

叙事

心理治疗

Narrative Therapy

李明著



创立于1897

商務印書館

The Commercial Press

本研究受中央高校基本科研业务费专项资金资助(RW2015-24)

叙事心理治疗

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 商务印书馆
The Commercial Press

2016年·北京

图书在版编目(CIP)数据

叙事心理治疗/李明著.—北京:商务印书馆,2016
ISBN 978-7-100-12165-1

I.①叙… II.①李… III.①叙述—精神疗法
IV.①R749.055

中国版本图书馆 CIP 数据核字(2016)第 071237 号

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商务印书馆出版

(北京王府井大街36号 邮政编码100710)

商务印书馆发行

山西臣功印刷包装有限公司

ISBN 978-7-100-12165-1

2016年5月第1版 开本880×1230 1/32

2016年5月山西第1次印刷 印张7½

定价:30.00元



早早地就答应作者，要为本书写个简短的序；也早早地在拿到书稿后就通读过全书的内容。但毕竟未能静心落笔，为此深感歉疚。

一个偶然的机，让我在一个南方 30 年未遇的寒冷夜晚，迈入了某个四面环山的寺院山门。踏入山门，环顾四周，只有月光和星光在头顶照耀，寺院周边的山峦在暗蓝色的天空中画出一道错落有致、平缓起伏的轮廓（据说这是安置寺院的绝佳风水）。伫立在幽暗的寺院广场中心，看着：灰袍僧人撞击 3 米铜钟，黑袍打更人敲打木梆、绕寺疾行；听着：金属声悠远空旷，空木声短促清脆。

次日清晨，随寺院住持、僧人、居士一等众人在灵山宝殿做诵经早课。诵经之人有男有女，分列大殿两侧；他们时而诵读，时而唱诵，时而在殿内边行边诵。诵经之声有高有低，梵语经文朗朗而出，和谐而飘逸，与萦绕在大殿中的钟声、鼓声和木鱼、钹器、铜铃的敲击声，节拍齐整、韵律合辙，更增添了庄重、入境的灵性氛围。

约一个小时的诵经早课完成后，众人列队移行到斋堂，食用信众为寺院供奉的斋饭。堂中条桌条椅排列整齐，男女人堂后亦分左右而



坐，每列条桌头上都摆放标志，提示哪类人员可以入座此列。我等教外之人，只能坐在最后一排的“参访团”条桌旁。斋堂各处张贴着两字：“止语”，让人们即刻从高升诵经声中，进入徐徐脚步移动声中；待人们落座后，连脚步声也停止下来，整个斋堂变得寂静安详。主持简短诵经之后，便由众多义工一只臂膀挽着一只木桶，另一只手拿着木铲，背朝前倒行着分别为每位诵经者盛上斋饭：一个馒头，一铲蘑菇青豆炒饭，一铲熬青菜，再加两勺红枣莲子粥。在条桌的另一头，大字条幅上写着：“感恩供奉”。“止语—感恩供奉”，这或许就是僧人们在用斋时要继续做的功课。本质上，僧人们弘扬佛祖之说，让众生百姓有精神依托，而广大信众则自愿供奉，成为僧人们的衣食靠山。

在大殿诵经和斋堂用膳中，我都曾思绪翻飞（恕我不敬，未能专心侍佛），想着：因为遁入佛门，僧人们的仪式行为如此整齐划一，难道他们的内心也是这般情境，严格遵循着佛祖们指出的“超脱六道轮回”之法门吗？按照心理学（俗家之说，又显不敬）的理解，他们每个人自己的认知、情感活动又是如何在修行中流动的呢？他们虔诚修道之后，还会有自己的人生故事吗？

故事？彼时，当“故事”一词闪现而出，就令我想起了《叙事心理治疗》一书。忽然，我似乎有了一丝灵感，朦胧地知道了自己的读后感应朝哪里去落笔了。“叙事疗法”大致说来，也可称为故事建构疗法。建构论则是后现代主义的重要理论之一。

当代的思想界多是围绕着科学主义进行着争辩和探索。显然，随着人类进入现代社会，科学思想的力量和效度显露无疑，科学似乎在引领着人类的未来发展。但是，科学在解决人类的问题时，又显得无能为力，即便是科学大师也不得不承认，科学只能解决科学问题。何谓科学问题？它“是一定时代的科学认识主体在当时的知识背景下提出的科学认识和科学实践中需要解决而又未能解决的矛盾，它包含着一定的求解目标和应答域，但尚未确定答案”。从上述定义可以看到，科学只能解决在一定的知识体系下确定的目标域和应答域中的问题，而非人类面临的所有问题。即便做了如此界定，思想界对科学认识的本质仍然穷追不舍，它是认识世界的唯一有效途径吗？它能帮助人类找到“真理”吗？

从各种质疑声中涌现出了后现代主义思潮，一种超越由科学主义定义的人类现代化的开放式思考。它主张消解和重构，消解科学主义对人类思维的羁绊，重构研究的领域和方法，更注重事实与价值的融合，倡导将知识放到社会背景之中，任何知识都是人际互动和社会建构的产物。叙事心理学便是后现代主义思潮中，注重使用叙事表征和话语分析研究人生故事的学说，它强调人的心理的情景性和生成性。

由此而形成的叙事疗法则进一步阐述，人的心理问题源于外界事物，它们导致个体生活故事的连续性遭到破坏，因此心理治疗的目的就是帮助个体用外化而非内化的方式，来修复自己的人生故事或者重构一个新的故事。正像本书作者指出的那样：“外化是叙事治疗对待‘问题’的立场和策



略。……实际上‘问题’是内化的结果。……叙事治疗要通过运用背景、命名、改换指称方式等，帮助当事人领悟到‘人’和‘问题’的不同”，从而将人和问题分离开。在重构的故事中，问题将附着于外界因素，被排除于新的故事之外，故而，新故事的叙述会令人自身得以重生。

叙事疗法是当前流行的心理咨询和治疗的方法之一。在我国从西方引入心理咨询和治疗的理论和技术的短暂历史中，叙事疗法可算是第三波时兴起来的流派。第一波当属精神分析学派无疑，德国人的巨型理论——精神分析率先登陆，培养出一批精分的大咖和拥趸。第二波应归属于美国人的中型理论——认知—行为疗法学派。可惜中国人更倾心于宏观思维，因而，注重实证、具体而微的认知行为模型似乎没能盖过第一波精分的影响。随后而来第三波一上来就颇显不同，大有盖过精分影响的势头。它包括了叙事疗法、合作取向治疗、教练咨询技术和积极心理学辅导等，大大拓展了我国心理助人行业的视野，从而使得后现代主义心理学在我国（尽管我国大部分地区的民众还在现代化行程中覬覦、蹒跚）大行其道。因为后现代主义强调心理问题生成中的文化因素，因而中国的佛家、儒家、道家学说也乘势在心理服务领域占据了一席之地。第三波流派兴起的过程中还催生出了新一代的中国心理学咨询专家，《叙事心理治疗》的作者李明博士便是其中的一位代表人物。

李博士授课时轻声慢语、不急不躁、娓娓道来，就像给大孩子们讲故事一般。他平淡言语中显露着年轻学者的智慧

和学识，而其授课内容中则融汇贯穿着叙事心理学、人本心理学、文化心理学、中医哲学和佛学等诸多学问。《叙事心理治疗》是其首部专著《叙事心理学导论》的再版，作者在其中增加了更深入的思考和更多的实践经验，自当在第三波的流派中继续引领潮头。

我在阅读《叙事心理治疗》一书以及相关背景的书籍时，有过如下的“顿悟”，以文字记之，曰：叙事就是讲故事，哲学叙事就是讲每个人的故事，心理学叙事就是让每个人讲自己的故事。叙事疗法就是让讲故事的人将故事由内而外地讲出来，将它嵌入到生于斯、长于斯的自然、社会和文化背景之中，使讲者感觉故事内容能与其环境勾连、融通起来，从而因能自我理顺而陶醉。

最近应朋友之邀，做了个心理健康讲座，题目借用了中医术语，名为“不通则痛、不荣则痛——心理学与医学同构”。“痛指疼痛、痛苦：身与心流动出现的梗塞、阻断和扭曲状；通指溶栓、疏通：血脉融通者，与认知通达者；荣指枯荣：气象四时阴阳均衡焉，与情绪欲望高低涨落焉。”身心问题都以疼痛结。医学可以药物溶栓、导管介入，疏通血脉，营养身体，疼痛即除；心理学则可外化阻断、剥离问题，重构故事，圆通人生，痛苦亦除。“故谓之医、心两者同构。心理疏通可总括为：‘聪明之人，一点就通；通则不痛，一通百通。幸福之人，万变皆荣；荣则不痛，一荣俱荣’。”

尽管僧人在“诵经—止语—感恩”的仪式行为中整齐划



一，但他们内心的故事也一定是多姿多彩的吧？修行对他们来说，就是重建各自的人生故事。愿僧人们修行圆满，摆脱轮回，超度涅槃；也愿俗家世人讲好自己的故事，身心健康，远离痛苦，幸福安康！

张建新

国际心理联合会执委

前亚洲社会心理学会主席

中科院心理研究所研究员

2016年1月27日于北京天坛



There is something happening in China. At least, that is my impression from visiting Beijing and from learning about the intended publication of this book. New ideas and practices do not develop in a vacuum, nor usually from an individual genius acting alone. Rather they develop in a discursive context that allows particular narratives to percolate. It has to be a context that opens the door when fresh ideas come knocking, recognizes them, invites them in the door, gives them a hearty welcome and offers them a home in which to stay for a while and mature.

While I cannot read in Chinese the details of what this book includes, I have been able to understand in outline what is planned. I am thrilled to see Chinese authors putting their own stamp on narrative practice and look forward to learning from this in future. I am aware that there is a community of interest around this effort and I am hopeful that this community will expand as a result of it.

This book represents some bold efforts to map out narrative practice for readers who are hungry for ideas. It grows out of years of experimenting and teaching and is built on robust intellectual



foundations that have been interwoven with aspects of Chinese culture. Narrative therapy draws upon sophisticated and systematic philosophical exploration that is current and ripe with innovation. That does not mean that it is not extremely practical. It is. But it is also philosophically consistent.

As a descriptor, the term ‘narrative’ can be slightly misleading and does not quite capture all of the poststructuralist influences that lie in the background. On the other hand, it is a term that has achieved some recognizability and serves as useful shorthand as a result. The concept of narrative signals that a community is not just a collection of individuals; nor can people be understood only by uncovering their personality structures. People’s lives are also permeated with narratives, out of which people form expectations and make daily decisions. They mediate their experience through the stories that they tell and that are told about them. There is not much to be gained by debating the truth value of these narratives. Finding the correct story is seldom helpful. It is better to understand and to work with their effects of narratives in people’s lives and in the life of a community.

For the therapist, the challenge lies in figuring out the most apt process for bringing about the desired changes in people’s lives. Rather than thinking in terms of cognitive restructuring, this book advocates the process of re-authoring. The concept of re-authoring allows for the appreciation of nuances. If stories exert influence

on what people say and do, then why not work with the stories themselves. Why not re-author the dominant narrative? Or change the plot? Or shift the ways in which people are characterized? Or introduce new themes? Or recuperate neglected storylines?

The concept of discourse, as developed by Michel Foucault, is often used as an alternative for the concept of narrative. The two concepts mean different things but these meanings also overlap. Relationships between people are both sites of narrative elaboration and also of discourse exchange. In the midst of relational exchanges of discourse, discursive patterns develop and often come to dominate people's understanding. They can come to dominate the stories that are told and enacted, as well as the stories that are silenced. But discourses also sometimes discontinue or change. There are always subjugated discourses that can emerge through insurrection into the spotlight. For example, a discourse of teamwork and respect can be recovered from under the nose of a dominant discourse of disharmony.

This book explores what can be done with these concepts in the practice of therapy. It also traces and puts to use some further derivatives from these concepts. For example, externalizing conversation is explored, re-membering conversations are examined and the use of writing narrative letters is illustrated.

A major dilemma of therapy is whether to act as an expert who knows best or to elicit solutions to problems from members of the



organization. A narrative perspective favors the latter approach, which is more facilitative than didactic. It involves seeking out the local knowledge or the hidden wisdom that already lies in the shadows of a problem. The preference for this emphasis in therapy relies not just on the measurement of effectiveness but also upon a robust analysis of relational politics. I am not referring here to official politics but to the politics of meaning-making, in which people in families or communities vie for control of the discourse or of the narrative that will dominate understanding of what is happening. A narrative approach to therapy is careful about the ethics of imposing solutions from the outside and embodies respect for the indigenous but underutilized knowledge that always lies hidden in families and communities. It balances awareness of the politics of meaning-making with ethical care.

Personal problems are often messy and complex. They resemble what Deleuze and Guattari refer to as rhizomes. For example, they are often less like trees with a single taproot than like crabgrass that grows horizontally in several new directions at once, repeatedly putting down new roots. For a therapist seeking to get a handle on the complexity of life, several things are necessary. He or she first needs some tools to listen with. This book rewards a careful reader by approaching the listening task in a fresh way. Then an incisive analysis of the politics of making meaning at the local level is useful. The narrative approach draws extensively

from Michel Foucault's analytics of power to help therapists notice how people seek to influence and sometimes to dominate each other within a family or community. Such power relations are frequently the source of problems that people seek help with. Then the therapist needs to develop the ability to inquire in a way that will generate new meanings and will help counter narratives to emerge. The performance of such counter narratives opens up possibilities for change.

This book outlines ways to conduct such inquiry, illustrates it with specific questions to be asked and sketches out some processes and rituals in which they can be deployed. The book is clearly practical but it is also about careful thinking about practice. I am pleased that the authors have taken the significance of their own work seriously enough to write about it in this book. It would now be my prediction that these practices will assume a new significance and take on a new life as a result of this publication. I look forward to their rhizomatic growth. I am confident that many people in China will benefit greatly from this work.

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Redlands, California

December, 2015

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What comes to my mind when I think of Narrative Therapy? A sense of self agency and collaboration, a stance of curiosity of the exotic, a deep belief in people and their resourcefulness.

People come to see us professionals because they suffer from different problems and difficulties. These have varied effects on them including loneliness, hopelessness, helplessness, a sense of despair, anxiety just to name a few.

Opening therapy with the question “we can start talking about the problem that brought you here but it is also possible to hear about you outside the problem, about what skills, knowledge of life and values you have. About things you like. How would you prefer to start?” this simple question holds in it many of the notions mentioned before that are an antidote to some of the effects of difficulties and problems. The choice given to the person consulting us is a way to mediate a sense of self agency. Asking the person what way to proceed is a reflection of the Narrative basic idea that the person is the expert of his life. This question and it like sets the stage for a collaborative journey we have in Narrative Therapy.



It also is an example of the stance of curiosity and search of the extraordinary (David Epston) and the exotic (Michael White) in the lives of the people we work with.

It is with great excitement that Narrative Therapy is making ways in China. I had the honor to teach with Prof. Ming in China for Dulwich Center in the summer of 2013. I found the attendants of the course eager learners and we shared ancient cultures. There is something about Narrative Therapy that speaks to people with a long history and culture and a deep sense of a community. Ideas like values, meaning and social constructionism are not strange to us.

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16th of January, 2016

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