**Narrative Therapy in Practice: A Case Study of a 24-Year-Old Single Father**

**Abstract**

Narrative therapy is a collaborative, non-pathologizing approach that centers people as experts in their own lives. This case study explores the application of narrative therapy in counseling a 24-year-old single father experiencing emotional distress and low self-worth following a relationship breakdown and the pressures of solo parenting. Using narrative techniques such as externalization, re-authoring, and the use of alternative stories, this paper demonstrates how therapeutic conversations can empower clients to reclaim agency and build more hopeful identities.

**Introduction**

Narrative therapy, developed by Michael White and David Epston in the late 1980s, views problems as separate from people and focuses on the stories individuals tell about their lives (White & Epston, 1990). Central to this practice is the belief that identities are shaped by narratives constructed through social, cultural, and relational contexts. Rather than labeling clients with diagnostic terms, narrative therapy seeks to deconstruct dominant problem-saturated stories and co-create new, empowering narratives (Freedman & Combs, 1996). This case study explores the practical application of narrative therapy in supporting a young father named Ali, highlighting both techniques and outcomes.

**Client Background**

Ali is a 24-year-old single father of a 3-year-old daughter. He approached counseling after a recent separation from his partner, citing feelings of inadequacy, isolation, and anxiety about his ability to parent alone. He works part-time and lives in shared accommodation, relying on extended family for occasional childcare. During the initial session, Ali described himself as a "failure" and "burden," expressing guilt for the breakup and concern over his daughter’s future.

Ali’s presenting issues included low self-esteem, poor emotional regulation, and social withdrawal. However, rather than pathologize these responses, the narrative therapy framework treats them as responses to life challenges shaped by broader social narratives—particularly those related to masculinity, parenting, and self-worth (Carey & Russell, 2003).

**Therapeutic Goals and Approach**

The counseling goals established collaboratively with Ali were:

1. To explore and externalize his internalized negative self-perceptions.
2. To identify alternative stories that reflected his strengths and intentions as a father.
3. To co-author new meanings that support his preferred identity.

Narrative therapy views the therapist not as an expert imposing solutions, but as a collaborative partner in meaning-making. The first task was to identify the dominant story that Ali had internalized: one of personal failure and incompetence.

**Externalizing the Problem**

In early sessions, externalizing language was used to help Ali separate himself from the problem. Rather than saying "I am a bad father," we reframed it as "The Doubt is telling me I’m not good enough." This linguistic shift created space for Ali to see his worth outside the negative story.

Ali responded well to the metaphor of “The Doubt” as an uninvited guest influencing his thoughts. This allowed him to begin challenging its authority. For instance, when reflecting on his daughter’s smile after he made her breakfast, Ali stated, “Maybe The Doubt wasn’t in the room this morning.”

Research supports externalization as a tool for diminishing problem influence and empowering clients to see themselves as separate from their difficulties (Morgan, 2000).

**Mapping the Effects and Deconstruction**

Once the problem had a name, the next step was to map its effects. Ali described how “The Doubt” made him avoid parenting groups, withdraw from friends, and feel ashamed in front of his ex-partner. We explored the origins of this story—societal expectations that men should be emotionally stoic, financially dominant, and independent providers. These discourses shaped Ali’s sense of inadequacy.

Narrative therapy seeks to deconstruct such cultural narratives by asking questions like: “Where did you learn that?” and “Who benefits from this belief?” (White, 2007). These questions helped Ali critically reflect on how gender norms were influencing his self-perception.

**Identifying Unique Outcomes**

As therapy progressed, we looked for “unique outcomes”—moments that contradicted the dominant narrative. Ali shared stories of putting his daughter to sleep, cooking meals, and comforting her when she had nightmares. Though he initially dismissed these as routine, they became anchors for alternative identity claims.

We documented these experiences in a “Book of Dads,” a therapeutic tool where Ali wrote letters to himself from the perspective of his daughter, affirming his care and presence. Narrative therapy encourages such creative practices to reinforce preferred stories (Epston, 1999).

**Re-authoring Conversations**

The most transformative aspect of therapy came during re-authoring conversations. Ali began to articulate a new identity as a “gentle protector” and “learner dad.” These stories were rooted in intentional acts of love, growth, and resilience. Rather than seeking perfection, Ali embraced being “present and learning.”

We co-created a timeline of his parenting journey, marking milestones like enrolling in a parenting class and taking his daughter on her first solo outing. This timeline, displayed on his bedroom wall, became a visual narrative of his evolving competence and commitment.

**Re-membering and Community Witnessing**

Another technique used was **re-membering**, which involves reconnecting with supportive relationships and positive identities (White, 2007). Ali identified his late grandfather as someone who taught him patience and presence. We included his grandfather in a “supportive membership club”—a therapeutic metaphor for people whose voices still influence us.

To strengthen this new story, Ali invited his sister to a session to share her observations. She affirmed his growth as a father and described how her own children enjoyed spending time with him. This “outsider witness” technique, borrowed from narrative practices, validates preferred identities through communal acknowledgment (Carey & Russell, 2002).

**Outcome and Client Reflection**

After six sessions, Ali reported feeling more confident and emotionally grounded. He had joined a community parenting group and was pursuing a vocational course. More importantly, he no longer introduced himself with the words “I failed.” Instead, he described himself as “doing the work of fatherhood.”

In his closing letter, Ali wrote:

“I used to think I was broken. But now I see I was just trying to hold everything together with no one to talk to. Talking helped. And writing my own story helped even more.”

**Discussion**

This case illustrates how narrative therapy can be particularly empowering for clients struggling with identity, shame, and life transitions. For young fathers like Ali, dominant social narratives about masculinity and parental roles can create internal conflict and emotional distress (Scourfield, 2003). Narrative therapy offers a culturally sensitive and strengths-based alternative to deficit models.

While the therapy was effective, challenges included building initial trust and navigating the emotional weight of co-parenting struggles. Flexibility, cultural humility, and creative methods like letter writing and timelines proved useful.

Future practice might benefit from integrating narrative work with group-based peer mentoring for fathers, particularly in communities where help-seeking among men is stigmatized.

**Conclusion**

Narrative therapy provided a compassionate, empowering space for Ali to re-author his identity and embrace fatherhood with agency and self-respect. By separating the person from the problem, amplifying unique outcomes, and validating alternative narratives, therapy helped him rediscover his worth and reshape his story. His journey reflects the broader potential of narrative practice to transform how clients see themselves—and how they live their lives beyond the therapy room.

**References**

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