Enhancing the Practice of Adlerian Therapy: Integrating Concepts and Methods from the Narrative Perspective

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Abstract

The schools of Adlerian and narrative therapy share significant theoretical ground as well as similarities in clinical practice. This thesis explores parallels between the concepts and methods of the two models. Complementary techniques from each school are identified as they apply to the therapy setting. Recommendations are made for the integration of narrative concepts and techniques into the Adlerian approach.
Enhancing the Practice of Adlerian Therapy: Integrating Concepts and Methods from the Narrative Perspective

This thesis explores similarities between Adlerian and narrative therapy and considers ways in which narrative concepts and practices may enhance Adlerian therapy. Basic theoretical concepts of narrative therapy are presented, and both corollary and unique Adlerian concepts are discussed. Integration of a number of ideas, attitudes, and practices from narrative therapy into Adlerian therapy is explored.

In considering what narrative therapy may have to offer the Adlerian school, the narrative practice or technique of using types of “re-membering conversations” in the therapy setting is endorsed. Narrative concepts and attitudes related to social discourse are discussed in terms of their use as a framework for exploration and understanding of therapist and client realities. Narrative attitudes as reflected in the role of the therapist are considered in terms of their use as lenses to assist therapists examine the intersection of their personal views and those of clients.

Finally, there is discussion related to how Adlerian therapists use story and how some narrative practices related to the use of story may enhance Adlerian practice. There is exploration of the use of story in a larger sense and speculation that framing much of what happens in therapy as story may facilitate new ideas and new discussions that may be beneficial to the change process.

Basic Concepts Regarding the Theory and Practice of Narrative Therapy

Theory of Narrative Therapy

Like Adlerian and many other therapies, the narrative therapy process includes exploration of ways in which individuals view themselves, their relationships, and their roles in life. From the narrative perspective, the particular focus is uncovering the stories or “narratives
about themselves that clients internalize, create, and live out. Origins of story lines and themes are explored, particularly with regard to the impact of both the local and larger cultures. The effects of oppression, privilege, and power are investigated. Clients are encouraged to create new stories that allow the possibility of new outcomes.

*Postmodern perspective.*

“Narrative therapists focus attention on helping clients gain access to preferred story lines about their lives and identities, in place of previous negative, self-defeating, dead-ended narratives about themselves” (Goldenberg & Goldenberg, 2004, p. 355). Inherent in the idea of “gaining access to a preferred story line” is the concept that there are multiple ways to interpret a story or event. How an individual strings together events into a coherent narrative or story line, or finds meaning in events, is not only subjective but malleable. This emphasis on interpretation and meaning rather than facts and objectivity is a postmodern perspective and an integral component of narrative therapy. “From a postmodern perspective, there are always competing stories of truth” (Brown, 2007, p. 5).

The modern psychological perspective assumes that there is objective, knowable reality and that the role of the therapist includes uncovering truth. By contrast, the postmodern assumption is that “there are limits on the ability of human beings to measure and describe the universe in any precise, absolute, and universally applicable way” (Freedman & Combs, 1996, p. 20). Because all experience is filtered through our individual perceptions and colored by cultures, language, and the inherent bias of perspective, the apparent “facts” of any occurrence are subordinated to interpretation. From this perspective, and in the context of narrative therapy, how the individual interprets events and how they act in response to those interpretations defines their reality.
Social construction.

If there is not objective, knowable reality, if it is not possible to gain some absolute knowledge or truth about the natural world or the human condition, how do individuals find meaning, find reason to act in the world, and coexist in groups? This is a question regarding sociology, and it is a question for the therapist who looks at the client as part of family, community, and society. The opinion of the narrative school in response to this question is that reality is socially constructed.

A central tenet of the postmodern worldview in which we base our approach to therapy is that beliefs, laws, social customs, habits of dress and diet – all things that make up the psychological fabric of “reality”– arise through social interaction over time. In other words, people together, construct their realities as they live them. (Freedman & Combs, 1996, p. 23)

From the social constructionist perspective, reality and meaning are created over time in social context and extend to all aspects of life. From the perspective of the narrative school, this “social construction of reality” occurs in the framework of the stories that individuals create, tell, and live out. The stories that shape perception of self and others are not created by the individual alone, but only in the context of culture (Brown & Augusta-Scott, 2007).

We do not, and cannot, create our stories by ourselves, as they can emerge only within a preexisting context of meaning. This context of meaning is always social, as meaning cannot exist independent of social life. The human capacity to produce meaning and to attach it to social events and experiences requires social interaction. (p. xix)

The constitutive nature of narrative.
“Although stories begin as social constructions, they have real effects as people live them” (Brown & Augusta-Scott, 2007, p. xx). For each individual, the cultural beliefs, expectations, and norms of family, the local community, and the larger community influence the perception and interpretation of reality. In response to cultural influences, individuals act in ways that influence the stories that circulate in society (Freedman & Combs, 1996). It might be said that the individual and society make each other up as they go along. The stories that shape perception of self and others give rise to actions that impact the local and larger cultures.

Dominant cultural narratives.

The influence of society on the individual is the focus of considerable study and discussion by narrative therapists. The narrative school asks how cultural stories and social norms, the “dominant narratives” of society, shape individual narratives. This question bears directly on the activity of therapy. If the client’s ability to change is dependent upon the stories the client believes about self and others, and stories are generated in social context, then examining the social context and origin of these stories becomes critical. “The therapeutic re-authoring of alternative stories necessarily involves questioning the dominant discourses that shape unhelpful stories” (Brown & Augusta-Scott, 2007, p. xxii).

An “oppressive story” is one that limits an individual’s perception of options and diminishes their sense of agency. There are many types of oppressive stories, some shaped largely by the local culture of family and small community and some shaped by the larger society. Social discourses or dominant narratives of society that are oppressive stories for individuals include racial, cultural, or sexual stereotypes or generalizations. These oppressive narratives impact the self-perception of individuals in the minority group and limit their perceived options for action and interaction in the world. These same stories may be
“oppressive” to individuals in the majority group by limiting those persons perception of options for interaction with members of the minority group.

“Cultural stories help influence and shape … personal narratives, providing dominant narratives specifying the customary or preferred ways of behaving within that culture” (White, as cited in Goldenberg & Goldenberg, 2004, p. 346). Cultural stories claimed as “truth” help perpetuate a society’s power structure. For instance, dominant cultural beliefs about race and sex allow interpretations of reality that sanction discrimination and oppression. “Internalizing these narrow, culturally based, dominant discourses leads to a self-defeating outlook about the future and restricts alternate ways of thinking about and being in life” (Goldenberg & Goldenberg, 2004, p. 347).

Challenging cultural assumptions.

To question the implicit assumptions of socially constructed reality necessitates awareness of what at least some of those assumptions might be. The work of sociologists and philosophers in exploring the assumptions of society is therefore relevant to the field of narrative therapy. In this regard, the work of French philosopher Michael Foucault is frequently cited by narrative therapists, including White, as influential in development of narrative therapy (White & Epston, 1990).

Foucault’s ideas related to the power of social discourse and language provide a framework for examining socially constructed reality. Some of his concepts are both fundamental to narrative therapy and consistent with the basic principles of sociology: (a) The power of social norms is pervasive and largely invisible to the members of a culture, and (b) individuals internalize normative beliefs and “self-police” their adherence to those norms.
Because the process of narrative therapy involves exploring the impact of culture on individual narratives, awareness on the part of the therapist of the impact of social narratives is critical.

*The role of language.*

“Our understandings of our life experience, including those that we refer to as ‘self-understandings,’ are mediated through language” (White & Epston, 1990, p. 28). From a postmodern perspective, language is not directly representative of reality but is mutable. This reflects the concept that reality and meaning are socially constructed and negotiated using language. From this perspective, influence or control over the use of language, interpretation of meaning, and of the stories that circulate in society is power over the “truths” of a society.

Foucault…insisted that certain stories about life, perpetuated as objective “truths” by the dominant culture, help maintain a society’s power structure and eliminate alternate accounts of the same event (for example what constitutes normal sexuality, or what behavior should be classified as pathological, or how to react to members of a minority community, or what it takes to be a “real” man). (Goldenberg & Goldenberg, 2004, p. 346)

Using language, narrative stories are created, acted out, reacted to, re-written, enlarged, retold, and used to communicate and define the meanings that individuals and social institutions ascribe to all aspects of life. If stories constitute reality, the language that creates narrative, and the use and interpretation of language are inherently powerful.

*Individual identity: the self as separate from “the problem.”*

From one narrative perspective, identity is fluid. “In a rather literal way we believe that we are making ourselves and each other up as we go along” (Freedman & Combs, 2002, p. 17). Freedman and Combs go on to state that they “do not think of people or relationships as having
stable, quantifiable ‘identities,’ or ‘typical’ characteristics (p. 17). On the other hand, Sween states that “stories of identity can be remarkably stable” (1998, p. 5).

A stability of self-concept is logical if one takes the stance that, like other stories, the story of identity is co-created with others, is part of the created narrative of self, and that acting out narratives is self-reinforcing. However individual identity is conceptualized by particular narrative therapists, the narrative tradition will always place the locus of an individual’s problems as separate from the self, as unrelated to identity, as outside the person. “If narrative therapy had one slogan, it would be: The person is never the problem; the problem is the problem” (Sween, 1998, p. 5).

Practice of Narrative Therapy

Externalizing conversations: naming the problem and exploring its effects.

“It is very common for problems to be seen as ‘internal’ to people, as if they represent something about the nature, or ‘inner self of the person concerned’” (Russell & Carey, 2004, p. 2). If problems are seen as inherent to the individual, the individual’s self-perception limits the potential for change. “One of the first things that a narrative therapist is interested in doing is to separate the person’s identity from the problem for which they seek assistance” (Morgan, 2000, p. 17). The narrative school refers to this work as externalizing practices or as externalizing conversations.

Externalising conversations establish a context where the person experiences themselves as separate from the problem. In this way the problem no longer speaks to them of their identity or the ‘truth’ about who they are. People often find this a great relief as it opens space for them to begin to take action against the problem. (Morgan, 2000, p. 24)
One method of externalizing problems is to change the adjectives people use to describe themselves into nouns. In response to the statement “I am a depressed person,” the therapist might ask “How long has the depression been influencing you?” or “What does the depression tell you about yourself?” (Russell & Carey, 2004, p. 2). Another method of externalizing problems is to personify the problem, for instance by asking a child how “Mr. Mischief” manages to trick him or her. “Through these sorts of questions, some space is created between the person and the problem and this enables the person to begin to revise their relationship with the problem” (Russell & Carey, p. 2).

Once problems are externalized, they can be placed into story lines which facilitate the process of exploring the history and impact of the problem. For instance, the history of “the depression” or “the rage” or whatever problem has been named will begin to emerge as a narrative as questions about the problem and its history and impact are explored.

Morgan (2000) lists the following elements as integral to the process of externalizing conversations: naming the problem; tracing the history of the problem; exploring the effects of the problem; and justification of the evaluation of the effects of the problem. The emerging story of the problem, its effects, and the way the client perceives the effects of the problem are explored through careful questioning on the part of the therapist.

A thorough understanding of the way the client understands the problem is essential. “Without these explorations of the effects of the problem on the person’s life, it can feel as if the therapist has not really understood or listened to the experience of the person seeking consultation” (Morgan, 2000, p. 40). Also, “Questions that explore the effects of the problem allow for an alternative story to emerge. They help to open the possibility of noticing ways that
people are coping and managing…to highlight the abilities and competencies they are drawing on” (p. 41). In this way the process of re-authoring stories begins.

In externalizing conversations, individuals have the opportunity to see themselves in relation to the problem and notice their coping skills as well as think about their values, their opinions, and in what ways they might like things to be different. “Externalising conversations are the doorway to preferred stories…when the person no longer believes that they are the problem, this opens the door to exploring their knowledges and skills and ways of addressing the effects of the problem” (Russell & Carey, p. 7).

Deconstruction.

“Narrative therapists are interested in discovering, acknowledging and ‘taking apart’ (deconstructing) the beliefs, ideas and practices of the broader culture…that are serving to assist the problem and the problem story” (Morgan, 2000, p. 45). While the particular activity of discovering and challenging taken-for-granted assumptions or “truths” is referred to as deconstruction (Morgan, 2000), it is also the case that the term “deconstruction” is used as a broader term which includes the process of naming problematic stories and externalizing problems (White, 1991). The term is sometimes used even more broadly to include the process of creating new stories. “In the deconstruction process…narrative therapists help clients re-examine so-called truths about themselves –imposed by others or by the culture and internalized as simply given and unchangeable– and construct new narratives” (Goldenberg & Goldenberg, 2004, p. 345).

Whether “deconstruction” is defined broadly or narrowly, the therapy process proceeds in the same manner. Once the problem is named, its history explored, and the effects of the problem brought forth, the narrative that emerged is examined in the context of the broader
Often these conversations involve exploration of gender, class, race and/or sexuality. These conversations shift the focus from the internalised processes of an individual to an externalised focus on ideas and beliefs” (Morgan, 2000, p. 49).

Morgan provides an example of how deconstruction might be approached in therapeutic conversation with a couple seeking counseling for “sexual difficulties.” By the process of questioning, the therapist attempts to identify pertinent ideas and beliefs about sexuality and relationships as well as the origin of beliefs that may be supporting “the problem.” Examples of questions that might facilitate discussion focus on gender roles, sexual roles, what constitutes “good” and “bad” sexual experiences, and what constitutes a “healthy relationship” (Morgan, 2000).

As narrative therapists, one of our principal intentions is to subvert the dominant practice in our society of measuring ourselves, our relationships, and others by standardized norms…These two-dimensional scales pervade contemporary Western culture, and each of them co-exists with a prescriptive story about the right or healthy or successful way to live or have a relationship. And none of us can measure up to the demands of all these norms; we are too fat or too thin, too driven, or too passive, too caring, or not caring enough…Even when we do measure up it is within the dictates of a thin, two-dimensional story. (Freedman & Combs, 2002, p. 16)

*Searching for unique outcomes.*

A thin, two-dimensional story is one that is comprised of unexplored assumptions, fails to account for variability of experience, and provides limited options for action. Since individuals make sense of their experience through narratives, they typically remember events that are consistent with familiar stories. They do not necessarily reconsider and reinterpret their
narratives in the face of conflicting information. Rather, they are likely to disregard evidence that does not support their personal narratives (Morgan, 2000).

The narrative therapist listens carefully for times when the unexpected has occurred. These events, referred to as “unique outcomes,” are instances where the problem had reduced influence or no influence on the client (Morgan, 2000). They are “experiences which would not be predicted by the problem saturated narrative” (Freedman & Combs, 1996, p. 67). “A unique outcome may be a plan, action, feeling, statement, quality, desire, dream, thought, belief, ability, or commitment” (Morgan, 2000, p 52). In addition to listening carefully for unique outcomes, therapists often attempt to actively solicit recall of unique outcomes from their clients. Searching for unique outcomes is part of the process of the development of alternative stories.

_Thickening alternative stories._

If one begins with a problem-saturated story that does not allow for the possibility of better outcomes and the goal is to assist the client to create a new story, it is necessary to have ways to move from the old story to the new one. “When unique outcomes are identified, persons can be invited to ascribe meaning to them. Success in this ascription of meaning requires that the unique outcomes be plotted into an alternative story or narrative” (White & Epston, 1990, p 16). The preferred narrative is developed through questioning and invitation to the client to consider alternatives to interpretation and alternatives to action as related to self and others. “Therapy develops the meaning and significance of the unique outcomes and accounts through a description of selves, others, and relationships” (Brown & Augusta-Scott, 2007, p. xxxv).

“As a new and preferred story begins to emerge, the therapist is interested in finding ways to assist the person consulting them to ‘hold onto’ or stay connected to it’ (Morgan, 2000, p. 74). This typically involves identifying others who contribute to or can reinforce the preferred
At times, this work involves inviting others, typically family members or friends, into the therapy setting. Other ways of thickening stories that are cited often in the literature include the use of therapeutic documents and letters and the creation and use of rituals and celebrations. The use of therapeutic documents, letters, rituals, and celebrations are explored further in the latter sections of this thesis and are discussed in terms of applicability to Adlerian practices.

Basic Concepts Regarding the Theory and Practice of Adlerian Therapy

Corollary Concepts

The subjective nature of perception.

“In a word, I am convinced that a person’s behavior springs from his thinking. We should not be surprised at this, because our senses do not take in actual facts, but merely subjective impressions or reflections of the external world” (Adler, 1938/1998, p. 23). This concept of the subjective nature of perception is consistent with the post-modern perspective that there is no objective and knowable reality. Accordingly, there are multiple ways to interpret a story or event.

The relationship between interpretation and action.

Adler writes, “It is very obvious that we are not influenced by ‘facts’ but by our interpretation of facts” (1938/1998, p. 28). Prominent narrative therapists White and Epston state, “Social scientists refer to the interpretive method when they are studying the processes by which we make sense out of the world. Since we cannot know objective reality, all knowing requires an act of interpretation” (White & Epston, 1990, p. 2). In discussing the use of the
interpretive method in family therapy, White and Epston state, “It is the meaning that [family] members attribute to events that determines their behavior” (p. 3). This is consistent with Adler’s position that a person’s behavior springs from his or her thinking.

*The framework for action.*

From the perspective of both the Adlerian and narrative schools, a person’s behavior depends on what the individual believes about self and others. Adler says, “Decisive for his behavior is the individual’s opinion of himself and of the environment in which he has to cope” (Adler, 1979, p. 24). For the narrative therapist, the framework for thoughts about self and others upon which action depends is the individual’s personal life stories or narratives. From the Adlerian perspective, the framework is the lifestyle.

*The framework for interpretation.*

The concept of the lifestyle “refers to the convictions individuals develop early in life to help them organize experience, to understand it, to predict it, and control it” (Mosak, 2000, p. 55). Adlerian therapist Dewey says, “Lifestyle is the framework within which we interpret experience…control experience…[and] predict experience” and that “all our behavior will be consistent with our lifestyle” (1991, p 13). Narrative therapist Sween states, “Stories guide how people act, think, feel, and make sense of new experience” (1998, p. 4).

*The framework for therapy.*

Nichols and Schwartz (2001) discuss narrative therapy as follows: “Problems aren’t in persons (as psychoanalysts had it) or in relationships (as systems theory had it); rather problems are imbedded in points of view about individuals and their situation. Narrative therapy helps people reexamine these points of view” (p. 206). There is similarity here with Adlerian practice. Adlerian therapy helps people reexamine their points of view from the perspective of lifestyle
beliefs and private logic, which include beliefs about self, others, and the world. In the narrative case, points of view are examined and in the Adlerian lifestyle beliefs are examined.

From the narrative perspective, we make sense of our lives through stories. From the Adlerian perspective, we make sense of our lives through our lifestyle convictions and private logic. In both cases, the process of therapy involves working with clients to uncover ideas about self and others that are unhelpful; change perception of self and others; increase the client’s sense of agency; and accomplish change.

*Unique Concepts*

*Overview.*

In contrast to the narrative perspective, the Adlerian school is grounded in particular beliefs regarding the moral development of the individual and the place of the individual in relation to society. The narrative school invites individuals to examine their beliefs and values (Freedman & Combs, 1996), but consistent with the postmodern perspective, it does not provide a framework for morality or a yardstick for measuring the relative worth of specific outcomes. It does not provide a conceptual framework with which to view the individual and the actions of the individual in relationship with the community. The Adlerian concepts of social interest, the need to belong, common sense, and community provide such a framework, are integral to Adlerian theory, and reflect an approach more consistent with modern thought.

*Social interest.*

Social interest is the yardstick by which actions are measured. Adler said, “Everything we call a mistake shows a lack of social interest” (Adler, 1938/1998, p. 207). Actions are either helpful or useful to the community and thereby demonstrate social interest, or they are unhelpful or useless and lacking in social interest. Virtue and vice are clearly defined: “When we speak of
virtue, we mean that people play their part; when we speak of vice we mean that they interfere with cooperation” (Adler, 1938/1998, p. 206). Social interest is often equated with the golden rule and social feeling is discussed by Adler as, “To see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (Adler, 1979, p. 42).

Narrative theory has no corollary concept with social interest. Narrative therapy explores the relationship of the individual to the local and larger society; questions how the individual’s perception may filter possibilities regarding how to relate to and act in the group; and works with individuals as they choose their preferred reality and put it into practice. The theory does not provide any opinion regarding the morality of choices an individual makes or any template regarding right or wrong, vice or virtue, or useful or useless.

From the narrative perspective, it is up to individuals to make decisions about right and wrong in the context of their reality. However, as Freedman and Combs state clearly, this is not a value-neutral or anything goes reality, but one that is grounded in cultural values, and decisions are inherently made in the context of community (1996).

*The goal of belonging: relationship to the group.*

Individual Psychology asserts that humans not only need other humans, but they also need to be needed, to have a feeling of belonging. Indeed the absence of this feeling of belonging and of being wanted is probably the keenest and most devastating of all emotions. (Manaster & Corsini, 1993, p. 47)

A central conviction of Adlerian theory is that the need to belong and the associated striving to find a place in the group are fundamental human desires (Manaster & Corsini, 1993). By contrast, the narrative school examines how the notion of individualism results in the self as a vehicle for conformity. “When notions of failure and success are tied to individual efforts of will
and discipline, they effectively mask self-regulation as cultural practices of power” (Brown, 2007, p. 108). The individual is seen as subjugating his or her personal knowledge to the demands of the culture. “In anticipation of being seen and judged by others, we shape ourselves accordingly” (p. 109).

*Common sense.*

Adlerian theory describes the concept of common sense as “values, ideas, or concepts which we share with other members of our group” (Dreikurs as quoted in Beames, 1992). Common sense is the general opinion and useful thing to do (Mosak & Maniacci, 1999). What is useful is that which is helpful to society and thereby demonstrates social interest. There is judgment related to the relative value of different responses. Again, this differs from the narrative perspective.

Looking at the Adlerian definitions of common sense, one might erroneously conclude that digression from group values is unlikely to be valued by Adlerians. Adler himself was an advocate for social change (Mosak & Schneider, 1977). In opposition to the group values of his time, he was an advocate of women’s rights. He stated his position unequivocally: “It is our duty to support them in their efforts to gain freedom and equality” (Mosak & Schneider, 1977, p. 200). Hoffman characterizes Adler’s pro-choice position on abortion as “definitely too ‘hot’ for the social Democrats’ leaders to support” (1994, chapter 10). As an advocate of social change, Adler was passionate in stating his cause.

We are fighting for healthy housing, adequate wages, for the dignity of labor, for solid knowledge, that these may some day be assured for our children. Our sweat is their peace; their health is our struggle. (Ansbacher & Ansbacher, 1979, p. 314)
In contrast to narrative theory, Adlerian theory may hold a more benign outlook with regard to group views and values, but questioning of societal norms and examining the social construction of reality is not antithetical to Adlerian narrative process.

Community.

Underpinning narrative therapy as articulated by White (1991) is Focault’s insistence that social constructions must be challenged. While they are constitutive, meaning that they provide a framework and impetus for action, they are also techniques of social control, are limiting, and create and perpetuate inequalities in society. Underpinning Adlerian theory is Adler’s idea of an ideal society in which all members flourish in community, each feeling valued and contributing to the good of the community. Adler viewed this as a work in progress. “The evolution of humanity has only been possible because humankind is a community, and in striving for perfection it has striven for an ideal community” (Adler, 1938/1998, p. 206). How these differing views of community and society have impacted and will continue to impact the work of practitioners is a question that bears consideration.

Similarities between Narrative and Adlerian Therapy Process

Post-Modern Perspective

Early recollections and narrative stories.

The process of narrative therapy includes exploring how individuals view their lives and relationships and what stories they tell themselves about their lives and relationships. There is a corollary with the Adlerian use of early recollections. These are stories individuals tell themselves about themselves, others in the world, and their own place in the world. These are based on their personal perceptions of reality, private logic, and lifestyle. From both the narrative
and Adlerian perspective, the therapist works with the client to uncover the individual’s subjective interpretations rather than uncover facts or truth.

*Selective interpretation.*

The concept of how dominant individual narratives are developed and maintained is akin to the concept of how selective interpretation is instrumental in the development and maintenance of private logic. Biased apperceptions, also known as tendentious apperceptions, are “the tendency, according to Adler, that all people have to understand new perceptions or novel experiences in terms of their pre-existing network of meanings” (Oberst & Stewart, 2003, p. 202). Events inconsistent with lifestyle convictions are frequently disregarded and forgotten. “Where experience contradicts the rules, the rule, rather than the experience, prevails” (Dewey, 1991, p. 14).

Morgan (2000) discusses the development of dominant individual narratives as including the process of remembering and selecting out those instances which are consistent with the story that already exists. “Certain events are selected out and privileged over other events” (p. 6). The dominant story then influences perceptions of options and behavior. From the perspective of each school of thought, the individual acts in accordance with the reality he or she creates and maintains his or her lifestyle convictions or narrative story.

Selective memory and the patterns of action based on selective memory reinforce both lifestyle convictions and thin stories. The process of both Adlerian and narrative therapy involves investigating, questioning, revealing, and challenging, in one way or another, restrictive and limiting perceptions of self and others which have been maintained in part by selective interpretation.

*Problematic or Faulty Interpretations of Self and Others*
Lifestyle and thin stories.

The Adlerian process of uncovering the lifestyle and revealing the lifestyle and basic mistakes to the client is similar in some ways to the narrative technique of listening for and gently challenging the thin story. The Adlerian therapist works to reveal the lifestyle, challenge self-defeating beliefs, and encourage the client in achieving his or her goals. The narrative therapist works with the client in articulating the thin story, considering other possibilities for ways of being and acting in the world, and helping the client decide how he or she might like to live into his or her preferred story. The narrative process uses the technique of seeking unique outcomes in thought or action, and it involves working with thin stories, as discussed previously. The Adlerian process of explaining the lifestyle “may include a listing of particular basic mistakes. The notion is simple and oftentimes is so clear to individuals in treatment that they can begin to act on different, less mistaken premises almost immediately” (Manaster & Corsini, 1993, p. 79).

Lifestyle and roles as limiters.

“It makes no difference to me whether a poisonous snake is actually approaching my foot or whether I merely believe that it is a poisonous snake” (Adler, 1938/1998, p. 23). What are the choices for this individual toe to head with the snake? One is running when there is no need to run or when running is dangerous. Another is freezing in fear. Another is fatalistic: “It doesn’t matter what I do, things never turn out for me.” From the Adlerian perspective, the fatalistic attitude speaks of discouragement. Manaster and Corsini (1993) discuss deep discouragement as follows: “No one can really love me; no one can really want me; I cannot really succeed” (p. 132). Discouragement or hopelessness may be engendered either by lifestyle convictions or created by the roles individuals take on or find themselves in.
Goldenberg and Goldenberg (2004) state, “A narrative therapist’s efforts are respectfully directed at liberating the client from the forces of hopelessness, helping that person render more visible the previously subjugate plots and subplots of his or her life” (p. 347). From the narrative perspective, the therapist helps liberate the client from the forces of hopelessness, and from the Adlerian perspective the therapist helps liberate the client from discouragement. In both cases, the client is able to see new ways of interpreting self and the world and is able to understand the possibility of acting differently.

Considerations for Integration of Adlerian and Narrative Practices

Combs and Freedman discuss narrative work as “more a philosophy or a way of life than it is a set of techniques” and state that the term narrative therapy, as they use it, “refers to an ever-shifting stream of ideas, attitudes, and practices that flow from the work of Michael White and David Epston” (2004, p. 137). It is proposed here that some ideas, attitudes, and practices of narrative therapy may enhance Adlerian therapy. Those that will be discussed fall into three categories. The first is related to specific practices, or what other schools of thought call techniques. The application of several types of re-membering conversations will be explored. The second category is related to theoretical perspective. This includes ideas and attitudes generated by the theory that may be of use to the Adlerian therapist, including the philosophy of examining social discourse and the role of the therapist. The third category involves the intersection of the two therapies related to the use of narrative. The focus is on expanding the use and exploration of client stories in therapy.

Enhancing Adlerian Process with Specific Narrative Practices or “Techniques”

Re-membering conversations.
“Re-membering conversations involve people deliberately choosing who they would like to have more present as the members of their club of life, and whose memberships they would prefer to revise or revoke” (Morgan, 2000, p. 77). Thus, the term re-membering takes on a literal aspect. Clients make choices to re-establish connections, increase connections, decrease connections, or terminate connections with members of their family and community.

Another aspect of re-membering conversations includes remembering and talking about significant memberships in the client’s life. “Significant memberships may include people alive or no longer living; they may be related or unrelated to the person, real or imaginary, from their past or present. These memberships may also include animals, toys, pets, places, symbols or objects” (Morgan, 2000, p. 78). Memberships often become apparent in a therapy session when a positive attribute, skill, or way of being that is inconsistent with a problem story surfaces, and the therapist asks who else might know about this skill, attribute, or way of being. As memberships become apparent, therapists begin to explore how members might expose knowledge that could be helpful to the client. They ask what the member knows, why they know what they know, and how they know it.

Case study 1.

To illustrate some ways that re-membering conversations may be beneficial and how they might be incorporated in the Adlerian process, an example of their use in therapy is presented. This case study is a composite of several cases. The early recollection (ER) used is excerpted from a longer recollection, both to protect the client’s identity and to keep additional factors from distracting attention from the concepts presented.

Thirty-year-old Rose self-referred for relationship problems and self-esteem issues. She is bright, articulate, and attractive. She is single and lives alone. She is the youngest of six
children of professional parents. She is college educated with degrees in marketing and anthropology. She is the only member of her family who has not attained a graduate degree. Her brothers and sisters are all married and each of their spouses holds a graduate degree. All members of the family, including spouses, give her advice frequently. She refers to her role in the family as “screw up.” The following is an excerpt from an ER from age four or five.

This is a cute memory...We had just finished eating and people were just kind of talking. It was relaxed. It was a good calm day. There was no rage. I snuck away upstairs. No one noticed. I went into my mom’s makeup... I took her lipstick out...and I put in on my mouth. Then I must have thought it was for all over your face because I put it on my cheeks and some on my nose. And then I decided it would work for nail polish... And I went downstairs. And everyone looked at me and they were laughing and laughing. And I felt so relieved, like I had figured out what I needed to do.

Rose’s vivid memory was “the look of acceptance on their faces.” Rose desperately wanted to please her family. She felt incapable of meeting her family’s standards, particularly those related to academic and career success. She also felt that no matter how successful she might be, her accomplishments would always be denigrated, and she would never get the approval she craved. She felt deep sadness, resentment, and anger about the situation.

While discussing the ER, Rose spontaneously said that being the clown was “the way to get love and attention” from her family. The belief that charm and humor were essential to earn love, and a corresponding fear of appearing too competent, impacted personal relationships in all areas of Rose’s life. There were many possible ways to work with Rose’s mistaken belief that “In order to have a place in the world/to be loved, I must be entertaining and charming but not
very competent.” One of the options was to use one or more types of re-membering conversations.

Rose’s brother Daniel was sometimes supportive of her, particularly in the absence of other family members. Rose characterized Daniel as occasionally being able to “really see” her. Her choice to seek contact with Daniel more often and contact with two of her other siblings only at family events was a decision about re-membering her environment. The discussions about who she wanted to purposefully include more in her life and who she wanted to include less were one type of re-membering conversation. Rose made a conscious decision to stop trying to please and to stop seeking acceptance from family members who seldom offered it and to spend more time with supportive friends.

From an Adlerian perspective, Rose needed to recognize and challenge her mistaken belief that the only way for her to have a place in the world was to be charming, funny, and incompetent. She was able to counter that belief rationally and used journal work to document her competencies. However, having frequent contact with negative family members raised her anxiety level, sapped her courage and energy, and raised doubts about her ability to meet her goals.

One of those goals was to alter her pattern of getting into relationships with men who enjoyed feeling superior to her and treated her poorly. One way that Rose worked to counter her private logic was to change her environment by limiting contact with those who were not supportive of her attempts to live into her changing view of herself. At the same time, she increased contact with those who provided encouragement. At another time in her life, possibly as the result of another re-membering conversation, Rose may decide to initiate more frequent contact with family members.
Another type of re-membering conversation that could be useful would be discussion with Rose about her grandmother, Sharon. Sharon gave Rose unconditional love and affirmed her competence in many ways. She interceded when Rose’s father would make negative comments, countering with statements that Rose was doing just fine, and was a “good girl.” Here are examples of questions that might be of use in re-membering conversations about Sharon. What would your grandmother say about you if she were here today? Why do you think that? How did she come to know that you were competent? Why didn’t she believe the family story that you could only be good at being a clown? Are there times you have been helpful to your grandmother? Would she be surprised that you are such an excellent artist? Ideas and information that counters the negative self-story challenges the lifestyle belief.

Re-membering conversations may also include real interactions with individuals in the client’s life. “The therapist may try to contact these people and interview them about their knowledge of the person who is consulting the therapist” (Morgan, 2000, p. 80). Interviews may be accomplished via letters, phone calls, and emails or by extending invitations to meet in a therapy session with the client.

Significant figures in a person’s life are often the holders of memories of events in which the person consulting the therapist displayed certain skills, traits and abilities. The significant person’s knowledge of these events can be linked with other events in the alternative story that is being generated. (Morgan, 2000, p. 78)

If Rose’s grandmother had been interviewed, her stories about Rose’s childhood may have provided information to help challenge Rose’s self-defeating lifestyle beliefs and enrich Rose’s emerging new understanding about herself and her place the world. From the narrative perspective, one of the goals of this type of re-membering conversation is thickening the new
story. Another is to “powerfully incorporate and elevate significant people’s contribution in the lives of those consulting the therapist” (Morgan, 2000, p. 77) and thereby decrease isolation and disconnection.

Decreasing isolation and increasing connections are goals consistent with the Adlerian concept of social interest. From an Adlerian perspective, Rose’s grandmother might give encouragement to Rose. In addition to providing the type of general encouragement that positive connections offer, Rose’s grandmother may be able to offer specific encouragement as Rose works toward goals she sets for herself. From an Adlerian perspective, feelings of connection with community increase courage and social interest. “Anything which encourages the patient, which gives him the feeling of belonging, which removes his feeling of social isolation, restores his faith in himself, and permits him to accept himself as he is may be considered therapeutic” (Mosak, 1977, p. 54).

**Working with Ideas and Attitudes Embedded in the Narrative Theoretical Perspective**

*Social discourse.*

Narrative therapy consistently poses this question: What are the internalized social discourses of both the larger and the local culture? It is not a question unique to the narrative process. It is in accord with the questions asked by sociology related to the socialization process and the inculcation of social norms. It is consistent with questions posed by some psychologists. Gilligan (1993) revealed how the internalized values of society can be imperceptible to those in the culture, including social scientists engaged in research of morals and values. Questions related to social discourse and cultural norms are pertinent to the Adlerian concept of “masculine protest.”
If there are many ways that sociologists, psychologists, and others question the process and result of the internalization of social values and norms, what unique contribution might the narrative perspective provide that could enhance Adlerian practice? It could be said that the narrative perspective provides a framework useful in the therapeutic process. It could be said that consistently asking questions related to social discourse and values is an integral part of therapeutic philosophy and practice, and one that results in new perspectives for therapists and clients. Moreover, what does this mean, and how does it enhance Adlerian practice?

In an attempt to answer these questions, the contributions of the narrative perspective will be illustrated by applying language and ideas employed by the narrative school. This will be done through discussions of other approaches. The work of Gilligan (1993) related to cultural and gender-specific ways of viewing the world, and the Adlerian concept of “masculine protest” will be explored. Narrative philosophy and language will be discussed in reference to masculine protest and in reference to Gilligan’s work. The practical application of concepts to the Adlerian therapy process will be explored. This includes exploration of the relevance of discourse in working with clients’ private logic and goals.

Gilligan (1993) provides a powerful example of how the dominant culture is at times unable to see beyond the established norms and expectations. Based on Kohlberg’s work, it appeared that females in a study of moral development had levels inferior to those of males; girls rarely got scores beyond three on a six-point scale. The moral dilemma presented to the elementary-school children and the teen-agers participating in the study was this: a man is dying, and a pharmacist has a drug that will cure the man. The man does not have the money to pay for the drug. Should the man steal the drug?
Kohlberg viewed the dilemma as a conflict between life and property, a conflict of moral norms, that could be solved with logic. When asked to solve the moral dilemma, boys perceived the problem as an issue of balancing individual rights with the rights of society, and they valued separation, individuation, autonomy, and natural rights. This was consistent with Kohlberg’s concept.

What Kohlberg did not see, but Gilligan realized while working as a research assistant for Kohlberg, was that girls in the study saw the problem from a different perspective than boys. Girls valued attachment and saw problems and problem-resolution in terms of relationship. One perspective is hierarchical, the other relational. Gilligan realized that Kohlberg’s study was flawed in its design because it considered only a middle-class, white, male perspective of morality.

Using the language of narrative practitioners, it could be said that study participants were responding to internalized social discourses that were gender-specific and which limited perspective and, therefore, limited options for responses for both males and females. This framework for thinking about the problem and the language used by the narrative school is clear and is easily applied to circumstances and narratives. Like Gilligan’s work, narrative philosophy demands that we pay attention to the unspoken, taken-for-granted assumptions of society that shape who we are and how we relate to others and act in the world.

Like Gilligan, Adler was able to see outside the usual frame of reference. He perceived his culture’s pervasive belief in male superiority as a myth that was harmful to both sexes (Adler 1938/1998). One of the harms he discussed was damage to marital relationships. “So long as one half of the human race has reason to be dissatisfied with the position accorded to it, we shall have a very great obstacle to the success of marriage” (Mosak & Schneider, 1977, p. 200). He
believed that “too many husbands demeaned their wives, who in turn felt chronically resentful about their second-class status” (Hoffman, 1994, chapter 10). In the language of narrative therapy, Adler saw that the social discourse of male superiority could result in dialogue and actions that were unhelpful to relationships between husbands and wives. The cultural story was harmful.

Narrative therapy offers the term “harmful social discourse” to use in thinking about masculine protest. Narrative therapists speak of toxic cultural stories. Narrative theory makes a point of examining cultural beliefs and practices. This could be likened to providing a tool, a supporting framework of ideas and practices that help uncover bias and its consequences. Morgan (2000) provides an example of how discourse supports problem stories and their performance:

From a narrative perspective, problems only survive and thrive when they are supported and backed up by particular ideas, beliefs and principles. Acts of men’s violence and abuse against women, for example, can only exist when they are supported by ideas of patriarchy and male dominance that serve to justify and excuse this violence. (p.45)

As discussed earlier, narrative therapists strive to deconstruct harmful discourses. It could be said that in speaking and writing about the problems generated by inequality of the sexes, Adler worked to deconstruct harmful social narratives.

Without the tools of narrative philosophy, Adler was able to see the bias of male superiority and some of its effects. Gilligan was able to see the bias of researchers and the outcome of viewing the world from a hierarchical perspective. Adler and Gilligan were extraordinary in their ability to perceive the underlying biases of society, to see what was plainly present but so steeped in power issues and traditionalism that it is was hidden. The narrative
framework offers concepts and language for asking the questions that may help ordinary
individuals and therapists to discern what social discourses are affecting clients, what social
discourses are affecting the therapist, and what biases the therapist brings to the therapeutic
process.

Gilligan’s work is both a story about taken-for-granted assumptions biasing research and
an example of how ideas about morality can carry inherent cultural bias and discrimination. If
left unquestioned, the outcome of the Kohlberg study would have been the finding that the boys
had achieved a higher level of moral development than the girls. This finding could have been
used as rationale for excluding girls from certain activities.

Gilligan’s work is also an example of the utility of narrative. In using story format and
asking the children to solve a dilemma presented by the story, it used narrative to explore the
beliefs of study participants. It was in narrative, in the alternative stories the children presented,
that Gilligan saw the discrepancies between boys’ and girls’ views of the world. Even though
the narrative perspective had nothing to do with setting up the study, the fact that stories were
utilized provided an opportunity for insight.

From the post-modern perspective there is no objective, knowable reality. All research
and conclusions about truth are limited by the way researchers perceive problems and search for
answers, and this process reflects their own gender and cultural bias. We, in all our roles in life
including that of therapist, perceive self and others through the unique lens of our own
perception, including all of our known and unknown biases. Adlerians speak of biased
apperception and fictional finalism. Sociologists talk about internalized social norms.
Psychologists talk about cultural bias. Each of these concepts is relevant. The narrative school
offers a framework for exploring these ideas in the therapy process.
Adlerians benefit by using the narrative philosophy and language as part of their exploration into how their clients perceive and interpret self, others, and the world. The narrative perspective is especially relevant with regard to considering the outside forces that exert influence in both subtle and obvious ways. Adlerians and their clients also benefit as therapists consider ways that their own personal discourses and those of the culture impact the work they do with clients.

*The relevance of discourse in working with private logic and goals.*

The narrative school consistently asks how the dominant discourses of both the local and larger cultures shape individual narratives. Environmental influence on lifestyle development is of significant interest to Adlerians, as is evidenced by the work of Adlerians related to family history and family constellation (Mosak, 1972/1977; Manaster & Corsini, 1993; Oberst & Stewart, 2003). However, Adlerians are most interested in how individuals creatively interpret events. For the Adlerian, lifestyle is the focus, and the Adlerian therapist is more interested in the individual’s view of contributing factors than in the factors themselves.

Adler does not deny the influence of genetics and education, of experience and ‘organ inferiorities’. All these factors contribute to the formation of the individual fictions. But the most important aspect is the individual’s creative force, his or her standpoint or opinion with respect to these factors. (Oberst & Stewart, 2003, p.17)

Adlerians are concerned with uncovering private logic, challenging basic mistakes, and helping clients articulate goals and solve problems. To explore the impact of environment on lifestyle development, Adlerians use the tools of family history, family constellation, and the creative perspective of therapists and clients. Does the narrative perspective offer something new and useful to the Adlerian process of working with private logic and goals?
Using the language of the narrative school, it is proposed that the practice of persistently examining the effects of social discourse on the client’s perception of reality and future possibilities will enhance the Adlerian practice. A particular reason to investigate private logic in the context of the discourses of family, workplace, church, community, and the larger culture is that these discourses are not only contributing factors to the development of private logic, but they are active in the present. They are forces that help maintain destructive lifestyle beliefs and inhibit desired changes. They can be powerful obstacles to client goals.

Lifestyle is the individual’s creative interpretation of life. It is not constructed in a vacuum. It comes about in the context of community. The shared values and beliefs of community impact all the institutions including family, school, and church. Understanding the beliefs, values, and spoken and unspoken rules of the client’s culture is an integral aspect of working with cultural diversity. The story of self is inexorably wound into the story of the other, of community, and the shared stories that express the values of communities.

If change is the goal, it is essential to understand the ways in which the local cultural institutions, including family, contribute to maintenance of the status quo.

The story of Rose, (case study 1), which was introduced previously, provides an example of the importance of the stories outside the client that can impact the change process. It is a simple matter to uncover Rose’s lifestyle beliefs. She provides four detailed and informative ERs. She is spontaneously making associations to her life by the end of the session, and she comes to the following session with numerous insights. For Rose, gaining understanding about her lifestyle was sufficient to motivate some change, but it was not enough. To say, “I want to please and at times I do so at great cost to myself” is insight. It does not change the basic desire to please. It does not automatically disrupt usual responses and patterns of interaction with
family members. It does not translate to a sudden new attraction to men who see women as equals rather than ego supports.

For Rose, the influence of family and church loom large. For significant and lasting change to occur, Rose needs to understand both the internal and external forces that make it easy to just keep doing what she always does, even when it brings pain. She explores what she thinks her family wants, what her church wants of her, and her thoughts and feelings about those expectations. In narrative terms, she explores her internal discourse and the social discourses relevant to her situation. She explores shame and guilt in the context of family and religion. She explores the concept of penance, thoughts and feelings of unworthiness, and what ideas keep her from the changes she desperately wants. In order to decide what she wants to change, she needs to explore her personal beliefs and how they might differ from those of family and church community. She needs to explore negative cultural messages about strong and independent women and the message that women should sacrifice their own needs to those of men. In narrative terms, she examines the discourses of the local and larger society.

To decide how she wants to change, Rose needs to understand where in herself and in others she might find resistance to change so that she can say “aha” when she encounters resistance, and act on her plans to challenge it. Because Rose does not live in a vacuum but as part of community, she and her therapist need to explore the dominant discourses in her local culture and larger culture. Lifestyle beliefs are formed early and supported by selective interpretation, but are also influenced and supported by culture. Exploration of external narratives supportive of and antithetical to changing beliefs and goals enhances Adlerian practice.
While Adlerians explore environmental influences in many ways, the language of narrative therapy in addressing social discourses provides a tool to explore external influence on private logic and goals. It also provides a theoretical framework of practice in which it is customary to consistently ask how the dominant discourses of the local and larger culture shape individual narratives. This practice provides fresh insight as both the landscape of the client’s internal perception and the landscape of external influence change over the course of the therapy process.

*The role of the therapist: cooperation and respect.*

Cooperation with the client and respect for the client are basic to both narrative and Adlerian philosophy. Adler was quite direct in stating his position:

Any attempt at assuming an authoritative manner prepares the way for failure, and all boasting is an obstacle to cure. From the very beginning of treatment the consultant must try to impress on the patient that the responsibility for the cure rests in the patient’s own hands. (Adler 1938/1998, p. 210)

Boldt and Mosak (1998) state that, “the client, not the therapist, is the expert on the life story and the author of change. Therefore, the therapist can only suggest possible interpretations and help the client explore alternative ways of thinking and behaving” (p. 507). This is consistent with the narrative perspective. White states, “Therapists can undermine the idea that they have privileged access to the truth by consistently encouraging persons to assist them in the quest for understanding” (White, 1991, p. 37).

Freedman and Combs (1996) offer this question provided by White and Epston: “Does this model/theory/practice invite people to see the therapist or themselves as experts on themselves?” (p. 278). This is a question consistent with the Adlerian position of respect for the
client. It is a question Adlerians should ask related to the procedures they decide to bring into their practice and to the manner in which they employ both traditional Adlerian and other techniques in the therapy process.

There are many examples of ways that a good and useful technique or procedure could be used in a way such that it would encourage the client to privilege the therapist’s expertise over their own. Adlerians often use hunches, based on family constellation and history, to speculate about the client’s beliefs, actions, or family dynamics including the actions of family members. When these hunches are correct, they instill a sense in the client that they are understood. This practice also has the potential to give the client the impression that the therapist has some unusual type of wisdom or some esoteric knowledge. Applying White’s question, using hunches based on knowledge of family history and family constellation could invite people to see the therapist as the expert on their life – if the practice is not grounded in respect, cooperation, and egalitarianism, all basic to Adlerian practice.

This example does not mean that hunches should not be used, but only that the therapist should be aware of the potential for the client to conclude that the therapist holds some occult knowledge, and the therapist should take action to debunk this idea. This is accomplished in a number of ways, for instance making a matter-of-fact statements such as, “This is how it often is for the oldest.” This may help ensure that on another occasion, when the therapist is wrong, the client does not give the therapist’s position more consideration than it is due. Clients remain cognizant that they are they experts about their own lives. White’s question is an easy and practical tool for the therapist to employ and is in keeping with Adlerian philosophy.

_The role of the therapist: perspectives on influence and power._
The narrative school gives considerable attention to the issue of the power differential between therapist and client and the ethics of this influence. The following is an excerpt from an interview of Michael White by Hoyt and Combs (2000).

Michael H: When we use invitations or wondering or externalising or any kind of deconstructing, it seems to me we’re still in some way highlighting certain options or suggesting, ‘You may want to consider this’ – putting it crudely – and that gets into the power differential. Are we in some way subtly suggesting what alternatives they might take?

Michael W: Of course we are influential and of course there is a power differential. Later in this same interview White states, “We can’t just pretend that we are not influential in the therapy process. There is no neutral position in which the therapist can stand.”

White’s personal response to the issue of the ethics of influence includes closely examining his personal beliefs. He takes a questioning, scrutinizing position with himself. “Because the impossibility of neutrality means that I cannot avoid being ‘for’ something, I take the responsibility to distrust what I am for – that is, my ways of life and my ways of thought” (Hoyt and Combs, 2000). This examination of personal discourse is relevant to values and the influence values have in the therapy process.

The narrative school is concerned with the potential for re-creating in therapy the power imbalances inherent in culture and supporting the status quo (Hoyt & Combs, 2000). To what extent this may be a political statement and to what extent it has anything to add to the Adlerian position is a complex question. From a practical perspective, awareness of power imbalances experienced by clients is an essential component of understanding clients.
There are many ways that Adlerians are aware of hierarchy and power. Some examples of Adlerian concepts that speak to this awareness are masculine protest; the horizontal and vertical plane; cooperation versus competition; striving for superiority; striving for significance; and lifestyle typology, including controller, victim, ruler, and others. Adlerians are also generally informed by the discourses of feminism and other groups that challenge oppression.

What does the narrative perspective add?

To be intentionally and consistently conscious of the potential for re-creating power differentials in the therapy setting is a practice that enhances Adlerian therapy. Using Adlerian language, striving for significance sometimes involves the belief that to be significant one must be superior. As therapists strive for significance in their work as therapists, how often might they unintentionally re-create the type of power imbalances that are familiar to clients? Are therapists more likely to think about power imbalances when a client has a goal of control or superiority rather than a goal of pleasing?

Incorporating Adlerian language, it becomes apparent that the narrative and Adlerian perspectives share concepts and ideas. Adding the language and conceptual framework of the narrative school provides a slightly different perspective, another lens for viewing power issues. The narrative perspective is clear that power imbalances exist both at the local level and the level of the larger society. As discussed, power imbalances in the larger society are reflected at the local level. How often do therapists mirror power imbalances existing at the local level?

Is it possible that while therapists may often be aware of larger imbalances such as racism and sexism, they overlook other imbalances that are played out in their clients’ day-to-day lives? To what extent are therapists aware of the power imbalances that exist at the local level of family, work, school, religion, and neighborhood? These are questions addressed by the
narrative conceptual framework and language. Asking the appropriate context-based questions is consistent with the Adlerian philosophy of striving for equality in relationships.

_The Intersection of Adlerian and Narrative Practices in Story_

Thus far, the primary focus of this paper has been narrative philosophy and attitudes, or what some might call the world view of the narrative school. In considering what narrative therapy has to offer the Adlerian school, narrative concepts and attitudes related to social discourse have been discussed in terms of their use as a framework for exploration and understanding therapist and client realities. Narrative attitudes as reflected in the role of the therapist have been discussed in terms of their use as lenses to assist therapists to examine the intersection of their personal discourses and those of the client. The narrative practice of using types of re-membering conversations was explored and recommended as one that may enhance Adlerian practice.

The focus of the remainder of this paper is related to the use of stories in therapy. There is discussion of particular ways that Adlerian therapists work with stories, and there are ideas regarding how some narrative practices related to the use of story may enhance Adlerian practice. Beyond this, consideration is given to the use of stories in a larger sense. Framing much of what happens in therapy as story may facilitate new ideas and new discussions that are beneficial to the change process.

_Using story in the form of early recollections: the Adlerian process._
Early recollections are stories that may or may not correlate closely with reality. If a video camera was used to tape these moments, the events recorded on the tape and in clients’ memories could differ significantly. Adler states:

We do not believe that all early recollections are correct records of actual facts. Many are even fancied, and most perhaps are changed or distorted at a time later than that in which the events are supposed to have occurred; but this does not diminish their significance. (Ansbacher & Ansbacher 1956, p. 352)

Early recollections may be fictions to a greater or lesser extent, but like all good stories they reveal some kind of truth about the story-teller. In the form of early recollections, clients express how the world is for them, how they believe that the world should be for them, and their conclusions about how they should act accordingly. Not every recollection contains all of these elements, but several recollections reviewed together may provide significant information about lifestyle beliefs and goals. “We look across the early recollections of clients to see how they see self, world, and future outcome” (Manaster & Corsini, 1993, p. 190).

“The discrepancy between the self concept (what the individual feels he is) and the self ideal (what the individual feels he should be) is the inferiority feeling” (Mosak, 1977, p. 52). Mosak refers here to inferiority feelings and not the inferiority complex. Adler states, “Everyone...has feelings of inferiority. But the feeling of inferiority is not a disease; it is rather a stimulant to healthy, normal striving and development” (Ansbacher & Ansbacher, 1956, p. 258). When early recollections, individually or as a group, reveal self-concept and self-ideal beliefs, stories of how an individual deals with the gap between “I am” and “I should be” beliefs can become apparent.
As measured with the yardstick of social interest, methods that clients employ to overcome their feelings of inferiority may be useful or useless. They may benefit or harm others. They may enhance or undermine relationships with others. The stories labeled early recollections sometimes illustrate approaches to problems and ways of interaction that consistently cause problems for clients. Early recollections not only provide clues to the underlying beliefs and corresponding emotions about self, others, and the world that drive behavior, they tell stories about how individuals creatively respond to these perceptions.

“The central idea animating narrative-based approaches...is that human beings make sense of their lives and their worlds through story” (McAdams & Janis, 2004, p. 160). McAdams argues that, “Identity takes the form of an inner story, complete with setting, scenes, character, plot and themes” (p. 160). If early recollections were chapters from a novel, the reader might ask, “What is the character up to?” The reader may have other questions. Are the character’s goals and methods sound? Is the character aware of his or her foibles? Will these foibles lead the character or others to a bad end? Is there some insight that would help the character avoid more trouble and pain? How will the character find the strength, courage, or insight to prevent a bad outcome? If insight is critical, how will the character come by the insight he or she needs?

*Using a type of alternative story with early recollections: the Willhite method.*

Questions for Adlerians and most other schools of therapy are when, whether, or to what extent insight alone is sufficient to effect change. Willhite states:

We can have new ‘insights’ about our behaviors, but if we stubbornly hold onto the old convictions, nothing is different. Likewise, if we do not create a new set of feeling
behaviors to be consistent with the new insights, we are doomed to repeat the old dysfunctional patterns. (Wilhite, 1991, p. 5).

The Wilhite (1991) method of early memory analysis works with feelings generated by early memories with the goal of creating new feelings that will support new behaviors. This is consistent with the Adlerian perspective that feelings fortify behaviors. “Adlerians tend to view emotions as motivators for behavior; to use a metaphor, they are the gasoline we use to power us to our goals” (Mosak & Maniaci, 1999, p. 25). Wilhite states, “The primary goal of the process is to reveal to the subject not only the emotions created that bring out the behavior, but also, which specific set of feelings he/she needs to look at to change behavior” (p. 4).

When the Wilhite method is used, the ER is recorded exactly as stated. Clients are then asked to identify the feelings and emotions related to each short sentence or phrase in the ER. The entire process is recorded using a white board, blackboard, or a paper tablet so that the client and therapist are able to see each phrase of the ER and its corollary emotion. The result includes a list of feelings and emotions.

This list proves to be the intricate pattern of emotions the subject uses at times to attain his intended goal. He/she will immediately recognize the ‘private thread’, for it has been obtained directly from his/her data, and it is impossible to deny. (Wilhite, 1991, p. 6)

The use of alternative stories is employed in the next step of the process, in which the therapist asks clients, “if they could change the recollection to have it come out any way they wanted, how would the story read?” (Wilhite, 1991, p. 13). This idealized ER is called the self-ideal narrative while the initial ER is called the self-concept narrative (Maniaci, et al., 1998). Feelings and emotions for the self-ideal narrative ER are listed, just as they were listed for the initial ER. Comparison of the two feeling/emotion lists from each version of the ER illustrates
the discrepancy between the way the client typically feels and acts when confronted by problems, in accordance with life style patterns (the self-concept), and the way the client would like to act and react (the self-ideal).

The client is then asked to articulate a current problem. This narrative is called the problem story. It is recorded verbatim by the therapist, and a feelings/emotions list is created in the same way that lists were created for both versions of the ER. The client and therapist then work with the problem story. The client is asked to speculate what will happen if the client applies his or her usual problem-solving style, as articulated in the self-concept ER, to the current difficulty he or she is facing (Maniacci et al., 1998).

The client is subsequently asked to apply the self-ideal feelings and strategies to the problem story. The concept behind this work with the problem story is that applying the self-ideal feelings and strategies to the client’s current life situation will get him or her out of the emotional bind experienced with the old story, the self-concept story. Willhite states, “I have found that people don’t change unless they are given an alternative backed up by the feelings that are consistent with their private logic” (Maniacci et al., 1998, p. 460).

Willhite’s use of alternative stories in working with early recollections bears some similarity to the narrative school’s process of re-authoring stories. In each case, client beliefs, as articulated by narrative, are explored and a new story is created. In each case, the new story provides the client with new options for thinking and behaving. The Wilhite method uses client-created alternative early recollections to provide insight into lifestyle beliefs, client goals, and the emotions that fortify behaviors. This could be likened to the narrative process of exploring the problem-saturated story. In both cases, clients use current problem stories and create alternative outcome stories to which they apply their preferred ways of being in the world.
Integrating practices from the narrative school: using alternative stories.

The Willhite method specifically addresses the issue that insight is not always sufficient for change. If asked whether insight alone is ever sufficient to effect change, many Adlerians would answer that it is sometimes sufficient, and many would cite instances where use of the “spitting in the soup” technique of leading clients to insight about the purpose of their behaviors had profound impact. When insight alone is insufficient to effect change, Adlerian techniques that are used include practical, defined activities such as “acting as if” and “the rubber band technique” as well as other aspects of therapy such as encouragement and relationship. The narrative practice of creating and thickening alternative stories could also be an effective tool for Adlerians.

The final stage of the Adlerian helping process, as defined by Mosak, is reorientation. It includes “persuading the patient, gently or forcefully, that change is in his or her best interest” (Mosak, 2000, p. 75). Working with clients to create alternative stories is one way that therapists might gently persuade clients that change is advantageous. The desire and potential for change and the client’s perceptions of limitations to change can be explored in the context of creating new stories about how life might be different.

This approach is consistent with the narrative idea of creating new stories to open up options that the client has been unable to perceive while situated in the narrow, problem-saturated story. Using alternative stories in the Adlerian process may be particularly useful when clients are resisting change or report feeling “stuck” in their usual patterns of interaction with self and others. Part of this process may be trying to uncover times when things were different for the client and he or she acted differently. “Adlerians and narrative therapists both take the view that a person constructs a life story out of only a small selection of memories from
the countless experiences of the past” (Hester, 2004, p. 338). Narrative therapists look for the exception to the rule, instances of unique outcomes or events that contradict the problem-saturated story.

Morgan (2000) notes that people tend to place less significance on these events and they are often mentioned in passing. Morgan suggests that the therapist listen closely for these stories or they will go unnoticed. This is consistent with the idea that people remember information that supports their belief systems. The idea of listening for unique outcomes also raises the question of whether people will be able to recall exceptional stories, given that they may be inconsistent with their belief systems.

From an Adlerian perspective, one could say that clients will remember the self-concept stories but will also retain memories of events consistent with the self-ideal. Those memories may be less salient. Like narrative therapists, Adlerians may need to listen closely for these other stories. Evidence that things have been different may be useful in assisting clients to imagine that things can be different. This helps clients create alternative stories.

*Integrating practices from the narrative school: techniques of thickening stories.*

When using alternative stories in the manner developed by Willhite, the problem story is both specific to a current situation in the client’s life and a metaphor about the way the client acts and reacts in other situations. It is a way of revealing lifestyle beliefs. It places the problem in a larger context. Boldt and Mosak (1998) discuss the importance of putting the problems that clients bring to therapy in the larger context of their life stories and in the context of the lifestyle. “Without this focus on lifestyle, no new meaning is constructed. The problem story may be treated, but it will probably recur when the client is faced with a similar difficulty” (p. 495).
Constructing new meanings or new perspectives is an integral part of both the Adlerian and narrative change process. At the root of the narrative approach is the belief that changing the internal landscape of thought, the story in this case, will change actions and outcomes. Find the limiting narrative; change the story, and thereby the choices for action; and the outcome changes. This has parallel with uncovering lifestyle; revealing limiting life style beliefs regarding self, others, and the world; and achievement of insight culminating in change.

If one begins with a story about self, others, and the world that does not allow for the possibility of better outcomes, how does one end up in the new story? How do clients hold onto new insights and translate them into action? There is a new story and an old story. There is a new way of being in the world and an old way of being in the world. How do clients move into and continue to live in the new story? Using Adlerian language, how do clients continue to live in the self-ideal story and not fall back into living the self-concept story?

Morgan (2000) discusses the process of thickening alternative stories as a way to help clients stay connected to new stories. In addition to re-membering conversations, thickening techniques that may be helpful in the Adlerian context include the use of therapeutic documents and letters and the creation and use of rituals and celebrations.

As people re-author their lives and relationships, certain knowledges about the problem and the person’s preferences become clearer. The dominant story’s influence diminishes as new and preferred stories emerge. Therapeutic documentation records these preferences, knowledges and commitments so they are available for people to access at any time. (Morgan, 2000, p. 85)
Therapeutic documents are written by the therapist outside of the therapy session, authored during the therapy session with assistance of the client, or written by clients outside of session. The documents support the change process. They record achievements, goals, and commitments.

Because there are multiple possibilities, infinite strands of experience, and countless ways of interpreting any idea or event, important intentions and even accomplishments can get lost. When people make important commitments or when we get ready to celebrate significant achievements with them, we think of documents. (Freedman and Combs, 2002, p. 222)

One type of therapeutic document used by narrative therapists is the therapeutic letter. This is a letter from therapist to client. Letters typically summarize a therapy session, but sometimes are brief notes of encouragement or ways to invite clients to think about some aspect of the therapy process. Morgan (2000) provides this as an example:

Freiya was ‘on the road to getting things done’ and expressed her immense satisfaction in her ability to stick to this path. One day . . . I found a picture of a series of beautiful paths through dense bushland and forest. I sent it to Freiya and wrote the following: ‘This picture reminded me of the path that you told me you had chosen. I was wondering how you chose it from all the other ones? How did you know it would suit you?’ (p. 105)

In informal clinical research by Epston and White, clients reported that therapeutic letters have a value equivalent to 4.5 therapy sessions (Fox, 2003).

Fox (2003) speculates that letters from therapists and other therapeutic documents have power because they keep a record of knowledge discovered in therapy sessions available to clients at all times, and because they help disseminate the preferred story to others in the
community. These letters from therapists to clients may also reinforce the client-therapist relationship.

Adler believed that the client/therapist relationship is a critical aspect of therapy (Ansbacher & Ansbacher, 1956). Letters are a concrete reminder of relationship. Assuming most clients are in therapy sessions 50 minutes a week, letters provide a reminder of the client-therapist relationship during the other 167 hours and 10 minutes a week that clients are not in therapy sessions. Adler believed that relationships provide encouragement toward social interest (Ansbacher & Ansbacher, 1956). It seems likely that the value that narrative clients give to letters from their therapists stems not only from reinforcement of the content of sessions, or from a thought or question that a therapist presents in a letter, but from something more. That something could be relationship.

Documents of knowledge record and authenticate what clients learn. Fox notes that “they can be extremely helpful to people who are in danger of losing sight of their preferred identities” (2003, p. 30), and also helpful in times of stress when clients find it difficult to access the knowledge and skills they most need. Using Adlerian language, one might speculate whether documents of knowledge may be helpful in times when clients become discouraged and lose sight of or the hope from the self-ideal story. Adler noted that when people are in usual circumstances their lifestyles will not be readily apparent, but in times of difficulty the lifestyle will become evident (Ansbacher & Ansbacher, 1956). When clients are under stress, it is particularly helpful to have a written document as a reminder of progress, as a source of encouragement.

Fox (2003) provides an example of a document of knowledge. It is titled a “Document of Authority” and certifies eight statements as true. The statements include “Anita is a good person
and a good parent” and “Anita deserves to be cherished and loved.” The words in the document are those used by Anita. Anita reported that she carried the document with her and that it “helped her to resist the voices of criticism which plagued her very significantly” (p. 31).

Fox (2003) reports that Anita had previously been overwhelmed with a sense of being a bad person and a bad parent. One might speculate this could have been Anita’s view: “I am a bad person and a bad parent, and therefore I do not deserve to be cherished and loved.” From an Adlerian perspective, minimization or denial of one’s own worth is one type of basic mistake (Mosak, 2000).

It would be of interest to know how Anita’s thoughts translate into beliefs about how she needs to act in order to have a place in the world. In any case, the work Anita is doing with her therapist is intended to help Anita see herself differently and the document is intended to reinforce the emerging new self-identity. From an Adlerian perspective, Anita and her therapist are working to change a basic mistake. The use of therapeutic documents of knowledge could be incorporated in the Adlerian setting. They could be used in working with basic mistakes and as reinforcement of increasing coherence between self-concept and self-ideal.

Documents of declaration are written by clients. “People may be invited to write a declaration stating a position, a commitment or perhaps a preference for them that has significance in the new story” (Morgan, 2000, p. 89). Declarations may be a few sentences or pages long. This declaration is by a woman battling anorexia: “I’m not going to put up with this anymore. It is ruining my fun” (p. 90).

The fact that clients are responsible for articulating their positions or commitments in documents of declaration is consistent with the Adlerian view that clients are responsible for change. Declarations are usually, but not always, written to be shared (Morgan, 2000). Using
narrative language, clients have the option of circulating the new story in their community using the declarations they have written. Inviting clients to articulate a commitment to self and to share that commitment with others is a technique that benefits Adlerian practice. It is a way of stating a belief and a specific or implied goal for change and, as such, could be a useful tool in the Adlerian therapy process.

Documents that record achievements can take the form of awards. Epston and White (1990) note that written language makes a significant contribution to defining individuals, and that documents have an elevated status in modern society. They discuss the power of documents both as vehicles for the purpose of presentation of the self and as mechanisms for exclusion of individuals. It is their opinion that the elevation of documentation has negative aspects in larger society, but that local practices “have the capacity to redescribe and specify persons in ways that emphasize their special knowledges and competencies, as well as their place in the larger community of persons. The bestowing of awards is one example” (p. 190).

Like all awards, those given in the context of narrative therapy acknowledge and celebrate change and inspire continued change. They sometimes are part of rites of passage and involve presentation in the presence of members of the family or community. Espston and White (1990) offer the following examples of certificates of achievement they have given: in recognition of escape from misery; victory over guilt; winning against bad habits; and escape from tantrums. Awards are sometimes an aspect of therapeutic rituals and celebrations. They provide encouragement. Their use is consistent with Adlerian practice.

Rituals and celebrations are another way that narrative therapists work with clients to thicken new stories. “One way of thickening the alternative story involves finding witnesses who will act as an audience to performances of the new story” (Morgan, 2000, p. 74). This is also a
way of increasing positive connection with the community, which, as discussed previously, is a goal of both Adlerian and narrative therapy. “Care is taken to ensure that rituals do not focus solely on the problematic story and that alternative stories are performed in appropriate settings in front of especially selected audiences” (Morgan 2000, p. 114).

Rituals and celebrations are developed in collaboration with clients. Rituals may be celebrations, rites of passage, or observances of loss or grief. They may be formal or informal, in the presence of the therapist or not. They may be developed around past performance or declarations of intent.

The variety of therapeutic documents, rituals, and celebrations is limited only by the creativity of clients and practitioners. In all cases, the larger idea from the narrative perspective is the goal of thickening alternative stories, helping to keep the new story accessible to clients, and fostering continued change. Freedman and Combs state, “Celebrations and award- and prize-giving signal a shift of therapy’s focus from the problematic relationships to the positive steps taken. This leads to future growth” (2002, p. 162.) Fox (2003) cites one use of documents: “To record particular knowledges that a person needs to have available at a time of crisis, whether these knowledges are knowledges of particular skills or knowledges of preferred identities” (p. 27). From an Adlerian perspective, the client is reminded of new self-awareness, beliefs, and goals.

Therapeutic documents, rituals, and celebrations affirm new awareness, new knowledge, new emotional response, and new behavior. They work to strengthen the awareness of goals. They offer encouragement. They reinforce change. They help clients in their work to escape the grip of basic mistakes. For each client, the story of what he or she is, what others are, the way the world is, and the creative conclusions that the client reaches based on those assumptions are
challenged in therapy. The old story has a history and likely holds significant power. Narrative techniques of working with documents and rituals could assist the new story, the new beliefs about self, others, and the world, to take root. Each time the client is encouraged to take action in the direction of change and subsequently acts, it becomes new evidence of the possibility for lasting change and new ways of being in the world.

*A teleological perspective of story.*

Adlerian philosophy takes a teleological approach. The Webster’s New World Dictionary (Guralink, 1976) definition of teleology includes the following: “the fact or quality of being directed toward a definite end or of having an ultimate purpose.” Adler stated, “A person would not know what to do with himself were he not oriented toward some goal. We cannot think, feel, will, or act without the perception of some goal” (Ansbacher & Ansbacher, 1956, p. 96).

Adler believes that all individuals create an overarching life goal of which they are largely unaware. Adler initially termed this goal the fictional final goal. Ansbacher and Ansbacher note that, when Adler used the term fiction, he believed that “far from being a mere subjective fancy, [it] was an indispensable device for problem-solving in real life” (1956, p. 97). They state, “In addition to serving the useful purpose of orienting the individual in the world, [the fiction] serves two compensatory functions. (1) It initiates compensation, and (2) it creates positive feelings in the present which mitigate the feelings of inferiority” (1956, p. 97).

Adler postulates that children feel small and weak in comparison to adults and wish to escape feelings of insecurity (Ansbacher & Ansbacher, 1956). He states, “In the soul of the child, a guiding line forms which urges toward the enhancement of the self-esteem in order to escape insecurity” (p. 99). This is the fiction in which “disquieting inferiorities and inhibiting
realities are set aside, as always happens when the psyche in its plight seeks a solution and security” (p. 99). Adler states:

In each mind there is the conception of a [fictional] goal or ideal to get beyond the present state and to overcome the present deficiencies and difficulties by postulating a concrete goal for the future. . . . Such a goal not only determines a direction which promises security, power, and perfection, but also awakens the corresponding feelings and emotions through that which it promises. Thus the individual mitigates his sense of weakness in the anticipation of his redemption. (p. 99)

From the Adlerian perspective, feelings of inferiority are common, striving for perfection is innate, and there is unity to the personality. This is demonstrated in movement toward the fictional goal (Ansbacher & Ansbacher, 1956).

“Eventually, Adler relinquished the term fictional altogether when speaking of the goal. However, the three psychological meanings of the term fictional, as subjective, created, and unconscious, remained the most essential components of Adler’s goal concept” (Ansbacher & Ansbacher, 1956, p. 90). In whatever way it is termed, the ultimate goal, the future and final goal is a fiction that is tied to the human desire for significance. It works to safe-guard self-esteem and give direction to movement.

In addition to holding the belief that there is an over-arching goal, the fictional final goal, Adlerians believe that behaviors serve specific purposes for individuals. All behaviors are goal oriented. By observing behaviors, inferences may be made with regard to goals. In concert with these ideas, Adlerians believe that psychological symptoms have a function, that they serve a purpose for the individual. Whether this is always true and to what extent it is true are areas for debate. It certainly can be argued that there are symptoms that are largely or entirely a
function of biology. However, the fact remains that Adler saw symptoms as serving functions for clients and this idea is fundamental in Adlerian philosophy and practice.

If early recollections were chapters from a novel, the reader might ask, “What is the character up to?” This is a teleological perspective. We assume there is purpose, a goal to behavior. This is an Adlerian perspective. It is a perspective well suited to the concept of life as story. The belief that behavior is goal oriented and purposive is consistent with the use of story as a framework. Lifestyle, which is akin to the concept of personality; private logic, which includes long-term and shorter-term goals; and the environment clients live in are a parallel to the literary concepts of characters, goals, and perils.

*Finding a Place in the World and Finding a Place in the Story*

A story has characters including a protagonist and antagonist. There is purpose to the behavior of the protagonist and there is plot to the story. These are inseparable. Plot, goals, and the personality of the protagonist are interwoven. In many cases, the protagonist is flawed or does not have information he or she needs to prevail. Often the protagonist is in need of some type of insight. The hero must uncover information or truth, or be offered it, and have the wisdom to accept it. Again, there are parallels with the therapy process.

There is a wolf at the door, which is the peril threatening the protagonist. The goal of the protagonist is to overcome the peril, escape the wolf, slay the wolf, or tame the wolf. The wolf at the door creates literary tension. The mere existence of the wolf threatens survival and necessitates action.

If a writer is skilled at maintaining literary tension, the reader will be hooked into the story and continue to read to discover whether the character figures out what needs to be done to stay alive, and whether the character actually succeeds in staying alive. The reader will
Persistently ask, “What is the character up to?” The reader will look for clues provided by the narrator and by the character’s actions or movement in the story.

Consistent with the belief that all behavior is goal-directed, Adler and Dreikurs both cautioned therapists to trust only movement (Beecher & Beecher, 1966). Adlerians view symptoms and behaviors as clues to clients’ underlying lifestyle beliefs. They use the stories of early recollections to learn clients’ lifestyle beliefs. They look at the stories of everyday life that clients bring to therapy. They examine how clients are acting out private logic about self, others, and the world, as well as their beliefs about what they must be or do to have a place in the world. They listen for spoken and unspoken goals. They watch for movement in contradiction of spoken goals. They trust movement. Like the reader of a story, the therapist always asks, “What is the client up to?”

The discussion turns to using stories in new ways. The Adlerian teleological perspective, which is perfectly suited to the concept of story, is expanded. A larger perspective of story is considered. Although some particular ideas of the narrative school will inform the ongoing discussion, the larger idea is the concept of story as integral to all aspects of life and therapy.

The basic question is: what happens in the therapy process if therapists intentionally frame more of what happens in therapy as story? In exploring this idea, the literary perspective of story, the perspective of story as life, and the idea of narrative as integral and inseparable from therapy continue to be woven together. Every aspect of this discussion will assume incorporation of the Adlerian teleological perspective.

It could be said that in addition to dealing with the wolf at the door, protagonists have a larger goal, one that applies to all persons. It could be likened to the fictional final goal. It is a goal of demonstrating significance. It is a goal of overcoming, of moving from a felt minus
position to a perceived plus position. Achieving the goal typically involves demonstrating superiority in one or more ways. This includes competence, control, power, and popularity. This framework, this lens, is helpful in the therapy process. When we ask what our clients are up to, using the concept of story may clarify what we perceive.

Here are some of the initial questions we might ask when we use the framework of story. How are clients trying to achieve significance in the stories that are their lives? What are their specific goals around achieving significance? What obstacles are they trying to overcome? How do they want to be heroic in the story? What are the foibles, the characteristics, and the beliefs that trip them up? What talents, skills, and abilities do they possess which could be of use in working with the problems they face? Is the gap between who they want to be and how they see themselves one that will take many chapters to resolve? As a character in the story, what role does the therapist play? Are there characters that may contribute to the therapy process? How might those other characters be engaged literally or metaphorically in the therapy process?

In a story, there are characters sympathetic to the protagonist, characters who are apathetic to the protagonist, and characters who impede the protagonist. Those impeding change may not be those one would expect to find standing in the way of the protagonist. They may be family members, romantic interests, or friends. They may be invested in the character remaining in his or her usual role. Change may cause tension, anger, and conflict.

Here are some questions that might be asked when considering outside influences that could be antithetical to change. If the character in the story (the client) stops playing his or her usual role, what actions might other characters believe they are expected to take in support of the character? What roles might they feel forced into? How might they try to undermine change? Can the protagonist remain sympathetic to these characters and still have the courage to change?
How do characters’ goals coincide with those of the protagonist, and how do they collide? If the protagonist wins something, do others lose something, such as money, pride, control, victim status, prestige, or love? What if the protagonist perceives that an impending loss threatens his or her significance in the world? How will he or she react?

Each of these questions is informative and provides perspective to the therapist and client. From the narrative perspective, many of these questions relate to the client’s local culture and its discourses. Using the framework of story, the therapist could also explore the larger social discourses that inform the client. What does the larger culture say to the client about his or her identity? How is the message delivered? How are the messages of the larger culture, particularly the mass media, perceived by the local culture? Who delivers the messages to the client? What is the client’s response?

Another way to use story as a framework for thinking about therapy is to ask about the purpose of the stories that clients bring to therapy. Of all of the things that happen to them in the course of a week, clients frequently have a ready answer to the question, “What would you like to talk about today?” It is probably about something that happened to them. It will almost always be a story. It will always include some aspect of story.

Therapists have a number of questions about the client’s choice of stories to bring to therapy. What is the client’s goal in choosing to tell this particular story? What is the client trying to tell the therapist about himself or herself and his or her experience in life? What role or roles does the client play in the story (victim, controller, competent person, superior individual, problem-solver, helper, socially interested individual, friend, teacher, parent, and so forth)? How do the roles and actions fit with the client’s private logic? The therapist can work with the story by asking the client whether he or she would like the story to go differently, and if so how?
Just as readers do not expect the characters in a novel to consistently engage in dialogue that will give them clear clues about what the characters are up to, therapists do not expect clients to simply tell therapists what they are up to. In speaking of goal-directed movement, Adler states, “In his style of life, he does not express his goal so that we can formulate it for all times. He expresses it vaguely so that we must guess at it from the indications he gives” (Ansbacher & Ansbacher, 1956, p. 180).

Tools used in making guesses, in formulating hunches about what clients are up to, include the stories that are early recollections. There are many ways to work with early recollections including use of the Willhite method as a tool to get at the difference between self-ideal and self-concept, to investigate feelings attached to recollections, and to help clients move into new stories. The Adlerian school also offers lifestyle typologies as a method of exploring life stories. These are only a few of the tools of the Adlerian school, ones that clearly relate to the concept of story telling.

In addition to these tools, Adlerians have aspects of narrative therapy to use as lenses to view the world and the therapy process, and narrative techniques to explore and enrich client stories and encourage clients toward change. In addition, we have the overarching idea of life as story. This concept of life and story as inseparable is an anthropological perspective that Epston adopted to use in the therapy setting (White & Epston, 1990).

If we expand on this thought of story as inseparable from life, if we use the larger framework of story, we have the possibility of using the story as a multi-faceted lens. We gain new ways to work with clients using the framework of story. We have all the tools of the literary tradition: plot, motive, archetypes, and every other aspect of story.
Adlerians ask, “What are the lifestyle beliefs, the stories, that clients tell themselves about what it is that they need to be or to do to have a place in the world?” Narrative therapists ask, “What do clients tell themselves about their place in the story and the options they have for ways to be in the world?” In the end, for all clients, their place in the world and their place in the stories they weave are meshed inseparably.
References


