Advanced Certificate in Writing for Therapy

Narrative Therapy Techniques in Writing

Narrative therapy is a collaborative, language-focused approach that views people's problems as stories shaped by cultural and relational forces rather than as fixed traits residing within the individual. In the context of therapeutic writing, the therapist assists the writer in exploring, questioning, and reshaping these stories on the page, allowing new meanings to emerge. The following key terms and vocabulary form the foundation for applying narrative techniques to writing practice in an advanced certificate program. Each entry includes a concise definition, illustrative example, practical application in a writing setting, and common challenges that may arise.

Story – The organized sequence of events, characters, and meanings that a person uses to make sense of experience. In narrative therapy, a story is not merely a recounting of facts; it is a construction that carries values, identities, and power relations. Example: A client describes their career as "a series of failures" after a single layoff. Writing application: Encourage the writer to draft a "career narrative" that includes both setbacks and achievements, prompting a more balanced view. Challenge: Writers often cling to a single, dominant plot, making it difficult to notice alternative threads.

Dominant story – The prevailing narrative that exerts the greatest influence over a person's self-understanding and behavior. Dominant stories are frequently reinforced by societal discourses such as "success," "failure," "victim," or "hero."
Example: A survivor of abuse may internalize a "victim" story that overshadows other aspects of identity.
Writing application: Identify the dominant story in a journal entry, then ask the writer to locate moments that contradict it, labeling those moments as "unique outcomes."
Challenge: The dominant story can be so entrenched that the writer feels threatened when it is questioned.

Subjugated story – A narrative that exists alongside the dominant story but is suppressed or minimized because it does not fit dominant cultural expectations. Subjugated stories often contain resources, strengths, and alternative identities. Example: A person who sees themselves only as a "caretaker" may have a suppressed story of personal creativity. Writing application: Use a prompt such as "Write about a time you felt truly creative, even if it was brief." This invites the emergence of the subjugated story. Challenge: Writers may experience guilt or confusion when bringing forward a narrative that feels "unfair" to the dominant story.

Externalizing conversation – A therapeutic dialogue that separates the problem from the person, treating the problem as an external entity that can be examined, challenged, and negotiated. In writing, externalizing can be achieved through metaphor, personification, or naming the problem. Example: Referring to anxiety as "the relentless whisper" rather than "my anxiety."
Writing application: Ask the writer to give the problem a name and describe its habits, motivations, and

influence, thereby creating distance and agency. Challenge: Some writers may resist externalizing because it feels like denial or minimization of personal responsibility.

Deconstruction – The process of unpacking the assumptions, language, and cultural discourses that shape a story. Deconstruction reveals how meaning is constructed and opens space for alternative interpretations. Example: Analyzing the phrase "I'm not good enough" by tracing its origins to parental expectations and societal standards of achievement. Writing application: Provide a "deconstruction worksheet" that asks the writer to list the words that carry judgment, then replace them with neutral descriptors. Challenge: Over-analysis can lead to paralysis; writers may feel stuck in endless critique without moving toward new narratives.

Re-authoring – The act of creating a new story that integrates preferred values, strengths, and aspirations, often by highlighting unique outcomes and alternative plots. In writing, re-authoring is the process of drafting, revising, and solidifying this new narrative. Example: Transforming a "failure" narrative into a "learning journey" that emphasizes resilience and adaptability. Writing application: After identifying unique outcomes, ask the writer to compose a "future script" that describes how they will live the re-authored story. Challenge: The re-authored story may feel unfamiliar or "inauthentic" at first, leading to resistance or self-doubt.

Unique outcome – An event or moment that contradicts the dominant story, revealing the client's agency, skills, or values that the problem does not dominate. Unique outcomes are also called "exceptional moments" or "sparkling moments."
Example: A client who usually feels powerless discovers they successfully set a boundary with a demanding boss. Writing application: Prompt the writer with "Describe a time when the problem was not in charge." The resulting paragraph becomes evidence for change. Challenge: Writers may overlook subtle unique outcomes, especially when they have internalized the dominant narrative as the only truth.

Mapping the influence of the problem – A visual or written exercise that traces how the problem affects various areas of a person's life (relationships, work, health, etc.). In writing, this can be rendered as a "problem impact map" that lists domains and specific effects. Example: A map shows that "depression" influences sleep, appetite, social interaction, and self-esteem. Writing application: Have the writer create a table with two columns: "Domain" and "Effect of the problem." This clarifies the problem's reach and points toward areas for intervention. Challenge: The mapping process can be overwhelming if the problem appears pervasive; the writer may feel hopeless.

External document – Any written artifact created in therapy that exists outside the client's personal journal, such as a letter, report, or certificate. In narrative therapy, external documents serve to solidify new stories and provide tangible evidence of change. Example: A "Letter of Strength" written by the therapist highlighting the client's resilience. Writing application: Encourage the writer to draft a letter to themselves or to a supportive other, summarizing the unique outcomes and future intentions. Challenge: Some writers may feel uncomfortable sharing external documents, fearing exposure or judgment.

Letter writing – A specific external document technique where the client writes a letter to an important person (real or imagined) that can express feelings, set boundaries, or affirm new identity. The letter can be sent, kept, or discarded, depending on therapeutic goals. Example: Writing a letter to a parent expressing gratitude for support while also asserting autonomy. Writing application: Assign a "Letter to My Younger Self" task, prompting the writer to reflect on growth and self-compassion. Challenge: Emotional intensity can be high; writers may need support to process strong reactions that arise.

Outsider witness – A narrative practice where a third-party (real or imagined) observes the client's story and offers a perspective that validates the client's experience and highlights strengths. In writing, the outsider witness can be introduced as a character who comments on the narrative. Example: A fictional mentor who says, "I see how you navigated that challenge with courage."
Writing application: Ask the writer to create an "outsider witness" voice that narrates a key event, then compare the witness's description with the client's own. Challenge: Maintaining authenticity of the witness voice can be difficult; the writer may inadvertently project their own judgments onto the witness.

Scaffolding – The supportive structure provided by the therapist (or writing guide) that helps the client move from current narrative capacity toward more complex storytelling. Scaffolding can include prompts, models, feedback, and gradual release of responsibility. Example: Providing a template for a "strengths narrative" that includes sections for context, action, and outcome. Writing application: Offer a step-by-step worksheet that guides the writer through identifying a problem, externalizing it, locating a unique outcome, and re-authoring. Challenge: Over-scaffolding may limit creativity; under-scaffolding may leave the writer feeling lost.

Therapeutic document – Any written product that captures the therapeutic work and is intended to be used as a resource for ongoing change. This includes journal entries, certificates, timelines, and reflective essays. Example: A "Timeline of Growth" that marks milestones of personal development. Writing application: Have the writer maintain a "Therapeutic Journal" where each entry ends with a brief reflection on how the story has shifted. Challenge: Consistency can be a barrier; writers may abandon the practice if they perceive it as burdensome.

Timeline – A chronological representation of significant life events, often used to identify patterns, turning points, and the emergence of dominant stories. In narrative therapy, timelines help externalize the influence of problems across time. Example: A timeline shows that after a divorce, the client's "single-parent" story became dominant. Writing application: Ask the writer to plot key events on a simple timeline, then annotate each with the associated narrative theme. Challenge: The act of recalling painful events may trigger distress; pacing is essential.

Identity narrative – The story a person tells about who they are, integrating past experiences, present realities, and future aspirations. Identity narratives are fluid and can be reshaped through therapeutic writing. Example: A student describes themselves as "a perpetual learner" rather than "just a struggling undergraduate."

Writing application: Prompt the writer to write a “self-portrait narrative” that weaves together values, roles, and hopes, using vivid imagery. Challenge: Writers may struggle to articulate an identity that feels authentic, especially when they have internalized multiple conflicting narratives.

Dominant discourse – The broader cultural language and set of assumptions that shape dominant stories. Discourses such as “productivity,” “beauty,” or “mental health stigma” provide the backdrop against which personal narratives are constructed. Example: The discourse of “self-care” can be both empowering and a source of guilt when it conflicts with work demands. Writing application: Encourage the writer to identify which discourses are present in their story (e.G., “I must be perfect”) and to question their relevance. Challenge: Recognizing discursive influence requires a level of meta-cognition that some writers may not yet possess.

Metaphor – A figure of speech that maps one domain of experience onto another, allowing abstract concepts to become concrete and manipulable. Metaphors are central to narrative therapy because they shape how problems are perceived. Example: Describing depression as “a heavy fog that obscures the road.”
Writing application: Invite the writer to create a personal metaphor for their problem, then explore how the metaphor can be altered (e.G., “The fog thins at sunrise”). Challenge: Metaphors can become limiting if the writer feels locked into a particular image that no longer serves them.

Re-authoring questions – Specific prompts that elicit alternative stories, highlight agency, and encourage the writer to imagine future possibilities. These questions are designed to be open-ended and strength-focused. Examples: “What would you do if the problem were not present?” “Can you recall a time when you acted differently from the story?”
Writing application: Incorporate a list of re-authoring questions at the end of each writing session, allowing the writer to select the ones that resonate. Challenge: Writers may find some questions too abstract; providing concrete examples can help.

Double-listening – The therapist’s practice of attending simultaneously to the client’s spoken content and the underlying narrative themes, including what is left unsaid. In writing, double-listening translates to reading both the surface narrative and the subtextual patterns. Example: Noticing that a client repeatedly mentions “being invisible” while also describing moments of “being seen.”
Writing application: Teach the writer to annotate their own drafts, marking both explicit statements and implied themes, fostering deeper insight. Challenge: This reflective layer can be cognitively demanding; beginners may need guided practice.

Thick description – A richly detailed account that captures the context, emotions, and nuances of an experience, moving beyond superficial summary. Thick description helps preserve the complexity of lived experience in therapeutic writing. Example: Instead of “I felt sad,” a thick description might read, “A weight settled in my chest, and the colors of the room seemed muted, as if a veil had lowered over my senses.”
Writing application: Prompt the writer to expand a simple statement into a thick description, focusing on

sensory detail and internal dialogue. Challenge: Some writers may view elaborate description as unnecessary or may become stuck in endless elaboration.

Reflective questioning – A technique that invites the writer to consider the meaning and impact of their stories, encouraging self-exploration and insight. Reflective questions often begin with "How," "What," or "In what way."
Example: "How does the story of 'failure' affect your daily decisions?"
Writing application: Include reflective questions at the end of each writing segment, encouraging the writer to pause and consider the implications of what they have written. Challenge: Over-use can lead to rumination; balancing reflective inquiry with action-oriented prompts is essential.

Positive reframing – The process of shifting the perspective on a situation to highlight potential growth, strengths, or opportunities, without denying the reality of difficulty. In narrative therapy, reframing is done collaboratively and respects the client's experience. Example: Turning "I was rejected" into "I received feedback that can inform my next steps."
Writing application: Ask the writer to rewrite a distressing paragraph, focusing on the skills or values that emerged from the experience. Challenge: Forced reframing can feel inauthentic; it is important to honor the writer's pace and readiness.

Therapeutic stance – The therapist's attitude of curiosity, respect, and partnership that underlies all narrative work. In writing, the therapeutic stance is reflected in the tone of prompts, feedback, and the collaborative nature of the process. Example: Using language such as "What do you think?" Rather than "You should."
Writing application: Model a collaborative tone in instructions, e.G., "Let's explore together how this scene feels for you."
Challenge: Maintaining a non-authoritative stance while providing structure can be a delicate balance.

Agency – The capacity to act, make choices, and influence one's own story. Narrative therapy seeks to restore or enhance agency by externalizing problems and highlighting unique outcomes. Example: A writer discovers that they decided to seek therapy, an act of agency that counters a "helpless" narrative. Writing application: Highlight moments of agency in the writer's drafts, perhaps by underlining or bolding actions taken. Challenge: When agency has been repeatedly undermined, the writer may doubt the authenticity of agency statements.

Co-construction – The collaborative process by which therapist and client (or writer) jointly create meaning, language, and new narratives. In writing, co-construction occurs when prompts, feedback, and revisions are negotiated rather than imposed. Example: The therapist suggests a prompt, the writer adapts it, and together they refine the resulting story. Writing application: Offer optional "choice menus" for prompts, allowing the writer to select or modify them, thereby reinforcing co-construction. Challenge: Some writers may expect a more directive approach and feel uncertain when asked to co-create.

Story-making – The active, creative process of generating and reshaping narratives. Story-making

emphasizes that stories are not static records but are constantly being authored. Example: A diary entry that re-imagines a past conflict as an opportunity for learning. Writing application: Encourage the writer to experiment with different narrative voices (first-person, third-person, omniscient) to discover new angles. Challenge: Switching narrative perspectives can be unsettling for writers who rely on a fixed sense of self.

Dominant cultural script – The widely accepted storyline within a particular culture that dictates expected behaviors, roles, and values. Scripts such as "the breadwinner," "the devoted mother," or "the stoic hero" often shape personal narratives. Example: A male client feels pressure to embody the "strong, unemotional" script, limiting emotional expression. Writing application: Prompt the writer to identify which cultural scripts are present in their story and to explore how they may have accepted or resisted them. Challenge: Cultural scripts can be deeply internalized; questioning them may trigger defensive reactions.

Re-membering – A narrative technique that invites the writer to recall moments of competence, love, or connection that have been forgotten or minimized by the dominant story. Re-membering helps to retrieve resources that support a new narrative. Example: Remembering a childhood moment of bravery when the writer stood up to a bully. Writing application: Include a "Re-membering prompt" such as "Recall a time you felt completely safe and valued."
Challenge: Memory retrieval can be emotionally intense; writers may need grounding strategies before and after the exercise.

Witnessing – The act of bearing witness to another's story in a respectful, attentive manner, affirming the truth of the experience. In writing, witnessing can be simulated through reflective feedback that validates the writer's account. Example: A therapist writes, "I hear how painful that moment was for you, and I admire the courage you showed in sharing it."
Writing application: Provide a template for "Witness statements" that the writer can use to acknowledge their own experiences. Challenge: Over-validation can inadvertently reinforce a problem-centered identity; balance is required.

Chronotope – The intersection of time and space within a narrative, shaping how events are experienced and understood. Recognizing chronotopes helps writers see how particular settings influence the story's meaning. Example: The "hospital room" chronotope may evoke feelings of vulnerability and control. Writing application: Ask the writer to describe not only what happened but also where and when, then reflect on how the setting contributed to the emotional tone. Challenge: Writers may overlook spatial details, focusing solely on internal experience; prompting can mitigate this.

Narrative competence – The skill set that enables a person to construct, deconstruct, and reconstruct stories effectively. Narrative competence includes linguistic flexibility, emotional insight, and cultural awareness. Example: A therapist with high narrative competence can swiftly shift from a problem-focused description to a strengths-focused re-authoring. Writing application: Incorporate skill-building exercises, such as "Swap the protagonist's role" or "Turn a passive sentence into an active one," to develop narrative competence. Challenge: Developing competence is a gradual process; beginners may feel frustrated by perceived lack of

progress.

Reflective journal – A written record that captures ongoing reflections, insights, and emotional processing. In narrative therapy, the reflective journal serves as a repository for evolving stories and a tool for tracking change. Example: Daily entries that note moments of agency, shifts in language, and emerging themes. Writing application: Suggest a structured format: Date, event description, narrative analysis, and future intention. Challenge: Maintaining regular entries can be difficult; setting realistic frequency (e.G., Three times per week) helps.

Therapeutic metaphor – A metaphor intentionally crafted to facilitate insight, externalization, or re-authoring. Unlike casual metaphor, a therapeutic metaphor is co-created and directly linked to the client's experience. Example: Describing a personal boundary as "a garden fence that protects the flowers inside."
Writing application: Invite the writer to design a personal therapeutic metaphor and then write a short story that enacts it. Challenge: Metaphors may become stagnant if the writer feels locked into a single image; encouraging multiple metaphors prevents this.

De-pathologizing language – The practice of using words that do not label the person as "ill" or "defective," but rather describe experiences as situational and reversible. This aligns with the narrative ethic of avoiding stigma. Example: Replacing "depressed" with "feeling overwhelmed by sadness."
Writing application: Provide a glossary of de-pathologizing alternatives and ask the writer to revise a paragraph using these terms. Challenge: Some writers may find de-pathologizing language vague or insufficiently descriptive; clarifying intent can alleviate confusion.

Multiplicity – The recognition that a person holds many stories, identities, and perspectives simultaneously. Embracing multiplicity counters the notion of a single, unified self. Example: A client may be a "mother," a "artist," a "student," and a "survivor" all at once. Writing application: Use a "Multiple Selves" worksheet where the writer lists roles and the narratives attached to each, then explores intersections. Challenge: Managing multiple narratives can feel chaotic; guiding the writer to prioritize or integrate them aids coherence.

Narrative identity reconstruction – The process of deliberately reshaping one's self-story to align with preferred values, goals, and relational patterns. This reconstruction is ongoing and involves both reflective and creative writing. Example: Rewriting a life story to foreground resilience rather than victimhood. Writing application: Assign a "Life Chapter" project where the writer drafts a chapter that integrates past challenges with present strengths and future aspirations. Challenge: Deeply entrenched narratives may resist alteration; patience and repeated practice are essential.

Scaffolded re-authoring – A stepwise approach that guides the writer from externalizing the problem to constructing a new narrative, using intermediate tasks such as timeline creation, unique outcome identification, and future scripting. Example: Stage 1 – externalize; Stage 2 – map influence; Stage 3 – locate

unique outcomes; Stage 4 – draft future script. Writing application: Provide a “Re-authoring Roadmap” that outlines each stage, with prompts and checklists. Challenge: Writers may become fixated on a single stage, impeding progress; gentle reminders to move forward help maintain momentum.

Collaborative document – A written product co-created by therapist and client, reflecting shared meaning and mutual authorship. The collaborative document can be a letter, a joint narrative, or a shared plan. Example: A therapist and client co-write a “Values Statement” that articulates guiding principles. Writing application: Use shared Google Docs or printed worksheets where both parties contribute text, comments, and edits. Challenge: Power dynamics may influence contribution; establishing clear roles and equal voice mitigates this.

Therapeutic narrative – The overarching story that emerges from therapeutic work, encompassing the client’s journey, insights, and transformed identity. The therapeutic narrative often becomes a reference point for future coping. Example: A narrative describing the client as “a courageous explorer navigating change.”
Writing application: Encourage the writer to summarize their therapeutic narrative in a concise “Mantra” that can be revisited during difficult moments. Challenge: The narrative may feel premature if the writer perceives ongoing struggle; acknowledging the provisional nature of the narrative supports authenticity.

Relational framing – Positioning a story within the context of relationships, emphasizing how interactions shape meaning. Relational framing helps writers see their narratives as co-constructed rather than solely self-generated. Example: Understanding that the “perfectionist” story developed in response to a demanding mentor. Writing application: Prompt the writer to map key relationships onto their story map, noting how each relationship contributed to narrative themes. Challenge: Identifying relational influences can uncover painful dynamics; therapist support is crucial.

Intertextuality – The way a story draws upon, references, or is shaped by other texts, cultural narratives, and media. Recognizing intertextuality expands the writer’s awareness of external influences. Example: A client’s “hero” narrative may echo popular superhero movies. Writing application: Ask the writer to list media or cultural texts that echo their story, then discuss how these references reinforce or challenge their self-understanding. Challenge: Over-identification with external texts can limit personal authenticity; encouraging personal reinterpretation balances this.

Re-membering map – A visual or written representation that charts moments of remembered strength, love, or competence, serving as a resource for re-authoring. Example: A map that plots “times I felt supported” alongside “times I felt isolated.”
Writing application: Provide a grid where the writer records date, event, feeling, and the resource accessed (e.G., Support, skill). Challenge: Memory gaps may cause frustration; encouraging the writer to use sensory cues can aid recall.

Future-oriented narrative – A story that projects the writer’s preferred identity and actions into forthcoming

time, fostering motivation and direction. Example: Describing oneself as “a community leader advocating for mental-health awareness.”
Writing application: Utilize “Future Letter” exercises, where the writer writes a letter from their future self to their present self. Challenge: Imagining a positive future can feel unrealistic for some writers; grounding the narrative in concrete steps enhances credibility.

Therapeutic stance of curiosity – An attitude that treats the client’s story as a rich source of information, inviting exploration rather than judgment. In writing, curiosity is expressed through open-ended prompts and reflective feedback. Example: “I’m curious about what you noticed when the problem receded.”
Writing application: Model curiosity in instructions, avoiding statements that imply finality or evaluation.
Challenge: Maintaining curiosity without veering into endless questioning requires skillful moderation.

Language as a tool – The concept that words shape reality, and by choosing alternative language, the writer can alter perception and experience. Narrative therapy emphasizes the power of language to construct or de-construct problems. Example: Switching from “I can’t cope” to “I am learning new coping strategies.”
Writing application: Offer a “Language Shift” worksheet where the writer lists problem-laden phrases and rewrites them with empowering alternatives. Challenge: Some writers may feel that language changes are superficial; linking language shifts to concrete behavior reinforces relevance.

Story-telling ritual – A repeated practice that embeds narrative work within a meaningful routine, enhancing safety and continuity. Rituals can involve lighting a candle, setting a timer, or using a particular notebook. Example: Beginning each writing session with a brief meditation on breath. Writing application: Suggest a simple ritual such as “Write for ten minutes, then pause to reflect on the tone of your words.”
Challenge: Over-rigid rituals may become obstacles; flexibility ensures the ritual serves the therapeutic purpose.

Therapeutic alliance – The collaborative bond between therapist and client, characterized by trust, mutual respect, and shared goals. In narrative writing, the alliance is reflected in the co-construction of texts and the responsiveness to the writer’s needs. Example: The therapist validates the writer’s struggle and celebrates progress, reinforcing safety. Writing application: Periodically ask the writer for feedback on the writing process, adjusting prompts or pacing accordingly. Challenge: Alliance ruptures can occur if the writer feels misunderstood; prompt repair through open dialogue.

Epistemic humility – The recognition that the therapist does not possess absolute knowledge about the client’s experience, and that meaning is co-created. In writing, epistemic humility informs the tone of prompts and feedback. Example: “I wonder how this story feels for you now.”
Writing application: Phrase suggestions as invitations rather than directives, encouraging the writer’s own expertise. Challenge: Balancing humility with guidance can be delicate; clear intention statements help clarify the therapist’s role.

Story-repair – The process of addressing gaps, contradictions, or broken narratives that result from trauma

or loss. Story-repair involves filling in missing pieces, re-linking events, and restoring coherence. Example: A survivor who cannot articulate the beginning of a traumatic event works on reconstructing the timeline. Writing application: Use “Missing Piece” prompts such as “What do you think might have happened before this moment?” To gently explore gaps. Challenge: Delving into missing parts may trigger intense affect; grounding techniques should be integrated.

Narrative scaffolding – The provision of structural supports (e.G., Outlines, templates) that enable the writer to organize thoughts and experiment with new story forms. Example: A three-column template: “Problem,” “Externalized Form,” “Unique Outcome.”
Writing application: Supply a “Narrative Blueprint” that the writer can fill in, gradually removing sections as competence grows. Challenge: Over-reliance on scaffolds can limit creative emergence; phased removal encourages independence.

Reflective practice – The ongoing process by which the therapist (and writer) examines their own responses, biases, and learning throughout therapeutic writing. Example: After a session, the therapist notes how their own cultural assumptions may have influenced prompts. Writing application: Encourage the writer to keep a “Reflection Log” that records feelings about the writing process and insights gained. Challenge: Reflection can become self-critical; framing it as learning rather than evaluation sustains motivation.

Therapeutic narrative loop – The cyclical pattern in which a client tells a story, receives feedback, revises the story, and then experiences a shift in perception, leading to further storytelling. Example: Initial narrative → therapist’s reflective question → revised narrative → new sense of agency → next narrative. Writing application: Design sessions that explicitly close the loop: Each writing piece ends with a brief “What changed for you?” Statement. Challenge: Interruptions in the loop (e.G., Missed sessions) can stall momentum; brief “check-in” prompts maintain continuity.

Therapeutic metaphorical mapping – A visual-verbal exercise that links a metaphor to concrete life domains, illustrating how the metaphor’s attributes operate in reality. Example: Mapping “the problem as a storm” onto emotions (wind), relationships (rain), and actions (seeking shelter). Writing application: Provide a “Metaphor Map” grid where the writer lists metaphor components and corresponding lived experiences. Challenge: Some writers may struggle to translate abstract metaphor into concrete details; guided examples help.

Language of possibility – A set of words and phrases that open doors to new actions, identities, and futures, contrasted with language of limitation. Example: Replacing “I can’t” with “I might try.”
Writing application: Compile a “Possibility Lexicon” and ask the writer to incorporate at least three new terms into each entry. Challenge: Over-use of optimistic language may feel forced; balancing realism with possibility maintains credibility.

Narrative humility – The stance of acknowledging that stories are provisional, subject to revision, and that no single version can capture the totality of experience. Example: “This version of my story feels true today,

but I may see it differently tomorrow."
Writing application: End each writing session with a "Provisional Statement" that reminds the writer of the fluidity of narratives. Challenge: Writers may fear that humility undermines commitment to change; framing humility as flexibility supports empowerment.

Therapeutic narrative closure – The intentional ending of a story segment that signals completion, integration, or transition to a new chapter. Closure can be marked by a ritual, a statement, or a symbolic act. Example: Writing "I close this chapter with gratitude."
Writing application: Invite the writer to create a "Closing Phrase" that they repeat at the end of each piece, reinforcing a sense of finish. Challenge: Premature closure can halt exploration; ensure the writer feels satisfied before concluding.

Re-authoring interview – A structured conversational format that guides the client through externalizing, mapping, identifying unique outcomes, and constructing a preferred narrative. In writing, the interview can be adapted into a series of prompts that mimic the interview flow. Example: Prompt 1 – "Name the problem." Prompt 2 – "Describe how it shows up in your life." Prompt 3 – "Recall a time when it was absent." Prompt 4 – "What does that tell you about yourself?"
Writing application: Provide a "Re-authoring Interview Worksheet" that the writer completes in succession, mirroring the oral process. Challenge: The linear nature of the worksheet may feel restrictive; allowing the writer to reorder prompts supports autonomy.

Therapeutic narrative editing – The act of revising written stories to emphasize strengths, clarify meaning, and align with preferred identities. Editing is collaborative and respects the writer's voice. Example: Changing "I was stuck" to "I navigated a challenging situation and discovered new pathways."
Writing application: Conduct a "Peer Editing" session where another participant offers constructive suggestions focused on agency and possibility. Challenge: Writers may feel vulnerable to critique; establishing clear editing guidelines (focus on language, not content) reduces anxiety.

Story coherence – The logical, emotional, and temporal consistency that makes a narrative understandable and meaningful. Coherence is fostered through clear sequencing, cause-effect links, and thematic unity. Example: A fragmented story that jumps between unrelated events lacks coherence. Writing application: Teach the writer to use "story arcs" (setup, conflict, resolution) to structure entries, enhancing coherence. Challenge: Over-emphasis on coherence can suppress spontaneity; balancing structure with creative flow is key.

Therapeutic narrative paradox – The tension between acknowledging the reality of suffering while simultaneously fostering hope and change. Embracing the paradox allows the writer to hold both pain and possibility without feeling contradictory. Example: Recognizing that a loss is painful while also seeing opportunities for growth. Writing application: Use a "Paradox Prompt" such as "Describe how this pain also points to a hidden strength."
Challenge: Writers may experience cognitive dissonance; gentle pacing and validation help integrate the

paradox.

Collaborative re-storying – The joint process of co-creating a new story that reflects shared values and aspirations. In writing, collaborative re-storying can involve co-authoring a narrative or jointly editing a draft. Example: Therapist and client co-write a “Future Vision” that blends therapeutic insights with personal goals. Writing application: Set up a shared document where each party contributes alternating paragraphs, fostering dialogue. Challenge: Power imbalances may surface; explicit discussion of each person’s contribution helps maintain equity.

Therapeutic narrative timeline – A chronological chart that not only lists events but also annotates the narrative themes attached to each event, highlighting shifts in dominant stories. Example: Early childhood – “obedient child” theme; adolescence – “rebellious teen” theme; adulthood – “responsible professional” theme. Writing application: Provide a timeline template with columns for date, event, dominant theme, and emerging alternative theme. Challenge: Filling the timeline can be emotionally taxing; encourage the writer to start with a few key events before expanding.

Story as resource – The perspective that every story contains hidden strengths, skills, and knowledge that can be mobilized for change. This reframing shifts the focus from deficit to asset. Example: A “survivor” story includes resilience, problem-solving, and empathy. Writing application: After each narrative segment, ask the writer to list at least two resources embedded in the story. Challenge: Identifying resources in highly distressing narratives may feel forced; validate the difficulty and proceed gently.

Therapeutic narrative framing – The deliberate selection of perspective, tone, and focus that guides the writer toward a particular therapeutic aim (e.G., Empowerment, acceptance). Framing shapes how the writer interprets their own story. Example: Framing a conflict as “a learning encounter” rather than “a failure.” Writing application: Offer alternative framing options for a given paragraph and invite the writer to choose the one that resonates most. Challenge: Over-framing can be perceived as manipulation; maintaining collaborative choice preserves authenticity.

Therapeutic language audit – A systematic review of a writer’s vocabulary to identify limiting or stigmatizing terms and replace them with empowering alternatives. Example: Auditing a diary for words like “hopeless” and substituting with “challenged.”
Writing application: Provide a checklist of common limiting words and ask the writer to highlight and revise them in a recent entry. Challenge: Language change may seem superficial; linking revisions to concrete behavior reinforces relevance.

Narrative exposure – The controlled sharing of traumatic or emotionally charged stories in a safe therapeutic context, allowing the writer to process and integrate the experience.