NARRATIVE WORKS
Issues, Investigations, & Interventions

BOOK REVIEW:

Stories as Co-therapists

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Travis Heath, Tom Stone Carlson, and David Epston, editors. *Reimagining Narrative Therapy Through Practice Stories and Autoethnography*. Routledge, 2022. Paperback: ISBN 1-032-12865-8, also in hardcover and ebook.

A common thread in my reviews is to take this journal's title seriously and ask: what narratives are doing what sort of work, with the assistance of what fellow actors? Among the multiple groups I know that are doing some version of narrative studies, narrative therapists seem the most self-conscious about trusting stories and enabling them to do their work.[i]

Narrative therapy was founded by two social workers, Michael White and David Epston (1990); White died in 2008. It matters that White and Epston were trained as social workers, not psychologists. Narrative therapy rejects diagnostic labeling for multiple reasons, perhaps most significantly because that way of thinking situates problems within a patient or client. Diagnostic thinking also depends on a binary opposition between a knowing professional expert and the object of that expertise. Instead, narrative therapy engages in conversations between persons who have respective kinds of expertise: the person-in-therapy is an expert on living with a certain sort of problem, and the therapist has the expertise of having talked to many people with similar problems. The present book does use the term *client*; in other writing, Epston avoids it, and I follow that usage.

What makes this form of therapy distinctly narrative is that the person-in-therapy is understood as a member of multiple *discursive* communities; Michel Foucault was a formative early influence on White and Epston. Members of a community not only share a knowledge of certain stories; acting as indicated by certain stories—accounting for action by referencing stories—may be the most defining feature of community membership. But stories are not necessarily good guides to action. Although narrative therapists do not delve too deeply into questions of what constitutes human flourishing, their conversations eventually ask people whether the stories that guide them are helping or hindering them in living the lives they want to live. Stories, in the practice of narrative therapy, are both the *source* of people's troubles and also the *means* of getting past those troubles. In both capacities—hindering and helping—stories *work*.

The present volume is an intervention addressing a predictable moment in the continuing development of narrative therapy. Sociologists have described how social movements begin with charismatic leadership that experiments with new ideas and practices. In this initial process of discovery, flexibility is key to innovation. Over time and with success, what began as marginal becomes a going concern; in narrative therapy, that means journals and training programs are established. Boundaries are prescribed, and the initial flexibility becomes rigidified. One of the book's epigraphs quotes the psychoanalyst Franz Fanon: "There is a point at which methods devour themselves" (23).

In 2007 White published *Maps of Narrative Practice,* a detailed, systematic guide to his way of doing therapy; it's a book that deserves the most careful study by narrative scholars. Unfortunately, Heath, Carlson, and Epston recount how, unfortunately, *Maps* has become used as a prescriptive regime from which therapists-in-training are not allowed to deviate. Thus, what began as an "anti-manualized approach to therapy" became subject to its own manual, against what the editors argue was White's intention. Epston describes a supervisory session in which a colleague was holding a student therapist strictly accountable to following *Maps*. When Epston questioned this, the colleague's response was: "We have to teach a kind of narrative therapy that everyone can practice, you know?" (21).

Heath, Carlson, and Epston know perfectly well why training programs want to make *Maps* their manual, but they do not accept that direction for narrative therapy's future. The question animating the present book is: "What alternative pedagogies might recuperate an inspired narrative therapy?" (22). In sociological terms, is charismatic renewal possible?

Reimagining presents *an* alternative pedagogy based on telling what the editors call *practice stories*. As a form of narrative, practice stories follow the genre of case histories going back to Freud, but with the crucial difference that the therapists write with a self-consciousness of being narrators selectively retelling stories in which they themselves are central actors. They interrupt themselves telling the case history in order to comment on why they said what they did, including why they wish they had said something differently. Unlike Freud's case histories, these practice stories have a self-reflective quality that opens up what happens: at multiple points, the therapeutic conversation could have gone differently, for better or for worse, much like life itself. The authors intend that the stories they tell will have different effects, and changing effects, on different readers.

In its format, *Reimagining* comprises the editors' introduction and conclusion, six practice stories by each of the editors and three colleagues, and a long final chapter in which Heath narrates the progress of a two-day workshop in which he presented the story he has told in his earlier chapter. He adds more of his own commentary, responses of the workshop participants, and his responses to them. The chapter thus presents concentric circles of expanding dialogue, in which the story of the session becomes more a participant than an object of analysis.

The practice stories read like edited transcriptions of sessions, with reflective commentary that presents the therapist/narrator responding to surprises, working with what comes along, and having a general sense of direction but no specific agenda for getting there. The objective is to show, not tell, and I believe the authors want to leave it to readers to find whatever they will. In Epston's introductory section he poses the question of how stories, including these practice stories, do their work: "I would suggest they provide guidance in a manner that inspires your own imaginative capacities rather than the provision of manualized and regulated directions" (11). To potential readers, that is both a promise and a warning.

My temptation is now to do what the book resists doing: to provide a overview of the principles of narrative therapy, taking examples from the practice stories. That, of course, would rewrite the book into the briefest version of the sort of manual that the editors want narrative therapists to dispense with. They want therapists to learn to be imaginative, and what counts as being *imaginative* can only be shown, because any telling would subordinate imagination to prescription. Health, introducing his workshop, says he will tell participants the story of one of his sessions, so that "it will reveal what I am going to refer to as the 'spirit' of this conversation" (207). Note the syntax: it, the story, will do the revealing. Heath does

facilitate writing down an always partial list of qualities in this spirit, but mostly a spirit is something you have to catch and be caught by.

So instead of attempting to summarize narrative therapy's principles—although it has them—I follow this journal's title and take up Epston's question of how stories work. The authors, as narrative practitioners, are less concerned with specifying the *how* of stories working. Their concern is to tell readers how they have learned to trust stories to do their work, and beyond trusting stories, how they have learned to enable stories in doing their work.

I do need to state one principle of narrative therapy: *Don't do all the work yourself; enlist co-therapists*. In the history of narrative therapy, those co-therapists have taken multiple forms. Kay Ingamells's chapter narrates her conversations with a boy, Wilbur, for whom "ordinary childhood worries had slowly become more extreme and then assumed the voice of anorexia" (41). Ingamells enlists the child's parents, especially his father, as co-therapists (51). Together, Kay and the parents then enlist stories as more co-therapists. When Kay learns that Wilbur likes to invent things, she asks his parents: "Could you tell me a story about one of those inventions that Wilbur has thought up?" (46). Commenting on a later session, Ingamells tells us where she was going, teasing out stories of Wilbur as inventive: "I had found a gap between the two players in our conversation: the problem story and the embryonic counterstory" (58). Finding that gap is crucial to most narrative therapy. The "problem story" describes Wilbur as being subject to "the voice of anorexia". It's worth noting that in this phrasing, Ingamells positions anorexic behaviour not as something Wilbur has, or—worse yet—an identity he is, but rather as voices, an external force in his life.

To disempower this problem story, Ingamells assembles stories in which Wilbur takes control. As the conversation develops, Ingamells encourages the family to talk about an ancestor whom they mention—improbably named "Spot", whose specific relation remains unspecified. Spot seems a kind of Ned Kelly character who "defied the law for more than a decade with his Houdini-like narrow escapes and had become something of a popular hero" (68). Spot might not seem like the best role model, but his story can do some useful work. Ingemalls comments: "My intention was to see whether we might slowly graft the story of Spot's courage to Wilbur's own story" (68). She adds: "This was not a fool-proof endeavor, so I had other possible lines of inquiry up my sleeve" (68).

Spot's story leads Wilbur ask his father to tell another story, this one about a second-cousin, Paul, who smuggled exotic birds from Australia to New Zealand. The room is now populated with stories of Wilbur's inventions, Spot, and Paul. In my reading, the "embryonic story" never becomes a unified narrative.

Instead, it's a collection of stories that do "graft" onto a story that Wilbur comes to feel to be his "own". That "story" is never specifically told, nor need it be; it is allowed to remain diffuse, the better to have effects in unforeseen ways. In my observation of narrative therapy, what are called stories often remain told only in fragments. Fragments can be reassembled in different ways, according to need.

It deserves emphasizing that this therapeutic process does not imagine itself as "curing anorexia", in part because there is no "anorexia". What there are are *thoughts* that assume the voice of anorexia, that is, thoughts that tell Wilbur not to eat. At one moment of therapy, Ingamells is dismissive of these thoughts: "Can you please help me to understand what these dumb thoughts tell you to do?" (50), she asks Wilbur. But in a later session, she asks with equal seriousness: "…do you think you could have fun with them rather than be scared by them?" (53). That marks an acknowledgement, common to narrative-therapy practice, that what has created problems can also have creative potential. Again, the goal is not cure but control. "Dumb thoughts" will show up in any of our lives; Wilbur just has especially destructive dumb thoughts, especially young in his life. The issue is whether he can have fun with these dumb thoughts, unless he chooses to tell them to go away.

Epston writes that practice stories "do not reveal themselves entirely … [they] show us how to do things, but you have to figure out why" (11). He could be writing about stories in general. He continues: "For me, what characterizes such stories is a lingering mystery that stalks me like a friendly ghost" (11). Academic researchers can try to specify which stories show which people how to do which things; such work imagines stories as something that researchers, or their readers, can use to calculated ends. Narrative therapists work with stories, but they know better than to think they can use them. Finishing this book I tell myself, paraphrasing Epston: invite the stories in your life to stalk you; let them do their work, but remember not all the ghost-like stories are friendly.

I give the last word to a narrative therapist, Ana Huerta-Lopez, who is not one of the authors, but whose reflection on stories told in a workshop Carlson quotes:

> These stories became companions to me in my work with my own clients. In fact, the stories and the people in them seemed to show up when I needed them most … [I] found myself guided. (29)

This book is filled with that spirit, to return to Heath's preferred word: the spirit of stories working.

References

Frank, A.W. (2010). *Letting Stories Breathe: A Socio-narratology*. Chicago IL: University of Chicago Press.

White, M. and Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: Norton.

White, M. (1997), *Maps of Narrative Practice*. New York: Norton

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[i] This review calls for more than the usual disclosure of interest. I know the editors and am in regular correspondence with Epston, who has invited me to be a co-presenter at several workshops. The book cites both my published writing (Frank 2010) and personal communications.