CLINICAL BRIEF · PATH TO FREEDOM ALONGSIDE

Narrative Therapy

Re-authoring, and where the two disagree

Narrative therapy, developed by White and Epston, separates the person from the problem and supports the re-authoring of a life story that dominant discourses have saturated. The path shares the practice of treating an adopted pattern as something taken on. The frameworks part ways on the self: narrative therapy generally treats identity as constructed in language and relationship, and the path treats a self as present to be recognized. The pairing is best offered with that difference stated.

Clinical frame

- Problem saturated dominant stories shaped by culture and family
- Externalizing conversations that place the problem outside the person
- Unique outcomes that contradict the dominant story and open an alternative
- Re-authoring, thickening the preferred story, and definitional ceremonies with witnesses

Path to Freedom frame

- Invisible contracts and masks understood as inherited and adopted, not essential
- Witness: stating plainly what is true, done alone
- A self recognized as present beneath the layers
- No re-authoring conversations and no outside witnesses

Points of conceptual fit

Externalizing and masks
DISCOVERY

Both describe a pattern as something the person took on. Speaking of a mask or contract as adopted creates room to ask whether to keep it.

Unique outcomes and Alignment
ALIGNMENT

A moment that contradicts the dominant story can be the first evidence of what a person values. Alignment gathers such evidence into a life the person can act from.

Dominant discourse and inherited contracts
DISCOVERY

Narrative practice attends to the cultural sources of a story. The path attends to the same sources as inherited contracts, which a client can trace in reflection and bring to conversation.

Division of labor

The clinician

- Externalizing and re-authoring conversations
- Definitional ceremonies and witnesses
- Judgment on the essentialist premise

The path

- Tracing inherited contracts in reflection
- Done alone
- Pointing the client back to the therapist

Coordination and cautions

The difference on the nature of the self matters. A narrative therapist may prefer that a client not receive an account of a recognized, present self, and the therapist decides.

Return to the clinician when a memory returns with more force than reflection can hold, when sleep, appetite, or functioning change sharply, when panic, numbness, or a sense of being unreal appears, when there is fear of someone in the person's life, or when there are thoughts of ending life or harming someone (988 in the United States).

A proposed conceptual integration offered by The Autonomy Commission. It is not a manualized protocol and has not been empirically evaluated. The Path to Freedom is not psychotherapy, offers no diagnosis or treatment, and defers to the treating clinician on every clinical decision. Nothing is shared without the client's written consent.

An institute for the self that was always there.

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