominant plots and alternative plots; events being linked together over time that have implications for past, present and future actions; stories that are powerfully shaping of lives. Narrative therapists are interested in joining with people to explore the stories they have about their lives and relationships, their effects, their meanings and the context in which they have been formed and authored.

Chapter 2: Stories in the therapeutic context

Let us think about some of the stories that are brought into the context of therapy. Most commonly, when people decide to consult a therapist it is because they are experiencing a difficulty or problem in their lives. When meeting with a therapist, they will often begin by telling the therapist about many events in the life of the problem for which they are seeking help. Commonly they will also explain the meanings they have given to these events.

The Craxton family sought my assistance when one of the members of the family, Sean, was caught stealing. As I heard about the problem of stealing, Sean's parents explained:

We are really worried about Sean because he is stealing and we have tried to stop him but he just won't. He's always been a problem child from the time he was little. He didn't get much attention when he was a small boy because Anne [his mother] was ill. Since then he always gets in trouble at school. He didn't toilet train himself and is always starting fights with his brothers. Now he's stealing to get people to notice him.

Within this story, Sean's stealing was interpreted as meaning he was 'attention seeking'. This particular meaning (or dominant plot) occurred through a gathering together of many other events in the past that fitted with this interpretation. As Sean more and more came to be seen according to this story, more and more events which supported the story of 'attention seeking' began to be selected out, and the story was told and re-told. As more events were added to this plot, the story of Sean as an 'attention seeker' became stronger.

To tell this particular story, certain events from the present and past were selected out and explained to fit with the meanings that his parents had arrived at. In doing so, certain events were selected and privileged to be told, as they were interpreted to fit with the plot of 'attention seeking'. Therefore, other events (that didn't fit with Sean as seeking attention) remained untold and unrecognised. The exceptions to this story of 'attention seeking' or times that might not fit with the 'attention seeking' story became less visible. So too, the broader cultural understandings of Sean's actions become obscured – including the fact that

stealing is a common act by young men of Sean's class background in his neighbourhood. All the complexities and contradictions of Sean's life had been simplified into the understanding that Sean was an 'attention seeker'.

Thin description

Early in their meetings with people, therapists often hear stories, like the one above, about the problem and the meanings that have been reached about them. These meanings, reached in the face of adversity, often consist of what narrative therapists call 'thin description'.

Thin description allows little space for the complexities and contradictions of life. It allows little space for people to articulate their own particular meanings of their actions and the context within which they occurred. For example, in the story above, the description of Sean's behaviour as 'attention seeking' was a thin description. It was generated by others (as is often the case with thin descriptions) and left little room for movement.

This thin description of Sean's actions (attention seeking) obscures many other possible meanings. For all we know, the last thing Sean wanted may have been for his stealing to be given attention! Perhaps these actions had more to do with making a stand for belonging with peers, with acquiring something for his sister, with standing up to the bullying of others, or with establishing himself as a leader in a neighbourhood where leadership for a young man means leading break and enters (robberies). A thin description of 'attention seeking' has the potential to leave Sean isolated and disconnected from his parents and his peers, whereas alternative descriptions may open other possibilities.

Often, thin descriptions of people's actions/identities are created by others – those with the power of definition in particular circumstances (e.g. parents and teachers in the lives of children, health professionals in the lives of those who consult them). But sometimes people come to understand their own actions through thin descriptions. In whatever context thin descriptions are created, they often have significant consequences.

Thin conclusions and their effects

Thin description often leads to thin conclusions about people's identities, and these have many negative effects. For example, as Sean's actions were thinly described as 'attention seeking', he quickly became seen as 'an attention seeker'. This thin conclusion about Sean as a person was having negative effects, not only in relation to Sean's experience of himself, but also on the relationships between Sean and his parents.

Thin conclusions are often expressed as a truth about the person who is struggling with the problem and their identity. The person with the problem may be understood to be 'bad', 'hopeless', or 'a troublemaker'. These thin conclusions, drawn from problem-saturated stories, disempower people as they are regularly based in terms of weaknesses, disabilities, dysfunctions or inadequacies. I can recall many of these thin conclusions that people who have consulted me have been invited into: 'It's because I'm a bad person' or 'We are a dysfunctional family'.

Sometimes these thin conclusions obscure broader relations of power. For example, if a woman has come to see herself as 'worthless' and 'deserving of punishment' after years of being subjected to abuse, these thin conclusions make invisible the injustice she has experienced. They hide the tactics of power and control to which she has been subjected, as well as her significant acts of resistance.

Once thin conclusions take hold, it becomes very easy for people to engage in gathering evidence to support these dominant problem-saturated stories. The influence of these problematic stories can then become bigger and bigger. In the process, any times when the person has escaped the effects of the problem, any times when they have not been 'bad', 'hopeless' or 'a trouble maker' become less visible. As the problem story gets bigger and bigger it becomes more powerful and will affect future

events. Thin conclusions often lead to more thin conclusions as people's skills, knowledges, abilities and competencies become hidden by the problem story.

Alternative stories

Narrative therapists, when initially faced with seemingly overwhelming thin conclusions and problem stories, are interested in conversations that seek out alternative stories – not just any alternative stories, but stories that are identified by the person seeking counselling as stories by which they would like to live their lives. The therapist is interested to seek out, and create in conversations, stories of identity that will assist people to break from the influence of the problems they are facing.

Just as various thin descriptions and conclusions can support and sustain problems, alternative stories can reduce the influence of problems and create new possibilities for living.

For Sean, for example, an exploration of the alternative stories of his life might create space for change. These would not be stories of being an attention seeker or a problem child. Instead, they might consist of stories of determination throughout his history, or stories of how he overcame troubles in earlier times in his life, or ways in which he gives attention as well as seeks it. All of these might be alternative stories of Sean's life. Or, alternative stories might be found in other realms entirely – realms of imaginary friends, histories of connectedness with his mother or father, or within special knowledges that Sean might possess through his relationship with his beloved pet dog Rusty. In any of these territories of life, through therapeutic conversations, alternative stories might be unearthed that could assist in addressing the problems Sean is currently struggling with. The ways in which therapists and those who consult with them can co-author alternative stories will be described in following chapters.

With these ideas about stories informing their work, the key question for narrative therapists becomes: how can we assist people to break from thin conclusions and to re-author new and preferred stories for their lives and relationships?

As Jill Freedman and Gene Combs describe:

Narrative therapists are interested in working with people to bring forth and thicken stories that do not support or sustain problems. As people begin to inhabit and live out the alternative stories, the results are beyond solving problems. Within the new stories, people live out new self images, new possibilities for relationships and new futures. (1996, p.16)

Towards rich and thick description

To be freed from the influence of problematic stories, it is not enough to simply re-author an alternative story. Narrative therapists are interested in finding ways in which these alternative stories can be 'richly described'. The opposite of a 'thin conclusion' is understood by narrative therapists to be a 'rich description' of lives and relationships.

Many different things can contribute to alternative stories being 'richly described' – not least of which being that they are generated by the person whose life is being talked about. Rich description involves the articulation in fine detail of the story-lines of a person's life. If you imagine reading a novel, sometimes a story is richly described – the motives of the characters, their histories, and own understandings are finely articulated. The stories of the characters' lives are interwoven with the stories of other people and events. Similarly, narrative therapists are interested in finding ways for the alternative stories of people's lives to be richly described and interwoven with the stories of others.

The ways in which alternative stories are co-authored, how they are told and to whom, are all relevant considerations for narrative therapists. In the following pages, ways to co-author conversations that engage people in the 'rich description' of their

lives and relationships will be more fully explored.

Further reading

Freedman, J. & Combs, G. 1996:

'Shifting paradigms: From systems to stories.' In Freedman, J. & Combs, G., *Narrative therapy: The social construction of preferred realities*, chapter 1. New York: Norton.

Epston, D. & White, M. 1990:

'Story, knowledge, power.' In Epston, D. & White, M., *Narrative means to therapeutic ends*, chapter 1. New York: Norton.

White, M. 1997:

'The culture of professional disciplines.' In White, M., [*Narratives of therapists' lives*](#), chapter 1. Adelaide: Dulwich Centre Publications.

Copyright © 2000 by Dulwich Centre Publications

[Full contents of 'What is narrative therapy?: An easy-to-read introduction'](#)

[Buy this book at The Narrative Therapy Library and Bookshop](#)

[To list of articles on this web site](#)

[To list of books from Dulwich Centre Publications](#)

[Dulwich Centre Home Page](#)