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“What is this book about? What it is saying is this: all therapies are narrative therapies. Whatever you are doing, or think you are doing, as therapist or client can be understood in terms of telling and re-telling stories. Yet there is no ‘narrative therapy’, there is no one way of doing this. To present ‘narrative therapy’ as a new brand-name product in the therapeutic market place (with accompanying training manual) is to misunderstand what this is all about.” (x).

In *Narrative and Psychotherapy*, McLeod offers a detailed account of the centrality of the concept of narrative within the psychotherapeutic realm. This account includes a cultural and historical rendition, a detailed elucidation of the concept of narrative, and discussions of contemporary theoretical applications. The use of narratives or stories representing the “basic means by which people organize and communicate the meaning of events and experiences” (x) is viewed as providing the cultural and historical link between modernist psychotherapeutic traditions developed in the late nineteenth and early twentieth centuries, and traditional religious healing practices of prior historical periods (which McLeod discusses as a form of “therapy”). More recently, the narrative link is further extending itself in elaborations of postmodern therapeutic forms.

While the concept of narrative links the various historical forms of therapy, the differences between these therapies are viewed as dependent upon historically contingent cultural forces. This is particularly the case with regards to differences in conceptualizations of “what it is to be a person”. Since people and culture have changed over time, so have suitable forms of psychological healing. In traditional times where “everyday relations never left a man by himself,” who a person “was” was deeply embedded in external factors, such as community and family history. Psychological healing during these times took the form of “collective religious ritual”. As faith in religion in the Western world was gradually replaced by the modern faith in science, the objectively definable, mappable, explorable Self (with a capital S) became the common mode through which persons were understood. Hence the development of scientifically-based therapeutic forms, such as classic psychoanalysis, in which healing consists of identifying errors with the Self and applying psychological methods which can correct these errors (the so-called medical model). With the emergence of postmodern culture, which among other things is characterized by the replacement of grand narratives with local knowledge forms, and individuals interacting, often simultaneously, in a diversity of communities thereby experiencing the “self” as different in different settings, new formulations of therapeutic practice are emerging. Such practices reflect such features as: collaboration of therapist and client knowledges, the co-construction of new meaning as a means of problem dissolution, particular attention to the importance of language, and the societal impact on problem development.

McLeod admits that his historical division of therapy into traditional, modern, and postmodern is an over-simplification. His main purpose with this distinction is to illustrate how modern approaches to

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1 MacIntyre (1981) quoted in McLeod, p. 4. Unfortunately MacIntyre forgets that there were also women in traditional times.
therapy are deeply embedded in modernist cultural traditions. If, McLeod argues, our current cultural context is evolving toward postmodern conceptualizations of persons, then how we understand and carry out therapy must necessarily also evolve. This is an important point, especially since there has been a general resistance (funny I should choose this term) on the part of the academy to reformulate therapeutic practice in postmodern terms. The narrative link between therapies of different historical periods implies, however, that postmodern therapeutic forms will necessarily borrow from traditions of previous historical periods (the modern and the traditional); although that which is borrowed will be applied in a different manner. The result is that no so-called original forms of therapy can be understood without reference to previous therapeutic forms. Indeed, McLeod begins the book with the line: “there are no new therapies.”

In his discussion of contemporary theoretical applications of the narrative concept in therapy, McLeod notes that there have been two different modes of conceptualization. The lack of explication of these different modes has contributed to a general sense of confusion in the field. One mode appears to apply narrative concepts to already existing therapeutic frameworks, in a manner where theorists utilize only those narrative concepts which are consistent with their current mode of thinking and ignore or reject those which are not. This approach is represented in what McLeod refers to as foundationalist forms of therapy; where the notion of narratives is utilized to reach more fundamental aspects of the individual’s being. Applications of narrative concepts in psychodynamic and cognitive/constructivist forms of therapy tend to follow this mode. The second mode of narrative application is more consistent with a social constructionist (postmodern) epistemology; where narratives are viewed as the means through which the construction of reality takes place. What is currently understood as “narrative therapy” (for example, White & Epston, 1990) is representative of this second mode of narrative application.

Although McLeod discusses both modes of narrative application in his book, it must be apparent from the above that he places greater emphasis on the social constructionist mode. While he dedicates two chapters to discussing how narratives have been conceptualized in psychodynamic and cognitive/constructivist therapies respectfully, and how these areas have contributed to our understanding of narratives in therapy, most of the book is dedicated to an explication of constructionist-informed narrative therapy; from epistemological, theoretical, and practical perspectives. Further, since the shift from a modern to a postmodern conceptualization of therapy does not only carry implications for the therapeutic context, but also for such issues as training, research, ethics and our overall understanding of psychotherapeutic ‘healing’, the final chapter is dedicated to these issues.

As mentioned above, Narrative and Psychotherapy also contains a detailed account of the multidimensional aspects of the concept of narrative. This account includes the elucidation of: the recent re-emergence of the utilization of the concept in psychology and the social sciences; the phenomenology of narrative, or how the making and using of stories is experienced by persons; how stories operate in our attempts to make sense of the world, as well as their problem-solving function; the relational construction of stories; and the notion of narratives of the self. The book is well-written with a substantial amount of references. Despite its social constructionist emphasis, McLeod’s inclusion of the use of narratives in modernist therapeutic traditions renders the book
relevant to basically all persons interested in the theory and practice of psychotherapy. As one such person, I am pleased to be able to recommend this book to others.

Reference: