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**2<sup>nd</sup> Edition: Narrative Therapy (2019)**

**A (Very) Brief Glossary of Key Narrative Therapy Terms**

**ALTERNATIVE STORIES:** Therapists will often interact with numerous overwhelmingly thin conclusions and problem stories told by the people who come to see them in therapy. Narrative therapists are more interested in conversations that seek out alternative stories, which are identified by the person in therapy as stories that they would like to live their lives through. The therapist is interested in creating sustainable conversations supporting preferred stories of identity that assist people to break from the influence of the problems they are facing.

**ANTI-ANOREXIA/BULIMIA LEAGUE:** Through the process of reclaiming their lives back from anorexia and bulimia, League members refused to accept the popular misconception that they alone were responsible for their so-called eating disorders. League members began to make a crucial shift in their identities from group therapy patients to community activists and experienced consultants. In helping at the level of community, they assisted other women and families and, in turn, helped themselves. The purpose of the Vancouver League that VSNT faculty member Stephen Madigan helped create was to traverse the questionable ideological and fiscal gaps that lay within a traditional treatment terrain of mental health.

**ANTI-INDIVIDUALISM:** (Non-Essentialist position): Modern psychology is based in individualism; narrative therapy is based in anti-individualism. Contemporary philosophy is dominated by anti-individualism/non-essentialism/post-humanism, which holds that a person's thoughts, meaning, expression, and so on are relational responses to a cultural context and not determined by what is a priori "inside the person's head." The fact that a person's utterances and thoughts have a certain content and refer to certain things, states, or events in the world is

determined not only by the person's brain state but also by his or her relations to the linguistic community, dominant norms, and physical environment.

**ARCHIVE:** Archive is a technical term Foucault (1972) used in *The Archaeology of Knowledge*. It designates the collection of all material traces left behind by a particular historical period and culture.

**GREGORY BATESON:** Gregory Bateson was an English anthropologist, social scientist, linguist, visual anthropologist, semiotician, and cyberneticist whose work intersected that of many other fields. His writings include *Steps to an Ecology of Mind* and *Mind and Nature*. Bateson is not only viewed as one of the primary early figures in family therapy theory, but his ideas had a profound affect on Michael White moving away from mainstream psychotherapy and creating narrative therapy.

**BODY:** Narrative therapy is particularly concerned with the relations between political power and the body and analyzes various historical ways of training the body to make it socially productive. The body is an element to be managed in relation to strategies of the economic and social management of populations. This body description is the one taken up by the Vancouver Anti-Anorexia/Bulimia League.

**JEROME BRUNER:** Jerome Bruner's books *Acts of Meaning*, and *Actual Minds, Possible Worlds* had a enormous influence on Michael White creating the practice of narrative therapy. Bruner argued that there are two forms of thinking: the paradigmatic and the narrative. The former is the method of science and is based upon classification and categorization. The alternative narrative approach organizes everyday interpretations of the world in storied form.

**CISGENDER:** Cisgender is a term used to describe persons whose gender identity matches the sex they were assigned at birth.

**COMMUNITY OF DISCOURSE:** The list of right ways and wrong ways of living is lengthy. Some ideas are restrictive, some feel liberating, and some may be viewed as disconnecting. Each idea attempts to locate and compare us within the current normal human bell curve that tests,

evaluates, and determines our personal worth. We ask ourselves if we are “in” or “out,” or if we “fit in.” The complex relationship we share within communities of discourse shapes and influences how we believe we should and should not live our lives. A discourse community can be defined as people who share similar thoughts, values and ideas.

**COMMUNITY OF CONCERN:** Community of concern was first created by Stephen Madigan and the Vancouver Anti-anorexia League to describe a series of relational supports (political, institutional, familial and personal) standing behind a person’s relational preference and values.

**COUNTERVIEWING QUESTIONS:** Counterinterviewing (see Stephen Madigan’s writings on the creation of the term) is an intensely critical and political mode of reading professional systems of meaning and unraveling the ways these systems work to dominate and name; views all written professional texts (files) about the client as ways to lure the therapist into taking certain ideas about the person for granted and into privileging certain ways of knowing and being over others; is an unraveling of professional and cultural works through a kind of anti-method that resists a prescription—it looks for how a problem is produced and reproduced rather than wanting to pin it down and say this is really what it is.

#### **COUNTERVIEWING AND NARRATIVE THERAPY: THE ISSUE OF RESPECT**

Counterinterviewing in narrative therapy is profoundly respectful to a client’s lived experience. The method attempts to (a) do justice to the stories people tell about their distress, (b) respect the experience they have with the problems of living, (c) appreciate the struggles they are embarking on, and (d) value and document how they have responded to the problem.

#### **COUNTERVIEWING AND NARRATIVE THERAPY: THE ISSUE OF CRITIQUE**

Counterinterviewing in narrative therapy is intensely critical of many therapy practices that are embedded in images of the self and others that systematically mislead us as to the nature of

problems. Narrative practice does not presuppose a self, which lies “under the surface” as it were. Counterviewing also alerts us to the ways that dominant ideas of the self get smuggled into therapy under the disguise of helping others.

**CRITICAL ETHNOGRAPHY:** Critical ethnography is a perspective through which a researcher can ask questions. The method attempts to free researchers from ideologies that detract from informed reportage. Critical ethnography adopts a complex theoretical orientation toward culture, which—in collectives of differing magnitude, whether educational institutions, student communities, classrooms, etc.—is treated as heterogeneous, conflictual, negotiated, and evolving, as distinct from unified, cohesive, fixed, and static. Also, in contrast with a relativistic view of cultures as different but equal, critical ethnography explicitly assumes that cultures are positioned unequally in power relations. Critical ethnography is related to critical theory.

**CULTURAL HEGEMONY:** Cultural hegemony is the philosophic and sociological concept, originated by the Marxist philosopher Antonio Gramsci, that a culturally diverse society can be ruled or dominated by one of its social classes. Cultural hegemony is the dominance of one social group over another—for example, the ruling class over all other classes. The theory states that the ideas of the ruling class come to be viewed as the norm and are seen as universal ideologies that benefit everyone, although they really only benefit the ruling class.

**DECENTERED THERAPEUTIC POSTURE:** Michael White referred to the term decentered in narrative therapy and it does not refer to the intensity of the therapist’s engagement (emotional or otherwise) with people seeking consultation, but rather to the therapist’s achievement in according priority to the personal stories and to the knowledge’s and skills of these people. People have a “primary authorship” status in therapy, and the knowledge’s and skills that have been generated in the history of their lives are the principal considerations.

**DECONSTRUCTION:** French philosopher Jacques Derrida introduced Deconstruction. It may be used in therapy, philosophy, literary analysis, or other fields. Deconstruction generally tries to demonstrate that any text (story) is not a discrete whole but contains several irreconcilable and contradictory meanings; that any text, therefore, has more than one interpretation; that the text itself links these interpretations inextricably; that the incompatibility of these interpretations is irreducible; and thus that an interpretative reading cannot go beyond a certain point. Paul Ricoeur is another prominent supporter and interpreter of Derrida's philosophy. He defined deconstruction as a way of uncovering the questions behind the answers of a text or tradition.

**DEFINITIONAL CEREMONY:** The definitional ceremony metaphor structures the therapeutic arena as a context for the rich description of people's lives, identities, and relationships. Michael White found the definitional ceremony metaphor through the work of cultural anthropologist Barbara Myerhoff (1982, 1986).

**DIAGNOSTIC STATISTICAL MANUAL OF MENTAL DISORDERS (DSM):** The Diagnostic Statistical Manual was originally a discourse about medical symptoms for researchers. However the DSM escaped the laboratory and found its way into public, administrative and professional discourses. For the narrative therapist understanding the DSM's medical focus on individual symptomatology as well as how decontextualized prescriptions for practice get named becomes critical to their understandings in conversational work. The DSM's push to locate problems inside client bodies and defining these problems as individual deficits or symptoms to be treated individually, obscures vital information. Danish research psychologist, Svend Brinkmann (2016) writes of "diagnostic cultures" where DSM diagnoses, like ADHD or depression, are becoming central to one's identity. In other words, diagnosis-related stories become interwoven with everyday life, often in ways that foretell of, or perhaps foreclose on life possibilities.

**DISCIPLINE:** Discipline is a mechanism of power that regulates the behavior of individuals in the social body. This is done by regulating the organization of space (e.g., architecture), of time (e.g., timetables), and of people's activity and behavior (e.g., drills, posture, movement). It is enforced with the aid of complex systems of surveillance. Foucault emphasized that power is not discipline; rather, discipline is simply one way in which power can be exercised.

**DISCOURSE:** This book uses the term *discourse* to mean what gets to be said and who gets to say it and with what authority. However, the term discourse has several definitions. Sociologists and philosophers tend to use the term to describe the conversations and the meaning behind them by a group of people who hold certain ideas in common. Such is the definition by philosopher Michel Foucault, who held discourse to be the acceptable statements made by a certain type of discourse community.

**DISCOURSE NOT LANGUAGE:** Post-structural theory directs attention away from content-process language and toward discourse. Discourse suggests there are no foundational or structural realities to be discovered, such that no claim to knowledge or truth has any grounding, except within the rhetorical terms of an institutionalized discourse.

**DISCURSIVE PRACTICE:** Discursive practices are all the ways that a culture creates social and psychological realities. This term refers to a historically and culturally specific set of rules for organizing and producing different forms of knowledge. It is not a matter of external determinations being imposed on people's thought; rather, it is a matter of rules that, like the grammar of a language, allow certain statements to be made.

**DISCURSIVE IDENTITY:** Discursive Identity refers to the idea of how our remembrances of our identities are profoundly political both in their origins and in their implications. Narrative practice organizes around the idea that identities are conceived within certain dialogic, ideological

frameworks constructed by the dominant social order as the vehicle to maintain special interests.

**DIVIDING PRACTICES:** Michel Foucault called the first mode of objectification of the subject a *dividing practice*. Dividing practices are social and usually spatial: social in that people of a particular social grouping who exhibit difference could be subjected to certain means of objectification and, spatial after being physically separated from the social group for exhibiting difference once identified.

**EXPERIENCE:** Experience can be defined as an interrelation between knowledge, types of normativity, and forms of subjectivity in a particular culture at a particular time.

**EXTERNALIZING (Or Relational Externalizing)** Michael White observed that therapeutic progress was enhanced when the therapist and person were able to talk about the problem in a more relational and contextualized way. Narrative therapy uses a method of relational externalizing problems to bring forth possible re-descriptions and the chance for clients to reposition themselves with the problem. The identity of the described problem is viewed as separate from the identities of the person. In this process, the problem becomes a separate relational entity within a context of power/ knowledge and thus external to the person or relationship that was ascribed as the problem. Those problems that are considered to be “inherent,” as well as those relatively fixed qualities that is attributed to persons and to relationships, is rendered less fixed and less restricting. The practice of relationally externalizing problems enables persons to separate from the dominant stories that have been shaping their lives and relationships. Externalizing the problem is by no means a “requirement” of narrative therapy and represents one option within a range of narrative practices.

**MICHEL FOUCAULT:** Any attempt at learning the primary theoretical understandings of narrative therapy practice will benefit from a studied and practiced understanding of the French

philosopher Michel Foucault. Foucault wrote as both historian and philosopher, and his polemic was raised against the practice of systematizing and universalizing certain political and scientific theories that act to turn people (subjects) into things (objects). He viewed a discourse that argued for the supremacy of one idea as a discourse of social control. His extensive collection of writings deconstructed many culturally constructed discourses and representations of what we as a society viewed as normal and abnormal among our community of individuals/citizens. Foucault was interested in how societies introduced practices and structures to institute specific beliefs into scientific, psychological, religious, and moral law. He studied institutions like psychiatric hospitals, prisons, and clinics. He located historical strands of discourse and representations of discourse that dealt not only with the subject but also with those practices involving the relationship of knowledge and power. In other words, his objective was to create a history pertinent to the different modes through which, in Western culture, human beings are objectified as subjects.

**GENEALOGY:** Michel Foucault's concept of genealogy is the history of the position of the subject, which traces the development of people and society (in this case, narrative therapy questions, ideas, concepts) through history.

**GOVERNMENTALITY:** Michel Foucault's concept of governmentality means the figures and purposes of sociopolitical institutions that influence and normalize attitudes and management of individuals where governmentality connects political power to subjectivity. Foucault viewed governmentality at work in neoliberal political structures in the 1970s in the U.S. and U.K, and fully in place by the 1980s under Ronald Regan and Margaret Thatcher. He saw "enterprise" and the normalizing idea for all individuals to become 'entrepreneurs'.

**HETERONORMATIVITY:** This is a term for a set of lifestyle norms that hold that people fall



into distinct and complementary genders (male and female) with natural roles in life. It also holds that heterosexuality is the normal sexual orientation and states that sexual and marital relations are most (or only) fitting between a man and a woman. Consequently, a “heteronormative” view is one that promotes alignment of biological sex, gender identity, and gender roles with what is now called “the gender binary.” VSNT faculty member David Nylund has written extensively on the twin terms of heteronormativity and homonormativity. He is credited with bringing queer theory into the practice of narrative therapy.

**IDEOLOGY:** Ideology translates to the science or study of ideas. However, ideology tends to refer to the way in which people think about the world and their ideal concept of how to live in the world. For example, in U.S. politics, the term *ideology* may separate the difference between Democrat and Republican, and those sharing the ideology of one group over another are likely to vote accordingly. Usually a culture has multiple political ideologies, with some less popular than others. Ideology defines what can be discussed and with what authority.

**INDETERMINACY:** Indeterminacy is in the ‘subjunctive mood’ because it is that which is not yet settled, concluded, or known. It is all that may be, might be, could be, and perhaps even should be. The underlying quality of social life should be considered to be one of theoretical absolute indeterminacy. The relation of indeterminacy to the subjunctive mood is also discussed by J. Bruner (1986).

**INTERSECTIONALITY:** Intersectionality is a sociological theory seeking to examine how various socially and culturally constructed categories of discrimination interact on multiple and often simultaneous levels, contributing to systematic social inequality. Intersectionality holds that the classical models of oppression within society, such as those based on race/ethnicity, gender, religion, nationality, sexual orientation, class, or disability, do not act independently of one

another; instead, these forms of oppression interrelate, creating a system of oppression that reflects the “intersection” of multiple forms of discrimination.

**INSTITUTIONS:** Michel Foucault noted that institutions are a way of freezing particular relations of power so that a certain number of people are advantaged.

**KNOWLEDGE PRACTICE:** A knowledge practice viewed as “truth” within a cultural discourse sets standards for the specifications of the individual, around which the individual shapes his or her life.

**LANDSCAPE OF ACTION:** Michael White brought Jerome Bruner’s ideas of the dual landscapes meaning making into Narrative Therapy (1990). Landscape of action questions center on events that happened in a person’s telling of their lives and links these events through time, forming a plot line. These questions are organized through events, circumstance, sequence, time, and plot. They concern the who, what, where and how of lived events.

**LANDSCAPE OF IDENTITY:** Michael White brought Jerome Bruner’s idea of the dual landscapes meaning making to narrative therapy (1990). Landscape of identity questions are (in part) those regarding what the client might conclude about the action, sequences, and themes described in response to the landscape of action questions. Landscape of identity questions brings forth relevant categories addressing cultural identities, intentional understandings, learning and realizations.

**LOGICO-SCIENTIFIC PARADIGM:** Logico-scientific paradigm of psychology is based on an acquisition of “empirical discovery guided by reasoned hypothesis, and is directed towards finding universal truths as opposed to truth conditions.

**MULTISTORIED VERSION OF LIFE:** By integrating a post-structural theoretical position in his practice of narrative therapy Michael White proposed the complexity of life, how lives are lived, and how we conceptualize identity, is mediated through the expression of the stories we tell.

Stories are shaped by the surrounding dominant cultural context: some stories emerge as the long-standing reputations we live through, and other (often more preferred) less supported stories of who we are (and might possibly become) can sometimes be restrained and pushed back to the margins of our remembered experience. Narrative therapy practice organized around the idea of a multistoried version of life (regarding what a story/problem-story can mean at any given time). This therapeutic concept afforded narrative therapists a suppleness to view persons and problems not as fixed, fossilized, or under any one unitary description, theory, or label

**NARRATIVE HABITUS:** Sociologist Arthur Frank's concept of narrative habitus is the collection of stories a person knows, and how those stories filter (even censor) new stories--whether a new story attracts, repels, or gets onto our radar at all. Crucially, a narrative habitus sets the terms in which any new story is likely to be received (or not) and interpreted and: mediates a person's relationship to a story.

**NARRATIVE THERAPY PRACTICE:** Narrative therapy practice is based on the idea that people make meaning in the world about who they are—and who they are in relation to others—through a dialogic relationship that is considered shaped by the prevailing cultural group.

**NARRATIVE'S PROBLEM LOCATION OF THE "I":** Johnella Bird suggests the problem with mental health language is that static representation of experience has severe consequences for those people (clients) who are struggling with life experiences and circumstance. Conventional English language strategies create the conditions in which the "I" is seen, experienced, known, and/or captured as autonomous, self-directed, singular, and independent.

**NARRATIVE VALUES:** Narrative values holds the idea that if we look at the chronological unfolding of a life, it might exhibit one or more theme, just as a novel exhibits certain themes. A life might be characterized by intensity, or curiosity, or spirituality, or steadfastness, or

adventurousness. These themes show themselves in the actions and orientations of a life. They are not however a one-time thing. Philosopher Todd May underscores the idea that an adventurous person is not a person who has had an adventure.

**NEOLIBERALISM:** Neoliberalism is a doctrine that supports the market exchange as an ethic in itself, capable of acting as a guide for all human action that has become dominant in both thought and practice throughout much of the world. Neoliberalism claims the metaphor of the market is an organizing metaphor for other spheres of life. Michel Foucault reveals a “neoliberal turn” in a series of lectures given during 1978-1979. Foucault discovered a connection between neoliberal styles of government and subjectivity.

**NON-ESSENTIALISM:** Non-essentialism is a concept famously expanded on by Michel Foucault (1984a) in his *History of Sexuality*, in which he argued that even gender and sexual orientation are ‘contrived formations’ and that our concept of essentialist notions of gender or sexuality is flawed. For example, he argued that the entire class of homosexuality is, in fact, quite recent, built up by cultural norms and an interplay between different groups in society, but with no more essential a quality than, for example, the idea of beauty.

**NORMAL AND THE PATHOLOGICAL NORMALIZATION:** Contemporary society is a society based on medical notions of the norm, rather than on legal notions of conformity to codes and the law. Hence criminals need to be “cured” of a disease, not punished for an infraction of the law. There is an insoluble tension between a system based on law and a system based on medical norms in our legal and medical institutions.

**PERFORMANCE:** When discussing the performance aspects of ritual process, anthropologist Victor Turner (1980) suggested that performance literally means to furnish completely or thoroughly. To perform is thus to bring something about; to consummate something; or to carry

out a play, order, or project. But in the carrying out, one holds something new may be generated. The performance transforms itself.

**POSTMODERNISM:** In critical theory and philosophy, postmodernism serves as a striking counterpoint to classical foundations of philosophy. Although earlier philosophers and theorists were devoted to the ongoing exploration of a universal system, postmodernists focused on the role of that search in creating what is known as truth itself. To most postmodernist theorists, it is the discourse itself that gives rise to any sort of perceived universality.

**POST-STRUCTURALISM:** Central to post-structuralism is the rejection of the idea that there is any truly essential form to a cultural product, as all cultural products are by their very nature formed and therefore artificial. Post-structuralists argue for a consideration of a post-humanist and decentered view of identity. This position unsettles any essentialist psychological notion of the stable autonomous person, the original author (of problem conversations or otherwise), or a given reality of what constitutes the self. Post-structuralism grew as a response to structuralism's perceived assumption that its own system of analysis was somehow essentialist. Post-structuralists hold that, in fact, even in an examination of underlying structures, a slew of biases introduce themselves, on the basis of the conditioning of the examiner.

**POWER/KNOWLEDGE:** One of the most important features of narrative therapy is that mechanisms of power produce different types of knowledge, which collate information on people's activities and existence. The knowledge gathered in this way further reinforces exercises of power. The use of the *Diagnostic and Statistical Manual of Mental Disorders* and client files are examples of these techniques as a form of social control. Michel Foucault's work cautions that what we may take to be knowledge may instead be nothing more than powerful concepts perpetuated by authorities, and those concepts may change our understanding of our world and

ourselves. Taken together, the three modes of objectification of the subject—(a) those that categorize, distribute, and manipulate; (b) those through which we have come to understand ourselves scientifically; and (c) those that we use to form ourselves into meaning-giving selves—designate the landscape of Michel Foucault's inquiries and shape the foundation of narrative therapy inquiry. And clustered tightly around the identity of the subject are the twin terms of *knowledge* and *power*. Michel Foucault consistently returns to the idea that there are no truths, only interpretations of truth and specified that knowledge's that make global truth claims are supported through knowledge's of modern scientific disciplines.

**POWER:** Modern power is not a thing but a relation. Power is not simply repressive but also productive. And power is not simply a property of the state. Power is not something that is exclusively localized in government and the state (which is not a universal essence). Rather, modern power is exercised throughout the social body. Power operates at the most micro levels of social relations. Power is omnipresent at every level of the social body.

**RE-AUTHORING CONVERSATIONS:** Michael White, under the influence of Psychologist Jerome Bruner (1990), writes that within our selection of stories expressed, there are always expressions and memories of lived experience left out of the dominant story told. Narrative therapy is organized through a construction that: it is the stories people tell and hold about their lives that determine the meaning they give to their lives. What is selected out as meaningful from the stories we tell is given expression. Re-authoring conversations act to re-invigorate people's efforts to understand what is happening in their lives, what has happened, how it has happened, and what it all means. In this way, these conversations encourage a dramatic re-engagement with life and with history and provide options for people to more fully inhabit their lives and their relationships. Questions are introduced that encourage people to generate new proposals for

action, accounts of the circumstances likely to be favorable to these proposals for action, and predictions about the outcome of these proposals.

**RELATIONSHIPS ARE RELATIONAL:** Mikhail Bakhtin (a Russian psychologist, linguist and important figure in narrative therapy), suggested that we are direct contributors to each other's identity. Bakhtin described a relational view of the self when he stated that "[I] get a self that I can see, that I can understand and use, by clothing my otherwise invisible (incomprehensible, unutilizable) self in the completing categories I appropriate from the other's image of me Bakhtin's belief is that the other plays a central role in constituting the individual's self. And without the ongoing relationship to the other, our selves would be invisible, incomprehensible, and unusable.

**RE-MEMBERING CONVERSATIONS:** Re-membering conversations arrived into narrative therapy through the work of anthropologist Barbara Myerhoff (1982, 1986). Re-membering conversations are not about passive recollection but about purposive engagements with the significant figures of one's history and with the identities of one's present life that are significant or potentially significant. These figures and identities do not have to be directly known in order to be identified as significant to persons' lives.

**RE-STORYING:** Narrative Therapy under the influence of Michael White see the therapeutic notion of re-storying creating the possibility that change is always possible. Therefore, any totalized description of a person's past, present, or future can be reconfigured, recollected, and re-remembered differently.

**RESTRAINTS:** Gregory Bateson was a profoundly important influence on Michael White and narrative therapy. One example is Bateson's thinking about restraints: events, persons, ideas, and so on, travel their course of action not because they have to (or are born to) but because they are restrained from taking any other course of action (Bateson, 1979). Michael White interpreted

Bateson's ideas this way: Restraints take various forms and include the network of presuppositions, premises, and expectations that make up the family members map of the world, and that establishes rules for the selection of information about perceived objects or events, thus contributing to sensory limitations.

**SCIENTIFIC CLASSIFICATION:** Michel Foucault referred to the second mode for turning human beings into objectified subjects as *scientific classification*. Foucault saw scientific classification as the practice of making the body a thing through, for example, the use of psychiatric diagnostic testing. DSM technology (among others) is utilized as a means for classification, and this action emerges from discourses that are produced and given the status of "science".

**SELF:** Although different post-structural thinkers' views on the self vary, the self under study is said to be constituted by discourse(s). Narrative therapy's approach to the self stretches out beyond the more popular and/or generalized accounts of who persons are (e.g., dominant and/or individualized categories of personhood) and of who persons are stated or labeled to be by the expert of psychological knowledge.

**SELF-SURVEILLANCE:** The performance of self-surveillance (the self monitoring the self in relation to set cultural norms; see Madigan on Foucault) can be explained as the performance of looking, monitoring, and judging the self. The monitoring of the self, eavesdropping on itself, is bound together in a dialogic relationship with an active audience discursively positioned elsewhere. Our experience of the imagined or recreated thoughts of the other looking, monitoring, and judging us (the other also includes ourselves looking at ourselves) is constitutive and reproducing of cultural normativity.

**SOCIAL CONSTRUCTIONISM:** A major focus of social constructionism is to uncover the ways



in which individuals and groups participate in the creation of their perceived social reality. It involves looking at the ways social phenomena are created, institutionalized, and made into tradition by humans. A socially constructed reality is one that is seen as an ongoing, dynamic process that is reproduced by people acting on their interpretations and their knowledge of it.

**STORY:** Stories determine the meaning given to experience. Stories enable persons to link aspects of their experience through the dimension of time (past/present/future). There does not appear to be any other mechanism for the structuring of experience that so captures the sense of lived time or that can adequately represent the sense of lived time. It is through stories that we obtain a sense of our lives changing. It is through stories that we are able to gain a sense of the unfolding of the events of our lives through recent history, and it appears that this sense is vital to the perception of a “future” that is in any way different from a “present.” Stories construct beginnings and endings; they impose beginnings and endings on the flow of experience. We perform these stories into lived experience and meaning.

**STRUCTURALISM:** Structuralists look at the foundational structures implicit in all productions of a culture and undertake an analysis of the many parts that create something to get a better understanding of the creation. The basic premise of structuralism is that all things have a structure below the level of meaning, and that this structure constitutes the reality of that thing. The vast majority of psychological practices are based in structuralism.

**SUBJECT:** The subject is an entity that is self-aware and capable of choosing how to act. Michel Foucault was consistently opposed to 19th-century and phenomenological notions of a universal and timeless subject that was at the source of how one made sense of the world and that was the foundation of all thought and action. The problem with this conception of the subject, according to Foucault and other thinkers in the 1960s, was that it fixed the status quo and attached people to

specific identities that could never be changed.

**SUBJECTIFICATION:** Michel Foucault's third mode of objectification analyzes the ways in which human beings turn themselves into subjects. He called this third mode *subjectification*. The objectification of the subject is a process that differs significantly from the other two modes of objectification, where the individual takes up a more passive, constrained position.

**TEXT ANALOGY:** The text analogy proposes that meaning is derived from the storying of our experience. It is the stories that persons tell that determine meaning about their lives. This idea has many references and for narrative therapy Jerome Bruner was the initial source that Michael White expanded into a central part of his narrative therapy practice.

**TEXTUAL IDENTITY OF PERSONS:** Textual identity of the person prompts a therapeutic shift from a vocabulary describing an object called the self to a vocabulary of self that describes the self as a product of changing social intercourse.

**THERAPEUTIC LETTER-WRITING CAMPAIGNS:** VSNT faculty member Stephen Madigan first created therapeutic letter-writing campaigns as a practice act to re-remember alternative accounts of a person's lived experience that a problem often separates them from. The campaign encourages the person to become reacquainted with the membership groups that the problem has separated them from (e.g., family, friends, school, sports, teams, music, painting). Therapeutic letter-writing campaigns are designed as counter-practices to the dis-membering effects of problem lifestyles and the isolating effects that psychological discourses often create in persons' lives.

**TOTALIZATION TECHNIQUES:** Totalization techniques are culturally produced notions about the specification of personhood.

**UNIQUE OUTCOMES:** Unique outcomes are a term created by Psychologist Irving Goffman and

taken into narrative practice by Michael White to provide a starting point for re-authoring conversations. They make available a point of entry into the alternative story lines of people's lives that, at the outset of these conversations, become visible as thin traces, which are full of gaps and not clearly named. As these conversations proceed, therapists build a scaffold through questions that encourage people to fill these gaps. Through a telling of a re-authored story, people are able to identify previously neglected but vital aspects of lived experiences—aspects that could not have been predicted from a reading of the dominant problem story.

**UNIVERSAL CATEGORIES:** Narrative therapy is firmly and consistently opposed to the notion of universal categories and essences. And “things” that existed in unchanged form in all times and places, such as the state, madness, sexuality, criminality, and so on. These things only acquire a real (and changing) existence as the result of specific historical activities and reflection.

**VANCOUVER SCHOOL FOR NARRATIVE THERAPY:** Established in 1992 by Stephen Madigan (under the encouragement of Michael White) as the first narrative therapy training site in the northern hemisphere. The Vancouver School offers certificate training programs, conferences and online interactive learning in narrative therapy theory and practice.