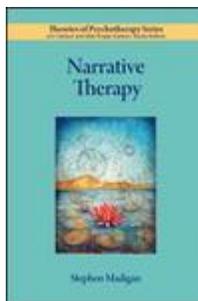


“Location, Location, Location”: How Narrative Therapy Shifts Our Thinking and Practice From Personal to Relational, Social, and Political Concerns

A review of



Narrative Therapy

by Stephen Madigan

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Session after session, Dennis and Lydia, a young married couple with an infant son, take turns trading barbs about each other’s “passivity,” “laziness,” and “incompetence.” Dennis never gets to fixing the balky basement door that will not close properly; Lydia leaves dishes in the sink all day. They both accuse the other one of camping out on the couch and watching TV. Lurking in the background (and really not at all in the background) are their pressuring and successful parents, recently retired from their careers, who provide daily “helpful hints” and “gentle suggestions.”

Rather than intimacy at night, the couple experiences aching feelings of inadequacy and shame at how much they have missed the mark during the day. Lydia's marked weight gain, poor sleep, and recurrent feelings of worthlessness suggest that she is "depressed." Her anger at Dennis for what she perceives as his failure to do his share is undermining her faith in him and her commitment to the marriage. Dennis, often on the receiving end of her harangues and frustrated with her nightly "addiction" to television, is also a candidate for a "depression" diagnosis. He has lost interest in sexual intimacy, withdraws into silence, and feels a deepening despair about his marriage.

Stephen Madigan's valuable new monograph *Narrative Therapy*, the latest entry in the American Psychological Association's (APA) Theories of Psychotherapy Series, offers a radically different perception of how therapy with Dennis and Lydia might proceed. If Lydia were to go to a psychotherapist for individual psychotherapy, it is likely that the therapist would apply a diagnosis of depression and prescribe a regimen of cognitive-behavioral therapy combined with an antidepressant medication. If Dennis and Lydia were to go to couples counseling in addition to individual treatment (or in place of it), the couples' therapist might look at their relational and communication difficulties along with their family system problems of enmeshment with their in-laws. The critical point is that the "problem" would be located within the individual or within the relational dynamics of the individuals.

Narrative therapy, as Madigan explicates its theory and practice, shifts perspectives: Narrative therapy places the site of the problem within the relational action of person/culture/discourse/power and, as a result, not inside the person's body. A narrative approach is isomorphic to the golden rule of real estate buying: location, location, location! (p. 65).

In other words, the chief focus of narrative therapy is to help individuals to see that what is distressing them connects to larger societal and cultural problems that they have internalized (often with the "help" of mental health professionals) as their own psychological flaws and shortcomings. Relying on the poststructural philosophical writings of Foucault and Ricoeur, among others, narrative therapist pioneers Michael White and David Epston argued in their seminal work (White & Epston, 1990) that all discourses about mental health "problems" are situated in sociopolitical contexts that reflect the power relationships of a given society. Psychotherapists who ignore these sociopolitical factors that often play a coercive role in individuals' lives are at risk of perpetuating the status quo and reinforcing individuals' tendency toward self-blame and internalization of "illness."

Narrative therapy's goal is to externalize the problem and help individuals to "re-story" their difficulties by seeing them as connected to toxic narratives generated by destructive societal influences. Once members of a couple or a family see the problem as outside themselves (in the lingo of narrative therapy, "The person is not the problem; the problem is the problem"), they can begin to work together to attack it and remove its negative influence from their lives.

In a very personal and informal manner, Madigan acquaints the reader with the history of this narrative therapy perspective and explains his own pioneering role in its development. He reviews the origins of narrative therapy in the 1980s and 1990s in the family practices of White at the Dulwich Centre in Adelaide, Australia; of Epston at the Family Centre in Auckland, New Zealand; and in his own Vancouver School for Narrative Therapy in Vancouver, Canada. He highlights the contributions of many other narrative therapists over the roughly 30-year period of this innovative and still-growing therapeutic movement. There are narrative therapy centers and practitioners around the world, extending from Asia to Africa to South America. An interesting note is that in the individualistic United States, the “rate of growth continues to be slower” (p. 150), although there are established narrative therapy communities in a number of major cities, including Boston, Miami, New York, and San Francisco.

Madigan also emphasizes the role of narrative therapy in advocacy for marginalized groups who often internalize oppression and social exclusion by believing themselves to be flawed, “sick,” or unworthy. He highlights the work of the Just Therapy Team in Wellington, New Zealand, and how it supports restorying efforts by women, people of color, persons living in poverty, and individuals previously labeled as *disabled* or *mentally ill*.

In the most extensive chapter of the book, “The Therapy Process,” Madigan describes how the philosophical and sociopolitical perspective of narrative therapy translates into actual practice in the consulting room. He provides multiple examples of carefully worded therapeutic questions that help move the individuals in treatment away from identifying themselves as “sick” and that facilitate a new, more contextualized understanding of their difficulties.

For example, with Dennis and Lydia, the narrative therapist might help them to redefine their problem away from internal perceptions of “laziness” and “incompetence” to the societal problem of the “dreaded dilemma” of the two-career couple. Once they have externalized the problem in this fashion, they can join forces to battle the unrealistic demands and dangerous expectations that the “dreaded dilemma” imposes on them rather than focus on where each other seems to fall short. They will soon realize that most of the barrages they have launched at each other are traceable to an unworkable social and economic system that many young couples similar to them are facing.

With the problem restoried, narrative therapy, according to Madigan, enlists two key weapons in the individuals’ campaigns against the source of their suffering: *unique outcomes* and a *community of concern*. By supporting their efforts at reauthoring the stories of their experiences, the narrative therapist encourages individuals to identify previous moments in their lives when they have successfully overcome the problem and demonstrated resilience and positive results rather than conflict and frustration. For example, Dennis and Lydia might recall a time when they coordinated their schedules and stole away for lunch and a stroll along the waterfront. Working with the therapist to string together a series of these

prior unique outcomes, they can begin to generate a *unique account*, which offers a unified narrative that portrays them as empowered and capable in the face of the Dreaded Dilemma.

The second prong of attack, the *community of concern*, highlights some of the most creative and daring strategies of narrative therapy. Individuals in treatment identify members of their varied support network who might recollect experiences of unique outcomes that they have shared with them. Madigan gives moving case examples of how the therapist enlists letter-writing campaigns from these family members and friends that provide evidence of the individuals' strengths and importance to their families and larger community. The individuals then read these letters in an effort to reauthor their narratives into unique accounts of resilience rather than defeat.

In working with Dennis and Lydia, one might ask their respective parents to write letters about the couple's past successes in managing their challenging lives. Similarly, encouraging the couple's friends to write letters about Dennis and Lydia's victories in negotiating the two-career dilemma might inspire a deepening community of concern among their equally beleaguered friends.

As narrative therapy evolved in the 1990s, the sharing of these letters with individuals in session increasingly brought family members and friends into the consultation rooms; these gatherings also extended to the inclusion of fellow clients and former clients as "insiders" and consultants to support individuals currently in treatment. Madigan explains how this process at his clinic in Vancouver led to an expanding community of concern for individuals with eating disorders. This community developed into the Anti-Anorexia/Bulimia League, a grassroots organization that held meetings, wrote letters, and staged protests to promote healthy body practices, while attacking companies and media outlets that privileged thinness and beauty over a healthier, more natural approach to the body.

Similar leagues, which assembled in New Zealand and Australia, illustrate how narrative therapy radically shifts the therapeutic discourse from an individual medical model perspective to an engaged sociopolitical one. In narrative therapy's perspective, any clinical assessment that fails to explore contextual issues such as race, gender, class, and societal restraints imposed on individuals by their particular culture (e.g., rules or expectations about sexuality, preferred vocations, or "appropriate" behaviors) yields an inadequate understanding of a client's presenting concerns. According to Madigan, "To a narrative therapist, a noncontextualized therapeutic interview of this kind would be viewed as unethical" (p. 33).

This informative and fascinating chapter on practice is followed by the weakest chapter in *Narrative Therapy*, the "Evaluation" chapter, which Madigan describes as his "duty," as required by the Theory of Psychotherapy Series framework. Given the antiestablishment tenor of the narrative therapy movement, Madigan makes clear his discomfort with conventional *DSM*-based diagnosis and the evidence-based treatment protocols that are based on this diagnostic model. The effort to locate individuals into preconceived societal categories and then quantify their "treatment progress" according to

these categories is antithetical to the contextual and discourse-based vision of human interaction that he endorses.

Accordingly, Madigan begrudgingly presents a series of a half-dozen disjointed evaluation study abstracts strung together and summarily discussed, with little explication or analysis of their research design, quality of measures, or comparison groups. This less-than-adequate attention to how serious professionals can evaluate the merits of narrative therapy points to some of the more lingering reservations that I have about this generally inspiring and provocative volume.

Despite the fact that Madigan includes a glossary to define many of the philosophical concepts and catchphrases that narrative therapy employs, he is often too casual in throwing around terms, dropping names of narrative therapists he knows, and mentioning programs or clinics that the general reader would not recognize. Given that books in this APA psychotherapy series are written for a wider audience of practitioners, I found this kind of “inside baseball” at cross-purposes to the editors’ goal and likely to confuse or frustrate many readers. Although I do see this book as likely to be very helpful in a graduate seminar on psychotherapy, as well as for practicing therapists trying to catch up on this important new treatment approach, an even more user-friendly approach would have been ideal.

In a similar vein, there is an ideological fervor and a lack of balance in the book that some readers might find off-putting. A primary philosophical point of narrative therapy is that all discourse is situated in cultural contexts and reflects ideologies born out of power dynamics. As a result, we cannot take any position as the one “Truth.” If this is so, then it is incumbent on narrative therapists to show reflexive concern about their own ideology and question when their application of it is overreaching and too encompassing.

I agree strongly with Madigan’s critique of how the *DSM* is applied, especially regarding the overuse of diagnoses like attention-deficit/hyperactivity disorder and bipolar disorder in children and adolescents. However, every case example in the book shifts the etiology of individuals’ distress away from any intrapsychic roots to relational, social, and political causes. A balanced perspective would suggest that although this shift is needed, given the current societal overemphasis on individualistic formulations, sometimes the problem, or at least a part of it, does lie within the individual’s psychological and/or neurochemical make-up. One can agree with Madigan’s sociopolitical critique without jettisoning all notions of personal responsibility and individual-based psychological disorder.

In conclusion, Madigan has provided a compelling historical, theoretical, and practical presentation of narrative therapy. This volume offers a helpful introduction to one of the most socially informed and politically engaged modes of current psychotherapy. It guides the reader from narrative therapy’s philosophical critiques through its actual step-by-step methods within the consultation room, using vivid case examples and therapist–client exchanges. Although not without its lapses into jargon and rhetoric, it is an excellent introduction to narrative therapy and a worthy addition to one’s practice library.

Reference

White, D., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.
