UNIT 4  THE NARRATIVE APPROACH TO ASSESSMENT AND COUNSELING

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4.0  INTRODUCTION

Narrative approach to counseling is the last unit of this block. In this unit we are going to learn how narrative approach is used for counselling. We will first define narrative therapy, and then briefly describe its theoretical assumptions in relation to psychosocial concepts. Narrative therapy is a form of psychotherapy that emphasises the importance of story and language in the development and expression of interpersonal and intrapersonal problems. The term narrative implies listening to and telling or retelling stories about people and the problems in their lives. The pioneers in this approach are Michal White and David Epston. This
approach came into existence in 1990. This approach believes that people construct the meaning of life in interpretative stories, which later on become truth for them. David Epston sees these stories as both describing and shaping people’s perspectives on their lives, histories and futures. These stories may be inspiring or oppressive. The counsellor’s role is to reconstruct these stories.

4.1 OBJECTIVES

After completing this unit, you will be able to:

- Define narrative approach of counseling;
- Explain basic assumptions of narrative approach;
- Describe the role of counsellor in intervention; and
- Analyse the process of narrative counseling.

4.2 BASIC CONCEPTS

The way people experience themselves and their situation is constructed through culturally mediated social interactions which is called “social constructionism”. Narrative approach is based on the principle of social constructionism. People construct the meaning of life in interpretative stories, which later on become truth for them. Gradually the person starts internalising the messages that are offered by the surroundings and the culture, both of which have a great impact in this process. The assumption of the approach is that the client’s life experiences are internally organised in story form. Hence most often narrative approach involves writing poems, bibliotherapy, and storytelling.

The focus of this approach is on the client’s narration of the story. The simple assumption is that we live out of the stories that we tell about ourselves and also what stories others tell about us. The main theme of this approach is that when the client comes for therapy, he approaches the therapist because his story is centered on suffering. The client enters this therapeutic process with ‘unconscious script’. The client is so used to carry it for a long time that the person forgets that there are any alternatives to that story. The human nature gets considerably influenced by the social context in which the person lives.

4.2.1 Listening to the Stories

The therapist listens to the stories narrated by the client which is an essential part of narrative approach. The stories are heard without interruption and without confrontation by the therapist. This approach focuses on the capacities of the humans to be creative and imaginative. Clients are the primary source of information. The therapist never assumes that the clients have better understanding of their lives which they are living and experiencing. Thus each person has his own way of making a story which is true to his or her life. The sharing of the stories not only changes the person who is telling the story but also the story has an impact on the person who is listening to it.

The reestablishment and reconstruction of these stories are the essential goals of the therapy. The stories are reconstructed. The therapist explores with the client what are the dominant stories in the system of the client. Both therapist and
client focus on these stories and changes that were suggested for these stories. These dominant stories are a part of the large system that each of us have.

Narrative therapy involves working with people who are stuck in problem saturated stories that they tell themselves, and also that which the society has told them, as well as about themselves as to who they are and what their lives signify, etc. These stories have become “disabling” in the sense that the individuals feel that they have lost control of their stories and are unable to change their meaning.

Narrative approach avoids use of diagnosis, though it does believe in the assessment part of the therapy. This approach gives emphasis on to the understanding of the client’s life experiences rather than predicting or interpreting and labeling them with some technical term.

4.2.2 The Key Beliefs

The key beliefs of the narrative approach are discussed below to understand basic concepts of the narrative therapy:

1) People or clients are experts who can handle their own lives and its problems.
2) The therapy views problems as separate entities to people.
3) It assumes that the individual has a set of skills, experience and mindset that will assist him/her reduce the influence of problems throughout life.
4) This therapeutic approach places the individual in both the protagonist and author roles.
5) It switches the view from a narrow perspective to a systemic and more flexible stance.
6) The aim of this therapy is to help clients realise what forces are influencing their lives and to focus on the positive aspects of their life.
7) The narrative approach believes that problems are manufactured in social, cultural and political contexts.
8) Each person produces the meaning of their life from the stories that are available in these contexts.
9) Stories in a ‘narrative’ context are made up of events, linked by a theme, occurring over time and according to a plot.
10) A story emerges as certain events are privileged and selected out over many other events.
11) As the story takes shape, it invites the teller to further select only certain information while ignoring other events so that the same story is continually told.

David Epston sees these stories as both describing and shaping people’s perspectives on their lives, histories and futures. These stories may be inspiring or oppressive.

Often by the time a person has come to therapy the stories they have for themselves and their lives become completely dominated by problems that work to oppress them. These are sometimes called ‘problem-saturated’ stories.
Problem-saturated stories can also become identities (e.g. *I've always been a depressed person.*) These kinds of stories can invite a powerful negative influence in the way people see their lives and capabilities (e.g. “I’m hopeless”).

Counsellors and therapists interested in narrative ideas and practices collaborate with people and step away from problem saturated and oppressive stories. They try to discover the ‘untold’ story which includes the preferred accounts of people’s lives (their intentions, hopes, commitments, values, desires and dreams).

Counsellors listen to these stories of people’s life, their cultures and religions and look for clues of knowledge and skills which might assist people to live in accordance with their preferred way of being.

In essence, within a narrative therapy approach, the focus is not on ‘experts’ solving problems. It is actually how people discover through conversations, the hopeful, preferred, and previously unrecognised and hidden possibilities that contain the unseen storylines. This is called as the ‘re-authoring’ of people’s stories and 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.

### 4.2.3 Fundamentals of Narrative Therapy

In many events of our lives, we tend to focus on particular things and ignore others. Analysing our lives as a play helps us understand the different forces and roles that are influencing our behaviour. This in turn gives us flexibility to invoke the necessary changes for improvement.

The emotional, cognitive and spiritual perspectives of a person are usually combined in order to derive meaning to an event. In many instances, one or two perspectives will prevail over the others, and this will depend upon the particular scenario and the individual’s personality traits.

People differ in their perceptions and decision making aspects and they respond to the setting, the characters, the theme and plot.

#### Self Assessment Questions

1) What are the basic concepts of Narrative therapy?

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2) Describe the characteristic features of narrative therapy.
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3) What are the key beliefs of Narrative therapy.
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4.3 TECHNIQUES AND OBJECTIVES OF NARRATIVE THERAPY

4.3.1 Externalising the Problem

The techniques that narrative therapists use have to do with the telling of the story. They examine the story and look for other ways to tell it differently. They tell it in another way so as to make the person understand the same situation and event in certain different ways. By this strategy they put the problem outside of the individual, thus externalising it.

4.3.2 Reconstructing the Story

In Narrative Therapy the problem becomes the antagonist of the story. Certain behaviours are based on particular ‘unhealthy’ or ‘undesired’ characteristics, such as lack of patience, aggressiveness, etc. Thus, they are approached as not a part of the client but as an opposing force which needs to be ‘defeated’.

An example would be a child that has a very bad temperament and tends to be aggressive to other kids at school and his parents. The child might feel guilty for his temperament and blame it on himself (“I don’t know… it is the way I am…”). The counsellor will work with him towards isolating that undesired trait (aggressiveness) and placing it as an external trait not a characteristic of the individual. This strategy helps clients re-construct their own stories in a way which will reduce the incidence of the problem in order to eliminate negative outcomes and reinforce personal development and achievement. The protagonist becomes the author and re-writes the story constructively.

4.3.3 Unique Outcomes

If a story is full of problems and negative events, the counsellor will attempt to identify the exceptional positive outcomes. When exploring unique positive outcomes in the story, the counsellor will assist the client in redeveloping the
narrative with a focus on those unique outcomes. This focus on unique positive outcomes, assists the client in empowering him/herself by creating a notion that those unique outcomes can prevail over the problems that he or she is facing.

Let us take an example, Let us say Mr. X is a novel writer, and he is given a novel to review and publish the way he prefers. Mr. X had already read it and found it generally poor, but there were some interesting ideas which he appears to have liked. Now he selects these ideas, and re-writes the novel around them. He can thus make a flawed story become a bestseller.

4.3.4 Alternative Narratives

The focus of Narrative Therapy is to explore the strengths and positive aspects of an individual through his or her narrative. Therefore, the main objective of this therapeutic approach is to improve the person’s perspective internally (reflective) and externally (towards the world and others). Alternative narratives are a simple way to relate to this concept. This technique works in combination with unique outcomes. How?

The individual will reconstruct a personal story using unique outcomes, focusing on the positive aspects of a previous story in order to achieve a desired outcome. This process is based on the premise that people can continually and actively re-author their own life.

By creating alternative perspectives on a narrative (or event within the narrative) the counsellor is able to assist the client in bringing about a new narrative which will help combat the ‘problems’. This is similar to Cognitive Behavioural Therapy as it aims to create a positive perspective of an event.

4.3.5 Boundaries of Narrative Therapy

Despite being a widely used approach, particularly when combined with other therapeutic approaches, Narrative Therapy has certain boundaries or limitations. In many occasions, diverse clients may expect the therapist to act as the expert, instead of having to ‘conduct’ the conversation themselves. For this reason, Narrative Therapy can be challenging when the individual is not articulate. Lack of confidence, intellectual capacity and other issues could also undermine the expression of the individual through a narrative.

Another common boundary of Narrative Therapy is the lack of recipe, agenda or formula. This approach is grounded in a philosophical framework, and sometimes can become a particularly subjective or widely interpretative process.

4.3.6 The Leading Role

The most important aspect of Narrative Therapy is to empower the client. Placing the client as an expert, and understanding his/her story instead of attempting to predict it, indicates the therapist’s mindset. The idea is to emphasise the therapeutic relationship, in particular the therapist’s attitudes. This standpoint encompasses many of the important aspects of good interpersonal communication, such as demonstration of care, interest, respectful curiosity, openness, empathy, and fascination.
Once this collaborative relationship has been established, the counsellor and the client can move forward and work on how to improve the outcomes of the narrative.

One of the key concepts in narrative therapy is that a person’s collection and interpretation of his or her stories is analogous with that person’s identity. How people interpret their narratives directly affects how they see themselves. Story and identity are intertwined, and in order to change the identity, the way the story is read or evaluated must change too.

Most people have what are termed problem saturated stories, and these usually shape the identity and become preeminent in the person’s mind. These types of stories tend to be so big that they supercede or ignore other parts of a person’s narrative that could tell a different story or change the interpretation of life and self. They also tend to give people a black and white view of the self instead of allowing for the idea that multiple the contradictory interpretations that exist at the same time.

A very simple explanation of the goals of narrative therapy, then, is to find these problem saturated stories and begin to test them while looking for other narratives that might be contradictory. This can be accomplished through therapist/client conversations, or in other ways, as by involving a third party to sit in on a session about a specific story of which he or she has personal knowledge. This technique is not always employed, but third parties may lend different perspectives to the client’s view of a specific event or series of events that make up a narrative and self-interpretation.

As interpretations become more open, the self is freed from the bondage of limited views. A multi perspective view helps people to author new stories about themselves that are much more authentic and truer to the narrative of a whole life.

**Self Assessment Questions**

1) Describe the techniques of Narrative Therapy.

2) Elucidate the objectives of Narrative therapy.
4.4 KEY ASSUMPTIONS

4.4.1 Client and Problem

The client is not defined by the problem that he presents in the therapy setting. This does not happen only from the therapist, but also from the client’s side. A person who is depressed starts considering his personality as depressed. He needs to be made aware that depression is a state and not a long term change that has taken place in the life of the client. People start identifying themselves with the problem. This is discouraged by this approach.

4.4.2 Source of Information

The best informant about the client is client, the client knows better about himself than anyone else. His information and his understanding about self are considered as authentic and reliable by the therapist. In fact the client is the biggest expert of his own life, so to understand him better the therapist takes his opinion into account. The experiences of the client are counted more than what the common sense view says because clients spend the maximum time with themselves. Clients do know their conflicts and dilemmas, they might not be able to deal with them effectively on their own but that does not stop them from understanding things in their life.

4.4.3 Client’s Competencies

The client is resourceful. He has many skills and competencies to deal with the problems he is facing. So it is the task of the counselor to find out what are the competencies that have worked in the life of the client so far, so that the same can be used effectively to deal with problem in various other later situations too. The counselor should be able to find the strength the client has in his narratives, because that will help the client to find new alternatives based on this exploration.
4.4.4 Client’s Acceptance

Change takes place when the client accepts it. Till the point of intervention, it is difficult for the client to believe that they can change their life story. They do not consider themselves as the author of their story. When they accept that they can change the story, this gives them a sense of the alternative that is available to them.

4.5 GOALS AND STEPS IN NARRATIVE COUNSELING

Before learning steps of narrative counseling let us first see the goals of counseling so as to understand every step in proper perspective. There are four goals commonly set for Narrative therapy or counseling.

Goal 1
The first goal is to invite people and make them aware about the stories of their life and facilitate them to share the same with the therapist or the counselor.

This opportunity to share these stories enables them to express the stories in new and fresh language. This new language has a positive effect on the client’s life. It gives different meaning to the client’s understanding of the problem. With this change the client also starts feeling differently and thus the client’s behaviour also changes.

Goal 2
The second goal is to make the client aware of the impact that the culture has on people living in it. Various aspects of the dominant culture are discussed during the counseling process.

Goal 3
The third goal is to enlarge the perspective of life.

Goal 4
The fourth goal is to find the alternative to the stories that the client have been holding so far about their life. To achieve the above mentioned goal, generally narrative counseling yields following steps. It should be noted that the narrative approach is more dependent on counsellor’s skill than on techniques.

Having presented the goals of narrative counselling, let us now take up step by step the therapeutic procedure.

Step 1: Naming the problem
The therapist encourages the client to name the problem. For example the story of a loser. In most instances the story is used with some adjective that is given by the client. Discussion takes place regarding that name and mutually therapist and the client agree to that name. When the patient creates a personalised “working label” for his/her problem, he/she gains power and control. For example, a student perceives himself as not intelligent and hence fails in the examination, and develops story that ‘I am not intelligent’.
Approaches to Assessment in Counselling

**Step 2: Discussion on the depth and intensity of the problem**

This session includes the in-depth understanding of the problem that is stated by the client. The therapist tries to understand how this problem had been disrupting the client’s life, and how it has been dominating the client’s life. A narrative approach advocates externalising the client’s problem by locating it outside the individual and within the culture.

When people are freed from self-blame and guilt, they are more likely to take responsibility for the effects of the problem. That may lead to assume a position of resistance and overcoming a problem. For example let us say a student perceives himself as not intelligent because of parents, teachers and other significant people. They told him that he is not intelligent. This is the external reason for problem development.

**Step 3: To encourage the client to have an alternative way of looking at his story**

So far the assessment is complete for the intervention. At this step the client is encouraged to give up the story that is discouraging him and affecting his life negatively. The therapist does not provide him with a new readymade story rather he encourages him to find an alternative story. The new story is expected to be better than the previous story. The new story is considered to be more constructive.

**Step 4: Imaging changed life**

The therapist suggests to the client to think about the future on the back drop of the changed story he holds. The client is asked to imagine how would be his life with this changed life story. The mental exercise of how it will change client’s life is taken up. The possibilities of the changes that will take place and what are the expected outcome with this is discussed in the sessions.

**Step 5: The client is encouraged to create an audience to support the new story**

Repetition of the same story to the same audience may block the imagination. Therefore the therapist encourages the client to find new audience that will perceive the story in the right perspective and would also support the client by accepting the story with open mind. Thus it is not enough to recite new story but need to live according to the new story outside the counseling sessions. Since the problem of the client developed in the social context it is essential to create supporting social environment.

### 4.6 ROLE OF THERAPIST

The success of narrative approach is more dependent on therapist’s skill than on techniques. In the light of basic concepts every approach of counseling expects specific set of behaviour in the counseling process. The role of the therapist in the narrative approach is given below:

- The therapist should be a good facilitator.
- He should be caring towards the client.
- He has to be interested in the client’s stories.
• He should be respectfully curious.
• He should not disturb the privacy of the client.
• He should be open to all the stories that come from different clients.

With the above expectations the therapist becomes the participant observer and process-facilitator. One of the basic tasks of the therapist is to help the clients construct a story that is more useful and which will help him to get rid of the problem he is facing. He does this by asking appropriate questions to the client. These questions are not hypothetical but based on the information provided by the client in the story format.

4.7 THERAPEUTIC RELATIONSHIP

Considerable importance is given to the characteristic traits of the therapist. His qualities such as optimism and respect, or his curiosity and his persistence make a great difference. It is said that this therapy is effective if the client’s knowledge is valued. This therapy is a complete collaborative work between client and therapist.

The therapist does have an authority in the sessions, however he treats the client as expert of his life. The important thing that we have to understand in this context is that retelling the same life story the clients get saturated with the problem he is facing in his life.

With the help of the therapist the client discovers a different perspective. He also finds better resources. The therapist does ask questions in such a manner that the client is forced to think about the truth he is holding and as a result he starts searching for new alternative to the old story. Thus the past which has been already lived by the client becomes the base for finding the new alternatives.

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4.8 TECHNIQUES OF NARRATIVE COUNSELLING

4.8.1 Questioning Technique

Questioning is the basic tool of narrative therapy. Narrative questioning has the purpose of uncovering meaning and generating experience rather than creating information. These are always in relation to the context the client provides to the therapist. The purpose of the question is not to gather information but it is to enable the client to experience some new perspective.

Another purpose of questioning is to understand the direction in which the client is progressing. Along with reconstructing the life story of the client the therapist tries to see if there is any development taking place in the client.

The success of this approach lies in the fact that the therapist should be able to empathise with the client so that he can ask the appropriate questions. In simple words the therapist assists the client to find new meaning and new possibilities in the way he is dealing with his problems. Narrative approach uses the following techniques for counselling.

3) Describe the steps followed in narrative counseling.

4) Describe the role of Narrative therapist.

5) What kind of therapeutic relationship is required in Narrative counseling?
Therapist asks the questions with due respect to the client. No doubt, he is curious; however, it is different from the questions that are probing. The main purpose of the question is not to dig and get any information from the client rather it is to make the client aware or the therapist to get a direction as to how to go about in the therapy.

When the therapist asks the questions, he takes care that these are not based on any assumptions. These are completely based on the material that the client gave to the therapist during the sessions. This questioning does provide the client with an opportunity to understand the different dimension of their problems. They are forced to think and look at the matters in some other way.

As we can see, questioning the client in this approach is not so easy. It should not challenge the belief that the client has about his life story, at the same time the therapist should be able to make him aware that there are other alternative ways of looking at the problem. Although this appears rather a simple technique, in fact it is very difficult. The client should not feel that the therapist knows it all and that is why asking questions.

He should be assured that his life story is unique in many respects and the therapist is curious to know and work through it. So finding an alternative is a joint venture. The therapist does not give the client a quick fix solution to his problem, rather he encourages the client to find some other alternative by asking him appropriate questions.

4.8.2 Exploration and Deconstruction

Narrative psychologist is different from the traditional therapist in many respects. We just saw how the technique of questioning is different from the other therapies in counselling.

Now there is one more difference, and that is the therapist does not look at the client as a problem. He separates the client from the problem. Let us understand this. For example in cognitive therapy, specifically REBT the therapist tries to make the client aware that the route cause of his problem are his own irrational beliefs. In addition, these irrational beliefs are creating problems for him. So in a way the clients thinking is held responsible for the problems he is facing. Whereas in this approach the therapist does not label the client as having anything wrong, rather he seeks solution by accepting the client the way he is.

There is no correction suggested from the therapist and the therapist facilitates the client to come up with alternative. Therefore, there is no right or wrong labeling to the story that is held by the client. His story is accepted as it comes from him. The aim of therapy is to provide the client the best of the alternative and the therapist facilitates in such a way that the client himself comes up with it.

The therapist is interested in knowing how the problem first became evident. He also explores how this problem affects the life of the client. In this approach, the therapist tries to help the client to deconstruct the saturated stories that serve no more purpose, and he tries to give a new direction to the story that the client tells. This is done with caution that the client’s truth is not challenged but rather than that, he is made gradually aware about the alternatives about the story.
The client is made aware about his taken for granted attitude and that helps him to free himself to find new options to the story that he believes in.

The second part of this technique, which is externalisation, is the process in which the client who was identifying with the problem is separated from the problem. In this process if he could give a name to the problem that is also appreciated by the therapist.

In this technique, the objectivity plays an important role. The client is encouraged to look at his problem in an objective manner so that he can find some alternative. This is the simple rule of life when we are into the problem situation we are not able to think of many alternative solutions but when we look at it objectively we do find many options for the same problem.

The changes in language helps the client to understand the problem in better ways. This leads to the separation of the problem from the person. For example rather than labeling the person as alcoholic, he is referred to as a person who has a problem with alcohol. This way of looking at a problem keeps the problem and the person apart from each other. This creates the hope in the person that he will get a solution to the problem. The impact of culture, in which the client lives, is taken into consideration at this stage of intervention. The therapist motivates the client to deconstruct the impact of the culture.

This method of separating the problem from the person is called ‘externalising conversation’. While using this technique two things are done.

i) First, to map the impact of the problem on the person’s life.

ii) Second, what is the person’s contribution in the development of the problem?

When the therapist uses the first technique this generates a great deal of understanding of information that is useful. If this is done then people are less ashamed of them and feel less blamed. This is done systematically so that this makes the person feel that he is being understood by someone. This also serves the purpose of laying the foundation for reconstruction of the story.

As the therapist helps the client to trace the problem, the origin of the problem is understood. The client is able to access the material that he was not aware of. The therapist also asks the question regarding future like “what would happen if the problem persists for a month or so”. This always motivates the client to continue the therapy more rigorously and fight with the problem.

The second task is mapping the effect of the person in the development of the problem. This gives the client the feeling that the problem is not all that dominating, and he is not helpless. There is hope to handle the situation. This gives him an opportunity to understand that he has dealt with the problem effectively.

### 4.8.3 Search for Unique Outcomes

The above questions are asked for externalising. In the next step questions are asked for searching for unique outcomes. The therapist asks the client questions as to what were the moments of choice or success regarding the problem.

For this purpose an experience is chosen which stands apart, even if this is insignificant it is focused.
The therapist asks questions like whether there was any time when the client could take charge of the situation and overcome the problem even for some time. The same questions are asked regarding the future. The client is given a hypothetical situation and asked what he would do if such situation occurs.

After the client shares a unique experience, following questions are posed to him. The questions that are asked are usually the ones given below:

i) What do you think this tells me about what you wanted in your life and what you have been trying in your life?

ii) Do you think knowing about this experience will affect my view about you?

iii) Is there anyone who would be least surprised that you could get hold of the situation?

iv) What actions would you take to use this knowledge about yourself that you could control yourself?

The above are some of the questions that the therapist asks the client to make him aware about the situation when he was in charge and could handle it effectively.

Now the next task is to convert this unique outcome stories into solution stories. In other words whatever has worked successfully earlier, can it be used again in the forthcoming or anticipated problems?

This technique is called circulation technique. The questions are framed as follows:

i) Now that you have this understanding of the problem who else should know about it?

ii) There must be some people who have outdated view about you, would like to update them with the unique experience you had?

iii) If there are some other people who have similar problems can I share some part of your story with them?

The above questions are not to be asked in a rigid format, but should be asked at the most appropriate time depending on the therapist’s skills.

There is no hard and fast rule that they should be asked in the same manner that they have been given here. The asking part will differ from therapist to therapist and from client to client.

In the session the therapist seeks permission from the client if he can ask him a series of questions. Only when the client feels that he will be able to answer them, the therapist asks him the questions. When the permission is taken from the client it is made clear that there is no compulsion on the client to answer them all.

### 4.8.4 Alternative Stories and Re-authoring

The process of deconstruction of the stories automatically starts the new stories. The therapist encourages the new stories that the client wants to come up with. The therapist tries to find out clues that are opening to new stories and takes the client into that direction. Sometimes with the help of the clues that are given by the client he develops a competent story.
The turning point comes in the narrative therapy when the client chooses an alternative of a new story over the old problem saturated story.

The therapist through various techniques helps the client to construct more coherent and comprehensive stories.

### 4.8.5 Documenting the Evidence

This approach believes that the story takes hold only when there is an audience that is appreciating it. This is done in the therapy by the therapist. The therapist writes letters to the client regarding his understanding and the changes that are taking place between the sessions. The letters also document the description about the struggle the client is making to make life more meaningful and to what extent the culture is responsible for it. These letters also encourage the client, and highlight the client’s achievements.

There are few things that are taken care of while writing a letter to the client:

- The letter starts with the review of what happened in the last session.
- How the problem is affecting the client?
- Questions that the therapist thought about the story the client after the session is over.
- What is the unique outcome and expectation?

The letters written in this way reinforce the carrying the changes from the therapy room to everyday life. This gives the client a message that it is equally important to behave in the outer world along with being in the therapy room. This letter written to the client has effect of three sessions together.

To facilitate the above mentioned process therapist uses two techniques, viz.

i) poetry and  
ii) journal writing.

Poetry is a deeper form of the narrative therapy. This technique uses more abstract capacities of the client. This creates vivid expressions of the memory of the client. It also helps the therapist to understand the client and his problems better.

The second technique is *journal writing*. This is done with the intention to slow down the client’s thought process. The basic belief behind this is, thought and feelings are connected through words. This is used as homework.

### Self Assessment Questions

1) Describe the ‘questioning technique’ in narrative therapy.

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Let Us Sum Up

The term narrative implies listening to and telling or retelling stories about people and the problems in their lives. The basic aim of this therapy is to explore the client’s story through the means of narration. It focuses on the stories of people’s lives and is based on the idea that problems are manufactured in social, cultural and political contexts. Each person produces the meaning of their life from the stories that are available in these contexts. These stories may be inspiring or oppressive. The reestablishment of these stories is the essential goal of narrative therapy. The stories are reconstructed. The therapist explores with the client what are the dominant stories in the system of the client. They focus on these stories and changes are suggested for these stories. Questioning is the basic technique used for counseling.

Unit End Questions

1. Write detailed note on narrative approach to counseling.
2. Discuss the basic concepts of narrative approach of counseling.
3. Compare narrative approach with other approaches of counseling with the help of basic concepts and techniques.
4) Give the importance of questioning in narrative approach of counseling.

5) Discuss different techniques of narrative counseling.

### 4.11 SUGGESTED READINGS
