

Narrative therapy with incarcerated teenagers and their families

Narrative therapy is a recent development in counselling, moments of triumph over the addiction are a "third wave" alternative to the more established problem-centred and problem-solving therapies. Narrative therapy emerged largely from the work of two highly gifted and creative family therapists: Michael White (Australia) and David Epston (New Zealand). This alternative approach focuses on reshaping an individual's perception of self their relationships and their life.⁽²⁾

Narrative therapy has been applied to a variety of problems such as sexual abuse,⁽³⁾ eating disorders⁽⁴⁾ and schizophrenia.⁽⁵⁾ It has also been used with a variety of clientele, ranging from children⁽⁶⁾ to teenage substance abusers⁽⁷⁾ to abusive men.⁽⁸⁾

This article sets out the basic components of narrative therapy and examines its usefulness in working with a family to treat one family member - particularly a family member (in this case, a young offender) in conflict with the justice system. Narratives As people attempt to make sense of their day-to-day lives, they construct **their** lives into narrative form. They arrange their experiences into patterns and sequences that make sense of themselves and their lives.

This process of authoring a narrative involves "pruning" away those experiences that do not fit the dominant narrative. These experiences are characterized as things to be forgotten or ignored. Therefore, much of an individual's experience remains unrecognized and, as a result, lacks any power to shape that person's life. These events are viewed simply as "unique outcomes."⁽⁹⁾

For example, if an individual's narrative depicts that individual as an addict, any moments of triumph over the addiction are dismissed as flukes and are quickly forgotten because they do not fit that person's dominant view of himself or herself.

It is important to recognize that a narrative not only provides a framework through which a person understands his or her experiences, it also orients that person toward or away from future experiences. The narrative, therefore, is more than a story about life - it actually shapes and constitutes a person's life as it is lived. Young offenders and their narratives Teenagers housed in the Young Offenders' Unit of the Ottawa-Carleton Detention Centre tend to have maladaptive narratives dominated by antisocial actions or beliefs. Prosocial practices are, therefore, regarded as flukes -unique outcomes that have no real impact on their lives. A narrative therapist's task is to help these teenagers re-author their lives according to more prosocial behaviours and beliefs.

Further, the identity of a person as "young offender" or "alcoholic" is not "in" the person, it is something that is developed, negotiated and distributed within the individual's "community of meaning." For teenagers, this community tends to include family, friends, and individuals and institutions that play a significant role in their lives (such as probation officers, police officers or teachers).

Based on this, narrative therapy encourages teenagers to invite any person that is important to them to an early therapy session. These individuals then witness, or even become part of, the performance of new prosocial behaviours. It is difficult for people to alter their narrative without the help of those who

participate in the narrative's formation, and this usually includes and involves family members. The process - externalizing conversation The young offenders are first encouraged to name the problem(s) that pushes them around in their life (such as Alcohol, Anger or Crime). Next, the teenager (and family and or friends) maps out the problem's influence in his or her life.⁽¹⁰⁾ Like a novel, this "landscape of action" consists of a sequence of events, connected by an overall plot.

At this initial stage, teenagers often present a problem-saturated story. Their problem is often internalized to the point that it is viewed as a personal characteristic or an inherent part of their family relationships. Therefore, the therapist uses language that encourages offenders to externalize or even personify the problem outside themselves or their family.

This is one of the keys to narrative therapy. The person or family is not the problem, the problem is the problem. To answer externalizing questions such as "what has Alcohol convinced you to do against your better judgement," individuals must separate themselves from the problem. This begins the deconstruction of the problem narrative that has defined their lives.

Teenagers and their families are also encouraged to map out the problem's influence on the "landscape of meaning" -their beliefs about themselves, others and the problem.⁽¹¹⁾ Externalizing questions such as "what has Alcohol talked you into believing about your parents / son / daughter" help to undermine feelings of failure, shame or blame in the family, which act as a form of life support for the problem.

When teenagers and their families engage in this kind of externalizing conversation, they begin to move their lives and relationships in a different and preferred direction and to develop an increasing sense of personal control. The other side - re-authoring conversations Finally, teenagers and their families are encouraged to re-author their lives by constructing and living out prosocial narratives.⁽¹²⁾ The doorway into this process is any situation where the person or family resisted the problem's influence and did something different. Participants are asked to give meaning to this unique outcome by exploring its history and impact on both the landscape of action (how did you take this step?) and landscape of meaning (how does this change your picture of yourself?).

The teenager and family are then encouraged to connect unique outcomes, "thickening" their alternative narrative. Instead of looking for hidden "tumours" or a lump of pathology, narrative therapists seek out healthy tissue and protective "antibodies."⁽¹³⁾

As the alternative narrative slowly emerges, the teenager and family are encouraged to name it. This allows the teenager and family to sort events and developments during therapy into either the problem narrative (such as Alcohol) or the alternative narrative (such as "being in control of my life").

The teenager and family are also invited to take action that undermines the old narrative and strengthens the new one. The survival of the emerging prosocial narrative is enhanced if there is a growing audience to witness and participate in the new behaviours. So, the teenager and therapist invite expanding circles of family members and friends to these therapy sessions.

Further, certificates and public ceremonies of transition can also be used in renegotiating the identity of a

person.⁽¹⁴⁾ These techniques can help amplify the emerging prosocial narrative.

Another trademark of narrative therapy is a more collaborative and accountable therapist-client relationship. Instead of the usual clinical notes (withheld from the teenager and family), the therapist's file often consists of copies of letters sent to the teenager and family summarizing meetings and pointing ahead to the next one.⁽¹⁵⁾ Consultation groups (involving teenagers and parents who are in or have completed therapy) are also used to advise the therapist on the effects of the therapy and to suggest ways of enhancing the process.⁽¹⁶⁾

This article is merely an introduction to the concept of narrative therapy. Further reading in this area is suggested to obtain a more complete understanding of this approach to therapy and its components.⁽¹⁷⁾

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

(10)M. White, "Negative Explanation, Restraint, and Double Description: A Template for Family Therapy," *Family Process*, 25, 2 (1986)

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(13)M. Wylie, "Panning for Gold," *The Family Therapy Networker*, 18, 6 (1994): 43.

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

(15)For a description of the use of letters in therapy, see D. Epston, "Extending the Conversation," *The Family Therapy Networker*, 18, 6 (1994).

(16)For further information about how to engage clients as consultants, see D. Epston and M. White, "Consulting Your Consultants: The Documentation of Alternate Knowledges," *Dulwich Centre*

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(17) A further introduction to narrative therapy can be found in J. Chang and M. Phillips, "Michael White and Steve de Shazer: New Directions in Family Therapy," *Therapeutic Conversations*, S. Gilligan and R. Price, eds. (New York: W. W. Norton, 1993). See also K. Tomm, "Externalizing the Problem and Internalizing Personal Agency," *Journal of Strategic and Systemic Therapies*, 8, 1(1989). And see K. Tomm, "The Courage to Protest: A Commentary on Michael White's Work," *Therapeutic Conversations*, S. Gilligan and R. Price, eds. (New York: W. W. Norton, 1993).