



Notes on Socio-narratology and Narrative Therapy

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These notes explore and develop the relevance of what I call *socio-narratology* (Frank 2010) to the narrative therapy innovated by Michael White and David Epston.¹ What follows is less an essay than part of an on-going dialogue with White's writings and with Epston's evolving practice. My interests are in what is specifically *narrative* in narrative therapy, what sort of *self* is implied by both socio-narratology and narrative therapy, and the particular nature of *story*, a word often used without specification.

I proposed the label *socio-narratology* in my 2010 book, *Letting Stories Breathe*. Socio-narratology uses concepts drawn mostly from literary narratology and from folklore studies—concepts including genre, character, point of view, plot, and type-tales—but its questions derive from social science. The core questions are about the complementary issues of individual action and group formation.

With respect to individuals, socio-narratology is interested in what provides for and can require the sense of being a self, how malleable and multiple that self can be, and especially, what action possibilities particular selves can imagine for themselves. With respect to groups, the interest is in what enables people to affiliate, understanding themselves as *members*, and what holds those affiliations together.

Letting Stories Breathe focuses on how socio-narratology grounds a form of qualitative research, which I call dialogical narrative analysis because I like the pun on DNA. Stories, on my account, are literally the DNA of selfhood and groups. This article shifts the focus from research to therapeutic practice. My questions about what sustains a sense of self and what sustains group affiliations are central issues underpinning any therapeutic work, although narrative therapy seems to be the therapeutic modality that most actively engages these questions. That may reflect White's and Epston's original training in social work, rather than psychology or psychiatry.





When I wrote *Letting Stories Breathe*, I was certainly aware of narrative therapy and the work of White and Epston. My wife, Cathie Foote, had participated in training workshops with Michael White, and he and I had exchanged papers. But any book can sustain only so many theorists, and *Letting Stories Breathe* does not discuss narrative therapy. Writing now, I see the core of the book's argument as having already been summarized by White, in a statement that the rest of this article develops.

It's to propose that it's not possible for us [humans] to interpret our experience without access to some frame of intelligibility, one that provides a context for our experience, one that makes the attribution of meaning possible. It's to propose that *stories constitute this frame of intelligibility*. It's to propose that meanings derived in this process of interpretation are not neutral in their effects on our lives, but have real effects on what we do, on the steps that we take in life. It's to propose that it is *the story of [as?] self-narrative that determines the shape of the expression of our lived experience*. It's to propose that we live by the stories that we have about our lives, that these stories actually shape our lives, constitute our lives, and that they "embrace" our lives. (White, 1995: 13-14; brackets and emphases added)

Note that White does not close by saying that our human lives embrace stories. Instead, he says that stories embrace our lives. That subtle shift is a considerable difference from how many people think of stories. These notes are commentary on this passage, the radical implications of which still seem scarcely understood. I realize that many other statements expressing these same ideas can be found throughout the corpus of writings on narrative therapy and in the wider narratology literature.

Becoming an Escape Artist

My usual way of doing socio-narratology is to tell two or three stories, put those stories into dialogue with each other, and let any analytic points emerge from that dialogue (for example, Frank 2004, 2016a). Sometimes I ask one story to carry the argument (Frank 2016b). This working method is my version of what narrative therapists practice as *de-centering* the therapist. In narrative therapy, the therapist is no longer the master interpreter of the client's life and its troubles. Instead, the therapist asks questions that reflect a sincere curiosity about the client's life, and these questions instigate the client's work of reflection on that life and especially *how that life is being narrated*. In socio-narratology, the narrative analyst sets stories





in dialogue with each other, and observes what can be learned from this new juxtaposition of stories.

This article juxtaposes not stories, but rather a couple of epigrammatic quotations. The first quotation is from the American novelist Tim O'Brien, who writes about the Viet Nam War, which is always a major reference point in my consciousness. O'Brien says that, as a writer, he asks himself two related questions: "Why do we make things up? Why don't we just report what happens in the world?" He has provided significant answers to those questions, most directly in his book *The Things They Carried* (1990), which comprises linked stories about the war, narrated by a character who may or may not be O'Brien himself. The book has a short interlude in which O'Brien asks the question that is posed implicitly in the stories themselves. The question is how do you tell a *true* story about war, or I would add, about anything that traumatizes the narrator and is not something that listeners want to hear about. Those two conditions--the traumatization of the narrator and the resistance of listeners--are also conditions in which therapy begins, in its own way.

A brief response to O'Brien's questions about why we make things up is that many and possibly most narrators cannot "just report what happens in the world". They cannot do it, first because they themselves are unable to do it. What has happened to them defies conventional articulation, and what could be spoken is intolerable to speak. Second, narrators cannot just report because their listeners do not want to hear what happened. These conditions reinforce each other, and they illustrate why, if we are speaking properly, we should always talk about *relations of storytelling* rather than just storytelling.

Anyone's possibility of being able to tell a story is always already a response to the imagined future response of listeners. Taking that seriously, the primal task of any therapist is to convince the client that the therapist is prepared to be a new and different sort of listener. For the client, being in relation to that new and different listener enables becoming a new and different narrator of his or her life. To repeat: The initial problem of therapy is whether and how the therapist can convince the client that he or she is in the presence of a new species of listener, and that relationship enables the client to become a new narrator.

Narrative therapists emphasize having *re-authoring* conversations. That usage is entrenched and I am not proposing giving it up, but *multiple-narrating conversations* might be more accurate. There is a subtle difference between authoring and narrating, and that difference goes back to why post-structuralists including Roland Barthes and Michel Foucault proclaimed





the death of the author. Authorship, in the post-structuralist account, is tied to authority; it's an assumption of narrational authority that is singular or monological. The intended awkwardness of my preferred *multiple-narrating* instigates reflection on the presence both of multiple narrators in any storytelling scene, and of multiple narrating voices within each person. The narrator is never the singular locus of authority of the narration. The sense that there is or can be a single locus of authority is an effect of a narrative style, and both narrative therapy and socio-narratology understand such a style as a tactic of power relations. Thus, instead of re-authoring with its implication that one author can replace another, the possibility of singular narration is replaced by an awareness of multiple narrational possibilities. How to tell a true war story—or any true story—begins with deconstructing the idea of truth as singular.

Another answer to Tim O'Brien's question is expressed by my second epigrammatic quotation, from Bruce Springsteen speaking in an interview (Hiatt 2016) about his recently published autobiography. The interviewer asks Springsteen what I think a narrative therapist would *not* ask, at least phrased this way: "Does the book get us closer to really knowing you?" That question presupposes a really-knowable-you that is the object of others' progressive knowing. Narrative therapy refuses that presupposition. Springsteen does not resist the question—he is, after all, trying to sell books—but he deflects it: "You know, I would say so," he answers. Then comes the deflection: "But once again," he adds, "it's a creation. It's a story that I drew from my story. It's one of the stories I drew from my story." When the interviewer then asks how Springsteen's own autobiography compares to biographies that have been written about him, his answer continues this deflection: "They're all good, if you're interested in different sides of me and different parts of my story."

I hear Springsteen responding to O'Brien's question about why make things up. His autobiography does not make things up, but "it's a creation", because there is no single, straightforward reporting of just what happens in a life, even or maybe especially one's own life. We are always telling only "one of the stories" that is drawn from a set of narrative possibilities that might be imagined as an anterior story, true and complete, but *no such story itself could ever be told*. All that can be told are different parts of that hypothetical story. Springsteen thus expresses the self-understanding that seems to be a goal of narrative therapy: the self is constantly creating itself by choosing which stories to tell about itself. That overly broad statement requires two qualifications. First, Springsteen, like any storyteller, is limited in his choices; limitations include what did or did not actually happen, and what narrative resources are available for telling.ⁱⁱ Second, Springsteen knows he cannot control which stories others tell. Rather than resist that as an imposition, he generously offers space for others to





narrate his life in ways he would not choose. He can co-exist with alternative narrations. That co-existence is a considerable accomplishment. Most people need narrative therapy to get to that possibility of co-existence.

I want to quote a later part of the same Springsteen interview that seems to express another fundamental issue for narrative therapy. He is asked about changes in the styles of his songwriting, and he replies: “You’re always in a box, and you’re an escape artist if you do what I do—or if you’re a creative person, period. You build your box and then you escape from it. You build another one and you escape from it. That’s ongoing.” To understand this in relation to narrative therapy, I recall David Epston saying, in a workshop, that narrative therapy is a *critique*. Epston did not specify, at the time, what it is a critique of. The narrative therapist Christoffer Haugaard (2016) builds a careful case that narrative therapy is a two-fold critique.ⁱⁱⁱ It critiques other psychotherapeutic practices and how these are implicated in power relations. And narrative therapy critiques society generally, especially how relations of power normalize selves, stigmatizing those selves that do not fit this normalization.

When Springsteen says “You’re always in a box”, I hear that in terms of Foucault’s argument that the subject is *always* within relations of power; there is no outside to these power relations. To escape is, as Springsteen says, to build another box to put yourself in. Narrative therapy helps people escape from a box that is sometimes called the *dominant narrative*. That is, culturally pervasive narrative lines that imply parameters for how persons of a certain character type—that type implied in phrases including ‘somebody like me’—can expect to live his or her life; what actions are possible for such a person, and what the effects of particular actions will be.^{iv} Both therapist and client, collaboratively, work out how to escape--both of them--into a new box. This new box is still a box, but it is different from the old box. The best way I can articulate that difference is to use a trope from folktales. The old box was encased in spells binding the person within it to an inevitable future; *this is who you are and this is your rightful life*, the spells say. The new box is encased in spells reminding the person that escaping and building new boxes is the ongoing work of being human. The object of narrative therapy is to create conditions that enable someone who is trapped in a box to become an escape artist.

But again, there is always a box; or in Foucault’s terms, there are always power relations. Narrative therapy teases out stories of the client’s previous escapes so that she or he feels empowered to make future escapes. I find it useful to think of narrative therapy as being training in the art of becoming an escape artist, including escaping aspects of narrative therapy itself. Critique eventually has to be reflexive and understand itself as open to critique. Many





forms of therapy profess something like that, but the question is how well they *practice* it. Do these forms of therapy enable clients to become escape artists, or do they aspire to put clients into boxes that have labels like functional, rational, and productive? Is the point to stay in the box that therapy constructs? The box labeled *authentic* can be the most confining box of all, which is one aspect of Foucault's (1997, pp. 283-84) rejection of the idea of *liberation*. Liberation pretends to discover a space outside the box, but it itself is another box that people are supposed to stay in, and too many liberation movements have spells to bind people into their box.

Stories and Experience

I now become more specific about stories and selves. Three arguments from socio-narratology seem pertinent to narrative therapy's interest in how selves change.

First, *stories precede experiences*. Michael White implies this in the long quotation earlier, but he stops short of saying it explicitly.^v Saying it explicitly makes a difference. Putting stories before what can be known as experience reverses the common-sense sequencing in which people first "have" experiences and then, later, tell stories about these prior experiences. In settings exemplified by law courts and medical history-taking, the value of the story depends on its representational accuracy in depicting what took place at some previous time and place. Crucially, representation must be singular; only one story can be true and correct. Beginning with Freud, most forms of therapy have in various ways rejected that representational view, but both narrative therapy and socio-narratology radicalize that rejection.

The idea of stories preceding experience depends on realizing that the inherently unordered and incoherent world we live in is endowed with order and coherence by narratives and stories. A human who does not know stories would be unable to perceive how to act and have agency in the world. One core citation here is to the philosopher Alasdair MacIntyre, writing in his 1984 book *After Virtue*: "Deprive children of stories and you leave them unscripted; anxious stutterers in their actions and words. Hence there is no way to give us an understanding of any society, including our own, except through the stock of stories that constitute its initial dramatic resources" (216). A therapist wants to add that the scripts and dramatic resources provided by some stories can cause people trouble and suffering. Yet, MacIntyre reminds us that even the most dysfunctional stories still allow a person to have any sense of self at all, and that gives those stories their sticking power. Narrative therapy never underestimates the





sticking power of stories that support problems in people's lives, or the capacity of these stories to convince people their lives are defined by that story.

What people are able to see in the world depends crucially on what MacIntyre calls their dramatic resources, which in turn depend on which stories they know. A person is able to perceive as possible and potentially effective only actions that are possible for a person *such as I believe myself to be*. The significance of this point deserves an illustrative example. The music critic Greil Marcus, reviewing the autobiography of the famed guitarist Robby Robertson, writes that when Robertson was a teen-ager, "his father had no patience for his son's rock-and-roll fantasies: 'Look at your relatives on the reserve. Look at the people in our neighborhood. That doesn't happen *to folks like us*. So don't set yourself up for disappointments'" (Marcus 2017, 45, emphases added). Robertson's father does not exactly tell a story. Rather, he sets out a narrative line that emplots his son's future within its parameters. Young Robby's future story is expected to follow this narrative of what happens to "folks like us". Most children are given stories to grow up on (Frank 2010, 7), and much time in therapy is spent identifying and contesting these stories.

We humans know ourselves as persons who operate within set parameters of possible action. Those parameters are learned in the stories that are a person's dramatic resources. These stories—including fictions, memories, and anecdotes of past events—circulate within membership groups; these groups are defined by the stories that members share and expect each other to know. Thus, when talking to seriously ill people, I want to start the conversation by hearing what family stories they heard as children that first taught them how adults respond to illness. These stories are their dramatic resources that set their sense of limits of what they think they can do and be.

Second, the longer I work with stories, the spookier they become to me in their ontology; that is, what a story is as a *form of being*. The common-sense notion is that stories exist only insofar as people tell them; consciousness is understood to be the genesis and repository of any story's possibility. Contrary to this, I believe that stories endow consciousness with its distinctive perceptual possibilities. Stories actually have a provisional independence from consciousness; they float around out there in the ether, and that's what is spooky about them. A core problem of academic folklore studies is how stories that are recognizably the same turn up in geographically disparate cultures. The characters wear different costumes, but the plots and character types are similar. For me, stories are like seeds, or spores, or viruses; they blow around, they find hosts, they germinate, and they pass on.





Narrative therapists trade in such spooky quasi-beings. To externalize a problem requires a way of thinking that understands stories as ontologically external to consciousness, and only taking up temporary, contingent residence in consciousness. I describe the relation between humans and stories as *symbiotic*: stories need humans in order to be told, and humans need stories in order to perceive the world, to gain a sense of agency in that world, and to bond with others in relationships and groups. The reason why therapists have to do the work of having externalizing conversations is that once a sense of self and its affiliations are up and running, people think of stories as emanating from their selves, reflecting some essence of those selves. They understand stories as representations of experience, rather than as resources that made it possible to have experiences. People have to be reminded that their sense of self comes from the stories they know, instead of these stories coming from a self that was originally there as a primal reality. This reminding must proceed slowly and with marked respect. People are deeply attached to stories as *their own*.

The third idea that my study of stories made inescapable for me is the idea of *companion stories*. I draw on the feminist philosopher of science Donna Haraway (2003) for her description of domestic animals as what she calls *companion species*. What counts most in Haraway's analyses of human relationships with pets and working animals is how human and animal species *shape each other*, physically. Borrowing her description, I think of stories as companions in the sense that stories shape humans to be what they are, and humans are perpetually reshaping stories.

Each of us has a collection of companion stories that travel with us—that idea goes back to MacIntyre writing of children needing stories and their dramatic resources. Some companion stories come to consciousness with regularity; others form a pre-conscious background against which new foreground stories either attract or repel us. Most important, companion stories *endow emerging narrative lines* with a sense either of possibility and rightness or of impossible-for-me and not-right-for-me. The sense of impossibility or not-right takes us back to Robbie Robertson's father telling his son that his musical ambitions do not fit the family narrative. By *rightness* I mean a continuum from mundane rightness that includes what clothes feel right to wear and what food feels right to eat to reflective rightness that includes a sense of ethical imperative or prohibition (Frank 2017). This sense of rightness is the core of my sociological social psychology. A sense of rightness is what allows humans to be functional in a world of constant choices. Both the proscription impossible-for-me and the prescription right-for-me





impose limits on lines of future action. People need limits, but limits have costs, and therapy often begins when those costs are unsupportable.

Companion stories are thus both the guides that make possible our ability to navigate the world, and they can be the dangerous inhibitors of how we navigate. As a brief personal example, my father, in his nineties, has made at least one financial investment decision that I disagree with. When I press him on why he acted as he did, he tells me a story that someone whom he knew only slightly once told him about what happened to their family decades ago, during the German hyper-inflation following World War I. What's interesting is that a story to which he has such an apparently fragile connection could give such consequential decisions a sufficient sense of rightness. Which stories stick with us and have what effects on us is both crucial and mysterious.

Whether my father was well or poorly guided by his memory of a story, we confront a core human problem: *Which companion stories do I allow to guide me in this situation?* One difficulty of responding to that question is, again, there is no outside of stories. We make guidance decisions about one story by referencing other stories that we take as guides. At best we humans learn to recognize what companion stories are guiding us, and we learn how to mediate between stories that pull in different directions. That seems to me what narrative therapy invites its participants to do: become co-investigators of stories that are external, affecting a life that in this instance happens to be that person's own.

Vulnerable Selves, Good Stories, and Moral Life

My three ideas about stories and selves still lack dramatic animation, and therapy is a drama. This section positions the self in a drama of vulnerability. In this drama, conditions of vulnerability turn out to be possibilities of moral life. I list five suppositions that mix what can be called *philosophical anthropology*--stances on the nature of being human and being social--with *ethics*, by which I mean taking a committed stance on issues of rightness. *Rightness*, to expand on the earlier discussion of that idea, designates what an individual self believes it owes both to itself and to other selves. These five points seem fundamental, but the list is by no means complete or fixed.

First, the nature of selfhood in the historical period of modernity is to be *holding one's own*. By holding-one's-own, I mean a version of what the mid-century sociologist Erving Goffman wrote about as avoidance of embarrassment and management of the constant threat of stigma





(1967). I follow Goffman's observation that the modern self exists in a constant condition of vulnerability to information that would discredit claims made for that self. Since Goffman wrote, vulnerability has been intensified by the advent of social media and permanent digitalization of personal files that can be searched from anywhere. *Selfhood*, in this purposefully reductive sociological sense, comprises claims to how a person is entitled to be treated by others. In Goffman's (1959) terms, the self is formed in relations that express deference and demeanor, which are complementary. Deference involves expressions of respect to another self, affirming the value of that self. Demeanor is caring for one's self in ways that present it as worthy of others' deference. *Holding one's own* is the work of sustaining the reciprocity between deference and demeanor.

Discrediting information renders demeanor a false front, which precipitates other people withholding their deference. On Goffman's account of stigma, to appear in public is to render ourselves vulnerable to accusations that we're not all we claim to be. *Holding one's own* is the work of avoiding or neutralizing these discrediting accusations. When narrative therapists begin by asking parents what is wonderful about their child (Marsten, Epston, and Markham 2016), they stave off the discrediting effects of the "problem-saturated story" with which therapy typically begins. By opening with wonderfulness instead of eliciting a history that further stigmatizes the child, the therapist preemptively helps the child hold his or her own. Inviting parents to present the most creditable version of their child's self also manages their stigma of responsibility for the child's problems.

I believe Goffman was fully aware but chose not to write about discrediting accusations that come not only from other people but from ourselves. We accuse ourselves; here I'm accepting an aspect of Freud's super-ego (*über-Ich*). We internalize others' accusations, often in anticipation of those others actually accusing us. Again, narrative therapy is crucially about *externalizing* accusations as being culturally available stories that get applied to types of people, not as statements of who someone is, in essence. External accusations can be understood as just another narration of one's life that either can be non-defensively accepted as Bruce Springsteen accepts others' versions of his life, or it can be resisted as demeaning. Such an accusation is, crucially for narrative therapy, a *social* issue, not a psychological one. Narrative therapy is a practice of understanding the personal to be political.

Second, stories are both a resource for people as they work to hold their own, and stories are often what people must hold their own *against*; they cut both ways. Too often, "telling one's story" is presented as an unqualified good. Socio-narratology takes seriously stories' dark side;





anything that powerful has to have a dark side. Stories give and they take away. They succour and they confound. Stories are both indispensably useful for people, and they do not always intend the best for people on whom they do their work.

As suggested earlier, stories exert their power by creating a phenomenological sense that they emanate from a psyche of which they are authentic and distinctive expressions. But individuals at most only fabricate stories, in the sense of stitching together culturally available resources. I can quote Haugaard stating what is the core of my argument in *Letting Stories Breathe*: “What is thereby formed [in what he calls the “self-shaping practices” of narrative therapy] ... can only be fashioned out of the material supplied by our culture” (7). The philosopher Charles Taylor (1991) makes the most definitive case that the horizon of any person’s sense of authenticity is mediated by that person’s location in a culture; again, the availability of what MacIntyre calls dramatic resources.

Once stories are fabricated, they conceal their fundamental externality. A primary work done by both socio-narratology and narrative therapy is to *reveal this externality*. Stories are best thought of not as *mine*--and certainly not as *me*--but rather as out there, floating around, much the way Springsteen talks about the other biographies that tell versions of his story. Springsteen neither embraces those stories as making who he is really knowable--to paraphrase his interviewer’s version of the self--nor does he resist them as misrepresenting who he is. His enlightenment is to allow himself to have different sides, about which different stories can be told. He is not neutral about which of those sides he is happier about being, but he is willing to accept his different sides, because each had its apparent necessity, at that time. That includes the story he himself tells in his autobiography; it’s *another* story, subject to future revision.

The complementary source of stories’ power is that humans need stories to *configure* the world around them and to develop a sense of what actions are possible in that world. Here I return to my initial, long quotation from Michael White, but also draw on a fundamental idea of sociology. The constant human task is to define the situations in which we find ourselves and to determine how we might act, with what foreseeable consequences of that action. To do that, we draw upon a stock of stories about past situations, out of which we fabricate a narrative that we *commit to believing* represents the present situation. What happens depends on which stories a person draws upon, because most people’s stock of stories contains both demeaning, limiting stories as well as stories that open possibilities. Narrative therapists seek out clients’ half-forgotten stories of their past successes dealing with problems and of their most





supportive relationships. These dramatic resources then present the client as a character that has enhanced capacities, living a story that is engaging in its new possibilities.

To say that stories configure worlds is to recognize that any story both reflects and creates an implicit *narrative logic*. According to a narrative logic, certain kinds of things can happen, certain actions are predictably antecedent to consequential results, and different types of characters have different scopes of effective action. Robbie Robertson's father, in the story quoted earlier, presents a narrative logic of aspiration leading to failure. Robertson Sr.'s narrative is not inaccurate as he depicts their family and neighbourhood, but his story creates a world that is utterly negative in its limitations. The narrative logic thus imposed on his son's future story is especially dangerous because it addresses a need that becomes acute during young adulthood. At any stage of human life, but especially during youth, a person has to know what world she or he is in, and what the narrative logic of that world is. Out of our observations of life around us, our own memories, and stories we have heard in all sorts of settings and media, we fabricate a narrative logic of the world we believe we live in. Such narrative logics generally remain tacit, unspoken. Robertson's story of his father's admonition depicts a moment when that narrative logic was made explicit and given immediate applicability in an injunction of "do not". Other stories are equally positive in their implied injunction.

Narrative therapy often begins with a client whose fabricated, problem-saturated story is at least demeaning to themselves. At worst, the story may be close to killing them (Maisel, Epston, and Borden 2004). The therapy is for clients to realize *that* story is not who they are; rather, it's external, and also out there are many possible stories from which to fabricate a livable present story. A crucial question that I've heard David Epston ask is *what kind of life a particular story plans, intends, or wants for the person who believes that story is their own*. Here we see clearly that narrative multiplicity is not narrative relativism; not every story's plans are equally good.

Third, and briefly, the issue is less often *what* is a good story, as if good stories had some set of inherent qualities. More often we should ask *when* is a particular story good, for whom, in the immediacy of what situation. To paraphrase Heraclitus, you can never walk into the same story twice, because the story is always interacting with a different you, who interacts with a changing world around you. The relevant morality is situational, but not relativist. For example, stories everywhere value resistance to cruelties. What counts as cruel has local variation, but a core of brutality seems universally recognizable. That core may be a restricted category--it includes murder, theft, torture, rape, enslavement, and denying necessities of life, and maybe not much else--but the concept of human rights requires that such a core be recognized. And





hearing many stories from multiple cultures, one can hear this non-local core of what is inhuman.

Fourth, people attend to some stories, and other stories go by as background noise. That selective attention is inevitable to being human, and our attempts to gain some reflective control over which stories we attend to is fundamental to what can be called *moral life*. Again, narrative therapy works hard to seek out stories that have drifted into the background and to bring these into the foreground, especially stories in which the person engaged in therapy has exhibited some particular capacity or strength. Narrative therapy also understands certain stories are needing to be dislodged from the prominence they have in a person's life and either repudiated entirely or given a carefully qualified continuing place in that life.

To give this point the briefest elaboration, stories are either worth attending to or worth disattending to, according to what they imply their protagonist *has a stake in* or refuses/declines to have a stake in. The immense question of morality is this: *In what should one have a stake?* That question is relational. Consider the type-tale of the three brothers who successively undertake a quest. The first two fail because they each refuses a helper who offers assistance in exchange for some token gift, often food. That refusal is an expression of not having a stake in the welfare of the apparently lowly other. The third and eventually successful brother offers the assistance and gains the helper's aid. In folk-tale morality, having-a-stake-in is a reciprocal process; to express having a stake in the other's life is to invite that other having a stake in your life.

Narrative therapy might be called a socio-therapy rather than a psychotherapy, because its implicit ethical stance is that the client's sense of a stake in his or her own life depends on membership in a community of others who are significant because they express having a stake in the client's life. Narrative therapy is *community* work insofar as anyone having a stake in his or her own life depends on a community of people who express having a stake in each other's life. This, I believe, is what is meant by *re-membering* conversations.

Fifth, finally and perhaps encompassing of all other issues, both stories and people are *unfinalizable*, to use the memorable word of Mikhail Bakhtin (1984; see Frank 2010). No one, no author or authority, can ever have the last word on anyone else, even on oneself. Any representation or account is always open to other versions; any story is open to retellings. Narrative therapy may differ most substantially from other psychotherapies in the self-consciousness of its commitment not to finalize persons. The refusal of diagnostic categories is





one expression of this commitment, and beginning a course of therapy not with the problem but rather with what is “wonderful” about a person also affirms unfinalizability.

The unfinalizability of lives is what makes even people who have done pretty awful things still worthy of respect.^{vi} They did something awful not because an external story compelled them do it—that account would deny all moral responsibility. But, these people did have the bad luck to be thrown into bad narrative company. What is worthy of respect is the yet unfinalized person who still may be. The singular capacity of the narrative therapist is to see *that* person, then to present that vision as possible and eventually compelling, but *not to specify* the person-to-be. Specifying possible futures risks imposing another finalization. Therapy offers the client an imagination of him or herself as unfinalized.

The unfinalized self is Springsteen’s escape artist. We humans are always held in a web of stories, but we are not bugs caught in some spider’s web. We ourselves weave the web that supports us. And being human, we weave webs that are held in place by others’ webs, including webs from the past; that’s what it is to be social and exist in history. But the possibilities are still endless.





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ⁱ I have not included citations to ideas and practices that are discussed at length in multiple writings on narrative therapy; some familiarity is presupposed. My most significant sources include White 2007, 2011 and Marsten, Epston, and Markham 2016. I also want to acknowledge the generosity of David Epston in our personal communications. Misinterpretations are of course my own.

ⁱⁱ Perhaps the significant study of the limitation of choice in telling one's story is Greenblatt 1980, although the issue is raised in different ways by most scholars of narrative.

ⁱⁱⁱ See also the explicit critique in Marsten, Epston, and Markham 2016, especially chapter 7 on psychiatric practices.

^{iv} An discussion especially relevant to narrative is Lindemann Nelson 2001. The sociologist Pierre Bourdieu spent his career exploring the tension between people's loyalty to their social location, with its particular stories, tastes, and sense of possibility, and the limitations that this social location imposes on people's mobility; see Bourdieu 1990.

^v Perhaps the most explicit statement is in White's introductory chapter to *Narrative Means to Therapeutic Ends*, quoting the anthropologist Edward Bruner. Writing of ethnographic practice, Bruner argues: "the narrative structures we [anthropologists] construct are not secondary narratives about data but primary narratives that establish what counts as data" (White and Epston, 1990: 11). White's interest then turns to how "experience" excludes "those events that do not fit with the dominant evolving stories we and others have about us" (11). In my own writing published at the same time as White's interview (Frank 1995/2013), I now read myself as knowing that stories precede experience, but I also could not have said that explicitly.

^{vi} Michael White's work with abusive men is a good example; White, 2011, chapter 7.

