



Narrative Family Therapy: Exploring and Rewriting Our Stories

**Family Therapy Didactics
Summer 2022**

**AMAZING
THINGS
ARE
HAPPENING
HERE**

Narrative Therapy: Evolution of Family Therapy

1960's - 1970's Modern era of family therapy (Bowenian Theory/Structural Theory/Strategic Theory/Experiential Therapy): the focus was on the family itself and their particular way of interacting

- Assumption: As an all-knowing expert therapist, your skills will work with every family, because families are essentially the same
- Change generated by therapist-directed interventions, focus on behavioral change

1980's - 1990's and beyond Postmodern era of family therapy: The emergence of "multiculturalism" and the feminist revision

- Family therapy starts to gain awareness of the *cultural self*
- Brought to the forefront the consideration of commonly occurring family structures, beliefs and roles within specific cultural groups
- Theories based on meaning-making and language
- Therapist stance is curious, transparent and collaborative

Narrative Therapy: Theoretical Underpinning

Informed by **Social Constructionism**:

- The self is seen as fluid and malleable, shaped through relationships with others and one's social context
- Language makes rather than reflects reality
- Stories don't mirror life, they *shape* it
- Stresses the importance of questions as the primary mode of intervention

“Every time we ask a question, we're generating a possible version of life.” -David Epston

Narrative Therapy: Founders and Pioneers

Founded in the 1990's by Australian social workers: **Michael White and David Epston** of the Dulwich Centre in Australia

'The person is not the problem, the problem is the problem' (White, 1988/9, 2007)

Other major contributors: Lynn Hoffman, Kathi Weingarten, Stephen Madigan, Jill Freedman and Gene Combs

Narrative Therapy: Overview

- Challenges the idea that people have a fixed, true identity → **there is not a singular reality, only multiple points of view**
- As we live our lives we create stories, and stories about us are created, forming a dominant discourse (main plot)
 - As events occur, they are selected and gathered in this **dominant discourse**
- The **story thickens** and becomes more dominant, creating more opportunities for us to select our examples that reinforce the dominant story

The Role of a Narrative Therapist

- Narrative therapists are interested in “**problem-saturated**” descriptions that filter the experiences that don’t fit the plot line
- In a couple or family, we are interested in how problem-saturated descriptions encourage people to respond to each other in ways that *perpetuate* the problem story
- Family members responses to one another become invitations to more of the same, further hardening the problem description

Therapist’s role is to dig for the strengths + resourcefulness → change the narrative

How Narrative Therapy Works

- Instead of interventions **ON** families (modern era), the narrative therapist engages in therapeutic conversations co-created **WITH** families
- Two parts of the conversation:
 - Part 1 – *deconstructing* the story
 - Part 2 – *reconstructing* a new story (re-authoring, re-storying) that is different than the problem-saturated story

Deconstructive Listening

- 1) Narrative therapists *seek openings* for **spaces that have not yet been storied**
- 2) Periodically, the narrative therapist offers summaries of the meanings that the client/family and therapist are making
- 3) Then, the narrative therapist listens very actively for any new or nuanced constructions that are emerging, naming them, asking if they are new, and if they are useful/desirable?

Problem Re-Conceptualization: Moving From Intrinsic to External

- People usually come to therapy to address a particular difficulty or problem they are experiencing: the problem narrative = dominant story (identified patient)
- Narrative therapy is about *unraveling* the dominant story and looking for *exceptions* (**unique outcomes/sparkling events**)
- Narrative therapists externalize problems: Instead of having or being a problem people are seen as struggling against a problem

Narrative Therapy Technique: Externalization of the Problem

- Speaking of the problem as if it were a **separate entity** with a will of its own
- The *problem becomes the problem*, not the individual or family
- The person's relationship to the problem is explored

Narrative Therapy Technique: Externalization of the Problem

- These conversations are initiated by encouraging people to **describe the effects of the problem** on their lives rather than the causes
- Emphasis on how the externalized problem affects one's view of *self* and *their relationships*
- Through these conversations, the narrative therapist and family can identify unique outcomes/sparkling events, and see how successes are hidden by the problem-saturated story

Problems are Personified

- A woman with anorexia is asked how “anorexia convinces her to starve herself”
- A phobic child is asked how often Fear is able to “make him do what it wants,” and “how often you are able to stand up to it”
- Similar to our frequent directive to parents to *dislike the behavior and love the child*

Let's Practice!

Split in pairs:

- ❖ One person can present or discuss a challenging case
- ❖ The other person can practice using externalizing questions to help with formulation or developing interventions

Examples of externalizing questions:

- 1. What made you vulnerable to the _____ so that it was able to dominate your life?**
- 2. In what contexts is the _____ most likely to take over?**
- 3. What kinds of things happen that typically lead to the _____ taking over?**
- 4. What has the _____ gotten you to do that is against your better judgment?**
- 5. What effect does the _____ have on your life and relationships?**
- 6. How has the _____ led you into the difficulties you are now experiencing?**
- 7. Does the _____ blind you from noticing your resources or can you see them through it?**
- 8. Have there been times when you have been able to get the best of _____? Times when the _____ could have take over but you kept it out of the picture?**

Let's Practice!

Discuss!

- How did you feel as the patient or presenting the patient?*
- How did you feel as the consulting clinician?*
- Do you anticipate any barriers to using externalizing questions?*
- Can you see yourself using this skill (externalizing questions) with your couples, families or individual patients?*

References

Nichols, M & Schwartz, R. (2009). Narrative therapy. In Family Therapy: Concepts and Methods.

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