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# Trainer's Manual

## Narrative and Cultural Awareness Lab

**Help prevent radicalisation by learning how to empower youths to respond to negative stimuli and toxic narratives**

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The contents of this manual are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Commission.



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## Executive Summary

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Narratives have been acknowledged in e.g. sociological, psychological, cultural anthropological studies etc. as a basic strategy lying at the heart of identity formation and restructuring. In simple words, identity is formed through narratives. Those that we tell each other and those that we tell ourselves to explain and motivate our choices, our reactions, our past, present, and future. The social construction of collective identities has also been linked to narratives that we - as a community - inherit and preserve.

Scientific studies factors of radicalisation cite troubled and conflictual identities among the most frequently pull factors: a sense of identity described as a 'quest for significance' (A. W. Kruglanski, 2014), 'search for identity contributing to a sense of belonging, worth and purpose' (Dalgaard-Nielsen, 2008b), personal fulfilment (Silverman, 2017), lack of self-esteem (R. & Borum, 2017) (Chassman, 2016) (Christmann, 2012) (Dawson, 2017) (Lindekilde, 2016) (Senzai, 2015), individual frustration and insult (Larry E. Beutler, 2007), cognitive-social factors like risk taking and reduced social contact (Taylor & Horgan, 2006), personal victimization (McCauley & Moskalenko, 2011), displacement of aggression (Moghaddam, 2005), are all related to a conflictual and dysfunctional sense of identity.

This manual will, therefore, look into how to better understand the role narratives play in our identity formation, the way we can spot dysfunctional or toxic narratives and, last but not least, the way in which we can use narratives in order to employ promising psychoeducational intervention practices in the daily routine of first line practitioners working with young people vulnerable to radicalisation. It comprises a series of exercises that, if used in convergence, can help first line professionals use narrative therapy strategies and techniques to help divert them from a negative image of self and others. It also offers solutions to encourage in young people positive and empowering ways of self-expression and self-affirmation. The techniques described have been inspired by the work of therapists using narrative therapy in treatment of phobias, anxiety, depression, schizophrenia etc.

## Experimental Lab 'Narrative and Cultural Awareness'

*There is no greater agony than bearing an untold story inside you.*

*Maya Angelou*

### Why teaching narrative therapy?

Individuals are both containers of identities that other people project upon them through stories and distributors of identities they themselves project out to the world through their own stories. The most important value a story/narrative holds from a therapeutic perspective, is that it allows us to acquire coherence and margins, to delineate from chaos and distinguish what we are from what others are. Therefore, stories have been divided, according to their function, in stories that create identities, self-esteem, legitimate, empower, develop etc. Narrative therapy, though still insufficiently explored in terms of impact and success, has been associated in the few scientific studies that have been made so far, with a social construction of preferred realities and the reframing of events and their meaning in a positive and constructive approach. The function of narrative therapy is to:

- **Establish conflicting and dysfunctional narratives of self and others** that people might hold in e.g. relation to sexual orientation, gender stereotypes, cultural stereotypes, others etc.
- **Deconstruct negative relations of power** (who holds the right to story events, who assigns meaning, how we internalise stories projected by the community, agents of power etc.).
- **Empower the individual through deconstruction of the dysfunctional, problem saturated narrative, externalisation of “the problem” and the internalisation of a positive agency oriented alternative narrative.**

Therefore, apart from psychologists doing therapy, teachers, trainers, coaches or educational councillors, community police and any other actor interacting with young people vulnerable to radicalisation could benefit a great deal from integrating the therapeutic approach to narratives into their practices.

## Manual rationale

This manual is aimed to provide the curricula and actual content of the experimental lab dedicated to narrative therapy techniques applicable in interventions targeted at young individuals that are either vulnerable to or in the process of radicalisation. It targets the internalisation and further replication of practical, hands-on – strategies and personal skills desirable in the construction of a positive, agency-oriented narrative.

Research studies that tackle with push and pull factors of radicalisation have shown that factors related to identity formation and affirmation are among the most often cited explanations provided for why people radicalise: a perceived relative deprivation, for instance the failure to fulfil one's aspirations (Moghaddam, 2005); experienced prejudice and perceived exclusion from an in-group (Stroink, 2007); (J. A. Victoroff, 2012); alienation (Horgan, 2008) (Wilner, 2010); threats to one's collective identity as a result of globalization (Monahan, 2012) and mortality salience (Pyszczynski, 2006). Identity-formation is important in radicalisation, as it can become 'maladaptive' and make some individuals more vulnerable to radicalisation. Radicalisation is also a social process and identity can play a key factor in individuals becoming involved in violent extremism and religion and ethnicity are strong elements of individual and group identity (Allan, et al., 2015).

The hands-on strategies proposed by the experimental lab address both strategies used to disengage the individual from pursuing problem saturated narratives about self and others, and, subsequently, to embrace positive, effective strategies to channel the individual towards an agency oriented positive story of identity.

**The curricula and content of the lab should be used in direct correlation with the support material provided in the present document.**

## Key competences to be developed

- Social competences – handling problem saturated stories with an external and critical eye, being able to deconstruct toxic narratives and internalise agency-oriented identity formation narratives
- Problem solving - capacitating young people to engage in reflexive processes about internalised norms and values that govern identity formation and affirmation, while consolidating their ability to handle conflicting identity valorisation in non-conflicting ways)
- Emotional competence and autonomy building (positive self-image, emerging feeling of control and efficacy)

## Methodology

This experimental lab is based on developing knowledge and skills through the cognitive-behavioural instructional model and the learning by doing model. Its main aim is to provide trainees with an essential set of skills and behaviours easily usable and adaptable when dealing with young individuals displaying toxic and problem saturated stories about own self and others. The lab is designed to be used as a safe chamber where participants can learn and experiment alternative ways of responding to contexts where young individuals experience and display toxic, passive, dysfunctional identity narratives in connection to social isolation, polarisation and extremism. Participants will also be encouraged to learn and replicate these techniques whenever adequate within communities.

The lab proposes techniques that help teach young individuals respond to negative stimuli and toxic narratives in concrete situations. It equips professionals involved in interaction with young people with solutions to encourage them how to control behaviour by reframing their identity and image about self, empowering own positive choices. The aim is to teach first line professionals address young people vulnerable to radicalisation by responding to their needs in non-destructive ways and making them resilient to conflicts while adopting a sense of personal value.

Educational techniques	
Instruction	X
Demonstration	
Role play	X
Rehearsal in pretend scenarios	X
Feedback	X
Reinforcement	X
Extended practice	X
Guided discussions	X
Cognitive modelling through mentor think aloud	X
Free discussions	X
Covert self-instruction (student inner speech)	X

## Experimental Lab Scenario

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### Theme

Narrative therapy techniques – understand, learn how to use, integrate into everyday professional interaction with individuals vulnerable to radicalisation and violence those strategies and techniques that can empower young people set away from problem saturated narratives and effectively embrace a positive, agency and goal oriented self-storied identity.

### Target audience

First line professionals working with youth vulnerable to radicalisation – teachers, school councillors, social workers, police and security officers.

### Core questions to be answered

- What is a narrative from a sociological and a psychological point of view?
- How do narratives impact our life?
- What is narrative therapy?
- How can we use narrative therapy to divert an individual from a problem saturated framing of reality?
- What are the best strategies to integrate narrative therapy in your personal and professional life?
- What are the best strategies to address dysfunctional and toxic narratives embraced by individuals vulnerable to radicalisation and violent extremism?
- How much can a teacher or a social worker help and where do we need to address professional help (e.g. individual therapy, group therapy)?



## Core concepts to be addressed

Identity formation, identity affirmation, narrative therapy, goal oriented and agency-oriented strategies to story the self, de-conflicting multiple identities etc.

## Key learnings

- Recognise a toxic and/or dysfunctional narrative of themselves and others
- Understand how a toxic narrative can affect the psychology of the individual, how it can be contained and replaced by positive and empowering narratives
- Understand what the main strategies are used by narrative therapy: e.g. life story narrative, externalising the problem, the decentred position of the counsellor, re-authoring etc.
- Understand if and how a first line practitioner can offer support in the short term and advise vulnerable individuals on the psychological support they might need in the long run
- Develop social responsibility and social skills to address individuals with a toxic and problematic image of self and others
- Reflect on how strategies and tactics used in narrative therapy can be integrated and adapted to their professional routine

## Exercises

Types of exercises to be developed:

- Recognize the issue – e.g. a toxic, dysfunctional, conflict narrative of self and others
- Spot the problem
- Identify tactics used to solve the problem
- Improve tactics – what was the problem? What was the goal? What was the barrier? How was the problem solved? How could we have solved it better?
- Provide alternative solutions
- Follow up test

# # 1

## Brainstorming – free associations

Exercise No. 1	Icebreaker – What do we know about narratives?
<b>Objective</b>	To get a preliminary scan on participants beliefs and knowledge on narratives from a social sciences perspective
<b>Target audience</b>	Age groups - any (if adapted to target group audience level of understanding)  3 distinct exercise handouts are offered: beginner (recommended for age: 6+12), intermediate (recommended for age: 12-16+), and advanced (recommended for age 16+/adults) – <i>Figures 1.1-1.3.</i>
<b>Timing</b>	10 minutes
<b>Input</b>	Flipchart, markers and/or computer, video-projector screen, smartphone
<b>Description</b>	<p><b>Icebreaker 1: My Life Story</b></p> <p>Trainer divides participants in groups of 5 individuals and asks them to answer the question “Who am I?”</p> <p>Recommendation: young children shall be encouraged to draw their stories; 6+ year olds will be encouraged to write a short one paragraph story and then tell the story to the group.</p> <p>Handouts below can be used. Simpler versions, if explained by the teacher/facilitator, can be used by younger students.</p> <p>The exercise is followed by a group discussion in which the trainer asks participants to reflect on the value of the personal story, its positive/negative tone etc. Older students (16+) will also be encouraged to think of how the selection of storied events was made, and what kind of cultural filters they applied.</p> <p>Then, a 2 minutes roundup discussion is used by the trainer to collect possible answers on a flipchart.</p>

	<p><b>Icebreaker 2: What is a narrative?</b></p> <p>The first step in addressing the question will be to write on flipchart the key word (narrative/story) and then encourage participants to brainstorm and give associated words in terms of what a narrative/story is, how it links to the formation of individual and collective identities, how can narratives/stories help us spot misinterpretations, negative worldviews etc.</p> <p>With older students (16+), the trainer uses the words given by participants to summarise main features of a tentative definition of narratives from a sociological and psychological point of view.</p> <p><b>Observation</b> → In case the exercise is replicated with teens, it might be helpful to integrate technology into the exercise – e.g. use the Pauliseverywhere platform to create a word cloud in real time.</p>
<b>Learning method</b>	Guided discussion, covert self-instruction (student inner speech)
<b>Visual support</b>	Handout in <i>Figures 1.1-1.3</i> , Flipchart/Word cloud

## Key take away:

- Identity is formed through stories. Those that we tell each other and those that we tell ourselves to explain and motivate our choices, our reactions, our past, present, and future.
- Collective identities are also formed through stories.
- There are no fixed identities, as identity just as any other specific feature of the human personality is undergoing a constant process of change.
- One of the most basic therapeutic principles in narrative therapy is that we find meaning and healing through telling stories (Courtney, 2017).

# Who am I?

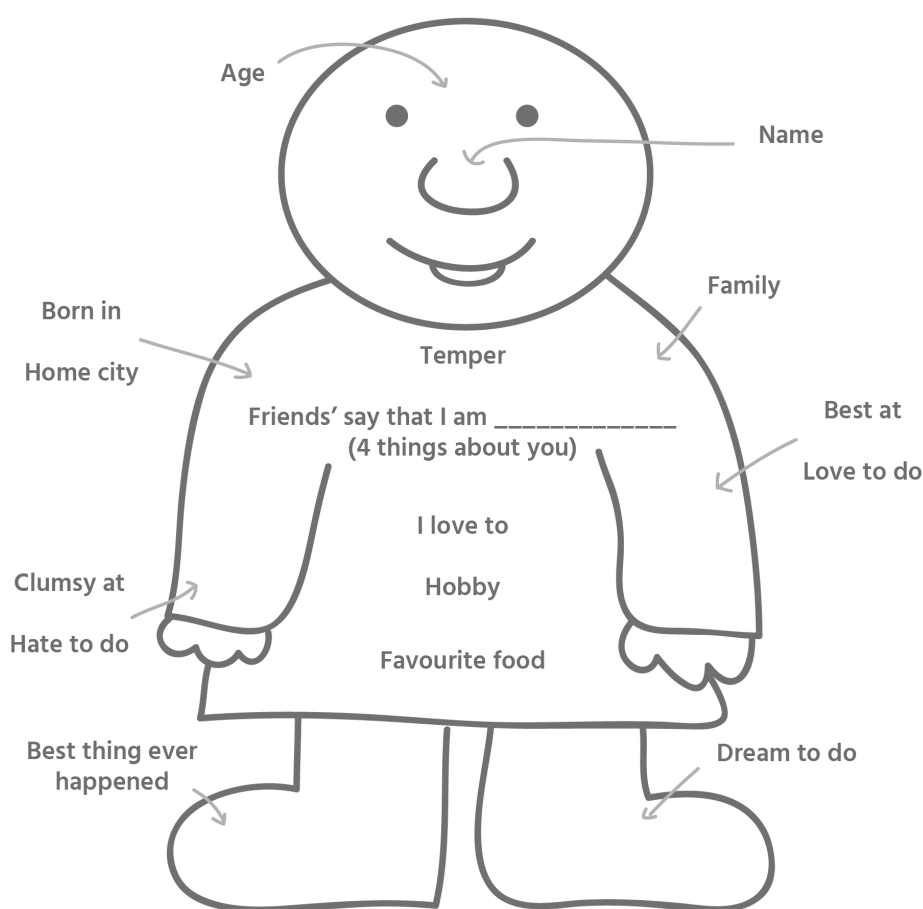


Figure 1.1. My Life Story Handout (beginner)

<b>Title of the book</b>	
<b>Chapter Titles</b> (significant events, stages in your life)	
<b>One sentence          summing up each          chapter</b>	
<b>Final Chapter</b>	
<b>Oral presentation</b>	

Figure 1.2. My Life Story handout (intermediate)

My past

- Who built the ship? Who was family to you?
- How did you feel about them when you were a child? How do you feel now?
- Favourite childhood image of yourself
- People that influenced you and how
- Happy memories / Difficult times



Now

- Are you "a boat in the storm" or "happily sailing away"?
- Who's your crew? How reliable are they?
- What do you like to do?
- Where do you go to school / work?
- Favourite hobby or past time



Skills

- What makes you a good captain of the ship?
- Can you play an instrument/paint/write/sing?
- Do you value your talents?
- What are the skills you admire in others? Would you like to have such skills?



Goals

- What island would you like to journey to? (main goal for the future)
- How achievable is this journey?
- What do you need to achieve your destination?
- Who would you want to accompany you?



Treasure box

- Who plays an important role in your journey?
- Who do you play an important role for on your ship?
- What are the things you treasure the most?
- How would the gifts received from your crew help you in your journey?



Figure 1.3. If your life was a journey on a ship...

## # 2

## Definition (instruction)

Exercise No. 2	Clarify what a narrative really is
<b>Objective</b>	To get a better understanding of narratives and their functions
<b>Target audience</b>	Age groups – 16+/adult
<b>Timing</b>	10 minutes
<b>Input</b>	PowerPoint slide and/or handout and/or puzzle chart with parts of definitions to be matched in teams
<b>Description</b>	<p>Clarify what narratives are.</p> <p>Participants are given a set of statements on narratives and their functions and are then asked to work in pairs to assess the definitions (see below). They are encouraged to discuss which part of the definitions they consider most accurate and relevant. Then, ideas are shared with the whole group.</p>
<b>Learning method</b>	Guided discussion, cognitive modelling through mentor think aloud, extended practice, teamwork
<b>Visual support</b>	PowerPoint, handout, cards

### Tips:

- Narratives are forms of representation. Telling stories means illustrating facts.
- Narratives are creating ontologies. They tell us who we are and where they come from. Telling a story also means describing yourself, ordering reality according to own perceptions, but also according to social and cultural accepted norms and values in your community.
- “While stories are not synonymous with life, we exist in social worlds imbued with them and become tellers of tales and witnesses to each other’s and our own interpretive activities (Bruner, 2004; Mishler, 1999; Ochs & Capps, 2001).

- From a young age we learn acceptable cultural ways to convey a story, to tell others how we are seeing the world as it unfurls around us and to position and re-position ourselves in the telling to achieve certain aims. What we name as our self is always in the process of re-formation” (Percy, 2008, p. 357).
- Stories guide actions, help shape mutable and shifting identities, get people anchored in cultural and social settings and offer a sense of belonging. In other words, they are an invaluable tool in structuring sense-making, facilitating understanding and employment of facts into time, space and meaning, and, at the same time, capacitate agency of the individual by offering what it takes to motivate action.

Group definition of narratives:

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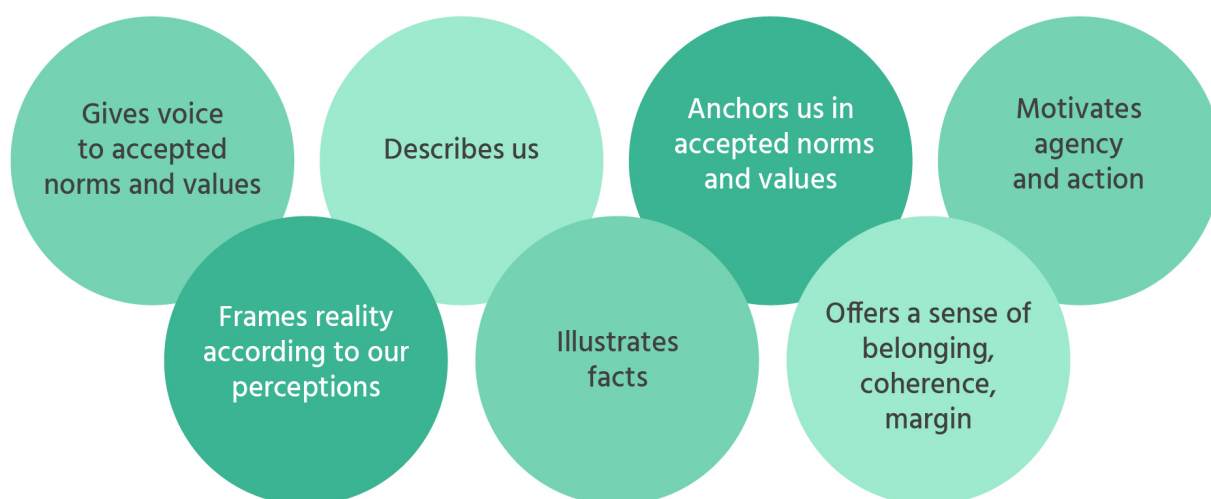
- Relate definition to *Figure 2 – the functions of a narrative*
- Discuss and dissociate between the objective and the subjective functions of a story



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# THE FUNCTIONS OF A NARRATIVE

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*Figure 2. Functions of narratives*

# # 3

## Spot the problem narrative therapy can solve

Exercise No. 3	Spot the problem narrative therapy can solve
<b>Objective</b>	To identify individual and collective problems addressed by narrative therapy
<b>Target audience</b>	Age groups – 16+/adult
<b>Timing</b>	15-30 minutes (depending on the time allotted to watch videos)
<b>Input</b>	TV station to watch Ted Talks
<b>Description</b>	<p>Ted Talks help clarify triggers of anger as well as related emotions (shame, feeling of injustice etc.).</p> <p>Participants are instructed to watch one Ted Talk of Chimamanda Adichie and, subsequently, a group discussion is encouraged to delineate the therapeutic functions of a story. The relationship between exposure to a single story and the emergence of polarisation, extremism, tribalism, nationalism etc. are discussed both in terms of risks and coping strategies.</p> <p>Chimamanda Ngozi Adichie, The danger of a single story,  <a href="https://www.ted.com/playlists/346/the_power_of_fiction_1">https://www.ted.com/playlists/346/the_power_of_fiction_1</a></p>
<b>Learning method</b>	-
<b>Visual support</b>	-

## Tips

Notes for trainers to give emphasis to:

- Narrative therapy is based on the idea that reality is subjective, multiple and fluid. If we construct meaning through language within communities of people and maintain it through storytelling, then the way we frame the story becomes critical to our identity formation and power of self-regulation.
- However, “research into narrative therapy is at a comparatively embryonic stage. Few studies exist that would be considered as ‘good’ evidence for the effectiveness of narrative therapy within the traditions of therapeutic outcome research “(Wallis, Burns, & Capdevila, 2011, p. 488).
- Apart from psychologists doing therapy, teachers, trainers, coaches or educational councillors could benefit a great deal from integrating the therapeutic approach to narratives into their practices.
- Narrative therapy can help to: discern if a story becomes toxic to our identity (e.g. narratives of gender, sexual orientation, disability, ethnicity); if a taboo needs to be debunked about who is allowed to tell a story (e.g. interpreting religious precepts, community values etc.); if we are in the grip of a conflict between multiple identities; if we feel overwhelmed and disempowered etc.
- To clarify concepts, if time allows, you can watch together and discuss the America Ferrera Ted Talk on:  
Listening to shame - My identity is a superpower – not an obstacle, [https://www.ted.com/talks/america\\_ferrera\\_my\\_identity\\_is\\_a\\_superpower\\_not\\_an\\_obstacle](https://www.ted.com/talks/america_ferrera_my_identity_is_a_superpower_not_an_obstacle)

# # 4

## Spending problems, saving solutions

Exercise No. 4	Spending problems, saving solutions
<b>Objective</b>	To identify narrative therapy main techniques
<b>Target audience</b>	Age groups – 16+/adult
<b>Timing</b>	10 minutes
<b>Input</b>	Infogram
<b>Description</b>	<p>Participants are divided into groups of 5 and are then instructed to randomly pick one narrative therapy strategy and illustrate it through concrete life examples.</p> <p>The trainer facilitates with examples from own experience and models think aloud strategies used for coping.</p> <p>Then, each group chooses a spokesperson to report to the class findings in the group discussions.</p> <p>Then, all participants are asked to work in pairs to role play a situation in which one expresses the problem and the other provides council. Special attention should be placed on following tips provided bellow regarding the decentralised position of the therapist/councillor etc.</p>
<b>Learning method</b>	Extended practice, guided discussion, cognitive modelling through mentor think aloud, covert self-instruction, role play
<b>Visual support</b>	Figure 3 “Narrative therapy chart”

## Tips

- Narrative conversations with a subject do not place the councillor/therapist/trainer in the central position of authority and do not imply the giving of advice, opinions, recommending solutions or holding a normative stance;
- Although decentralised, the position remains an influential one, yet influence is constructed in a different manner: it implies a consultative stance and it “allows people to become the primary authors of their lives” (Morgan, p. 85).

### **Tips to maintain a decentralised position, encourage agency and trust and redirect conversations away from problem saturated descriptions and negative identity:**

- Holding a non-expert stance
- Working in collaborative ways
- Minimising power relations
- Consulting people about taking notes on some of their ideas, repeating and checking with them for accuracy and awareness of what is written down
- Asking individuals about the effects of the conversation, what they found useful, what they found interesting and why
- Offer a range of options and directions and ask individuals to choose which they wanted to pursue in conversation; respect their decisions and pursue agreed directions of conversation
- Also express the effects of the conversations on the councillor, acknowledging the two-way nature of the therapeutic conversations, while maintaining the person’s story as the main focus.

*Adapted based on Alice Morgan’s training exercise. Source: Morgan, A., Beginning to Use a Narrative Approach in Therapy, International Journal of Narrative Therapy & Community Work, Dulwich Centre Publications, 2002;1:85-90.*

# Four ways to re-author your story

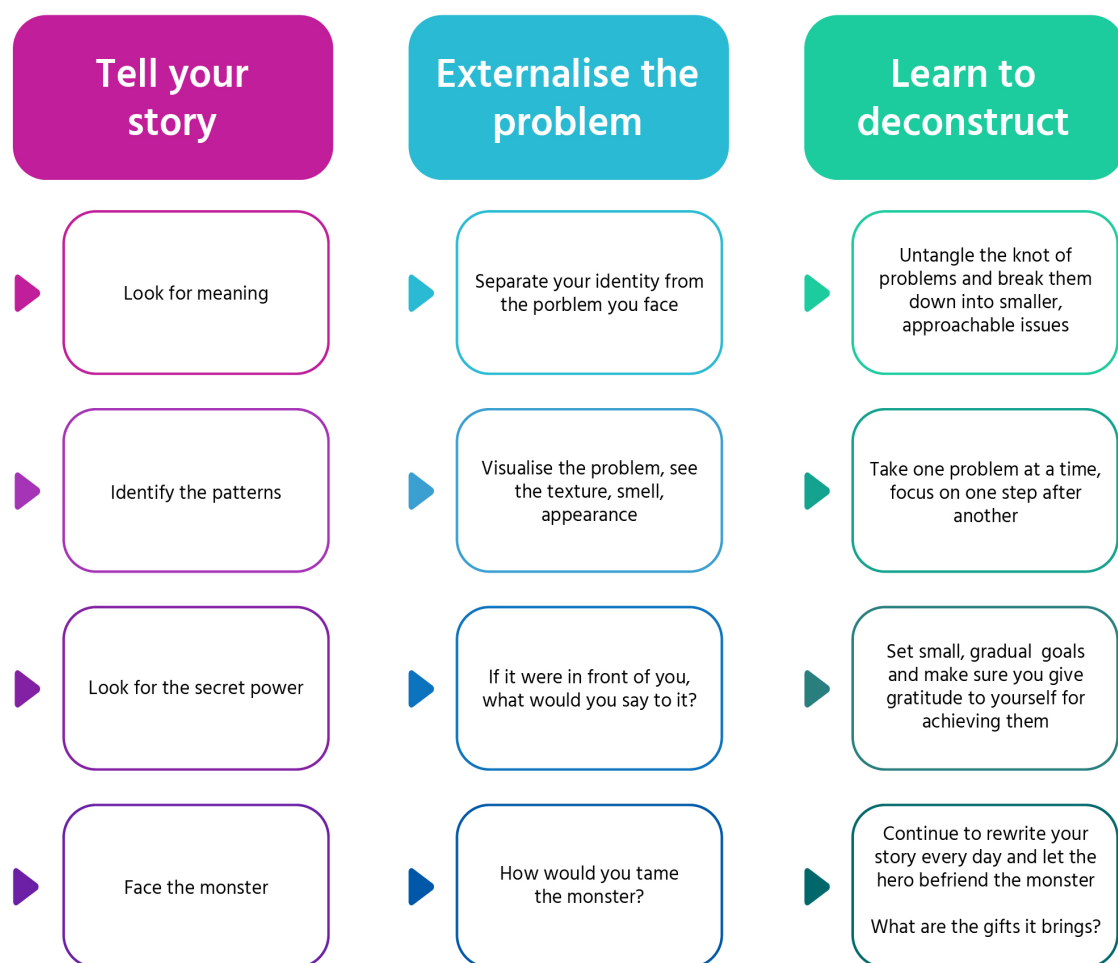


Figure 3. Four ways to re-author your story

# # 5

## Learning how to externalise problems – advanced practice

Exercise No. 5	Learning how to externalise problems – advanced practice
<b>Objective</b>	To learn how to practically assist individuals in shifting from talking about problems as an inner aspect of the individual towards regarding problems as things apart
<b>Target audience</b>	Age groups – any, if language and situations discussed are adapted to target group level of education and understanding  In case you are working with children, please use <i>Figure 4</i> to illustrate externalisation techniques.
<b>Timing</b>	10 minutes
<b>Input</b>	Chart – externalising the problem; tips listed below
<b>Description</b>	<ul style="list-style-type: none"> <li>• Participants are divided into groups of 5-6 persons;</li> <li>• Then, each group is instructed to think of a situation in which they were overwhelmed by a challenge;</li> <li>• Then, group members provide examples of how they looked at the situation;</li> <li>• With the help of the trainer, participants create the following scenario to approach the challenge differently: <ul style="list-style-type: none"> <li>- Imagine the problem in a separate location, e.g. chair at the table.</li> <li>- Use articles to personalize and delineate the problem and try to visualise it: Worry, Depression, Anger.</li> <li>- Feel the distance between the person and the problem and use it to rephrase understanding and perception.</li> <li>- Take notes by dividing the page in two distinct sections → one devoted to the problem's influence (tricks, habits, ways of speaking, effects, ways of operating, intentions), and one devoted to the individual's preferences (intentions, hopes, dreams, visions etc.). Ask people to continue distinguish between them.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Instead of writing, children can be encouraged to draw the problem and think of the way it changes their behaviour, mood, way of speaking etc.</li> <li>• Then, each group reports to the class and together, participants decide which best 2 examples illustrate a good strategy that they would normally advise to use in their professional context.</li> </ul>
<b>Learning method</b>	Extended practice, cognitive modelling through mentor think aloud, covert self-instruction, free and guided discussion, role-play
<b>Visual support</b>	-

## Tips:

*“People routinely describe the problem in ways that locate it internally, in terms of what is wrong or deficient about themselves or others: ‘I’m useless’, ‘It’s part of my addictive personality’, ‘I’ve got low self-esteem’, ‘She’s dependent’, ‘He’s a depressed person’. Gradually, as I thought more about the context of dominant western culture, and how it encourages internalising descriptions, I began to expect these descriptions. I began to prepare for contexts in which I would need to find ways to invite externalising conversations.”*

*(Morgan, p. 88)*



# THE EMOTIONAL MONSTERS



Figure 4. Externalisation strategies

# # 6

## Externalising conversations, advanced practice

Exercise No. 6	Externalising conversations - advanced practice
<b>Objective</b>	To understand how to use words to delineate the problem and rephrase its understanding
<b>Target audience</b>	Age groups - 16+/adult
<b>Timing</b>	15 minutes
<b>Input</b>	Flipchart, markers and/or computer, video-projector screen, smartphone
<b>Description</b>	<p>Participants are asked to change the internalised statements presented below into externalising ones – making a statement, asking a question, using a reflection.</p> <p>Then, participants are asked to add their own affirmations to each list. Discuss them with a partner. See how many externalized statements they can add to their list and then present the list to the class.</p>
<b>Learning method</b>	Instruction, cognitive modelling through mentor think aloud, covert self-instruction, role-play
<b>Visual support</b>	See table below

### Tips:

*Externalisation as a therapeutic process derives its effectiveness from the fact that it allows one map the influence of a problem over his/her existence and at the same time objectify it to an extent to which it can enter into dialogue, delineate its manifestation and even address it as an external factor.*

*“This mapping of the influence of the problems, a narrative therapy practice, encourages people to personify or objectify their named concerns so that they may begin to relate to those concerns instead of from them.”*

*(Percy, 2008, p. 360)*



Change the following Internalized statements into Externalizing ones. You can: make a statement, ask a question, or use a reflection.

I'm a worrier	What does the Worry say?
He's unmotivated	How does it (the problem) affect his motivations?
They're dysfunctional	
She's a failure	
I can't go out at all	
She feels rejected as a Muslim/Romanian/lesbian	How does rejection make her feel about being a Muslim/Romanian/lesbian?
I'm a loser and always smell like curry	
I feel disgusting/disgusted by...	

Figure 5. Internalised/externalised statements

Adapted based on Alice Morgan's training exercise. Source: Morgan, A., *Beginning to Use a Narrative Approach in Therapy*, *International Journal of Narrative Therapy & Community Work*, Dulwich Centre Publications, 2002;1:85-90

# # 7

## Recognising more techniques of narrative therapy

Exercise No. 7	Recognising more techniques of narrative therapy
<b>Objective</b>	Enhance awareness of various narrative therapy techniques and how they are applied in practice
<b>Target audience</b>	Age groups - 12+/adult
<b>Timing</b>	8 minutes
<b>Input</b>	Video, TV station, Internet
<b>Description</b>	Participants are to watch the Narrative Therapy with Children Video – an actual therapy session by therapist Stephen Madigan, <a href="https://youtu.be/XMst5HoOS6c">https://youtu.be/XMst5HoOS6c</a>
<b>Learning method</b>	Instruction, guided discussion, cognitive modelling through mentor think aloud, covert self-instruction
<b>Visual support</b>	Video recording

# # 8

## Re-authoring your story

Exercise No. 8	Re-authoring your story
<b>Objective</b>	Learn how to use basic techniques of re-authoring and apply them for concrete extremist related contexts
<b>Target audience</b>	Age groups - 16+/adult
<b>Timing</b>	10 minutes
<b>Input</b>	See table below
<b>Description</b>	Participants are divided in groups of 4-5 students and are asked to identify the ideology each statement belongs to, provide contextualised examples and re-author them to empower tolerance and mutual respect.
<b>Learning method</b>	Instruction, guided discussion, cognitive modelling through mentor think aloud, covert self-instruction
<b>Visual support</b>	See table below

### Tips:

Re-authoring takes several subsequent steps:

- Deconstructing the problem saturated narrative of people and relationships
- Externalising the problem
- Re-authoring by learning to name and historicize important positive traits that have helped him/her in the past or are helping him in the present to create resilience, feel empowered and gain control over the problem
- Recollection of role-models - re-authoring can also gain in significance when important people who played a significant part in the development of positive traits are recollected, invoked, and used as role-models
- This is a kind of experiential re-storying activity that is often invoked by therapists as a way for the individual to become further immersed in positive relational narratives about the self, putting them “in touch with alternative versions of who they think they might be” (Percy, 2008, p. 362).

Narrative	Ideology Islamist extremism (IE) Far right extremism (FRE)
National identity is under threat	
We are not living according to our nature	
Migrants are favoured over natives	
Islam is under attack	
You will never be accepted; you will never succeed as a Muslim in Western societies	
The war is not over	

Source: Ex-ante paper RAN Policy and Practice Workshop – Narratives and strategies of far-right and Islamist extremists, available at: [https://ec.europa.eu/home-affairs/what-we-do/networks/radicalisation\\_awareness\\_network/about-ran/ran-c-and-n\\_en](https://ec.europa.eu/home-affairs/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-c-and-n_en)

## Further resources

- ➞ Handbook of narrative therapy, <https://www.therapistaid.com/worksheets/life-story.pdf>
- ➞ Ideas for narrative therapy, - <https://coe.k-state.edu/events/school-counsel-camp/docs/Skaggs-Grief.pdf>

## Logistics

- Working space description: video projector and screen, laptop, chairs that can be placed flexibly around the room, flipchart, markers, cards, puzzle, white paper sheets, scissors, smartphones to access Pauliseverywhere.
- Lab support: Internet access, links indicated above



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