Remarkable as it might seem, it is possible that Freud was the first narrative therapist, the first of the modern therapists to recognize the value of and make use of the client's stories. By listening and occasionally probing, he would permit the person, who started out with one story, to uncover other stories, often in contradiction to the original. "...suddenly their own versions of lost experiences enabled them to find their own voices to describe their own experiences." At least so the authors of "Story Revisions" proclaim. Pointing out however, that as the expert who interpreted the stories, he took back with one hand what he had given with the other. Freud was a modernist who believed that the person could find the self in the unconscious. The aim of the modernist therapists was to help the person find a better understanding of the world so that they could find his/her place in it. Therapy in the modernist tradition sought the truth through science, and proclaimed the therapist as the expert who knew the way.

The modernists, following the path of Gregory Bateson, expanded theories in the areas communication theory, systems and cybernetics based mainly on their work with families, and from an increased understanding of the influence of family of origin and group/systemic interaction. The later modernists, Selvini-Palazzoli and the Milan group, Lynn Hoffman, and others started to question the practice consequences of process certainty and therapist as expert. They attempted to develop approaches which would minimize worker authority and expertise, moving the therapist into a more neutral position in the field, or neutralizing certainty by providing a team of "experts" often with contrary ideas and interpretations. Interestingly this questioning of worker as expert was reflected much earlier in Social Work's practice dialogues surrounding the treatment vs interactive models in social group work; the use of the concept assessment, rather than diagnosis; and is currently reflected in conflicts around the use of the DSM IV.

The postmodernists moved from the more traditional models to constructionist approaches including the view of families as multi-storied, that therapists needed to become more familiar with the client's context, and that the use of narrative helping approaches might provide an important development in the field.

The authors suggest, that Michael White, more than any other therapist, introduced the narrative therapy which has become an influential part of the postmodern movements. (see our review of Epston and White's book in the Spring issue). The postmodern move-
ment is a reflection of the times and the view that the family is more a "crossroads then a self contained system." The authors at this point attempt to illustrate why this quickly changing world, so different for children than for their parents, calls for a therapy appropriate to the times. The questions of how we come to know, have shifted to the question of can we really know anything "given that our perceptions and assumptions are so strongly influenced by what stories we choose to believe." Every person's view of the situation, including the therapists is as worthy of being attended to as is anyone else. While this brings into question whether or not we can know the "true" story, it also raises the vital issue of what the therapist brings and can bring to the situation.

The answer to that seems to be in helping the client "reauthor" their stories. In their efforts to help us understand that concept, the authors "reframe" some of the things we "know," that our lives are shaped by early experiences, starting those in the family, and that these become the stories of our lives, some formed by outside forces, some by our reflections on life experience. However arrived at, these stories are our lives, defined by culture, experiences, self analysis, or told tales, they form our "selves." The helper then becomes the person who can assist the client in examining where their life stories came from, how they might impede life satisfaction, and how new stories might be developed or "reauthored." While they are real stories, they may have been "politically" motivated by powerful others, like the stories women, minorities, or business men should be like in our society.

A major portion of the book deals with how to help the person become the authors who control their own stories in order to achieve the more satisfying futures those stories envision. It is replete with case examples, techniques, and questions that the therapist can use with client or self if use of the narrative approach interests the reader. While many of these are based on the work of Epston and White, they also include the processes used by others who take a narrative perspective. The authors examine numerous narrative related approaches, including Andeson's reflecting team, de Shazer's "Miracle Question", the use of rituals, and aspects of the Milan approach which show verisimilitude to narrative therapy. Ways for the therapist to "reauthor" their own lives are also included, and serve to remind us how therapists put "spins" on their clients stories based on their own therapeutic theories.

This is an important "how to" book which sheds light on the development of the narrative therapies, their promoters and the techniques used to help. It is clearly written, non academic, and specific enough to enable the worker to initiate efforts reflecting the narrative approach by using their guidelines.

A caution! Helping clients reauthor their lives, may require moderating tendencies to control built into previously learned approaches. You may have to accept the anxiety that accompanies uncertainty; demonstrate total respect for the client; minimize your own drive to be the expert, examine your own stories and how you came to know them, and make to use of you prime consultants, the clients, to help you help them. That kind of change calls for new commitments, open inquiry and hard work. This book will help.