

Creating Alternative Selves: The Use of Futures Discourse in Narrative Therapy

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Abstract

This article focuses on the field of narrative therapy which emerged in the 1990s (i.e. Angus and McLeod, 2004; Denborough, 2010; Monk et al 1996; Morgan, 2000; White, 2000) and investigates the use of futures discourse within it. Narrative therapy in psychology focuses on helping individuals to move away from unhelpful and distressing storytelling and towards new stories that shape their identities and relationships in line with the possibilities of desired presents and futures. The article therefore analyses the explicit and implicit use of futures discourse in narrative therapy, and investigates connections between narrative therapy and futures studies. It concludes by suggesting the strengthening of these connections by proposing futures studies practitioners further learn from narrative therapists and vice versa.

Keywords: storytelling, narrative therapy, narrative approaches in futures studies

Introduction: Narrative

“Stories are everywhere. Human meaning-making processes are so embedded in narrative forms that it is quite difficult to locate instances of human life that are alien to narratives. The very history of human kind is a story full of stories. Religious traditions are rich in stories, from biblical parables to Zen Buddhist or Sufi tales. We live in (and through) stories; family myths, traditions, and anecdotes. We fall in love through (and sometimes with) stories ... We grow up, work, rest, dream, suffer, and even die according to narrative patterns. Stories are the fabric of our private lives, our relational networks, our social traditions, and our cultural and historical institutions.” (Botella et al., 2004, p. 119).

Around the turn of the millennium narrative approaches in education, psychology as well as in social sciences in general have increased in popularity. These approaches are based on poststructuralist, postmodern and social constructionist philosophical perspectives wherein the objectivity of the world is seen to be always mediated by our own individual and group subjectivity. Stories, or narratives, play a crucial role in this mediation, between us and others, physical and abstract, and space and time. As narrative therapists and theorists point out, as soon as we are born, we “emerge into a plot thick with anticipation of our arrival”. (Osatuke et al., 2004, p. 194) The narratives that await us “represent a rich mixture of historical, societal, cultural, and family influences” and much of our socialising consists of hearing other people’s personal experiences, of developing an understanding of the world through the sharing of stories. (Osatuke et al., 2004, p. 194).

Even natural sciences rely on stories where “beginnings (causes), middles (processes, laws), and ends (outcomes/effects) are related in attempts at understanding organic and inorganic process” (Russell et al., 2004, p. 212). So from birth we become “active, impassioned meaning makers in search of plausible stories” (White, 2004, p. 38). These stories help with making the meaning of our lives and lie behind any purposeful activity. They help us shape our individual and collective identities – who we are. Crucially, they also assist with our movement through space – where we are, and through time - when we are.

Of course, who, where and when we are, changes throughout the span of our lives. All cultures and civilisations have therefore constructed meaningful narratives that help with life stages or transitions as well as with internal/external crises and challenges. Would we know how to live our lives without access to meaningful stories about ourselves and others? Would we be able to make sense of it all? Probably not, and so the fascination with stories has become an integral part of human cultures and civilisations. The perennial qualities of a *good story* across diverse cultures have also been identified (Campbell, 1949; Booker, 2004). One of these qualities is certainly the ability of the engaging narrative to assist us with the transformations necessary in meeting life challenges.

Both narrative therapy and futures studies are variations on that same universal theme. Narrative therapy focuses on the development of more complex and robust (as well as rich, meaningful and multi-stranded) stories to assist people with living out “new identities, new possibilities for relationships, and new futures” (Combs & Freedman, 2004, p. 138). Practitioners call such an approach the *thickening* of alternative narratives (Morgan, 2000). They see themselves as facilitators and co-creators in the task of creating alternative and desired selves and relationships. Futures studies – the multidisciplinary and systematic field of inquiry into probable, possible and preferable futures – facilitates and utilises narratives to open up the future. This opening up of the future means the investigation of some deeply held, often unconscious, narratives about *the* future and stepping into the realm of alternative *futures*. Narratives presented as alternative futures are then utilised as a resource to take a more thought through action in the present, assisting participants to move in the direction of their preferred futures. In other words, futurists aim to “make a virtue out of the uncertainty of the future for the purpose of empowering people to achieve futures better than the past and present” (Bell, 2009, p. 56).

Narrative is therefore at the core of both fields – psychology and futures studies

– as it is, indeed, at the core of all human knowing and action (White, 2004, p. 38). Consequently, skilful use of narratives is crucial in assisting individuals and groups with their own meaningful placement in time as well as with their own desired transformations.

Narrative therapy

Narrative therapy has been defined as “a collaborative and non-pathologizing approach to counselling and community work which centres people as the experts of their own lives” (NTCT, 2013). Developed in the 1980s by Michael White (who was based in Adelaide, Australia¹) and David Epston (Auckland, New Zealand) (White and Epston, 1990) it “refers to the emphasis that is placed upon the stories of people’s lives and the differences that can be made through particular tellings and retellings of these stories” (Morgan, 2000). A narrative approach taken in therapeutic interactions “views problems as separate from people and assumes people as having many skills, abilities, values, commitments, beliefs and competencies that will assist them to change their relationship with the problems influencing their lives” (NTCT, 2013). This approach is also socially engaged insofar as “it is a way of working that considers the broader context of people’s lives particularly in the various dimensions of diversity including class, race, gender, sexual orientation and ability” (NTCT, 2013).

Michael White’s 2004 statement that “it is not as though there is a true and a false story but that there are competing stories” (NTC, 2013) reveals the influence of poststructuralism on narrative therapy. Compared to approaches to therapy informed by unified (modernist) epistemology, narrative therapists recognise, to a higher degree, the interrelations between a person and their (social and physical) environment. The modernist notion that self retains a “sense of sameness through time” has been replaced by the notion of “the self extended to the environments”. Self is therefore considered to be a highly open construct that leaves room for contrasts, oppositions, and negotiations between voices that are part of the social environment. This also means a rejection of the idea of a centralized and omniscient storyteller, who is located above his story and tells about events from a god’s viewpoint. Rather, self and society have in common that they consist of a polyphony of consonant and dissonant voices. There is no unitary self, only *multiple selves*. (Hermans, 2004, pp. 189-190).

Given the magnitude of social and cultural changes that took place in the 20th century, the ecology of selves has dramatically changed as well:

“The circle between the self and the outside world is more open than ever, and a large number of heterogeneous voices enter and leave the realm of the contemporaneous self within relatively short periods of time. At the interface of different cultures, people are challenged to give an answer to the increasing multiplicity of cultural voices, including their power differences.” (Hermans, 2004, p. 190).

This has implications for the work futurists do, because complexity in the external world is often matched by the complexity of the participants in futures workshops. This includes the complexity of the futurists themselves, who, like people in general, may simultaneously hold differential and sometimes even contradictory positions on an issue. This, however, does not make them/us more

objective. It only means that all of us at different times and in different settings or situations may speak from the position of a particular self; awareness of this process is crucial for successful engagement with others. Narrative therapists, therefore, recognise the existence of a future shock (Toffler, 1970) to the system of the individual or family due to the magnitude of recent (and current) social, cultural, technological and environmental changes. They also recognise that whilst this future shock could be distressing to individuals and families it can simultaneously open up spaces for individual and group transformation. In this context, narrative therapists put an emphasis on re-authoring the dominant stories of people's lives, especially if they are somehow linked to the problem they seek counselling for. Re-authoring is "in a sense looking at the goals the client hopes to achieve, and then finding the means by which these goals can be achieved" (Abels, 2001, p. 75). Old stories that are detrimental need to be weakened and eventually replaced with those that are more highly functioning in the new context, as well as in line with desired values, hopes and dreams.

A key principle of poststructuralist therapeutic approaches in general, and which also applies to narrative therapy, is well summarised by Taiwo Afuape (2006, 2012). Afuape highlights six key principles that underline the social constructionist take on reality, knowledge and language and its impact on corresponding contemporary therapy approaches. To start with, new therapeutic approaches are (1) collaborative, non-judgmental, non-pathologising conversations that enable clients to recognise and mobilise their own strengths, resources and expertise. They focus on (2) multiple perspectives rather than universal truth(s), as well as on (3) social justice. They adopt (4) a position of curiosity, reflect on (5) the person's own assumptions and make these explicit, and provide an understanding that (6) what is evoked in systems depends on our selection process, our assumptions and prejudices. (Afuape, 2006, 2012).

Maps of narrative practice (White, 2007), or the "how-to" of narrative practice, focus on processes such as externalising, re-authoring and re-membling conversations, engaging in definitional ceremonies² etc. Description of these how to's is beyond the scope of this article, which focuses on the use of futures discourse within narrative therapy and the links which exist between this approach to therapy and contemporary futures studies. A good brief summary of narrative practices is provided by Alice Morgan (2000). According to Morgan, narrative therapy most commonly takes the following seven steps:

- Externalising conversations: naming the problem and separating the person's identity from it
- Tracing the history of the problem
- Exploring the effects of the problem
- Situating the problem in context: deconstruction
- Discovering unique outcomes: listening for times when the problem has had less or no influence
- Tracing the history and meaning of the unique outcome(s) and naming an alternative story
- Thickening the alternative story (Morgan, 2000)

At the first glance we can already see the similarities between narrative

approaches and the activities futurists commonly engage in. Loosely speaking, futurists start with an issue or problem (or set of issues/problems) at hand and investigate the occurrences in the past that brought it about. Skilled futurists, argued Edward Cornish (1977, p. 52), are descendants not of the Delphic oracle but of ancient Greek *logographoi*; they are not descendants of soothsayers but of historians. The *shared history* – a tool used in futures workshops (Inayatullah, 2013, p. 46) asks participants to write down the main trends and events that have led up to the present, these events are then used to construct a historical timeline. This corresponds to the second step in narrative therapy as described by Morgan above. The shared history of the issue can be articulated in futures workshops through either “empirical (historical data points) or interpretive frames of reference (the meanings individuals give to the data points)” (Inayatullah, 2013, p. 46). The focus on the weight of the past in the *futures triangle* similarly uncovers historical influences, including barriers to the change participant(s) wish to see. The *futures triangle* contextualises the problem temporarily and contextually, as do steps two and four in the narrative therapy approaches described above. Step three - exploring the effects of the problem – is similar to the *futures wheel* activity, wherein brainstorming is incorporated into “a process for diagramming the possible impacts of some upcoming event or change” (Steel and Price, 2008, p. 44). Step five – discovering unique outcomes – correlates to the discovery of *emerging issues*. Emerging issues are important for futures studies because of their ability to “give us information on potential futures” and because of “[the] disruptive dimension [of]... call[ing] into question our assumptions about the present” (Inayatullah, 2002, p. 195). *Scenarios*, *preferred futures visions* and *backcasting* are methods in futures studies that all, in one way or another, focus on alternative stories. For these alternative narratives to have an impact they should be richly³ described, argued Elise Boulding (1995, p. 98). This is particularly so when preferred visions of the future – of alternative and healthy selves and societies – are investigated/constructed. As Boulding wrote: “a critical feature of both personal and social therapeutic imaging is that the imager must be able to picture significant details of a well person or of a healthy society” (Boulding, 1995, p. 98). In other words, these alternative stories should be described in as much detail as possible so that they can seem “as real as our reality” (Halbert, 1994, p. 29).

As is the case with narrative therapy influenced by poststructuralism, the task in critical futures studies is also externalisation or distancing from the (singular) future. Inayatullah explains:

“...the task in critical futures studies is to make the universal particular, to show that it has come about for fragile political reasons, merely the victory of one discourse over another, not as a result of a Platonic universal. Hence, one needs discursive genealogies that attempt to show the discontinuities in the history of a social formation, idea, or value. Through genealogy and deconstruction, the future that once seemed impenetrable is now shown to be one among many. And as such it is replaceable by other discourses.” (Inayatullah, 2002, p. 17)

Key similarities between narrative therapy and futures studies approaches are summarised in Table 1.

Table 1. *Similarities between narrative therapy and selected futures studies approaches*

Futures studies approaches and methods	Narrative therapy approaches
Start with global problematique, an issue or problem/set of issues or problems	Starts with an individual or relational issue or problem/set of issues or problems brought by a client
Investigate history and shared history so as to contextualise issues, expand the temporal dimension from now and begin preparatory work towards trend analysis	Investigates the history of the issue and of the problem story
The Futures triangle contextualises the issue across past/present/future time dimensions	Storytelling used to trace history of the problem and situate it within a personal and social context
The Futures wheel investigates second and third order consequences	Effects of the problem – its potential continuation into the future – are explored
Emerging issues analysis calls into question deeply held assumptions	Discovery of unique outcomes – finding times when the problem had less or no influence
Scenarios, preferred futures visions and backcasting are helpful in opening up the future and finding alternatives	Alternative stories – narratives that move away from the problem
Externalising and distancing from the singular future	Externalising and distancing from the singular problem story
Imagining preferred futures in significant detail	Thickening of alternative stories
Use of futures discourse to assist with collective and, but to a lesser degree, individual transformation	Use of futures discourse to assist with individual, and, but to a lesser degree, collective transformation

The similarities between narrative therapy approaches in contemporary psychology and contemporary critical futures studies focused on anticipatory action learning do not end there. Most importantly both fields make explicit use of the futures discourse to assist with individual and collective transformations. While the use of the futures discourse is self-evidently present in futures studies and (presumably) known to the readers of this article, this explicit use of futures discourse in narrative therapy is explored in more detail in the section that follows.

The use of futures discourse in narrative therapy

“By linking narrative and strategic concepts, we suggest that key stories from the past inform the present predicament, which in turn informs how people recall their pasts and envision their futures. By understanding the process of problem construction in terms of all three time dimensions, we’re better able to select key stories to talk about in therapy that will alter the present predicament, as well as reorient people to their pasts and futures” (Eron and Lund, 1998, p. 55).

Narrative therapy, argued one of its founders Michael White (2004, pp. 30-31), is about what a self or our relationships might be, and that in itself assumes a futures orientation. Narrative therapy enquires into personal agency and intentional states, about choices that we make and actions that we take. These notions of personal agency and intentional states are in themselves shaped by categories of identity that feature “purposes, values, beliefs, hopes, dreams, visions, and commitments to ways

of living” (White, 2004, p. 31).

But while we live moment-to-moment and experience a multitude of sensations and events, only some of these “get incorporated into the stories we enact with each other” (Combs & Freedman, 2004, p. 137). The past is always remembered and the present observed selectively. Such selective processing is most commonly in line with the anticipated futures, both feared and hoped for. Narrative therapists understand this interconnection across the three time periods:

“We both understand the future in relation to meanings that are assigned to our experiences in the past and the present, as well as understand [past/present] in response to meanings assigned to proposed or hypothetical futures” (White, 2004, p. 35).

Narrative is used to organise this interrelationship, and narratives are only intelligible if they are dynamic across the dimensions of time, with the existence of a clear beginning, middle and end. In this way a narrative may impose itself on the events of the past, present and future, a structure that they, in themselves, do not necessarily have. If events appear fragmented, it is a role of narrative therapists to assist with the construction of personal narratives which impose a particular structure on the events of the past, present and future (Meira and Ferreira, 2008, p. 293) in order to make choices, action and strategy possible.

Narrative is therefore a method that connects bits and pieces from the past and the present in the process of creating both a dominant and an alternative story about the future. The dominant stories are the ones most commonly connected to the problem at hand. The stories’ impact is important because they not only affect us in the present but also have implications for our future actions. That is, the meanings we give to various events are not neutral in their effects on our lives ... rather, they constitute and shape our lives in the future. Given the fact that clients consult narrative therapists because of a particular issue or problem, the dominant stories that they present are always instrumental in the creation of such issues/problems. These dominant stories represent what narrative therapists term *thin* conclusions about the future, and it is a role of the therapist to expand on such conclusions – to make them *thicker*. Problematic narratives commonly make the problem story get bigger and bigger, becoming more powerful and affecting future events negatively: thin conclusions often lead to more thin conclusions as people’s skills, knowledge, abilities and competencies become hidden by the problem story. (Morgan, 2000, p. 8, 14).

Dominant stories can also be detrimental because they privilege certain interests and usually leave power relationships intact. In other words, dominant stories may reinforce business as usual and more of the same -strategies for the future. But it could also be argued that a singular notion of **the future** is always a thin narrative because it implies inevitability and a lack of choice. It is such thin narratives that are instrumental in creating self-fulfilling prophecies, commonly along singular threads that leave the rich tapestry of human life unacknowledged.

On the other hand, alternative stories, and their thick description, do the opposite. When initially faced with seemingly overwhelming thin conclusions and problem stories it is the role of the narrative therapist to seek out alternative stories in conversation: not just any alternative stories, but stories that are identified by the person seeking counselling as stories by which they would like to live their lives.

In other words, the alternative stories become the means by which preferred futures are articulated. Alternative stories, concludes Alice Morgan are important because of their potential to “reduce the influence of problems and create new possibilities for living”. (Morgan, 2000, p. 14).

In this sense, narrative is used within narrative therapy in a very focused way in order to imagine alternatives and create possibilities. Narrative also helps to actualize these options and, in such a way, then becomes a source of transformation. It is by retelling and reframing the world that the opening up of alternative possibilities occurs. (Anderson, 1997, p. 213).

As linguist George Lakoff (2004, p. xv) explains:

“Frames are mental structures that shape the way we see the world. As a result, they shape the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions. In politics our frames shape our social policies and the institutions we form to carry out policies. To change our frames is to change all of this. Reframing *is* social change.”

Narrative serves a similar function and it is, using Lakoff’s term, also a particular frame for understanding current occurrences and future possibilities. The main goal of the seven steps in narrative therapy practices (described above) is, in essence, the “...narrating process of the telling, retelling, and creating – or inventing and reinventing – of the client’s past, present, and future” (Anderson, 1997, p. 228). Exploration of the client’s history is not done for its own sake or to find the initial cause of the current problem. Rather, exploration of history is done because of its possibility to become an important resource for the creation of alternative futures. The expectation is that once people free more and more of their pasts from the grip of problem-dominated stories they will be better able to envision, expect, and plan toward less problematic futures. (Freedman & Combs, 2002, p. 35). Or in other words:

“To find their way among the various forms that the future can take, individuals require tools to provide a reliable guide to their actions in the world of relationships. They need to be quick at calculating which scenario to inhabit, among the many different ones available, carried along on a wave of reasonable hope that it is the best choice” (Dimaggio & Semerari, 2004, pp. 264-265).

This is because (Anderson, 1997, p. 231):

“...what seems like seeking freedom from a past is in fact seeking freedom from an expected course of things...[t]he prison is the imagined future, not the (imagined) history.” (Freeman, 1993, p. 216)

Which is why postmodern approaches to therapy, Harlene Anderson further argues focus on two key terms, freedom and hope:

“When I think of self agency, I think of two words that clients often use to describe the results of successful therapy: *freedom* (from the imprisoning past, present, and future) and *hope* (for a different future)” (Anderson, 1997, p. 231).

Narrative therapists also help clients to get in touch with their emotional states, using them as guides to indicate preferred choices (by identifying emotionally pleasant images) as well as futures to be avoided (identified by emotionally unpleasant images)(Anderson, 1997, p.231). They search for “*unique outcomes*”, that is, they listen for times when a particular problem has had less or no influence (step six in the narrative practices as summarised by Morgan). The unique outcomes represent any event that questions the dominant story. Such an outcome could be “a plan, action, feeling, statement, quality, desire, dream, thought, belief, ability or commitment” and it could thus be found in the past, the present and/or the future. (Morgan, 2000, p. 52)

Whether unique outcomes lie in the past or the future seems to be less important – because these three dimensions are seen as interrelated and co-dependant on each other in any case. The main point is that those are the times which represent exceptions and are different from the dominant problem-saturated (detrimental or negative) stories. Alternative stories are usually “anti-problem” because they bring forth people’s skills, abilities, values, competencies and commitments (Morgan, 2000, p.52).

Narrative therapists therefore focus on bringing forward an alternative story and on accessing people’s skills and abilities, assuming that this process will in turn “affect future actions” (Morgan, 2000, p. 59). They may then ask specific questions such as: 1. If you think of past events behind certain positive accomplishments as creating “a kind of direction in your lives, what do you think will be the next step?”(Freedman & Combs, 2002, p.35) 2. With a changed view of yourself and your relationships, and “keeping this new view in your heart”, “how do you think the future might be different?”(Freedman & Combs, 2002, p.213) Lastly, narrative therapists then ask how the new story influences a person’s ideas about the future inviting them to explore next steps, and to alter their plans and expectations “so that they are more in line with the emerging story”. Such alterations, conclude Freedman and Combs (2002, p.213), “increase the likelihood of new life events that will constitute lived experience of the new story”.

To summarise, narrative therapists heavily rely on futures discourse to help clients move away from their problem stories and envision and construct more beneficial narratives. Futures discourse is commonly present in the writing of the theorists and practitioners of narrative therapy; that is, it is explicitly engaged with. Due to the nature of the field of psychology, this explicit engagement assists in the opening up of individual futures and in the creation of alternative selves. Still, as the epistemological position behind narrative therapy itself would assert, the individual and the social are intertwined and co-dependent. By implication, therefore, opening up the future for individuals also means the opening up of the future for us all.

Conclusion

There is a great deal of overlap between narrative therapy approaches in contemporary psychology and futures studies, in particular in contemporary critical futures studies focused on anticipatory action learning. Both approaches are influenced by poststructural theory and explicitly engage with futures discourse, looking for ways to create a multitude of alternative and beneficial futures narratives. Narrative therapists could, perhaps, add to their repertoire of narrative practices some futures techniques that more specifically focus on the thickening of preferred

futures visions. For example, methods such as the *futures wheel*, *futures triangle*, *scenarios* and *causal layered analysis* can further narrative therapists' explorations into the realm of alternative futures.

On the other hand, narrative therapists can perhaps contribute to the futures field by expanding on how futurists engage with their clients and the public. In this day and age it is becoming increasingly difficult to justify the notion of objective, dispassionate (centralised and omniscient) storytellers located above their own stories and histories, including those telling stories about the future. It is also becoming more and more difficult to justify the existence of the objective, knowable and predictable futures out there. This is in line with the epistemological position behind modern futures studies (Milojević, 2002) which could be enriched by contemporary psychology's insight into the multicity not only of futures but also of future selves.

Most significantly, narrative therapists' approaches can assist futurists in understanding that not only is there a multitude of positions within the groups they work with (i.e. multiple stakeholders), but that the same is true of each individual person that is present. The ideas of singularity of the future and of the singularity of a unified overarching self have both by now been relegated to the past, to the pre-modern and modern. Paradoxically, as pre-modern, modern and post-modern cannot be neatly delineated and, in fact, exist simultaneously as do the past, present and future in general, this tension, too, should be further investigated. The best strategy in this regard may lie in naming the tension and naming the various positions that are taken during futures workshops. Futurists may also benefit from recognising that there is not just one (unified, overarching) self that runs the futures workshop/works with clients but, rather, a multiplicity of selves that co-exist with others and with society as a whole. Externalising these positions, away from the persons present and towards the issues at hand, may assist with resolving potential conflicts and with reaching group consensus.

To open up the future at both the individual and the collective level and to create viable alternatives it is always beneficial to tap into a variety of available resources and to learn from multiple fields of inquiry and practice. In that sense, both contemporary critical futures studies and narrative therapy approaches have a lot to offer.

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Notes

- 1 Specifically, White worked closely with the Dulwich Centre in Adelaide which continues to promote his work. In addition to running workshops and training, the Dulwich Centre provides a wealth of resources on narrative therapy via their on-line and physical library/bookshop. More information <http://www.dulwichcentre.com.au/>
- 2 During definitional ceremonies, therapists interview clients in front of a group of

external ‘outsider-witnesses’ who act as co-creators of meaning and an intentional community. A series of re-tellings of tellings and re-tellings takes place helping ‘thicken’ alternative (beneficial) narratives. Within narrative therapy, definitional ceremonies are seen as helpful in validating clients’ preferred claims about themselves and their preferred interpretations of their experiences.

3 A term narrative therapists use but in essence what Boulding also argued.

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