Unhelpful beliefs do sometimes exist within the social work professional system about therapeutic techniques that improve social functioning solely by 'counselling' or 'therapy'. The social model upon which we base the foundation of our practice enables us to avoid this. We can also take into account the environmental context in which thoughts, feelings and behaviours will be reinforced before we focus on internal mechanisms.

Further Reading

Cognitive Therapy (Wills & Sanders, 2002) offers a concise and 'easy to read' overview of this approach that could be further applied to social work practice. Their use of diagrams to explain key principles and their emphasis on the therapeutic or collaborative relationship especially lends itself towards a compatibility with fundamental social work values.

Clinical Practice of Cognitive Therapy with Children and Adolescents (Friedberg & McClure, 2002) also offers a clear overview of the theoretical principles linked with this approach but specifically tailors this towards the needs of children and young people.

Cognitive Therapy for Depression and Anxiety (Blackburn & Davidson, 1995) provides a more specifically directed approach towards practice with adults with problems with low mood or anxiety.

Cognitive Behavioural Therapy (Sheldon, 2011) successfully manages to integrate the history and philosophy of CBT along with detailed information about techniques for its practice. This book is highly recommended for developing CBT skills.

6
Using Narrative Therapy in Social Work Practice

Key Concepts	Key Theorists and Practitioners
• Dominant Narratives • Unique Outcomes • Externalising • Alternate Stories	• White • Epston • Freedman & Combs

Introduction

Narratives or stories are linguistic means of communication between individuals, communities and cultures. Whether these stories are articulated in Braille, the spoken word or sign language, their essence is the same. We relate our lived experience in story form; we fantasise about our futures, anticipate our dreams, and relay the horrors of life using this mode. Stories are powerful representations of our values, thinking styles, and aspirations (or the absence of them). As social work is inextricably linked to people and their lived experiences, past, present and future, a narrative approach to skills used in the counselling of, and communication with, others seems vital to the nature of the profession. Freedman and Combs remind us of the limiting nature of problems:

Problems develop when we internalize conversations that restrain them to a narrow description of self. These stories are experienced as oppressive because they limit the perception of available choices. (Adams-Wescott et al., 1993, cited in Freedman & Combs, 1996)

This chapter aims to provide a skills-base for holding conversations with people using narrative therapy techniques that can separate the person from the problem. In supplying an overview of narrative techniques, sample questions will be offered as templates for social workers to create other questions in a narrative style. A brief overview of the history and philosophy of narrative therapy is firstly provided.

The techniques that follow below might also be used as a means by which the political impact of social structures can be explored with people on an individual rather than an abstract theoretical level, although this will not be directly addressed in this chapter.

History and Philosophy of the Narrative Therapy

Narrative therapy has its roots in sociological thinking. That is, social structures, such as the beliefs and values upon which society has developed and continues to function, and the elements that create these structures, are borne out of the repetition and re-enactment of dominant themes and objectives (Goffman, 1961). Society does not just exist, it is perceived through 'interpretive frameworks'. As individuals are socialised into their beliefs and behaviours, the repetition of these over time reinforces the existence of social structures by re-enacting and repeating social norms. Social controls regulate those behaviours that deviate from the norms of a society and in this way the dominant narrative of a culture can continue.

Using narrative skills requires direct recognition of the power and subsequent influence held by dominant narratives, both in macro systems (society) and within the micro-system that is made up of families. White and Epston (1990) draw on Foucault's (1980) work, linking social power to knowledge, and Bruner's (1986) work, linking power to language. Michael White and David Epston therefore challenge the notion that any therapeutic encounter can be truly objective. Namely that all workers using counselling skills are inevitably caught up in narratives concerning both their agency and the wider political system. Our pivotal link to values and ethics in social work practice sits very comfortably with aspects of this model, whereby we may seek to counter oppression and recognise and build upon

our strengths (SISWE 4.3. NOS 6:19.2). We are concerned with the nature of oppression and its structural roots, but practitioners will often struggle to move beyond providing practical assistance in relation to accessing housing and social security benefits to facilitate the enlightenment of the impact of deprivation, discrimination, and social exclusion and thus the empowerment towards change.

However, this is not to say that social workers should only use counselling skills as a means by which oppression might be challenged. Ethically the responsibility for changing structural oppression should be inclusive of but be much wider than with individuals alone, especially with service users, who are often the most vulnerable and disempowered members of society. However, we might use narrative therapy techniques in order to help individuals draw on their own strengths and resources when narrow, problem-saturated views of the self, the family, and social circumstances constrain social functioning even further than societal inequalities alone: 'Knowledge at a local level and from subcommunities can influence larger discourses', advocate Freedman and Combs (1996: 43–44). Narrative techniques can therefore go some way to answering the challenge that critiques of radical social work, concerned with power and social inequality, have attempted to find ways to employ key ideas about power in social and political discourse. 'One of the major criticisms of RSW (radical social work) was that it did not move beyond critique … to connect its analysis to action' (Cosis Brown & Cocker, 2011: 47). Narrative techniques can be one of the means for adopting such action when we are challenging social inequalities in practice.

Story Development and its Influence

Lived Experience and Story Development

All individuals, by virtue of their existence, will have a repertoire of lived experience. However, when giving an account of that experience, or reflecting on aspects of our lives as we have lived them so far, we will all be selective in what we will recall most readily. It is the premise here that we will actively select, and then hold on to, the dominant themes that have permeated our lived experience over a lifetime. These themes will then develop into a dominant narrative that we will repeat and replay. We will actively filter out exceptions to this dominant story of who we are – exceptions that may challenge the 'script' we will use to author our

lives, often held and either repeated or corrected by service users over generations (Byng-Hall, 1995). This authoring both re-enacts and recreates the dominant themes so that these are repeated in patterns that will become entrenched behavioural and emotional responses while narrowing our recognition of unique outcomes. As our lived experience will always be deeper and broader than that which we describe in discourse, service users will have a knowledge of a wider range of experiences than those which have been storied.

Case Study

Jasika met with Maggie following a referral from the day centre Maggie had attended for several years since she had reached retirement age. Maggie had always been a popular woman with her peers, enjoying social activities and taking pride in her independence. She had a mild learning disability and as she became older, she had also experienced a degree of physical problems that left her more reliant on staff for help with practical tasks. Maggie had good verbal skills and could communicate using words, although her range of vocabulary was often inhibited beyond the expectations for her abilities. Staff who had always had positive relationships with Maggie had been struggling with verbal attacks from her and were concerned that they might not be able to sustain her place at the day centre, which they knew would be devastating for her.

When Maggie met with Jasika, she was initially reluctant to speak to her. She believed that Jasika was going to withdraw her place at the centre after overhearing staff comments about this a few days before. Maggie remembered feeling isolated and ignored by her peers in school many years ago and believed that having become less physically able than some of her current peers this would lead to a repeat of those experiences. She thought she was useless and disliked and felt angry towards staff when she had to depend on them for the tasks she had managed for all of her adult life.

Jasika listened carefully to statements communicating Maggie's reluctance to meet with her and reassured her that the intention of her visit was to understand what might help Maggie be able to keep her place at the day centre. Maggie's suspicion of Jasika lessened and the beginnings of a conversation about frustration and worry began. Jasika realised it would take more than one visit to help Maggie understand what had been contributing to the angry outbursts so she negotiated with the staff to visit the following week. Jasika started to recognise that Maggie had quite a negative perception of how others saw her, despite her general popularity. She thought that exploring Maggie's dominant story, which could be maintaining the problems in the day centre, using narrative techniques over several visits might best fit with her needs at this time. Jasika's initial assessment indicated that preserving the day placement was most likely to support Maggie in maintaining her positive mental health and was also more likely to prevent the need for more social work services in the longer-term.

Social Work Application

The social work task is first and foremost concerned with our engagement with service users. However, often agency pressure will push us towards achieving a speedy execution of our 'assessment'. Under this pressure, or perceived pressure, we can hurriedly meet an individual with our own agenda for the kind of information we want to glean by the end of the first appointment, and then use what might be well-articulated questions to meet our end. What can be lost here is the art of making a genuine link between one individual and another, in a professional capacity, by the generation and mutual understanding of an element of shared meaning.

One of the strengths inherent in using narrative therapy within a social work context is that it holds tightly to the notion of creativity when forging relationships with people. It also pulls us back sharply to focus on the engagement and the individual's own story in order to illuminate the patterns around which their lives have been constructed and are being played out (SISWE 1.1; 1.2. NOS 1:2.2; 1:2.3). It dilutes the need for an agenda that sets us apart from people because of being 'professionals' and therefore also perceived by service users as being 'better' in some way.

Social work values remind us that we are not 'better' – we might have had a greater array of opportunities to allow our own life stories to take us to a position of social comfort and of power with service users by virtue of our role (SISWE 4.3. NOS 6:19.2). Holding to these social work values, we will use developed skills with people to empower them in return. However, we have to remember that power relations are socially constructed and that social and political narratives serve to assist in the construction of vulnerable people's stories. This is inherent in the social work task and woven into the social work value system, and it is also the underlying philosophy of narrative therapy.

Our role as social workers does take us into authoritative positions, especially in relation to child protection and adult mental health. Narrative techniques in this respect would be used in conjunction with rather than instead of a more directive approach.

We must search for meaning within these stories and, in doing so, strengthen our link with an individual by making a genuine attempt at understanding the nature of a problem for a service user and the way in which it affects their lives. Jasika managed to make this link with Maggie by taking time to work through Maggie's fears about meeting her. Only then did Jasika gain permission from Maggie to start to understand more of the problem emerging in the day centre. Maggie, feeling more at ease, trusted Jasika with the beginnings of a dominant, problem-saturated story that did not include her positive attributes (SISWE 2.2. NOS 2:7.2).

Problem-saturated Stories

The dominant themes which we re-enact in our lives can result in us experiencing emotional or behavioural problems. Narrative therapy's position is that our dominant story of the self and of the world can become problem-saturated: namely that the dominant themes we selectively hold as an accurate account of our lives and our lived experiences are largely negative. These will invariably be based on perceptions of powerlessness and our belief in a distinct lack of 'luck', thereby creating an external rather than an internal locus of control: other people, social structures or 'fate' will hold power over our lives rather than the self. By acknowledging the important role of religion or spiritualism for individuals, families and communities, narrative therapy draws on these and other strengths and resources to increase our personal control over life and assist with problem resolution. From an anti-oppressive stance, we can justifiably accept that, through prejudice and discrimination, people and social structures will indeed limit individuals' power and control over their own lives. Narrative therapy does not negate this. However, using narrative techniques can help us with actively seeking out those exceptions that can enrich problem-saturated stories and open up opportunities to explore alternative stories to those within the dominant narrative (SISWE 2.2. NOS 2:5.3)

Case Study

During their third meeting, Maggie shared with Jasika that as she saw her independence being eroded by needing to rely on care staff for care that, until recently, she could manage for herself, negative, critical self-beliefs had begun to dominate her thoughts about herself. Maggie felt powerless, which reminded her of childhood memories of feeling isolated and marginalised at school when others were more able than she was to manage academic work and physical education. She had been laughed at by other people for being clumsy and found

these memories extremely painful to deal with. When she had needed to use the toilet instead of letting a member of staff know she needed assistance she would try to wait, sometimes in considerable pain. When care staff asked her if she needed to use the toilet Maggie would feel embarrassed and frustrated and would then become verbally aggressive towards them. Sometimes other service users would intervene to defend the staff and Maggie would become verbally aggressive towards them also. Because she had perceived the frustration in others with her struggling, she had convinced herself that she was useless, unpopular, and somewhat out of control.

Jasika asked Maggie about her experiences as a young adult. Maggie sighed and stated that she had stayed at home until her father died and had then cared for her mother, cooking meals for her and doing other household tasks. After her mother had died, Maggie's cousin had helped her get a job part-time, working for a factory canteen, and this was where she had stayed until the factory eventually closed. She then found another job in a similar company, once again in a canteen. Noticing that a broader story of greater capacity was emerging, Jasika asked Maggie to tell her more about her work experience.

Social Work Application

A problem-saturated story of failure and despondency can be daunting to a social worker. We might often be at a loss as to where to start. Narrative therapy advocates starting with listening to the story and acknowledging its impact. Maggie's dominant narrative only contained a small element of what had been seventy-four years of lived experience, during which she had survived adversity and used her social skills to participate in the local community. This in itself was an exception to her dominant story about being useless, unpopular, and out of control.

Jasika listened to Maggie's dominant story and then looked for experiences that would counter the problem-saturated dominant narrative. As we help people to seek out the additional elements to the plot of their lives through their disregarded experience of success, the problem-saturated story – a narrow plot with little deviation from a theme – becomes one which includes sub-plots and counter-themes that can offer variation and difference. We are not looking for newly constructed information, we are instead seeking unstoried experiences that have been given less or no weight in influencing the course of an individual's life story but which can empower a service user to make more satisfying life choices (SISWE 2.4 NOS 2:7.2).

Caution is necessary when embarking on this approach where a service user does not believe that he or she has problems but that referrers do: for example, this can be the case within the criminal justice system with someone involved in offending behaviour, or where a health visitor is concerned about a parent's rough handling of a baby. The individual in each respect might firmly believe that their behaviours are acceptable within society, their community

or group of peers and thus their dominant narrative is not problem-saturated. In such instances it is vital to discuss the concerns held by others and attempt to establish whether a narrative approach could be adapted or whether this would be a mismatch with the type of concerns and the beliefs held by clients about them. Thus for a narrative approach to be successful, it requires a service user to take some ownership of having a problem.

Skills Component

- Listen to the themes emerging in the dominant narrative.
- Notice exceptions to the dominant narrative.
- Assist the service user in developing their unstoried experience by exploring the details of any exceptions, in order to enable them to slowly re-evaluate their personal competence.
- Use caution with this approach if the referrer believes there are problems and the service user does not – theirs might not be a problem-saturated story and a different approach might fit better.

Service User Feedback: 'I went away with a weight off my shoulders. You always think it's you who are to blame for everything. Now I know it isn't'. *(Foster carer looking after young person who was close to a placement breakdown)*

Alternative Narratives

'When we meet someone for the first time, we want to understand the meaning of their stories for *them* … We try to put ourselves in the shoes of the people we work with and understand, from their perspective, in their language, what has led them to seek our assistance. Only then can we recognise alternative stories' (Freedman & Combs, 1996).

Freedman and Combs provide a means for structuring questions that can seek out and then develop alternative stories to problem-saturated narratives. Using our judgement about when an individual thinks and feels that they have been heard and their problems are being taken seriously, by attuning ourselves to an individual's emotional state, we can then employ specifically constructed questions that can broaden the panorama of a life event or pattern. This draws on our skills for engagement as an ongoing process rather than only at the beginning of contact with service users: on listening and communication skills as a foundation (SISWE 2.2. NOS 2:5.1).

Co-construction is the process whereby new meanings and solutions are jointly generated by two or more parties, in this instance the service user and the social worker. In order to co-construct an alternative story, the problem-saturated one needs to be deconstructed (or taken apart, bit by bit, in order that understanding can be gained of what and who influences what and whom, and where and when!). This means that the component parts of a person's problem-saturated story need to be questioned and challenged in such a way that their assumptions and patterns of behaving are not simply accepted as being 'the way it is'. Included in this deconstruction process can be a questioning of the societal discourses of power relations that support a problem-saturated story, for example, that a woman is somehow predisposed to be a carer while neglecting her own needs would be a societal discourse. This discourse influences social structures, such as a lack of childcare opportunities outside of the family and thus the life of an individual. Narrative therapy would sanction challenging such a discourse through the deconstruction of a person's story and expanding their awareness, and therefore their knowledge, of how society can affect our day-to-day living (SISWE 4.1. NOS 2:5.3).

An assumption is immediately generated by this approach. To successfully embark upon the deconstruction process, a knowledge of power and oppression and its function within society is required. The explicit purpose here is to redirect the internalised problem, held at an individual level and often loaded with blame and guilt to serve as an obstacle to problem resolution, to an externalised status. Freedman and Combs cite Derrida (1988): 'Derrida and other deconstructionists believe that it is fruitless to search for the one "real" or "true" meaning of any text, as all narratives are full of gaps and ambiguities … our listening is guided by the belief that those stories have many possible meanings'.' Indeed Blackburn (2010: 10) expands on this with a reflection on working with a service user: 'I became curious about the social and relational history of this journey she was undertaking. I was interested in thickening the emerging subordinate storyline through developing a richer understanding of the links in the ways in which Aferdita's steps, her hopes and initiatives were rooted in her social, relational and cultural history'.

Aware that people with learning problems are often stigmatised and experience less access to opportunities than others, Jasika recognised the struggle that Maggie had had to be an active participant in mainstream society during her middle years. Jasika saw that Maggie had qualities and resources that she had drawn on in the past but that these were being excluded from her dominant narrative at this time. Jasika gently asked Maggie for more details about how she managed to move from experiencing isolation when people hadn't understood

(Continued)

Case Study

(Continued)

what it meant to have learning problems to enjoying contact with others at work. Maggie reflected on Jasika's interest in her middle years and, getting in touch with emotional resources she had forgotten about, told Jasika how nervous she had been at first and how encouraging her cousin had been in order to help her try new tasks. Jasika realised that other important people also had a role in helping Maggie develop her resources and asked about who else had been helpful in supporting her in the past. As Maggie identified a good friend she had met up with in the past, Jasika asked about who was important to her now. Maggie looked ashamed as she spoke about staff and friends at the day centre, struggling with the perception that she was about to lose a very important part of her life. Jasika asked Maggie which of her qualities had been helpful in the past and might be useful just now. Maggie thought about it and said that she used to tell people when something upset her more than she did at the moment. She thought letting staff know how hard it had been for her to lose some independence regarding her self-care might be a start. Both agreed that staff being more aware of how hard it is for service users to make the first step when lots of other people shared the same challenge might prevent this misunderstanding in the future.

Social Work Application

Social work theory is concerned with the sociological and political concepts that enable us to make sense of social structures, decision-making processes, and the manner in which these can impact at an individual and community level. Our task, in various forms, is to make links between the individual functioning of people within the social circumstances they experience. These social circumstances can be understood in terms of socio-political thinking, and out of which socio-political narratives that impact on individual functioning can be explicitly illuminated for individuals in an empowering way. Jasika assisted Maggie to reflect on the struggle she had experienced and helped her recognise how she had used her positive qualities despite the sociopolitical challenges that existed for those with learning problems and then with physical problems (SISWE 1.2. NOS 2:5.3).

In order for alternative stories to be sought, insight into the impact of the dominant story must be generated using a collaborative effort on the part of the worker and service user. Jasika and Maggie explored the impact of societal barriers on an individual level. This form of problem exploration immediately separated Maggie from some elements of the problem, thereby seeking to reduce any possible feelings of blame she might have been feeling. This reduction in blame – an outcome of the deconstruction process – freed Maggie to begin, with Jasika, to co-construct an alternative story about her life, including forgotten but important positive personal attributes (SISWE 2.2. NOS 2:5.3).

As dominant stories can be so well rehearsed over years of re-enacting our 'life' script, there will be little room to add alternatives without deconstructing the meaning of elements of the dominant narrative. A woman who has spent all her life caring for others, who then presents at mental health services with problems of low mood, would first need to deconstruct the meaning of being a woman. This would necessarily include the societal expectations that come with gender stereotypes, how these have been adopted and translated in her family and culture, and how this has in turn impacted upon her life. Only then can a social worker start to co-construct an alternative story with her, having opened up sufficient space for her to think about a wider range of lived experiences as part of the process. The woman is likely to have many attributes and successes that to her have gone unnoticed, and deconstructing the meaning of gender is one way to allow her the opportunity to notice them.

Skills Component

- Deconstruct the nature and impact of problems in relation to socio-political factors by taking apart each influencing factor and examining its impact.
- Assist individuals with resisting accepting personal blame for the impact of social policy.
- Consider in detail with service users who does what, when, where, and with whom in relation to the problem.
- Facilitate the service user to explore the meaning of events and interactions.
- Begin to co-construct alternative stories to problem-saturated ones by observing service user strengths, interests, and successes.
- Enhance skill development in this area by becoming familiar with the nature and impact of poverty, oppression, and deprivation.

Metaphors

A metaphor is a noun which is used in place of a given name for an object that symbolically embraces that object's characteristics as experienced by an individual. For example, volatile family relations might be described as 'fireworks', embodying the explosive and dangerous nature of the object to illuminate our understanding of a situation. Using metaphors in therapeutic processes with service users is not a new concept. It is inclusive within therapeutic techniques that utilise drama and art.

Metaphors can be seen in abundance in children's fairy tales with monsters and heroes in different forms. Gardner and Harper (1997) offer an overview of how core anxieties in childhood, such as fear, grief and loss, are recreated in

stories that, through 'formulaic repetition', govern emotions such as terror and violence in predictable ways. Stories repeated over time allow children to reflect on extreme events that have inherent endings and solutions. These stories are fictitious and therefore do not pose a direct threat, while they also allow most children to experience an emotional response in a relatively safe environment that has a certain end point. (*A cautionary note: highly anxious children in an environment that is unsafe might not be able to tolerate such fairy tales without triggering distress linked to trauma. Our priority here is to safeguard children's welfare before therapeutic interventions can be considered.*) The use of metaphor, such as a monster being outwitted by a hero, brings anxiety-provoking experiences under an element of control, reducing the impact of fear and serving to open the metaphorical door to ways around a difficulty. The message given by such tales is that problems can be resolved. In fairy tales, the repeated happy endings put a boundary around childhood distress and bring fear and anxiety under control. The use of metaphor in narrative therapy has the same objective.

Metaphors are symbolic representations in object form which have characteristics that can be compared with and are also easily identifiable with the nature of the problem. Metaphors work best with a service user where these have meaning for them and relate to the dominant narrative which is shaping their lives (SISWE 2.2. NOS 2:5.3). Those who have very concrete cognitive functioning, such as people with Autistic Spectrum Condition, might struggle with this approach, as it is reliant on the application of abstract concepts. We would therefore select our mode of therapeutic intervention to connect with the needs of individual service users.

Case Study

Maggie met with Jasika again when they tracked the presence and absence of 'temper' over the previous week. Maggie said that one member of staff had commented to her that she seemed more settled. Maggie reported that she had noticed temper emerging when she had needed to use the toilet several days previously. She was becoming much clearer in her understanding of when temper emerged, what some of her thoughts were when temper was around, and when there were many more times when she kept temper at bay. Jasika asked Maggie what her temper might look like if they could see it. Maggie described it as a huge, hot fireball on a spring and that once it bounced out of her it was out of control. Jasika asked what would be big enough or cool enough to bring her temper under control or stop it getting out. Maggie then described how the fireball could only be stopped if it was not lit in the first place. Jasika then asked Maggie what kind of fuel kept this fireball of temper going. Maggie said it was her anger about her legs no longer doing what they were supposed to. Rather than dismiss these legitimate

feelings of Maggie's, she decided to deconstruct this further. Between them, they worked out that anger was formed from other feelings such as frustration that she could not manage toileting without help, sadness that she was no longer employed, and fear about her possible future dependency on others. Understanding the 'fireball' of temper much more clearly, Maggie seemed to Jasika to be less overpowered by a perceived, generalised attribute that was out of her control.

Social Work Application

This inclusion of metaphor was incorporated by Jasika but constructed by Maggie and it seamlessly allowed a transition in the use of language to be made by both parties involved in the work. They had begun talking about the problem in a way that did not humiliate Maggie but also did not negate her responsibility for her behaviour. Personifying the attributes that contribute to problem-saturated stories can assist social workers with enquiring about the impact of embarrassing or shameful behaviours that could otherwise be closed down by service users as a means of self-preservation. Thus maintaining a therapeutic relationship with a service user can be facilitated by metaphor when this is used judiciously (SISWE 2.2. NOS 2:5.1). Overusing metaphor can in turn inadvertently distance us from an emotional connection with service users and therefore this is not recommended.

Skills Component

- Co-construct metaphorical representations of a core problem with a service user by using a noun that embodies the nature of the problem but does not link the individual directly to it.
- Ensure the metaphor relates to the problem and also has meaning for the service user.
- Establish the metaphor in conversation by direct and personified references to it.

Service User Feedback: 'When we started to call his soiling and wetting 'sneaky poo and sneaky pee' we started to see him as a child growing up, but one with problems rather than as constantly challenging us with his behaviour all of the time'. *(Kinship carer of an 8 year-old boy)*

Externalising Narratives

For a narrative approach our initial concern, after listening to the dominant narrative and opening up channels to the possibility of alternative stories, must be to explore a means to externalise the major theme that is either creating a problem or blocking progress towards change. This can be done using a metaphor. Externalising problems in this way, the person is not the problem but 'something else' is. That 'something' might be the exhaustion experienced by a carer with financial problems through their inability to work as result of their responsibilities and inadequate benefits to cover the cost of living; it might also be 'anger' at the lack of voice a young man believes he has within his family and within society. As Russell and Carey (2003) explain, a person might easily be labelled with a diagnosis such as depression, which is then internalised by that person who may take full responsibility for its cause. With an externalising approach through narrative 'exhaustion' or 'temper' becomes the problem, not the person, allowing for a freer exploration of the impact of the various social structures and relationships that led to the problem. 'Temper' is also used instead of 'anger' so that an otherwise healthy emotional response is not misperceived as a problem in its own right.

We externalise a problem in order to objectify it. By objectifying some cause for concern, the unhelpful feelings of guilt and blame can be removed and the individuals involved in the counselling process can be freed up to explore the impact of a problem, its course through a lifetime, and what strengthens and weakens its power. Externalising the problem allows its various components to be deconstructed. This might include the impact of gender oppression in a woman diagnosed with depression; or the impact of social constructions about age on a previously socially active person who finds that because of retirement their opinions about areas of knowledge are less valued by others. Objectifying a problem then separates the individual from it and creates room within an alternative story to discover other aspects of life and relationships. Externalising problems therefore facilitates the deconstruction and co-construction of alternatives through conversations between a practitioner and service user (White, 2002).

In utilising this approach what is most important is the opportunity for including flexibility in the development of an externalised metaphor, thus offering a model for clients that stories about the self can change. Key to the success of externalising problems is evolution and fluidity, according to White and Epston (1990). Thus the course of the development of 'exhaustion' over a period of time might be gender-related due to socially constructed demands, but mapping the problem will involve unique variables according to the individual in question.

Russell and Carey (2003) demonstrate how 'externalising conversations' is based on several important dimensions. The practitioner needs to assist a client in identifying the problem as being separate from them; the problem then requires a location in history and a story-line; and finally the effects of the problem on life and relationships need to be traced. Using a metaphor for naming the problem allows the maintenance of the conversation to be directed away from the individual who might revert to internalising it in a problem-saturated way. A further key aspect of the externalisation process is to look for unique outcomes or exceptions, where the client has 'resisted the influence of the problem', thereby documenting successes and the problem-resolution (SISWE 2.2. NOS 2:5.2).

During their final meeting, Jasika enquired about the influence of Maggie's temper in the two weeks since their last conversation. Maggie said that she had got the better of it by talking to a member of staff she liked and arranging for a signal Maggie could use to indicate she needed assistance without having the embarrassment of needing to ask to use the toilet. This was shared with other staff members and then used by Maggie, who started to feel more in control of managing her physical needs. She was enjoying this rediscovered sense of confidence and staff members had noticed she was once again more sociable with her peers.

Case Study

Social Work Application

In day-to-day terms, we are often faced with opportunities to externalise problems with service users to effect change. It does require a creative use of language by the social worker, as well as the time and commitment to deconstruct a problem-saturated story and then co-construct with a service user a more adaptive, alternative story of the self and the world. This technique is probably less helpful in a crisis situation when, first and foremost, specific tasks need attention, and often in practical ways. Intervening post-crisis would more likely be a better time to use externalising as a means to track the development of a problem that had developed into a crisis. A simplistic use of narrative techniques can be very effective here, as becoming too complicated in our use of externalising or metaphor can prove confusing for service users.

Externalising problems such as 'fatigue', 'frustration', 'behaviour' or others could be co-constructed with service users to map the course of the problem and discover the beliefs that have become attached to it. For example, exploring frustration as an object might facilitate how it has led to violent reactions

by a parent, then lead to an exploration of beliefs about how violence might be seen to be acceptable by that person when 'frustration' is around. Caution is required once again here so that the responsibility for actions that have harmed another is not diminished. Instead, the problem 'frustration' is separated from the individual (and not the assault) in order to map its influence, highlight the belief systems that lead to action, and seek alternative stories. It is these stories that will enable an individual to regain control over what could be seen by them to be situations where they have no control over actions that have been born out of frustration. Note that what is crucial to the validity and success of a narrative approach is timing.

Skills Component

- Try to time when narrative techniques will best fit with the social work task.
- Retain a flexible position about how service users will construct an externalised problem to encourage creativity.
- Seek times when the service user has resisted its influence and the factors that have facilitated this.
- Reinforce those times with service users to assist them with co-constructing an alternative story of self and capacity.

Opening Space for New Stories – Examples of Questions

Freedman and Combs (1996) and Freeman et al. (1997) have each constructed frameworks for using narrative techniques through specific questions, which can help service users to recognise their capacity for an alternate story when this is proving challenging to them. Below is an adaptation of Freedman and Combs' version of this.

Enabling Openings: The first task is 'thinning the plot, thickening the counterplot', (Freeman et al., 1997). We must listen for openings, exceptions or unique outcomes that can be broadened into alternative stories. However, if in active listening we do not observe any exceptions we can use questions to enable this possibility. 'Can you describe the last time you managed to get free of the problem for a couple of minutes?' Then, 'What was the first thing you noticed in those few minutes? What was the next thing … ?'

Linking Openings with Preferred Experience: We must then try to build on the details of this small exception to a problem with a further question. 'Would you like more minutes like these in your life?'

Moving from Openings to an Alternative Story Development: Next we must invite the service user to become experientially involved by asking for details that are again linked to a preferred story. 'What were you thinking/feeling/doing/wishing/imagining during those few minutes?'

Broadening the Viewpoint: The next step here is to enrich the details of an emotional involvement and the cognitive perception of the exception or unique outcome. 'What might Amy have noticed about you if she had met up with you in those few minutes?'

Exploring Landscapes of Action: Using 'how' questions, we can enable service users to understand the actions they took that led to the unique outcome. 'How did you achieve that?' Or, 'How did Tim help you with that?'

Exploring Landscapes of Consciousness: Meaning questions can help service users reflect on their hopes, aspirations, values, beliefs, learning and the implications of action about a unique outcome. 'What have you learned about what you can manage from those few minutes?'

Linking with the Exceptions in the Past: Questions that link with past exceptions can reinforce a service user's capacity for repeating this outcome again. 'Can you tell me about times when you have managed to achieve a similar few minutes in the past?'

Linking Exceptions from the Past with the Present: By now, a service user will have significantly broadened their narrow, problem-saturated story to adopt an alternate one of increased hope and capacity. 'When you think about those times in the past when you have achieved this, how might this alter your view of the problem now?'

Linking Exceptions from the Past with the Future: Expanding a service user's view not only of their capacity in the present but also of how the future might be different is an essential last step. 'Thinking about this now, what do you expect to do next?'

Therapeutic Letters: White (1995) introduced therapeutic letters, sent after the session, as a powerful means of documenting an alternative story development, which reinforces capacity even further for service users.

Summary of Key Narrative Concepts

- Life stories are constructed through *dominant themes* that have a socio-political foundation.
- We actively select experiences that are replayed and recreated and become our *dominant narrative*.
- People often develop *problem-saturated narratives* that exclude positive experiences.

- Narrative therapy seeks out *exceptions* in order to develop *alternative narratives* for future life stories.
- Metaphors are used to bring a descriptive character to problems that are then *externalised* to relieve an individual of blame.
- *Alternative narratives* are maintained through experimentation and feedback over time.

Conclusion

Narrative therapy offers those social workers who are wishing to hold to a socio-political discourse a means to move beyond critiques of inequalities about how power dynamics of society operate and incorporate these directly into their practice with service users. The specific techniques incorporated into questions broaden problem-saturated narratives to integrate other, more positive attributes and qualities into an awareness of lived experience and increase an individual's perception of their own capacity. The socio-political influence is important as this raises and places in context other factors that contribute to problems, such as discrimination, poverty and life events, while simultaneously increasing personal agency in relation to current and future action.

While a lesser-known therapeutic medium in general terms, narrative therapy is possibly one of the most useful for politically minded or creative social workers. It is also extremely useful when working with children and young people, with the potential to incorporate playfulness and creativity into interventions. Externalising can be especially liberating for children and young people with few emotional resources and low self-esteem, as this creates some distance between the 'sense of self' and overwhelming, disempowering self-blame.

Further Reading

Narrative Means to Therapeutic Ends (White & Epston, 1990) is the classic text on narrative therapy, which includes the socio-political context alongside narrative techniques.

What is Narrative Therapy? An Easy-to-Read Introduction (Morgan, 2000) develops introductory skills using practical examples.

Playful Approaches to Serious Problems (Freeman et al., 1997) brings creativity into narrative therapy with children and is highly recommended.

Narrative Therapy (Madigan, 2010) explores the complexities of 'interactive narratives' that constitute the functioning self in conjunction with 'cultural discourses about identity and power', which is useful for those wishing to explore narrative therapy at a more advanced level.

Dulwich Centre Publications (www.Dulwichcentre.com.au) has a free downloadable library of articles regarding narrative therapy practice both with children and with adults.

7

Using Solution-fo Therapy in Social Practice

Key Concepts	Key Theori
• Social Constructivist Origin	• de Shazer
• Solution-focused Language	• Berg & Do
• Emphasis on Goals and Outcomes	• O'Connell
• Scaling Questions	

Introduction

Integrating the solution-focused approach within social on a shift away from a problem-focused approach towar change with individuals or families. Problem-resolution is of seeking desirable outcomes. The desired outcomes nee resolution of the problem for this approach to be successfu ful outcome might co-exist with the problem but the from the problem towards the desired outcome brings future-orientation rather than reinforcing past preoccupa

While there are critics of this approach, drawing on el focused therapy can help social workers to broaden their cating with individuals and groups by widening their rep and therapeutic options. This chapter offers an overview