

# **The basics of narrative therapy: a tool for psychosynthesis**

**Lo esencial de la terapia narrativa:  
Razones para ser usada en psicosisíntesis**

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## **Abstract**

This study discusses the narrative therapy process that stems from postmodern paradigms in psychological counseling and psychotherapy. The development of the therapeutic model will be examined, followed by an examination of the steps in the process. The final section examines the relationship between narrative therapy and transpersonal psychology, with a focus on using the narrative approach as a tool for transpersonal studies/psychosynthesis. Recent studies will also provide a framework that focuses on the application and usage fields of the model.

## **Key Words**

Narrative therapy, psychosynthesis, postmodern psychotherapies, transpersonal psychology

## **Resumen**

En este artículo, se van a exponer los procesos básicos de la terapia narrativa, desde los paradigmas postmodernos en counselling y psicoterapia, comenzando por la explicación del modelo terapéutico y continuando con los pasos en que consta su proceso de desarrollo. Más adelante se expone la relación entre la terapia narrativa y la psicología transpersonal, haciendo hincapié en las razones por las que la terapia narrativa puede ser utilizada como herramienta en la psicosisíntesis y los estudios transpersonales. Para finalizar, se mencionarán algunos recientes estudios sobre el uso y aplicación de este modelo.

## **Palabras clave**

Terapia narrativa, psicosisíntesis, psicoterapias postmodernas, psicología transpersonal

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## **Development of Narrative Therapy**

One of two leading persons in the development of a model for narrative therapy is Michael White, who is the co-director of Dulwich Center in South Austria; the other is David Epston, who is co-director at Auckland Family Therapy Center in New Zealand (Gladding, 1998). Narrative therapy does not derive or stem from a particular psychological discourse or study. It is, rather, a synthesis from the works of Foucault and other social theorists, and it was first used in family therapy by White and Epston in 1989. White and Epston have specifically attested to their being inspired by the studies of the French theorist, Michel Foucault (Besley, 2002). Gregory Bateson is another researcher who shared their interest in developing the approach. According to Bateson, the realization and acquisition of new knowledge requires a process of comparison in order to distinguish between series of events, bodily messages and other facets. In this way, White suggested that individuals could develop concrete and effective ways to overcome the difficulties they face and to increase their inner power by focusing on the hidden and detailed changes in their lives (Seligman, 2001).

Narrative therapy, within the context of family therapy, helps families by having the family members write out their stories. It aims at guiding behaviour within a family by focussing more on solutions, rather than focusing on their problems. In this regard, narrative therapy has been recognized to be a departure from traditional therapies (Gladding, 1998). As Parry & Doan (1994) state, narrative therapy reflects post-modern paradigms, because it supports the idea that individuals may have a shifting sense of identity, which defies being limited by particular definition. The constructivist window from which the therapeutic form views the world suggests that our personal realities and our self-images are not stable but are created, and that these realities and images are changeable. (Seligman, 2001). The therapeutic model, which consists of post-modern and Foucaultian themes, suggests new ways to relate to people receiving counseling and psychotherapy by its emphasis on cultural context, personal stories and an evaluation of relationships (Besley, 2002).

## **What is Narrative Therapy?**

The narrative approach to therapy and counseling posits that problems stem from repressive stories that master peoples' lives (Carr, 1998). We have stories about our personal lives and relationships; about our abilities, actions, interests, achievements and losses. Each story is formed by a process inherent in successive events. "Meaning" is the abstract thought associated with the stories. We repeatedly give meanings to our experiences (Morgan, 2000). According to White, individuals construct meaning for their lives with the help of interpretative stories, and this construction can be made by the person himself/herself as well as by others (Corey, 2001).

Another aspect of narrative therapy is its strong emphasis on the language used. In this therapy, clients are not only assumed to be people that give name to their problems, about which session reports are written; they are also the ones who write and tell their own stories (Hogan, 1999). White never used the terms "case" or "client"; he referred to a client as "the person". The terms "talking" and "sound" are metaphors that referred to the person's agenda or process. In this sense narrative therapy uses a unique language that distinguishes its process. Some examples of such terminology are: "dominant stories"; "externalization of the problems by metaphors"; "externalization of dialogues"; "externalization of internalized disclosure"; deconstruction of problems and results by finding alternative stories"; "cooperation of counselor and the person against problems"; "using therapeutic material"; "construction of a desired story"; "retelling and rewriting the story to enrich one's story"; "finding new audience who can be witnesses for the examined stories"; and "ending the ceremony" (Besley, 2002).

Morgan (2000) summarizes the theoretical foundations of narrative therapy as follows.

- Narrative therapy is an approach by which persons learn to be professionals in their own lives; cooperation of the person with the counselors is of primary importance;
- Problems are dissociated from an individual's sense of self, and the person becomes capable of using his/her own beliefs, abilities and values to change their relation to their problems.
- "Inquisitiveness" and "sincerity" are important principles for the counselors.
- "A conversation can move along many different ways, and there is nothing called the right way."
- The person ("the client", to draw on the traditional paradigm), has an important role in determining which way to go.

## **The Treatment Process**

Narrative counselors and therapists direct a client toward an externalization discourse. This process gives him/her the opportunity to objectify their problems. Clients are not here regarded as persons who have incorrect or dysfunctional thoughts and behaviors. The therapy focuses on how the client relates to his/her problem. The therapist/counselor does not concern him-/herself with what may be a client's incapacities or problems, that would lead them toward a limited if not pathological life. Moreover, he/she is not interested in an evaluation or interpretation of a client's life. On the other hand, he/she is interested in the right questions, which lead the client to find alternative life stories of their own. (Disque & Bitter, 1998).

Carr (1998) conceptualizes treatment with narrative therapy as a progressive process with the following steps.

1. Cooperative approach of the counselor
2. Externalization of the problem
3. Searching for alternative results/interpretations
4. Focusing on the new story
5. Binding the past to the future
6. Inviting a witness
7. Using inner representations
8. Using the written material
9. Reviewing the applications for future clients

### **Step 1. Cooperative approach of the counselor**

- Adoption of the cooperative approach (the role of co-writer for the counselor)
- Being transparent about therapeutic process and values
- Focusing on the discourse of the client
- Asking questions from a multidimensional point of view
- Focusing on listening, rather than asking questions

### **Step 2. Externalization of the problem**

- Helping clients disconnect from their problems
- Being "together" with the client in struggling against the externalized problem

### Step 3: Searching for alternative results

- Helping the client to inspect the times during which they did not have the problem
- Helping the clients complete the experiences they prefer to have

### Step 4: Focusing on the new story

- Asking questions about behaviour, events, consequences, time, story, awareness, meaning, effects, evaluation, and verification;

### Step 5: Binding the past to the future

- Binding “the new result” to experiences in the past
- Carrying the story into the future
- Forming an alternative and preferred self-story in which the person is more powerful than when he had the problem

### Step 6. Inviting a witness

- Inviting an important person to be a witness for the story, who is in the person’s everyday life

### Step 7. Using inner representations

- Using the new inner representations for relating the client to his/her environment (family members, friends...)

### Step 8. Using written material

- Using documents that certify new knowledge and the story
- Using certifications and rewards
- Personal papers and reference letters

### Step 9. Reviewing the applications for future clients

- Clients put the new knowledge and applications into writing for future clients to be able to benefit from the material
- Getting the new and old clients, who have already solved their problems, together.

## **Therapeutic Collaboration**

Monk, Winslade, Crocket & Epston (2001) state that narrative counsellors/therapists do not introduce themselves as candid and chilly professionals who diagnose and cure. On the contrary, they are curious and interested. They structure the process on the belief that the clients have the ability to overcome their problems.

In narrative therapy the counselor is a guide in a cooperative alliance. Clients become professionals for their own lives. The two are co-writers who shape the treatment process. During this process, counselors encourage the clients and help them to heal themselves. Moreover, they prompt the clients to take an important role in the therapeutic process (Seligman, 2001).

## The Relationship to Transpersonal Psychology/Psychosynthesis

Transpersonal psychology works across disciplines and draws on insights from not only the various areas of psychology, but also the sciences of cognition, consciousness, and the paranormal. It draws on philosophy; social and cultural theory, integral health theories and practices, poetry, literature, the arts, and the world's spiritual and wisdom traditions. (Institute of Transpersonal Psychology, 2010). In 1969, Abraham Maslow, Stanislav Grof and Anthony Sutich were among the initiators behind the publication of the first issue of the *Journal of Transpersonal Psychology*, the leading academic journal in the field (Scotton, Chinen, and Battista, 1996). Caplan (2009) conveys the genesis of the discipline, states its mandate, and ventures a definition:

"Although transpersonal psychology is relatively new as a formal discipline, beginning with the publication of *The Journal of Transpersonal Psychology* in 1969 and the founding of the Association for Transpersonal Psychology in 1971, it draws upon ancient mystical knowledge that comes from multiple traditions. Transpersonal psychologists attempt to integrate timeless wisdom with modern Western psychology and translate spiritual principles into scientifically grounded, contemporary language.

Transpersonal psychology addresses the full spectrum of human psychospiritual development -- from our deepest wounds and needs, to the existential crisis of the human being, to the most transcendent capacities of our consciousness."<sup>1</sup>

Robert Assagioli was a great pioneer in this area. Proceeding from Jungian psychology, he developed his own approach called **Psychosynthesis**. Assagioli saw that there were layers or strata of the unconscious: lower, middle and higher areas or aspects. Therefore, people could repress positive faculties or gifts in the subconscious, just as they may hide more shameful or difficult-to-integrate feelings. In this way Psychosynthesis visions a therapeutic process that may be as much about uncovering our tremendous potential as an individual is about recovering and healing damaged parts of the Psyche. As such, Psychosynthesis is a psychotherapeutic approach firmly situated within the camp of emphasizing human potential. Personal psychosynthesis has as its main objective the discovery (or recovery) of the true individuality of the client: the 'I'. Psychosynthesis recognises that we have many voices or roles inside of us competing for attention, and that these sub-personalities contain many important qualities that we possess as individuals. These may sometimes try to take over or work against us, when not held in alignment by the Will of the 'I', the centre of true individuality inside of us. Psychosynthesis asks the question of "Where is my will?", when we find ourselves struggling with a problem. The other important question is: "Who is, or which part of me, is running the show at this particular time?" (Corey, 2001). This aspect of psychosynthesis is very similar to the emphasis of narrative therapy, which accords an individual many (possible) identities, and that the prime aim of therapy is to help the individual become aware of these (possible) identities.

Today transpersonal psychology also includes approaches to health, social sciences and practical arts such as process art. Transpersonal perspectives are also being applied to such diverse fields as counseling, anthropology, sociology, pharmacology (Scotton, Chinen and Battista, 1996) and social work theory (Cowley & Derezotes, 1994). Transpersonal therapies are also included in many therapeutic practices. Transpersonal psychology has been applied to areas such as spiritual development, mind expansion and to providing psychological security for self growth. Certain aspects of the psychology of Carl Jung, as well as movements such as music therapy and art therapy can be related to the field.

The root of the term, transpersonal or "beyond the personal," reflects this impulse toward that which is more universal than individual. Since the root of the word, personal, comes from persona or the masks worn by Greek actors to portray characters, transpersonal means literally "beyond the mask." These masks were used both to hide the actor and reveal the actor's role. Consistent with this metaphor,

transpersonal psychology seeks to disclose and develop the source and deeper nature of our identities, roles, and self-images. A transpersonal approach seeks to develop a nondualistic and selfless view and is oriented to the process as much as outcome (Davis, 2000).

The “beyond the mask” focus in transpersonal therapies is highly related to the non-pathology orientation of narrative therapy with its focus on “inner representations”. In transpersonal therapy, one way of using symbols deliberately is in symbol drama, also known as a guided fantasy, directed daydream or pathworking (Withmore, 1991). What we do is to use a simple scene or story to enter what Hillman has called the imaginal world. For example, we might say - "imagine a meadow". Already by that simple statement each person will imagine a different meadow, and by exploring and analyzing it further, much can be discovered about the person's needs at their level of soul. The very form of the symbol drama will help the person to open up to the transpersonal realm. It provides a suggestion, as it were, on the symbolic level, which the person can take up if he or she is ready to do so. In narrative therapy, we use the “stories” for the same purpose. Moreover, both appreciate “phenomenological” and “humanistic” approaches with their emphasis on “openness to new experience”. In transpersonal psychotherapy the counselor is to be understood as a “guide”, as in narrative therapy. So, the narrative therapy technique can be adapted to transpersonal psychotherapies, at least during the “realization” process, as psychosynthesis is a system of humanistic psychology, ideas of self-actualization, personal growth and the transpersonal. It provides exercises and techniques for the synthesis of disparate elements of the psyche into a well-integrated, autonomous state of mental health in the broadest, most rounded sense.

## **Recent Applications**

As it is not focused on particular kinds of pathologies, and as it respects the right of individuals to choose the life they prefer, narrative therapy can be applied to many different cases such as the behavioral disorders of children, eating disorders, marriage conflicts, child abuse, mourning, and even schizophrenia. (Carr, 1998)

According to Vassalo (2001), the narrative therapy approach questions socio-politic conditions, underlines women's rebellion against sexist conditions and supports the rewriting of women's life stories. This approach is beneficial for women who have been cast in the role of the “victim”. Vassalo (2001) recommends the narrative-based group therapy model for patients with severe psychological disorders. In his study, he aims at encouraging group therapists to add the narrative model to their applications. Behan (1999) used narrative therapy in group therapy for homosexual men and suggested future applications in the field. In Man-knowg's (2004) process of narrative therapy for drug-addicted youth, he aimed at reforming a youth's relationship with drug abuse by the help of externalization of language.

Narrative therapy is also suitable for multicultural clients. The approach helps clients become free of the ironic dilemmas of their identity stories, which are imposed on them by different cultures. In this way, they can use their inner power to struggle against the dilemmas. According to the approach, dilemmas are not natural, even as they are produced by social context (Rockquemore, Kerry & Tracy, 2003). Concepts like internalized racism are “outside” the client. With the help of the narrative approach, clients become free of their personal beliefs and attitudes (Semmler & Williams, 2000), as the model emphasizes listening to the clients' unique stories about their life experiences, which allows counselors and therapists insight into the relativity of the truth.

The approach can also be used with children. In childhood, we organize our experiences about who we are and how we relate to others as stories. All clients including children come to therapy with stories of distress and weakness about themselves. New stories must be suitable for the children's developmental level and must include the abilities they do not own, while the potential to learn from others is cultivated. In this way, children are encouraged to develop more positive and powerful life stories (Carlson, 2001).

Currently, the narrative model is applied to clients both personally and in groups for various problems. It is not suitable for people who are out of touch with reality and lack the abilities for a coherent communication for whom urgent solutions are needed. (Seligman, 2001).

## Conclusion

Narrative therapy, which has arisen in the last 10 years as a psychological counseling/psychotherapy model, is becoming prevalent both theoretically and practically. It has provided the field a theoretical approach with an emphasis on story, relationship with the story, meaning, and one's social, political and cultural context. Moreover, it involves an awareness that relates to people from various ages and cultures (Besley, 2002). Although it becoming more prevalent, the research is still in the form of reviews and case studies. It is assumed that with the support of more empirical studies, the narrative therapy model, which is based on post-modern paradigms in the counseling and psychotherapy field, will be an influential model with its non-pathology approach in a cooperation with Psychosynthesis, which emphasizes the spiral path of development involving both self-realization, following the urge for transcendence and self-actualization, the importance of the unconscious, the relationship between the parts and the whole, and the human processes of integration and synthesis towards wholeness.

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