# Narrative Therapy

Dr. F. Alan Pickering

## What is Narrative Therapy: Basic Assumptions of the Theory

### *Postmodernism Connection*

Narrative therapy is philosophically anchored in postmodernism. It is "a perfect expression of the postmodern revolution" (Nichols & Schwartz, 2001, p. 387).

Truth for the postmodernist is only a construction of language. There are no moral absolutes or external reality to seek after or discover. The only reality is that which is created by people. Knowledge then is "constructed rather than discovered." Truth is basically how you look at something. Knowledge is simply "rearranging information into paradigms" (Veith, 1994, p. 47).

Narrative therapy fits with other family therapies, which are grounded in postmodernism (e.g., solution focused) and have "a common ethos of respect for the client, and an acknowledgment of the importance of context, interaction, and the social construction of meaning" (White, 1995, p. 121).

### *Major Assumptions*

*Pathologizing*. Narrative therapy feels very strongly that pathological labeling in traditional psychotherapy is counterproductive in helping clients. Traditional approaches focus on what is wrong with a person versus what is right and "life-generating." It "pins a person down as a problem" (Dudley-Thompson, 1999, p. 183).

*People*. People are the experts on their own lives and they are competent to reduce their problems. "Narrative therapy assumes that people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce

the influence of problems in their lives" (Anonymous, 2003, p. 1). People have good intentions. They want to rid themselves of problems and actually have the ability to develop alternative empowering stories.

*Problems*. Problems are viewed as separate from people—"the problem is the problem." People get identified with their problems, and these problems become a symbol of a flawed character. Problems arise in people's lives because they are influenced by the culture to adopt rigid, closed, narrow, and self-defeating views of themselves—the "dominant discourses." People are categorized and dominated by views in a culture. People then form destructive beliefs and emotions about themselves through their interaction with the culture.

The therapist does not search within the person to confront problems. Rather she avoids the collision and joins the client in a fight against the problem. The focus of the therapy is not the person but the problem.

*Culture*. A person's story/narrative is co-created in relationship with other people. It is socially constructed and co-authored within the context of culture. Culture influences how a person views and thinks about himself/herself.

How society views a person has a formative effect on that individual. The "dominant discourses" of the culture determine what type of individual has "value" and subsequently impacts a person's self-perceptions. If the individual does not somehow measure up, "problems" develop. When an individual experiences that which is unjust, exploitive, inconsistent, "toxic," and irrational, through the culture, he/she does not go unaffected.

*Experiences of life and meaning*. Personal experiences are ambiguous. There certainly could be varied interpretations to an experience since "meaning isn't inherent or apparent" (Nichols & Schwartz, 2001, p. 387). So a person seeks to understand his/her experiences through a process that organizes and assigns them a meaning. People are "inescapably meaning makers" and stories are the most familiar means of communicating the meaning people find in their experiences (Sween, 1999, p. 2). People interpret their experiences in the form of a coherent story line/theme/narrative that helps them make consistent sense of the events of life. They "construct models to account for their experiences." They interpret their past, present and future by the meaning they attribute to those experiences.

White (2003, p. 1) posits:

> The primary focus of a narrative approach is people's expressions of their experience of life. These are expressions of people's experience of a world that is lived through, and all expressions of lived experience engage people in interpretive acts. It is through these interpretive acts that people give meaning to their experiences of the world. These interpretive acts render people's experiences of life sensible to themselves and to others.

Meaning is a "relational achievement" usually formed in relationship with others. "People traffic in meanings that are relevant to and shared by communities of people" (White, 2003, p. 2).

*Language and story*. Language shapes people's experiences—what they tell themselves gives interpretation and meaning to the experiences. We all have this internal dialogue that keeps us informed about ourselves along a consistent story line.

Language thus shapes a person's reality and always fits the story a person believes about himself/herself. Thus, "stories don't mirror life, they shape it" (Nichols & Schwartz, 2001, p. 388). People stay close to the story they have accepted about themselves. Narrative therapy is interested in examining and understanding the stories by which people live by.

It is interesting that if events or facts do not fit a person's dominant story, they will not stick in the mind. The story filters out all experiences that don't find the plot line. For instance, if a person develops the dominant theme of incompetence, he will maintain this interpretation of himself as he experiences life. This will be the paradigm by which he operates cognitively.

Narrative therapy posits that the basic unit of experience is the story. Stories guide people's lives. People work with a certain story that best explains their life. They organize all the information about their life around the story. The story is like a camera lens that can selectively focus in or out on information shaping perspective on one's life, history, and future (Sween, 1999, p. 2). If events do not fit the known story, they are "nonabsorbable" (Dudley-Thompson, 1999, p. 184).

## The Definition of Family

Narrative therapy is not particularly concerned with defining families. As postmodernist, there is no absolute definition of a family. Family is simply part of the context or subculture out of which the individual has been shaped. Families come in all kinds of configurations—nuclear, blended, gay, families headed by a single parent. For the narrative therapist, there is no conventional definition of what constitutes a family.

# Characteristics of Healthy and Unhealthy Families

Narrative therapists eschew any attempt to label or pathologize families. They adamantly assert that labeling and diagnosing families is unwarranted and counterproductive to therapy.

Any problems identified are not the family's problems but problems the family is rallying against. Problems are external to the family. Families do not have something wrong with them; something wrong has been brought to bear on them. Thus, the narrative therapist is not interested in the family's contribution to the problem but the problem's impact on the family.

Judgments about what family is healthy or unhealthy is not a discussion among narrative therapist, because it internalizes problems and pathologizes families. What may be considered "healthy" to one family may be unacceptable to another. It is up to a family to determine what is the preferred way of life.

Yet, family members do profoundly affect each other. One thing they do is help shape and reinforce each other's story, and they continuously reconstruct through interaction with each other. They also have a collective story they have co-authored with each other. Family members tend to consistently follow a script that has been written by the family.

Families are also affected by the dominant discourses of the culture. How a family works with those discourses will determine their "health." Recently I talked with an African-American man whose family resisted racism while growing up in Alabama and Mississippi during the sixties. They were able to maintain a healthy self-image and emotional stability, build relationships, and grow spiritually through the oppression. Yet

others are adversely affected by the culture. They become unhealthy through the influences of the culture.

## The General Process of Therapy

From a postmodern perspective, "therapy is a linguistic activity in which conversation, or shared inquiry, about a problem generates the development of new meanings—different ways of understanding, making sense of, or punctuating one's lived experiences that lead to agency and problem dissolution" (Anderson, 1995, p. 34). This perspective fits narrative therapy.

The narrative therapist patiently listens to understand the story and how people behave out of that story. He/she gets to know the client's story. Narrative therapists stand in contrast to many therapists in a hurry to impose their interpretation about a person's life.

Narrative therapy attempts to understand the stories or themes that have shaped a person's life. What experiences have been most meaningful? What choices, intentions and relationships have been most important to the client? This exploration permeates the popular work of McCraw (2001) who seeks to know "ten defining moments," seven critical choices," five pivotal people," and explores a person's "internal dialogue" and "life scripts."

The focus of narrative therapy is on the "self-defeating cognitions—the stories people tell themselves about their problems" (Nichols & Schwartz, 2001, p. 388). The client is challenged to reconsider alternative explanations to his/her understanding of self, experiences, and problems.

## Techniques and Procedures of Therapy

There are a number of major techniques and procedures the narrative therapist utilizes to help his client. They include: deconstructing, externalizing, finding "sparkling events," mapping, questioning, and the utilization of nurture/support groups.

### *Deconstructing*

The narrative therapist helps the client deconstruct the meaning of their experiences and "re-author" their lives with an alternative and preferred story of self-identity. Deconstruction loosens the grip of the "dominant story" in a person or family's life. This is primarily accomplished by externalizing the "problem" or "dominant story."

The therapist helps a person separate from internalize dominant cultural narratives to help her open space for an alternative story. Therapy involves helping a person construct a new and more positive story about self. By helping a person use a different type of language that describes subsequent life experiences, a whole new approach to life can be forged. People can tell a different story about self. Indeed, "the stories we tell ourselves are powerful because they determine what we notice and remember, and therefore, how we face the future" (Nichols and Schwartz, 2001, p. 388).

Through re-plotting, developing new interpretive frameworks, new analogies, new texts, new maps, re-authoring, reinterpretation, and reshape the client can reconstruct a preferred story. A new "performance" emerges out of a new story.

A primary role of the narrative therapist is to help individuals in a family cultivate a new interpretation of one's experiences, deconstruct, and form a new story. He helps the client re-envision his/her past, and re-write a future. Since there is no external reality,

only that which people create, the therapist co-creates with the client to create a new reality.

*Externalize the Problem*

Remember, the problem is not the person; "the problem is the problem." "Invaders" from without have taken residence within the person. These "aliens" must be externalized. Problems are always personified. They take on an objective entity—Guilt, Shame, Self-hate. They are "portrayed as unwelcome invaders" or "demons" that try to dominate one's life.

The narrative therapist separates the person from the problem by externalizing the problem. He empowers people by objectifying the problem and putting it outside of the person. This step counteracts the effects of labeling, frees people from thinking of themselves as pathological, enables people to work together to defeat or resist problems, and reduces guilt and blame (Roth & Epston, 1995, p. 1).

The therapist inquires as to when an unacceptable behavior took hold of a person. The problem and its pattern is externalized, redefined and objectified. If a person understands the problem, he/she can resist being controlled by it and develop alternative responses.

*Finding "Sparkling Events"*

The narrative therapist looks for "unique outcomes" or "sparkling events" that demonstrate a time when the client was able to avoid the effects of the problem. He searches for the times in the client's life when he/she demonstrated strength and resourcefulness. The therapist counters the dominant negative story of a person's life by uncovering and lauding examples in the narrative. She helps the client find alternative

stories that have been lost or obscured. She wants details on how these events happened. Sometimes it may be very difficult and challenging to find examples in which the client had an influence on his/her problem. Often the "sparkling events" have been forgotten or hidden.

These discovered episodes are building blocks for a more "heroic story." These examples provide momentum in the building of a new story and drive away negativity. For example, the therapist will ask, "Can you imagine a time when you controlled your anger?" or "Can you remember a time when you were able to overcome feelings of depression?" or "When you did not act like a victim?"

Narrative therapy "involves exploring the shaping moments of a person's life, the turning points, the key relationships, and those particular memories not dimmed by time. Focus is drawn to the intentions, dreams, and values that have guided a person's life despite the setbacks (Sween, 1999, p. 1). The client is guided to see that he/she is not the "dominant story," that there have been exceptions that point to a competent, capable and resilient person, and to embrace the part of self that represents this strength. Confidence and leverage is gained over the problem as the client finds hope in reconnecting with past victories. The therapist uncovers these "sparkling events" and positive episodes by questioning.

*Questioning*

The narrative therapist is not a problem solver. His interest is in "awakening" individuals through questions. He utilizes the technique of questioning to assume a non-imposing and respectful approach to each client's story. He/she never asserts. She simply asks questions or repeats the client's answers.

Questions encourage the client to tell the story. They "serve as accelerators to help move people beyond the brakes that have been applied by their problem-saturated dominant stories" (Brock & Barnard, 1999, p. 8).

Questions help externalize the problem and make it apparent that the problem is the problem. The therapist helps the client see the effects of the problem on his/her life. The person is always questioned as if separate from the problem.

A person's life is "criss-crossed by invisible story lines" which shape the individual. Questions are used to draw out and amplify these story lines—intentions, influential relationships, turning points, treasured memories (Sween, 1999, p. 3).

Roth & Epston (1995, pp. 3-9) categorize the questions into nine groups and provide specific sample questions. These categories include: unique outcome questions, unique account questions, unique re-description questions, unique possibility questions, unique circulation questions, experience of experience questions, questions which historicize unique outcomes, preference questions, and consulting your consultant's questions. Nichols and Schwartz (2001, p. 409) categorize the questions into the following groups: deconstruction questions, opening space questions, preference questions, story development questions, and meaning questions.

*Support/Nurture Groups*

The therapist utilizes support groups/nurture groups that strengthen and reinforce the client's new narrative. He/she may "recruit authenticators" who may meet with the patient or write letters. His/her new story is enriched by telling and re-telling it to those who are affirming. A supportive community provides "options for the telling and re-

telling of, for the performance and re-performance of, the preferred stories of people's lives " (White, 2003, p. 3).

*Mapping the Influence of the Problem*

People "map" their perceptions and events through time. Their "map" provides continuity to the events and experiences of life. The therapist helps the client to understand how the "mapping" of the problem has continued to influence the person, family, and relationships. The therapist "maps" the influence of the problem upon the person. For instance, the therapist may ask, "How long has Guilt affected you?" or "What does Guilt say to you?"

The therapist then helps the client to re-chart their map. "Through this process people begin to see themselves as authors—or at least co-authors of their own stories. They begin to move toward a greater sense of agency in their lives" (Roth & Epston, 1995, pp. 1-2).

## Characteristics and Role of the Therapist in Counseling

The narrative therapist takes a collaborative role with the client. He/she is not the "expert editor of the client's narrative," but more like a "coauthor, whose expertise is in a process" (Anderson, 1995, p. 41). Narrative therapists are "particularly alert to the client-therapist relationship and acutely sensitive to recognizing *the clients* as the true 'experts' regarding their circumstances" (Brock & Barnard, 1999, pp. 7-8).

The narrative therapist is empathetic and takes an interest in the client's story. Brock & Barnard (1999, p. 8) observe that the narrative therapist exemplifies the common factors of a successful client-therapist relationship—empathy, warmth, and

respect. This orientation then allows clients to freely share details of their story with the therapist so that re-authoring can be expedited.

The therapist is relentlessly optimistic for the client—a committed resource helping the client re-write his/her story. He is humble in his approach. He may have a perspective but it is only one out of possible others. He re-examines his assumptions and seeks input. The therapist can be transparent. He doesn't have to protect his/her professional image. In the words of one adage, he is "one beggar trying to show another beggar where to find bread."

## The Role of the Family in Therapy

Narrative therapists are concerned with the problem's impact upon a family not the family's impact upon the problem (Nichols & Schwartz, 2001, p. 388). Families then unite against the externalized problem and are encouraged to fight an "objectified external tyrant" (Goldenberg & Goldenbery, 1998, p. 90).

Externalizing the problem liberates the family. Rather than blaming one another for the problems or focusing on the "scapegoat," families can focus their energies on an objectified enemy. Furthermore, because they are not pathologized, they feel much freer to share with the therapist from their lives.

Each family member has a unique story. It is incumbent upon each person to feel free to share their story but also be willing to entertain new interpretations about the life experiences that shaped their narrative.

Narrative therapists do not feel it essential to have all the family present, only those affected by the problem.

## Theological Perspectives

The Dulwich Centre acknowledges and seems to welcome a "diversity of thought and practices" with narrative therapy (Anonymous, 2003, p. 2). However, given the postmodern roots and a noticeable absence or even mention of religion, one wonders if this therapy could welcome Christianity to the table. The moral absolutism of Christianity is at odds with narrative therapy.

The primary problems with narrative therapy from a theological/biblical/Judeo-Christian perspective are several. First, narrative therapy denies moral absolutes and guides the client to look for answers from within (will he find any absolutes there). The humanistic idea that all answers lie within an individual is problematic. Truth is something that must be acquired initially outside of the person. If one accepts that an individual is not born with all the truth, that it is acquired, how is it that the search for truth within is the only approach here? An individual has problems because of a failure to inculcate truth in his/her life in the first place. Second, it fails to give proper emphasis to individual responsibility. Third, it denies the depravity of man, and sees human beings as inherently good.

There are many parallel points to Christianity. First, life is narration. God unfolds with this marvelous astounding narration called creation and continues to move through human history scene by scene. Second, conversion/salvation is all about a new story (2 Cor. 5.17). Third, Christians resist the culture's dominant discourses and recognize the evil that so imbues society (Rom. 12.1-2; Jam. 4.4; 1 Jn. 2.15-17; 1 Pet. 5.8). Fourth, the church is a powerful community that affirms and reinforces the new story/life of people. Testimony is ubiquitous. Fifth, the Holy Spirit encourages and

cultivates a preferred future (2 Cor.3. 18; 2 Cor. 3.1-6). Sixth, utilizing transformational narratives from Scripture are effective in encouraging people—"it awakens in them, by way of these stories, the dynamics of transformation per se (Loder, 1998, pp. 198-99). Seventh, a Christian perpetually re-authors, changes and grows.

Gerkin (1997, pp. 110-13), in his discussion of a cultural–linguistic model for pastoral care advocates dialogue between the Christian story and one's own life story and address the tension that exists and seek a "connection between the poles."

## Application to Gender, Racial and Generational Diversity

The beliefs and practices of culture have a tremendous effect upon a person. Indeed, culture has had devastating effects upon people. This reality cannot be ignored. Societies have dominated, dehumanized, and marginalized the masses of people so that a small minority could maintain power. "Dominant discourses" in the culture develop and have a pernicious effect. The narrative therapist then views problems from a politically perspective—racism, misogyny, class distinctions, domination, hierarchy. It is the only therapy, which deals with cultural issues as they impact human behavior.

Dudley-Thompson (1999) applies the narrative method of therapy to the chronic poor. She finds that the soup kitchen provides a unique opportunity to utilize this approach, through the sharing of preferred stories and unique outcomes between the poor and the workers at her soup kitchen (p. 188). This approach, she asserts, doesn't require a psychotherapist-expert to make a difference in someone's life. Through simply sharing life stories, new perspectives on people are developed, distance and moral detachment are reduced, and the poor start seeing themselves in a new and empowering light.

## Strengths and Limitations of the Approach

### *Strengths*

Narrative therapy has much strength. Some of the following perspectives are noted by Nichols and Schwartz (1991, pp. 406-07).

First, narrative therapy fit marvelously well with life because life is a narrative. We do everything in narrative—dream, remember, anticipate, hope, despair, believe, plan, revise, criticize, gossip, love, hate, learn (MacIntyre, 1996, p. 542). Second, narrative therapy has seriously challenged the traditional pathologizing approach to families. Third, it has revealed the pernicious effects of culture upon a family and deals with social injustice. Fourth, narrative therapy is positive, optimistic, forward looking, and builds confidence in people. It sees people as competent and willing to adopt a new story. Fifth, narrative therapy offers an alternative to traditional psychiatric approaches. Sixth, it brings fresh new metaphors for an individual. Seventh, it involves community support. Eighth, narrative therapy provides new techniques for enhancing the "client's sense of agency relative to their problems and connection to those around them and those with similar struggles." Ninth, this therapy is a "powerful recipe for change." Tenth, the narrative approach's utilization of questions makes "input easier to swallow and fosters a collaborative relationship." Eleventh, this approach cultivates a greater "respect for and collaboration with families."

### *Limitations/Criticisms*

*Naïve*. Nichols and Schwartz (1991, p. 406-08) list a number of limitations to narrative therapy. They conclude that this therapy: 1) by focusing on individual's cognition, neglects family conflict and relationship dynamics; 2) overlooks real conflicts

or issues that don't go away just because a family unites to fight an externalized problem; 3) fails to explore the depths of emotions in people's lives; 4) unfortunately has returned to a nonsystemic view of families and if failing to see the contextual view of problems and their ecological contexts; 5) is more directive than they admit and naively assume that by asking questions they are collaborative in leading clients to particular conclusions; 6) prods clients toward "heroic narratives" but assumes that the therapist has some grand narrative or ideal about behavior (this isn't exactly postmodern); 7) may get the client going in a direction that ignores other internalized aspects of his behavior; and 8) has a naïve belief in a therapist's neutrality with beliefs and values when dealing with cultural/political issues.

*Missed opportunities to be informed*. Others have observed that the narrative therapy, "as a result of an almost isolationist, anti-empirical stance…remained largely uninformed about recent advances in individual diagnosis" (Patterson, Williams, Grauf-Grounds, & Chamow, 1998, p. 171).

*Feminist observations*. Feminist researchers have accepted the idea of social constructionism but have many reservations about the more radical "strong" form (Wilkinson, 2001, pp. 23-7). The suggestion that the genders are distinct through social constructionism, i.e., men and women are constructed, seems "counterintuitive." Furthermore, the very gains and goals made by the feminist could be open up for grabs and socially reconstructed again.

*Excuse for irresponsibility?* One possible danger with this therapy is the failure to hold people responsible for their own narratives. The problem is not always culture's fault. Often people's irresponsible choices and selfishness create and sustain the

problem. Confronting poor choices and irresponsible behavior versus displacing it, may be the best hope for some people. The root of some people's poverty may not be cultural oppression but irresponsibility, addiction, or even war (in many third world countries).

*Touchy-feely, feel-goodism*. This therapy may "throw over the reality of the real struggles of the clients [with] a blanket of touchy-feely, feel-goodism which simply portrayed their reality in ways they could evade responsibility and not face the true difficulties of life" (Bassett, 1999, p. 88).

## Narrative Therapy and Perspectives on this Writer's Family of Origin

It is quite clear that the narrative of my family of origin has been one of "Shame." My father's alcoholism and subsequent poverty cultivated an internalization of a theme that was to plague us for decades. This dominant story affected so much of how I interpreted life experiences and myself. The new story began when I became a Christian at age 17. The plot changed as new texts and chapters were written.

## Personal/Professional Utilization of Narrative Therapy

I've always liked one saying/approach—"eat the meat and spit out the bones." It seems to me that there is some meat in this approach with a few bones.

I would have to cultivate a hybrid model that integrated biblical concepts. I then could utilize aspects of narrative therapy it in my pastoral counseling. This approach could provide an effective metaphor for people and techniques that would be helpful for people.

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