



Have we seen the last chapter in narrative and therapy? Redux

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Editor' Note: This an update to a paper previously published in The International Journal of Critical Psychology: Therapy Issue, (2002), pp. 53-72, London: Lawrence & Wishart. After rediscovering this paper, due to its uncanny timeliness related to issues that are currently pressing narrative practice, David asked Marko if we could republish his paper with a few reflections about how some of the ways that narrative practice has addressed or not addressed some of the concerns that he outlined in the 2002 paper.

Commentary: New Chapters or Next Acts?

Narrative, discursive and critical theory approaches to psychology and the talking therapies were often a lifeline throughout my undergraduate bachelor of psychology science degree and - to a somewhat lesser extent - during my postgraduate counselling psychology training (these critical perspectives were also a form of solace during my explorations of drama therapy, when it fell into psychoanalytic navel gazing and particularly acute therapist self-aggrandisements). I agonised over the 'real world' relevance of so many laboratory experiments and their variable-controlling counter-part in psychometric tests; I regularly argued the point about becoming a glorified administrator processing aggregated survey data, using statistical methods often taken from agriculture and outdated physical sciences, raking tea-leaves over infinitely abstracted entities, pointlessly averaging human existence into absurd levels of regression; I constantly questioned contributing toward the academic deforestation of the planet, printing so much meaningless research, obsessed as it was with silencing its individual subjects [sic] by abstracting the statistical significance for inferring meaninglessly de-contextualised psychology constructs; and I wrestled with psychology's applied professions, their deprived theoretical wastelands, all the while trying to resist my own participation in this mass pathologisation of everyday existence.

Indeed, the rich complexities of modern life – especially its distressors and oppressors, the local, economic and national power struggles impacting subjectivities and selfhood – were bizarrely absent; the artistic forms of self-expression, the popular culture that I experienced everywhere outside of academia, so often via mass media, were nearly always de-politicised in psychology, with the aesthetic and lived experiences obliterated through the relentless barrage of infinitely averaged and standardised questionnaires. But even within this austere world, exciting challenges to the reigning hegemony repeatedly reared their desperate heads, from social psychology (eg. Harre & Secord, 1972), cognitive psychology (eg. Bruner, 1986) and the psychological therapies (McNamee & Gergen, 1992; White & Epston, 1990).





At the turn of this twenty-first century, and early into my career as a practitioner, I invested a year researching the landscape and I ambitiously tried to summarise what I saw within just one article, which was eventually published in a lesser known journal (Turner, 2002), and now reprinted below. Had the hard-won forms of resistance against abstracting and pathologising people made any difference? Inversely and perversely, had the various narrative therapy and discursive psychology enclaves around the world turned into yet more incarnations, of the dogmatic schools these mini-Copernican revolutions aimed to undermine? Sixteen years since this intensive period of academic research (outside of any academy), it looks like the psychological therapies have further calcified into entrenched schoolisms; and despite setting up several private training centres around the world, the narrative therapies have, on the face of it, failed to make any major dethronement of the reigning forms of psychological knowledge production and practice.

Don't get me wrong, there have been more cracks apparent in the ruling positivist paradigm of psychology and its production-lined variants in therapy. There is the replication furor, that bubbled into the popular presses (Carey, *The New York Times*, 16/07/18). Even within the world of "statistical significance or bust", there have been meta-analyses declaring the effects of cognitive behavioral therapy (CBT) as an anti-depressive treatment is falling (Johnsen & Friborg, 2015), which also broke into the news media and whose journalism gave us a socio-historical context to therapeutic efficacy, since this data suggested CBT was becoming "roughly half as effective in treating depression as it used to be" (Burkeman, *The Guardian*, 04/07/15).

Certainly, over the last two decades we have witnessed further contributions toward the continuation of narrative-based therapies and a wider, burgeoning transdisciplinary field of narrative psychology. The narrative therapy contributors have continued to show a self-awareness of their relevant uniqueness in approach (and an embracement of the uniqueness of being human and humane). There are still sub-streams of disenfranchised psychology graduates and subsequent therapy trainees, matched only by the line-up of bored if not cognitive-behaviourally beleaguered clients, should they have been treated and processed in such a manner. Then there are the renewed appeals to re-appraise the critical anthropologies, to protect the cultural, indigenous and folk psychologies that celebrate the local, all the while resisting the homogenisation of globalisation. We have seen narrative practices build traditions, such as the role of insider knowledges, prioritising lived-experience over individualising psych-juggernauts, governing so much of our lives (Madigan, 2011).

Viewed alongside ever-pressing critiques of mental health concepts and services, when seen in terms of the escalating tribalist tensions within various contemporary societies, and when pressed for examples of self-reflexive creativities and relational humanities, the therapeutic embracement of narrative – if twinned with deep commitments to collaboration and social resistance – continues to bear new fruits, as well as echo promises, toward a collective





hopefulness that state-mandated and manualised therapies so often fail to grasp.

Despite my original conviction that composing a critical piece summarising narrative's impact on therapy would find a home, it took over a year and numerous rejections, not least of which from various publications that I had previously considered to hold a critical bent. Having taken up the offer to republish my 2002 article in the *Journal of Narrative Family Therapy*, I was then invited to reflect upon where the therapy professions and my own thinking were now.

After reviewing my 2002 assertions and current practice, I still assert that performatively-focused narrative therapies are just as relevant to personal, community and global development 16 years on. I also maintain, that they may have even found their most relevant cultural and socio-political moment. Put more bluntly, we remain in an era featuring impasses about resolving the politics of knowledge (Marsten, Epston & Johnson, 2018) – and the stakes for protecting personal agency, for embracing humane and humanising practices, and for promoting social action and justice, have never been so high.

The epistemic and ontological uses of narrative – how we understand knowledge development and our being in the world – have certainly featured within various academic battles rumbling through the history of the social sciences, philosophy, the humanities, as well as the psychological therapies. But the tension is now writ-large across popular media channels, news outlets and government debates. The storied nature of presenting any empirical study, evidentially-based argument or outcome, no matter how quantitative in its development, is now publicly jarring against the directives of more openly opinionated forms. These tectonic plate ruptures are ever-present and constantly clashing, be they over climate change, immigration policies, social inequalities like housing affordability, public transport, social care services, the determinants of health, and the like.

Take the rise of fact-checking and the extreme exemplar of Donald Trump's first year as U.S. President, where he made at least 2,140 false claims, according to the *Washington Post's* research team (cited in *The New Yorker*, 03/08/2018). If that wasn't ominous enough, half way through his second year in office he had doubled this to 4,229 claims (op.cit). Whether it is the rise or demise of particular professions or theoretical models, the fad-like focus on some medical treatments over others, we live in an era in which key decisions governing individuals, groups or environments are more often than not based upon self-interested groups and individuals– even where legitimated evidential sources or rigorous co-research could, or, in the overwhelming case of climate change, does exist.

The question we collectively face, seemingly more than any previous so-called postmodern flash-point, is how to make sense, how to navigate, not just the distressors faced within everyday life, but the dominating and subjugating voices infusing popular culture, accelerated via globalisation, multi-national corporations, share-holder driven management boards,





neoliberal fawning politicians and those in disproportionately inflated positions of financial or state power. The subjugation of alternative voices White and Epston (1990) identified and worked against is increasingly brazen. The discourses, cultural practices and social structures acting to silence and homogenise individuals and entire social groups continue apace— nearly always in the face of, and despite, an array of competing sources of contradictory information. No matter how clear or substantial the presenting problems are story-mapped by either empirical measurements or lived-experience accounts, subjugating people and their lived-experiences remain as strong as ever.

The roles of performance, audiencing, and bearing-witness (in personal and social healing)

Of the key appeals I made for narrative and therapy's future in 2002, the one I am most pleased to see not only maintain a presence but emerge as a concerted focus in some quarters, is the focus upon of the performative and bearing witness. A recognition of the power of audiencing social actions twinned with 'as-if' enactment of client life-worlds continue to take shape, particularly through Insider Witnessing Practices (IWPs) and Internalised Other Questions (IOQs). These more recent developments have maintained a commitment to exploring the performative elements that were present in narrative therapy's post-structuralist and anthropological outset: the theoretical deconstruction of professional settings illuminate what is said, silenced and unsaid; the meaning-making act of counter-story development celebrate those exception moments that may take root in how someone lives their life; the document creation involved in achievement certificates and therapeutic letter-writing between sessions reinvent client feedback possibilities and extend engagement far beyond the walls of the therapy session (eg. Epston, 2018); the intensely playful 'questioning' activity central to externalisation establishes a new language for undermining oppressive voices that saturate a person's daily functioning; and the Outsider Witnessing rituals kicked-down many frigid and rigid therapy rules, connecting people into their communities by sharing experiences that worked against those all-pervading forces of individualism.

What is promising about the more recent IWPs and IOQs is that they go further in promoting creative and embodied senses of oneself and others, from the past, present and possible futures. Yet they do so without falling prey to the prevailing zeitgeist of cognitive science fallacies and solipsisms— taken for granted assumptions borne out of statistically inferring abstract entities. One of the powers of the postmodern perspective lies in its continual co-construction of multiple realities, which necessarily promote performative possibilities beyond many mechanistic views of the universe. Indeed, the personification of problems, so eloquently conveyed through externalising questions, has continued to grow: the imaginative know-how of young people has continued to be celebrated, in the shape of 'wonderfulness interviews', wherein new identity performances are promoted through intentional audiencing (Marsten, Epston, & Markham, 2016).

But much still needs to be said and demonstrated for the social power of audiences and





intentional audiencing to be more widely legitimated. 'Gold standards' of truth through the likes of randomised control trials infinitely negate all who triangulate conclusions by any other means. Whilst the resultant information processing mind metaphors are still mapped onto neurological systems, they could just as easily be 'professionally performed' into statistically inferred steam valves, microprocessors, demons or alien forces, should the investigators find similarly seductive correlational computations. Narrative practitioners (still) do not assume human activities are caused by microscopic, warring libraries of books, nor manacled mini-authors jangling puppet strings over a person's life-narratives. Yet, much of the professional knowledge produced to this day remains wedded to the belief that all manner of decontextualised and reified psychological entities are causing human behaviour.

Certainly, we seem to have recycled into a new era of competing psychological therapy models, with schoolist enclaves championing the likes of Acceptance-Commitment, rebranded person-centred and psychodynamic schools. All the while we are being continually blasted by the bludgeoning burden of McMindfulness lurking around every cognitive-behavioural and self-help corner. We are still entrenched within the grimaced grip of top-down psychological treatment plans, with efforts to cognitively restructure brains with borderline personalities via dialectics, and so on. But when it comes to resolving the 100+ year-old Therapy Wars, the clinically and statistically significant evidence debates, not least for commissioning services and employing health professionals, the economic playing field steadfastly remains biased toward supporting quantification-friendly cognitive-behavioural therapy models, alongside their rating scale obsessed research paradigms.

The narrative therapies still need to learn how to perform together, to legitimate their alternative offerings to the many distressed peoples and communities seeking collaborative support and self-empowerment. There is the narratively based Dialogical Self Theory (DST) bridging-theory enterprise, which, like narrative therapy, plays with voicing imagined and lived senses of one self, of the many others internalised and often socially oppressive. Certainly, DST is a framework that sometimes risks slipping into another technology of the psychologised self. Likewise, although DST offers rich arrays of ways for understanding subjectivity, it can stop short of entering the post-structuralist and intrinsically political world that narrative therapy was baptised in (Vassilieva, 2016).

To test, challenge and expand narrative therapy, in 2002 I recommended more collaboration with potentially kindred dramatherapy, psychodrama and theatre practitioners, as well as the arts and body-based experiential therapies. Unfortunately, the published examples I've explored since my plea have been isolated and tentative, using narrative therapy with playback theatre (eg. Barak, 2013). More intense integrations have tried to fuse else re-configure into new traditions, such as the Narradrama Therapy mashup (Dunne, 2006; 2009). These sorties have extended narrative therapy practices into the dramatic equivalents, illustrating the family resemblances between the two forms. But they do not seem to have offered new insights or





theoretical developments for either. If anything, they may cause more harm than good to small fields of practice like dramatherapy and narrative therapy. The lesson is not to lionise therapeutic professions around single individuals, as it is counterproductive in the long term, for:

...What purpose do they serve? Like psychodrama and like many specific approaches to psychoanalysis and psychotherapy in general, they offer specific training in an approach usually centered in the thoughts and practices of a founding figure that holds the institute together by virtue of his or her ideas and charismatic presence (Landy, 2006. p. 137).

For sure, there were and continue to be many innovations within narrative therapy's creative-expressive application, with children, families and local communities. We have witnessed soccer-based Teams for Life with refugee and youth populations, community and local interest group initiatives, and a continuation of narrative therapy's tradition for working with feminist and marginalised concerns. Like the ground-swelling interest in Social Justice, which I was reaching for with my use of 'social action' references in 2002, so too have we recently found a new term of reference and a means of describing 'intersectionalities' - the multiple social categories that shape individual identity. But this a place narrative therapy was concerned about from its inception, even if it did not articulate the term in this way at the time.

What struck me into the early '00s was that narrative practices averted any nihilistic or self-serving oblivion, with a total commitment to an ethics of practice. And we can see that this central value continues, with the mapping of a client's 'moral character' as a means of understanding the role of witnessing self and others (Carlson & Epston, 2017b). Indeed, if narrative therapy has one lasting mission, one reason to resist becoming the dominant approach, it is to teach the therapy and mental health professions, that an ethics of daily practice defines the activity, much more than blindly signing off on any generic code of ethics. The recent developments of the performative dimension in narrative practice are being piloted across training cohorts (Carlson & Epston, 2017a) and taken into Verbatim theatre (e.g. Brown, Corturillo, Carlson, Epston, & Pace, 2017). But can narrative therapy's long-term ability to rapidly move and engage participants, be mainly understood in terms of bearing witness and in terms of a moral mutuality? I wonder if we can further develop both a deeper and a broader understanding, of why and how narrative therapy's drama-based rituals feel so emotionally moving, narratively-integrating and communally healing?

One of narrative therapy's ongoing contributions could also be its driving insight, that there is a transformative potential in the telling and retelling of one's lived experience, playing and improvising with it whilst creatively engaging our imaginations. The hundreds of other psychologically inclined therapeutic approaches of past and present revolve around story work in some way; and sharing one's story to another human, more than likely infiltrates the recent





nation-wide onslaughts around the world, of weaponised and industrialised, workbook scripted versions of cognitive behavioural therapy, even if telling one's evolving story is constrained within the servitude of identifying symptoms and the history-taking segments of client assessment sessions.

With the economic imperative ever present, a recognition of the importance this personal story sharing rarely gets driven upward, toward professional bodies and across health networks. In other words, for more people to benefit, to be offered a choice to participate, co-research and collectively develop, we need more health commissioners, more service designers and planning processes, to incorporate these understandings into their structures and systems.

Client-led helping relationships, rigorous ethical practices, and a mutuality of respect

One argument I attempted to thread in 2002 was balancing the critiques of postmodern therapies – that they equate with an ‘anything goes’ and a ‘lack of scientific evidence’ – with the recurring theme of why psychological therapies exist in the first place. We are still situated within a culturally fever-pitched psychologisation and pathologisation of many problems with everyday living (e.g. Gordo & De Vos, 2010). Identity politics is ravaging national politics and social media as feverishly as ever. Long before our current industrial levels of psychological profiling and ‘symptom-treatment’ scheduling, there was a historically patterned need for socially sanctioned and communally supported healing processes in everyday life, dating back at least to the Ancient Greeks.

Some wholesale critiques of therapy have highlighted the circularity of modern societies, that they create ‘problems defined within individuals’ that then need remediation, by socially ordained citizens (and this includes the religious confessionals pre-existing our psychotherapy era). I previously concluded that narrative work has long been central to both historical and contemporary forms of personal and relational healing, wherever interpersonal helping was involved. There may well have been a point in human history when societies did not so significantly contribute toward individualising problems with living. However, until the day our institutions and their professional bodies redirect themselves primarily around user feedback, co-research designs, practical usefulness and public (rather than professional) demand, these abstract and essentialist debates hold limits to their utility. The primary question recurrently remains: how much are we helping and how much are we re-affirming or even accelerating, the distress of a given population? Certainly, the impressive levels of effort exerted within the confines of the quantitative paradigm by Scott Miller and his colleagues in the USA are gaining national and international momentum, playing the wider game of outcome measurement whilst demanding therapy providers constantly consult their clients’ feedback, session by session.

In 2002 I flagged a ‘Grand Canyon’ for the psychological therapy professions as the chasm between performing every day, uniquely tailored clinical and relational practices on the





Southern rim, and the formalised and abstracted world of its published knowledge production (researching and theorising) on the 'evidence based' Northern rim. And telling a client, 'you should try x because it is evidence based' is not making a bridge, or even, as Michael White (2011) posthumously pressed, really 'bringing forth complexity'; it is rather, driving 'single-storied conceptions of life' that not only strip it of its richness, but also risk reinforcing negative cultural norms, for both the individual and the surrounding community.

The gaping gap between therapeutic human interactions and our glittering theories, remains a major conundrum that still needs to be circumnavigated. Ergo, this fundamental challenge for all the therapies and helping professions – including narrative therapy – is just as pressing: how do we develop individual and community-wide inquiries, how do we co-create evidential sources that are both locally generated yet can still speak to broader community groups, and all the while remain committed to practicing them in highly consultative, relationally-based ways? How do we evolve narrative therapies to address the wider social problem, of how to ensure mental health centres, systems and services prioritise people and wider population needs, giving voice to both their individual and collective concerns?

Assuming humans have agency and can usefully use their lived experience for change

One of the mastheads I saw as defining narrative therapy is the primacy and uniqueness of personal experience, and of how people use these lived experiences to find their own way through problems that dominate their lives or for those that they care about. Moreover, as part of this enduring insight, the role of creatively supporting the development of personal agency was and remains a key element, in how this therapy work 'works'. My 2002 effort aimed to not only unpack the narrative therapy critiques but also the tidal waves raging against the psychological therapies coastline, increasingly demanding psychometric abstractions, dehumanising bureaucratic administrations and pathologising diagnostics; the trend, I argued, was primarily functioning to self-aggrandise practitioners and for a public health economic modelling, of entire populations.

It is safe to say that narrative therapy continues to offer optimism, at individual, community and structural levels of engagement. Developments in mental health advocacy and survivorship from around the world converge, if not unintentionally re-affirm, narrative therapy practice and its primacy of hope and agency in personal healing and development. Key similarities and convergences with narrative therapy principles include the continued rise of the 'recovery' movement and its values in mental health service provision. The recovery-focused movement holds central the value of employing peer support professionals with lived experience of mental health distress. Throughout all of these developments, we see the same impetus, the prioritising of uniquely storied, lived experiences.





A new twist on narrative inquiry emerges: Popular Culture, Populist Politics and (re)Programming the Public: But who controls the narrative?

The narrative metaphor, as a performative ontology and political epistemology, has not only taken hold, but has in many ways become a dominant force in popular culture and populist politics. Sadly, the programmatic psychologisation of problems with living still retains a firm grip on the reigning hegemony of top-down public health services, their funding streams, planning, design and evaluation. Given the pre-eminence of the symptoms-based medical model still governing health systems, admittance and referral protocols, this is no surprise. Yet, chiseling away at the randomised control group criteria and its impact on the evidence-based practice monologue, there is also a continued momentum toward narrative studies, collaborative inquiries and mixed method research, not least for health service planning and evaluations. The rise of credibility in narrative research inquiries is steady and constantly taking on new forms, particularly those speaking with the everyday language of peoples' stories and their personal accounts. In just one recent example of the many narrative inquiries at work, from the world of acute mental health distress and rapid functional declines, we can see a widening understanding of how young people with psychosis experiences describe hope, and the identification of what they most seek support with (Bonnett, Berry, Meddings & Holttum, 2018).

The scaling-up of mixed research methods regularly include narrative modes of understanding; the triangulation of evidential sources could work well in addressing the ever-present challenge, of how to directly address public health problems, be they early intervention or problems more down-stream; likewise, the triangulation of evidential sources could cut through the battlegrounds between professionals and the debates on how to go about supporting public health services. Framed bottom-up, why aren't we systematically listening to the voices of those seeking, and those that have used, mental health assistance? What will it take to prioritise what people say was helpful in their recovery, their therapeutic and healing journeys, rather than continuing to play the infinite regression analysis paralysis of abstract variables, constructed by (and for) experts, chasing chimerical nirvanas of end-point clarity?

Despite some exceptions around the world, multi-evidenced and dialogically based approaches invariably play second-fiddle to the egos and posturing of the latest short-term polls, upon which many politicians and bureaucrats pivot. Herein lies a particular irony: whilst mental health sectors continue obeying public risk mitigation and the diagnostic systems continue serving professionals more than distressed persons, there are sections of the corporate world – in finance and software product development – that are embracing human-centred design methods, whereby user perspectives and feedback are considered throughout their design processes.

As this perennial problem plays out, we simultaneously witness Big Corporations and Populist Politics (re)filling the 'swamps' [sic] of local and state politics, more than ever before: the





epitome being channeled through the likes of U.S. President Donald Trump, rejecting all sources of knowledge that contradict his opinions at any given moment. Trump and his ilk dismiss all counter-evidence presented, even when the presenters include the vast majority of the world's climate scientists. We no longer require reasoned arguments and analysis, but simply to eschew it wholesale as 'fake news'. Indeed, Trump dramatically represents the most pressing global concern threatening everything from freedom of speech, environmental sustainability, to public and personal mental health: who controls any crucial narrative? In Trump's case, he can even dismiss a transcribed assault on his own American intelligence agencies – preferring President Putin's sole opinion – simply by reconfiguring his own performance, by merely dismissing it as an unsuccessful attempt to use a double negative (The New York Times, 17/07/2018).

Not a day goes by without increasingly populist politics asserting its control over key contemporary narratives and against any competing streams of information, be they scientists, academics or journalists. More ominously, this trend in the political sphere may be replicating across entire populations: polls show increasing sections of the public prefer caricatured, polarised and histrionic opinions over journalistic sources (e.g. "CBS News said 91% of strong Trump supporters trusted the president to give them accurate information. Only 11% said they trusted the mainstream media" The Guardian, 30/07/2018).

Somewhat more optimistically, popular culture has also seen the recurring rise in profile of the role of ruling social narratives determining individual lives. Indeed, they seem to push further than these mediums have witnessed before, in posing questions about who or what is 'behind' the ruling cultural, environmental and even existential narratives that were previously taken for granted realities. Highly successful movies, television shows and fiction books have made excavating and 'controlling the narrative' their key central challenge and quest: WestWorld's sci-fi theme park of android characters become self-aware of their storied programming loops and the grander life narratives the Park's corporate architects had designed for them (Screen Rant, 27/11/16); from popular young adult fantasy literature to a phenomenally successful movie series, The Hunger Games' characters question then attempt to influence their ruler's strategic uses of mass media messages and storied messaging modes. In these and many other popular culture artefacts we can read the theme of breaking-down grand narratives and then not only re-storying up one's life in its cultural context, but also influencing social change (Mashable, 24/02/18). Such a breathtaking realisation of our current moment in history dismisses even those narrative therapy theorists who resigned against any possibility that individuals could usefully challenge the broader discourses determining their lives (i.e. Guilfoyle, 2014).

In sum, narrative therapies with individuals, families and communities is palpably contemporary. Its practice is still literally and metaphorically playing-out the contemporary moment: where did our oppressing and oppressive patterns come from? How did they come to dominate our lives? What are the exceptional exceptions that may seed hope and action?





Moreover, what happens, what do we do, when we notice, when we not only question and rehearse but perform these new openings - doing so from multiple perspectives and witnessed by various meaningful and identity-redeeming audiences?

We are living in an era in which the grand narratives of self, other and the world around us are not only contested but now increasingly detaching themselves from even paying lip-service to the hallowed (yet storied) worlds of empirical evidence and professional 'expert' opinions. Those in privileged positions of power to pass even parsimonious policies and make medicalising directives are storying self-appointed opinions to rule so much more of our shared realities.

What we have now termed a ruling neoliberal ideology retains a strong-hold grip. There is a barely veiled scientism and/or objectivity that often governs public policy, health sciences and our social systems. And in these times the narrative metaphor faces its greatest challenge yet: how do we temper its most distorted manifestations that are being used to drive these extremes? How do we collaboratively create checks and balances, for the evidential sources available, be they low level quantifications, collating personal accounts, or higher-level discourses? If we can achieve this, case by case, can we apply it to groups, communities and populations?

The environmental context: where the buck and change-stories stop

The plurality of storied realities – embedded within their hierarchies of power and privilege – still hold the promise of simultaneously helping individuals, communities and their social systems. In the rigorous steps we self-consciously apply in collectively making meaning of these often-competing realities, we are ultimately performing acts to promote an acceptance: we are constantly making these transitive change-story conclusions as part of ongoing decision trees. But this recursive narrative practice still needs to stop, with our deleting and depleting natural environments– a situation that has only accelerated during the last 16 years. People need to sustain and make sustainable their environments to live out their stories. To continue to do otherwise, will certainly be an ever-depreciating set of chapters, and the eventual end to all our performance places and spaces.

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