Presentation Notes

I. Context

   A. The Coaching Toolkit Meta-model

   B. Cynenfin

II. Steps in Narrative Therapy

   N_________ the problem. Externalize it.

   E_________ of the problem are mapped.

   R_________ of the problem? Evaluate the effects.

   L_________ those results? Justify it - why or why not?

   C_________ stories. Where has problem not succeeded?

   S_________ or thicken those preferred stories.

Pertinent Assumptions of the Narrative Approach, John S. DePaola, MFT

We become who we are through relationships, thru the meaning we make of other’s perceptions us and interactions with us. Meaning - We make meaning out of every event in life. Information is conveyed in stories. People who work with Narrative also work with meaning and the meaning in life comes from the stories people tell themselves and each other about those events and themselves. The same events can be storied in a variety of ways, making a difference in how life is experienced. However, in order to make a lasting and significant difference, new stories must ‘fit’ and must be different in particular ways.

We organize our lives through stories. We can make many different stories or meanings of any particular event. There are many exceptions in each of our lives that have not been storied each of those events could, if storied, lead to a different, often preferable, life narrative.

The dominant discourses/world view in our society powerfully influence what gets storied and how it gets storied. Locating problems, in particular discourses, helps us to see people as separate from their problems. We seek to identify the discourses that support problematic stories using curious questions and deconstructing ‘abnormal’. Once a problem is linked to a problematic discourse we can more easily help people oppose the discourse or choose to construct their relationship in line with a different, preferred story. People working with narrative ask about the broader context - the social weaving and networking.
Sample Questions

How does the problem affect you? What is it costing you?
How does busyness feature in your work life? In your life beyond work? Your relationships?
When it is is having it's way with you, what happens to your dreams for the future?
Are you satisfied or dissatisfied with the way the busyness is "wrecking my relationship" and leaving you no time for friends?
Have there been times that you have thought -- even for a moment -- that you might step out of busyness's forced march?
Can you imagine a time in the future that you might defy busyness and give yourself a break?
Given everything that busyness has got going for it, how did you protest against its pushing you around?
What does this tell you about yourself that you otherwise would not have known?

What were the times like when we all got along together just fine, when we didn't have this problem? How did that work and what did that feel like?
Looking back on this accomplishment, what seem to be the turning points that made this possible?
What were all the details of that moment of success?
Reviewing all these moments of success up to now, what kind of future could be possible?

Who told you “real men” don’t pay attention to their health?
What would you call this problem of not paying attention to your diabetes?
Does everyone agree that you’re not capable of managing diabetes, or does someone have a different idea?
Suppose a miracle happened and not caring was solved, how would your life be different?
Are there ever times when not caring doesn’t control you? Tell me about these.
How did you feel when you got the new medication? Is this something you really want?
Tell me more about how you were able to resist that fast food? What exactly happened?
What does it say about you as a person that you were able to have success?
Who in your life would be least surprised that you are able to make this change?
Terms
Absent but Implicit - When a belief is present, but not stated. For example, if a boss asks someone to work over the weekend, it may be absent but implicit on either side that the worker must do it or there will be consequences. Double listening is a technique to listen to both the words said and the items that might be absent but implicit and draw these out.
Deconstructing Discourses - To ask questions, to challenge, validate and clarify a given discourse and its origin. For example, “What is success?” or “What does it mean to ‘be a man’?”
Discourse - A system of words, actions, rules, beliefs and institutions that share common values. Particular discourses sustain particular world views. We might even think of a discourse as a worldview in action. Discourses tend to be invisible, taken for granted as part of the fabric of reality.
Dominant Discourses - what gets storied and how it gets storied. Such as “men” in “All men are created equal,” changed as the discourses around who can own land, vote or hold political office changed. Originally it referred to adult, white land owners. Now it refers to adults of all genders and skin colors.
Essential Self - Who we truly, removed from socially constructed discourses and our problem-saturated stories.
Essentialist - Seeing problems of people as who are they are, their identity. “Did you hear what how Joe said it had to be his project? He is such an manipulative control freak.”
Externalizing - Taking something seen as part of someone and separating it from them.
Hegemonic, Cultural or Invisible Discourses - The pervading cultural or familial discourses that we often unknowingly take on. These can be identified using curious questions instead of assuming questions.
Mapping - Listing out and finding the thread of the effects of the problem (or solution) on the life and relationship. What is the particular conversation in their head? What’s the internal conversation like?
Multi-storied - The fact that people might have several different behaviors or value sets for the same situation depending on different contexts. For example, a man may use profanity when cut off by another driver, but not when the same event happens and his children are in the car, or when he’s not anxious about work, etc.
Narrative or Story - A specific behavior or identity pattern, as well as the meaning and values connected to that.
Pathologizing - A new term for diagnosing a normal condition as medically or psychologically abnormal, clinically diagnosed.
Preferred Identity - The person you would like to, or aspire, to be.
Preferred Story - In regards to specific problem situations and behaviors, a preferred story is the actions, thoughts and outcomes you would rather see.
Re-authoring - To write part of your behavior and identity story in a preferred manner.
Social Construction - People’s felt or experienced reality is defined by what they talk about and how they talk about it.
An Exercise: Having an Externalizing Conversation with Yourself

Pick a character trait, quality, or emotion that you feel you have too much of or that other people sometimes complain about in you. Make sure it is in adjective form, as a description of you, for instance, “angry,” “competitive,” “guilty,” “shy,” or “nitpicky.” In the following set of questions, fill in the trait or emotion where we have “X.” As you read these questions, substituting the trait or emotion for X, answer them to yourself:

1) How did you become X?
2) What are you most X about?
3) What kind of things happen that typically lead to your being X?
4) When you are X, what do you do that you wouldn’t do if you weren’t X?
5) What are the consequences for your life and relationships of being X?
6) Which of your current difficulties come from being X?
7) How is your self-image different when you are X?
8) If by some miracle you woke up some morning and you were not X anymore, how, specifically, would your life be different?

Note the overall effect of answering these questions. How do you feel? How does the future look in regard to this?

Now, take the same quality or trait you worked with above and make it into a noun (e.g. angry becomes anger). In the following questions, where we’ve written a “Y,” fill in your noun. Answer each of these questions to yourself:

1) What made you vulnerable to the Y so that it was able to dominate your life?
2) In what contexts is the Y most likely to take over?
3) What kind of things happen that typically lead to the Y taking over?
4) What has the Y gotten you to do that is against your better judgment?
5) What effect does the Y have on your life and relationships?
6) How has the Y led you into the difficulties you are now experiencing?
7) Does the Y blind you noticing your resources or can you see them through it?
8) Have there been times when you have been able to get the best of the Y? Times when the Y could have taken over but you kept it out of the picture?

Now note the overall effect of these questions. Think back to your experiences with X. How is your experience with Y different from X? By turning the quality or emotion into a noun, did you begin to treat it as an object, and in answering the questions did you externalize that object?

Narrative Coaching
Scott Dunn, PMP, CST

Narrative Quotes
“Because we don’t know where a story will go and because we are not its principal authors, we often use the subjunctive mood - a term used in reference to “traffic[ing] in human possibilities rather than in settled certainties.” (1)

“Stories give people the reassuring sense that life is not just a series of events happening one after the other without rhyme or reason.” (and all remaining, 2)

“Externalizing creates a linguistic space in which people can notice the effects of the conflict itself, rather than its causes, and assess whether they like those effects or not.”

“The thought that “therefore” I am a bad person may persist. Such convictions are built on essentialist assumptions about the origins of conflict. These assumptions often establish a position from which it is not easy to negotiate in good faith. How can you do a deal with the devil?”

“What people talk about and the way they talk about it construct the world that they live in.”

“The forward momentum of a hopeful story is established early on, and the conflict story is constructed as a restraint that holds it back. Thinking of a conflict as a restraint is different from thinking of it as a mountain to climb.”

References


Narrative Therapy (short overview)
http://www.authorsden.com/categories/article_top.asp?catid=35&id=7395

Narrative Therapy (includes section on storytelling organizations and an introduction)
http://cbae.nmsu.edu/~dboje/narrativetherapy.html

Applications of Narrative Theory and Therapy to the Practice of Family Medicine (good summary for non-therapists)

Framework for a White/Epston type interview (simple overview in framework format)
http://www.narrativeapproaches.com/narrative%20papers%20folder/white_interview.htm

Commonly-asked questions about narrative approaches