



NARRATIVE THERAPY APPROACHES IN AN OUTPATIENT ONCOLOGY SETTING

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DISCLAIMER/DISCLOSURE

AUTHORSHIP

- How can we assist people in authoring stories about their lives which reflect their preferred identities as they make sense of the experience of cancer?
- What are the questions that can help us assist this person in authoring her/his preferred story of facing a cancer diagnosis and living with cancer?
- With a cancer experience there is **always** a story (however small or overlooked) of resilience, fortitude, ability to meet this experience that can be acknowledged and developed through questions.

THE POWER OF LANGUAGE

- Cancer patient
- Cancer survivor
- Fight/battle with cancer

BRIEF DESCRIPTION

- Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centers 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.

<https://dulwichcentre.com.au/what-is-narrative-therapy/>

GENERAL CONCEPTS

- Realities are socially constructed
- Experience is shaped by language
- Reality lends itself to multiple interpretations (e.g. stage fright vs. anticipation)
- There are no absolute truths or one universally accurate description of people or problems
- Focus is on client resources and not on problem saturated stories

<https://positivepsychology.com/wp-content/uploads/2017/06/TreatmentNoteCardsPacket-1.pdf>

ORIGINS OF NARRATIVE THERAPY

- Michael White and David Epston
 - Both trained as social workers
 - Both very active in the family therapy movement in AU and NZ
 - Met in the late 1970s, became close collaborators in the 1980s
 - 1990 — Published Narrative Means to Therapeutic Ends, outlining the work they were now calling Narrative Therapy
 - White founded Dulwich Centre in Adelaide, AU with his wife Cheryl in 1983 and was director there until his untimely death in 2008
 - Epston co-director of the Family Therapy Centre in Auckland, NZ



EARLY INFLUENCES

- Systems theory (Gregory Bateson)
- Literary theory (Jerome Bruner)
- Feminist theory
- Post-colonial theory
- Cultural anthropology (Clifford Geertz, Barbara Myerhoff)
- Non-structuralist psychology (William James, Lev Vygotsky)
- French critical/post-structuralist philosophy (Jacques Derrida, Michel Foucault)

DEVELOPMENT OF NARRATIVE THERAPY

- White and Epston were able to take many of these disciplines and translate aspects of them into practices and sensibilities they then found to bear fruit through the work with their clients.
- Narrative therapy is arguably the first therapy practice to involve the analysis of power relations and structural inequalities.

TWO MICHAEL WHITE QUOTES

- If we accept the fact that we don't know the world, but have an experience of the world, then what becomes critical is the meaning we give to our experience.
- To assign meaning to an experience we put it in a frame, and that frame is a story.

<https://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>

ON POWER

- **Traditional power:**

right/wrong, good/bad, moral/immoral, structures of coercion

- **Modern power:**

Encourages people to actively participate in the judgement of their own and each others' lives. Normal/not normal

- Modern power determines that people's actions reflect degrees of inadequacy, abnormality, insufficiency, competency, hopelessness, ineffectualness, deficit, imperfection and worthlessness

<https://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>

ON POWER

- Is not a thing but a relation
- Is not simply repressive but is productive
- Is not simply a property of the State, rather is exercised throughout the social body
- Operates at the most micro levels of social relations
- Is omnipresent at every level of the social body
- We make normalizing judgements with ourselves and others all of the time

HOW IS THE PROBLEM CONNECTED WITH CULTURAL FORMS?

- Anorexia/bulimia: Rather than locating the problem inside a person's body, narrative therapists look at problems such as A/B as being deeply connected with cultural practices relative to women's bodies.
- Women, girls struggling with body perfection
- Corporate employee feeling guilty and inadequate for not spending more time with his/her children
- Queer HS student enters into a fearful secrecy and feels shame
- How is cancer social constructed in a person's community?

ROLE OF THE THERAPIST IN RELATION TO STORIES

- The therapist does not introduce any new stories. Job of therapist is to identify thinly held traces of alternative stories and help to thicken them. Other skills and forms of knowledge are embedded in those stories.
- After some time, someone sees skills in her/himself that help to move forward. Then s/he can take the new skills and knowledge to make suggestions about a new story.

Stephen Madigan, 2017 workshop

QUESTIONS

- Stance of curiosity--Don't ask questions you know the answer to
- Remember that no question is neutral—Ever
- Ask ourselves,
 - What is the purpose of this question?
 - What is its placement in history/time, why ask it now?
- Can use questions to help externalize the problem
 - “I have been diagnosed with depression.”
 - “How long have you had a relationship with depression?”

USE OF SUBJUNCTIVE IN ASKING QUESTIONS

Bruner: subjunctive makes it easier to entertain the possible

- *Subjunctive: might, would, were, may*
- If you **were** to guess....what **might/would**.....
- What **might** your mother say in a situation like this?
- What **would** ____ think about how you are handling these challenges?

STRUCTURE

- Naming the Problem (externalizing)
- Relative influence questions
- Unique outcome
- Landscape of action questions
- Landscape of identity questions
- Unique possibility questions

STRUCTURE

- Experience of experience
- Circulation questions
- Consulting your consultants
- Becoming a consultant

NAMING THE PROBLEM (EXTERNALIZING)

*The problem is the problem,
the person is not the problem*

- Externalizing establishes a context where people experience themselves as separate to the problem.
- *Rather than:* “How long has Freddy had the problem”
- *Instead:* “How long has the problem been pushing Freddy around?”

Problem story/Counter story

HOW DOES ONE EXTERNALIZE CANCER?

- What is it like having cancer?
- What are some of the hardest parts about having cancer?
- Can you give me a sense of how you have been managing? (emphasizes a person's agency)

Problem to externalize might be something like:

- anxiety about cancer, fear, feeling helpless, feeling out of control, feeling guilty, feeling overwhelmed, despair, shame

EXTERNALIZING A PROBLEM IN A CANCER CONTEXT

Can point towards a story line of courageous resistance to the demands of cancer

- Would you say there is anything that helps you push back against the demands cancer would place on your life?
- Have you learned something about yourself since the cancer diagnosis that you were not aware of before?

RELATIVE INFLUENCE QUESTIONS

Mapping the influence of the problem

- What impact is hopelessness having on your view yourself?
- What feeds nervousness? When does it show up?
- When secrecy has the upper hand, what impact does it have on your hopes for your future?
- When frustration is having its way with you, how does it affect your relationship with your daughter?

UNIQUE OUTCOME MOMENT

Can lead to counter story

(Even a small example) of when Freddy gets the better of the problem

Can discover them through “Double listening”

Active Listening: Can be reinforcing the problem story

Double Listening:

- “Most people think I am a pushover.”
- “Some don’t— who are they?”

UNIQUE OUTCOMES

Unique Outcomes are things of beauty that once recognized and told begin to shake up the stability of the problem's totalized description. Unique outcomes can serve as entry points into alternative stories that assist persons to redefine their relationship with the problem. From there, preferred stories that highlight a person's skills, abilities, and competencies are drawn out and amplified.

Reading: Introduction To Narrative Therapy Questions
Handout (Madigan, 2013)

LANDSCAPE OF ACTION QUESTIONS

Plot: who, what, where, when

- Use a grammar of agency
- How were you able to take this step given the power of despair?
- How did you give shame the slip in this instance?

LANDSCAPE OF IDENTITY QUESTIONS

Meaning, Values

- What is this an expression of?
- What does your success at resisting the problem say about you as a person?
- What do these recent steps say about what you value and appreciate?
- What skills do you think you utilized to move in this direction and away from the path the problem has set out for you?

UNIQUE POSSIBILITY QUESTIONS

Speculate about a future less influenced by the problem

- If the voice of self-blame is getting quieter, what is getting louder?
- What difference will this make to your next step?
- What do you think this realization will mean for you?

EXPERIENCE OF EXPERIENCE QUESTIONS

Imagine from another's perspective

Recruiting communities of support

- Based on the idea that problems get stronger the more isolated a person is
- Who would not be surprised that you are doing this?
- Of all the people you grew up with, who would be the most likely to predict you might take this step?

CIRCULATION QUESTIONS

Who's on the team?

- Mobilize a community who can support the newly emerging identity
- Who would you like to know about this new direction?
- Who would be pleased about this direction?

CONSULTING YOUR CONSULTANTS

Ask someone who has overcome a similar problem

- Example: Anti-Anorexia Bulimia Leagues
- Communities that support each other in not locating the problem inside the person. Share successes, struggles and strategies for overcoming the demands of the problem.

BECOMING AN EXPERT RESOURCE

Assist others who are struggling with a similar problem

- The client becomes an expert resource for others as a way to strengthen new identity and build community.

COMPLEMENTARY ROLE IN A HOSPITAL SETTING

Centered stance of an oncologist

- Oncologist is (rightfully) seen as a person with special knowledge about a person's physical body that may help save their life. The person's role is to listen to what the physician says and to follow that advice. Doing this will offer the person the best chance of positive outcome relative to the cancer diagnosis.

COMPLEMENTARY ROLE IN A HOSPITAL SETTING

Role of social worker as more decentered

- To listen and ask questions to get as much of a sense as possible about the person's concerns, aspects they find challenging, practical needs, and how they are framing this medical experience for themselves. Support them in identifying preferred narratives.
- I am not the expert, the expert is the person I am talking to.

END OF LIFE PRACTICES

- Affirming the on-goingness of life and relationships rather than dwelling on the finality of death
- Appreciating how the emergency of death provides opportunities for the telling and performing of loving stories that I hope will linger long after the death
- Asking questions to generate affirming and resourceful memories of this time for future times of reflection and re-memembering
- Employing the power and flexibility of story to transcend physical mortality

GRIEF AND BEREAVEMENT

- Re-membering conversations assist people to craft a relational response to the death of a loved one.
- Clients are not invited to follow prescribed stages of grief that promote saying goodbye, letting go and moving on from relationships with the dead.
- Grieving is relational and does not need to be experienced in isolation
- First step is to ask the bereaved person to introduce the therapist to the deceased person.

LESS SCIENTIFIC LENS, MORE ARTS LENS

- Narrative Therapy approach supports movement of psychology more towards the arts, de-emphasizing the framing of people's identities through a scientific lens.
- “Rather than hear a DSM5 description of depression I'd be more interested in three well-written poems about the experience of depression.” S. Madigan

Imagination and creativity play a very significant role

METAPHORS

- Problem is oppressive—new posture may be action to “liberate”
- Disempowering the problem (empowerment)
- Reducing the influence of the problem (agency)
- Dissenting the problem’s influence (protest)
- Defying the problem’s requirements (resistance)
- Setting oneself apart from the problem (separation/individuation)
- Walking out on the problem (agency)
- Commencing comebacks from problems (sports)

METAPHORS

- Taming the problem (training)
- Harnessing the problem (equine)
- Escaping the problem, or freeing one's life of the problem (liberation)
- Recovering the territory of one's life from the problem (geography)
- Undermining the problem (geology)
- Reducing the problem's grip on their life
- Resigning from the problem's service

THERAPEUTIC LETTER WRITING

- David Epston had significant role in developing this narrative therapy technique
- Based on taking careful notes during the session
- Uses the client's language to support agency and alternative stories
- Can summarize, ask additional questions
- Can read the letter to start the next session, offer a place to pick up the conversation
- Letter writing campaigns and other uses of letters

BOOKS AND RESOURCES ON NARRATIVE THERAPY

What is narrative therapy? An easy to read introduction. Alice Morgan 2000

Narrative means to therapeutic ends. M. White and D. Epston. 1990

Narrative Therapy. S. Madigan. 2nd ed. 2018

<https://dulwichcentre.com.au/courses/what-is-narrative-practice-a-free-course/>

<https://dulwichcentre.com.au/articles-about-narrative-therapy/>

NARRATIVE THERAPY TRAINING

- Dulwich Centre, Adelaide, AU
- Vancouver School of Narrative Therapy, Vancouver BC
- Bay Area Family Therapy Training Associates, San Francisco, CA
- Evanston Family Therapy Center, Evanston, IL
- Minnetonka Institute, MN
- Re-Authoring Teaching, Vermont/on-line
- Miracle Mile Community Practice Los Angeles CA

SOME INITIATIVES IN THE NARRATIVE THERAPY COMMUNITY

- Wonderfulness interviewing with children and families (David Marsten, Los Angeles, CA)
- Tree of Life: folk cultural practices (David Denborough, Adelaide, AU)
- Gendered violence (Rosa Arteaga, Vancouver, BC)
- Queer informed narrative therapy (Gender Health Center, Sacramento, CA)
- Relational interviewing with conflicted couple relationships (Stephen Madigan, Vancouver, BC)

RESEARCH AND NARRATIVE THERAPY

- Stephen Madigan has a section in his book that outlines some of the pitfalls with research noted by narrative therapists, as well as some research initiatives undertaken in the field.

Madigan, S. (2018) Narrative Therapy 2nd ed p. 109 - 116

CONCLUDING REMARKS

- Who has the story-telling rights to the story being told?
- Stephen Madigan

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