

BOOK REVIEW:
*UNDERSTANDING NARRATIVE THERAPY:
A GUIDEBOOK FOR THE SOCIAL WORKER*
BY PAUL ABELS AND SONIA LEIB ABLES

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New publications, particularly books with titles that promise learning in a new area, attract my attention. Such was the case with *Understanding Narrative Therapy: A Guidebook for the Social Worker*, co-authored by Paul Abels and Sonia Abels, two faculty colleagues, a book that triggered my interest in Narrative Therapy. I read the book as both a social work educator and a clinical social worker with a private practice.

The text is a significant addition to the existing social work literature. In twelve brief and easy to read chapters, the authors define Narrative Therapy, describe the unique characteristics of this form of therapeutic intervention, and explain the process through which practitioners can venture to integrate it in their repertoire of micro and macro practice skills. Sensitive to the needs and orientations of the diverse populations who access social services today, the authors skillfully conceptualize the application of Narrative Therapy in multicultural settings. The authors are proponents of Narrative Therapy, which, they believe, "...both liberates us as helpers and those whom we work with" (p.195). Their work deserves praise; it also raises critical questions.

The aim of Narrative Therapy is to help clients recognize the contextual nature of their problems. Clients are helped to realize that they are separate from the problem (problem externalization), that they have power over their problem, and that they are not who they thought they were. In a professional relationship in which the client is the "consultant" and the worker takes a "know nothing, anti-expert" stance, clients are helped

to re-author their harmful life stories and produce new, more affirming future narratives that hold the promise of preferred outcomes. In the course of the therapeutic relationship, therapists also learn to liberate themselves from the stories they wrote as practitioners of more traditional therapeutic interventions. The telling of the story has transforming and healing power.

Narrative Therapy is a new paradigm; as such, it introduces some new practice techniques. The use of the *Reflective Team*, the *Virtual Group*, *Mapping the Problem*, *Relative Influence Questions*, and *Regular Letter Writing* by the therapist to the client, are some of the innovative techniques that narrative therapists use. Sessions are only briefly recorded, and it is preferred that the therapist's letters to the client become the only form of documentation.

The founder of the theory on Narrative Therapy is Michael White, a family therapist in Australia, who identifies himself as a social worker. The exact nature of his professional credentials, however, is unclear. Reference is also made to other authors who are recognized as experts in the use of Narrative Therapy, although their professional credentials are not described. Since Narrative Therapy has been used extensively in clinical practice with families, one might draw the conclusion that their training and practice experience are in the area of marriage and family therapy or in clinical psychology. The credentials of the founders of Narrative Therapy have implications for the place the authors want Narrative Therapy to secure in the "landscape" of social work practice.

Abels and Abels describe social work as a dynamic profession in a perpetual search of the "optimal" practice theory. In their review of the profession's evolution, they offer a critical explanation of how significant parts of social work's practice theory were borrowed from related disciplines. The caliber of social work education, research, and practice has progressively reflected sophisticated levels of theory development and of practice skill and technique. While social work needs to remain open and ready to integrate new theories from other disciplines, the authors' claim that Narrative Therapy, a "borrowed" postmodern, constructionist approach "...has the potential to be the quintessential unifying force in our profession" (p. xii) might be too ambitious.

There is lack of congruence between the authors' expressed concern about the impact private practice might have on the future of the profession and their advocacy for integration in social work practice of a therapeutic intervention which has been used primarily by helpers in private practice. "The growing clinical areas of the professional landscape might overwhelm and smother the historical social change aspects of the profession" (p. x) they state. Their proposition to replace the word "therapy" with that of "practice" is a simplistic one. In the text, they use the two terms interchangeably as they do "therapist" and "social worker" and "person" and "client." They are critical of the profession's ongoing search for its identity and recognition, and of its struggle to "create a unifying practice methodology" (p. 34). Their belief in the effectiveness of an approach that originated in private practice rather than in agency practice-based reflects another paradoxical stance.

One of the strengths of this book is the authors' extensive review of relevant social work literature that highlights the many similarities between Narrative Therapy and other postmodern practice theories. This

congruence, however, also weakens the innovative aspects of Narrative Therapy. The Empowerment Approach and the Strengths Perspective, for instance, seem to have much in common with Narrative Therapy. Notwithstanding the significant contribution Narrative Therapy can make to clinical and generalist social work practice, it has much in common with other approaches and, at the end, one can conclude that it is the terminology rather than the substance that distinguishes it from other therapeutic approaches.

The presentation of Narrative Therapy from a social work perspective stimulates the reader's interest in it. Social workers should embrace the publication of this text. It opens new vistas to helping clients in a collaborative fashion. It increases our knowledge and deepens our understanding and appreciation of our clients' perceptions of their problem situations and of their ability to define their own solutions to these problems. Narrative Therapy is not a revolutionary approach to helping. It does, however, include innovative techniques and affirms the interrelationship between the personal and the contextual and makes the contextual responsible for the personal. While Narrative Therapy cannot be the force to unify an already well-defined social work profession, its philosophy and methodology can be incorporated into the existing professional literature. Social workers can only benefit from learning about Narrative Therapy. I now integrate the knowledge I have gained from reading the text in both classroom lectures and in my direct clinical work with clients.

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