The relationship between narrative therapy and family therapy: A review and consideration of recent literature

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Abstract

This paper reviews the historical development of narrative therapy approaches from systemic thinking and family therapy. The paper then considers some recent examples of the application of narrative therapy to children and families.

Introduction: The roots of narrative therapy in family therapy

This paper reviews the development of narrative therapy and identifies its roots in family therapy and systemic thinking. Systems theory first emerged in the 1950s as a viable alternative to the previously dominant medical and psychoanalytical models and encouraged practitioners to look beyond the individual in order to understand and treat problems. The difficulties experienced by one person in a family system were thus considered to be in some way functional, and maintained, by that system, rather than being located solely within the individual. At the same time, psychotherapy had begun to broaden out to include early group approaches, which emphasised the importance of communication and developing/ remodelling relationships within the therapeutic group in the process of change. These early systemic ideas were developed and applied by a range of practitioners, both in the US and in Europe, to the understanding of schizophrenia and although this work is now often heavily criticised, the basic approach has undoubtedly influenced subsequent thinking significantly.

The 1960s saw the development of these early systemic ideas to accommodate rapid changes in social and political ideals, and by the 1970s distinct schools of family therapy had emerged. Of these, three have tended to dominate, including structural approaches, with their focus on rules, boundaries, hierarchies and subsystems within the family. In contrast, strategic and systemic approaches focussed more on interaction patterns between family members and thus have more in common with the behavioural approaches fashionable in psychology at the time, and with subsequently developed cognitive approaches. Both structural and strategic approaches incorporate ideas about family life cycle stages, which can unbalance the structure or interactional patterns within a family, and both may be considered positivist in that they hold some notion of normality, or optimal functioning, which families could be helped to move towards.

The most significant influence on systemic practice during the 1970s and into the 1980s was the changing philosophy, again alongside broadening political and societal horizons, towards first, constructivism, and later, social constructionism. Both were considered radical at the time as they opposed the earlier positivist views and thus represented a shift from first-order to second-order cybernetics (i.e., the recognition of the role of the observer in changing the systems that they observe). Constructivism postulates that there is no single reality, only different perspectives on the same situation, which are influenced by each participant's personality, situation and previous experience. Social constructionism develops this view further by acknowledging that prevailing social and cultural views (including beliefs about family roles, race, gender, class, health and sexuality) shape individuals' construction of meaning and therefore influence subsequent behaviour, interactions and emotional responses.

Because of its emphasis on personal meaning, social constructionism led to a change in stance for some professionals by acknowledging that family members held the best understanding of their situation, thus encouraging the therapist to move away from the 'expert role' and to take a position of 'not knowing' and of curiosity. This no doubt contributed to more truly collaborative and exploratory relationships between therapists and

families than had previously existed, both in individual and in family therapy.

Ideas of social constructionism greatly influenced, and were influenced by, systemic thinking of the time in many ways; one being the increasing focus, particularly in the Milan systemic school, on the importance of development of shared meaning between family members, through the dynamic processes of communication. Dallos and Draper (2005, p.95) summarise this issue:

"…identity is seen as fragmented and distributed across social contexts…we are shaped by the interactions across different contacts in which we are involved…These interactions are seen to be recursively shaped by the use of language which is regarded as active and strategic….Conversations can also be seen as proceeding on the basis of mutual influence or feedback…an exchange of meanings."

This emphasis on language permitted therapeutic developments during the 1980s and beyond and thus social constructionism may be seen as a bridge, creating links between family therapy ideas and the beginnings of narrative approaches (which also incorporated ideas from anthropology, literary theory and feminist writings) in the 1990s. A key development was a shift away from cybernetics and from the strategic perspective that interaction patterns are fundamental to the development of family problems, and towards the view that negative interaction patterns and conversations can construct and maintain individuals' perceptions of others and relationships and thus contribute to pathology. This premise was fundamental to the thinking of the family therapists Michael White and David Epston who conceived narrative therapy and theory in the late 1980s. The basic premise of this approach is that language shapes both the meaning we make of past experiences, and our expectations of our future. In the words of White and Epston (1990):

"People experience problems…when the narratives in which they are storying their experience, and/or in which they are having their experiences storied by others, do not significantly represent their lived experience…there will (then) be significant aspects of their lived experience that contradict this dominant narrative."

Such discrepancies can create patterns of failed attempted solutions, driven by attempts to reconcile one's preferred views with a view of oneself as incompetent, abnormal or deviant (Dallos & Draper, 2005). Narrative therapists seek to help clients evolve new narratives to make sense of their experiences,

often using the central philosophy known as externalising – that is, reframing the problem, via the use of language, in such a way as to alter the relationship between the individual and the problem. This shift from systems, or cybernetic, approaches, towards a narrative metaphor opens up possibilities for different ways of working clinically while at the same time allowing therapists to remain open-minded to other psychological and family therapy approaches and techniques.

Alongside the development of narrative approaches, other collaborative approaches such as solution-focussed therapies were also evolving from strategic family therapy ideas. These are also based on the premise that individuals, and families, all have basic competencies, but that problem-saturated conversations about difficulties serve to escalate them into problems. By searching for exceptions to problems, they encourage individuals to develop a more positive narrative about their difficulties which in turn influences their relationship with the problem.

This synthesis of collaborative approach, focus on constructed meaning via language and emphasis on client perceptions and strengths – all legacies of the family therapy movement and of social constructionism – form the basis of the narrative model. The literature cites many examples of application of this model, with individual adults and children, families and communities, by professionals from a wide range of therapeutic backgrounds including therapists, teachers, counsellors, community workers and documentary workers (e.g., Horowitz, 2010).

The relationship between narrative and family therapy models

Historically there has been considerable conflict over philosophy and technique between narrative approaches and family therapy models. For example Minuchin (1998) criticises the narrative approach on the grounds that many narrative therapists now work with individuals in isolation, or with individual members of a family in turn, thus distancing themselves from traditional systemic ideas and practice. Many family therapists would consider it reasonable to work with individual family members while still retaining a systemic approach, as Tomm (1998) outlines in response to Minuchin. For example, he describes the practice of inviting an individual to take on the perspective of an internalised other and used this as an opportunity to examine and adapt the dominant narrative about the relationship between

the two. Tomm summarises that it is possible to work in the overlap among interaction patterns within each family member, between family members and between family members and their cultural context. Sluzki (1998) also responds to Minuchin's criticisms by offering a constructive warning about the dangers of becoming too attached to a single model, be it narrative or more traditional forms of family therapy, lest one begins to move away from the client's perspectives and solutions and move back towards a positivist approach. That said, Dickerson (2007) highlights the underlying epistemologies – or theories of knowledge – as naturally grouping together certain types of approach or technique while distinguishing them from others. The above debate invites one to reflect on relationships between different approaches and highlights the importance of historical perspective in understanding current positions.

Hayward (2000, 2009, 2010) considers the relationship between narrative models and other schools of family therapy. He suggests that the division between systemic and narrative practices originally appeared wider in the Antipodean and US fields than in the UK, possibly due to parallel development in the two fields as opposed to sharing and collaboration over ideas, since in the latter paper he refers to a greater UK divide, with accusations of isolationism (from its systemic roots), sectarianism and colonialism, among others, being directed towards narrative approaches by more traditional family therapists. It seems unlikely that such issues will ever be completely resolved – after all they echo ongoing debates between other schools of family therapy, or psychology – but hopefully such discussions serve to prompt individuals to examine their position and practice in a constructive way.

Recent developments in the application of the narrative model to child and family work

Three books have caught my attention recently as useful aids to incorporating narrative techniques into clinical practice. Freeman, Epston and Lobovits (1997) address the benefits and challenges of using a playful narrative approach to working with children and families, even in situations where they present for help with very serious problems. They highlight the natural fit of narrative techniques with the natural affinity of children with story-telling. Examples of such work with children of different ages, and with different presenting problems, give useful insights into the issues around engaging families together and helping them to collaboratively examine their

perspectives on the presenting difficulties. Usefully, the authors also consider how to use other play approaches in combination with narrative techniques and in doing so lead one to examine the relationship between play therapy and narrative therapy. This material may also be useful in developing narrative approaches with children with medical conditions such as diabetes, in which narratives of illness and treatment compliance can often be refocused in order to bring about a different relationship between child, parents, illness, emotional reactions and interactions between family members.

A more recent book (Vetere and Dowling, 2005) aims to explore connections between narrative ideas and systemic practice in a way that addresses many of the criticisms noted above about early narrative practice, and extends the more 'pure' narrative ideas presented by Freeman, Epston and Lobovits. The two books taken together invite one to develop narrative systemic ideas in an accessible, child-centred way. As well as examining narrative approaches to some of the more disturbing dilemmas which children may find themselves in, the book invites consideration of the use of narrative approaches with modern family constellations and situations, including reconstituted families, young carers, the historically neglected father-son relationship and traumatised children who are fostered or adopted. It also keeps in mind the family life cycle approach, with a chapter on parenting of adult children, and incorporates solution-focussed ideas.

The very latest developments in narrative systemic approaches include Dallos and Vetere's (2009) synthesis of attachment theory, systemic theory and narrative approaches to create 'attachment narrative therapy'. They argue that each of the three models contributes to understanding and intervention in ways that compensate for weaknesses of the others. Again this approach pays particular attention to the family life cycle and incorporates a solution-focussed stance, but it also focuses substantially on the role of emotional regulation in the maintenance of family difficulties. The focus of therapy becomes re-authoring the stories about attachments between individuals within family systems, at the same time highlighting families' strengths and creating and modelling a secure base from which to work therapeutically. This is a formulation-centred approach which sits well with current psychological thinking and training, and it appears promising in drawing together theory and techniques from the three models.

Conclusions

This paper has reviewed the development of narrative therapy from its roots in systems thinking and family therapy. The paper identifies that narrative therapy continues to develop and become further integrated into wider psychological models and continues to be relevant to working in a wide range of clinical areas, including child and family work.

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References

Dallos, R. & Draper, R. (2005). *An introduction to family therapy: Systemic theory and practice*. Berkshire: Open University Press.

Dallos, R. & Vetere, A. (2009). *Systemic therapy and attachment narratives: Applications in a range of clinical settings*. Sussex: Routledge.

Dickerson, V. C. (2007). Remembering the future: Situating oneself in a constantly evolving field. *Journal of Systemic Therapies*, *26*(1), 23-37.

Freeman, J., Epston, D. & Lobovits, D. (1997). *Playful approaches to serious problems: Narrative therapy with children and their families*. New York: W. W. Norton.

Hayward, M. (2000). The narrative metaphor: A report of experience. *Australia & New Zealand Journal of Family Therapy*, *21*, 10-12.

Hayward, M. (2009). Is narrative therapy systemic? *Context*, October, 13-16.

Hayward, M. (2010). *Critiques of narrative therapy: A personal response*. Retrieved March 2010 from: http://www.theinstituteofnarrativetherapy.com

Horowitz, U. (2010). *Commonly asked questions about narrative approaches to therapy, community work and psychosocial support*. Retrieved March 2010 from: http://www.dulwichcentre.com.au

Minuchin, S. (1998). Where is the family in narrative family therapy? *Journal of Marital and Family Therapy*, *24*, 397-403.

Sluzki, C.E. (1998). In search of the lost family: A footnote to Minuchin's essay. *Journal of Marital and Family Therapy*, *24*, 415-417.

Tomm, K. (1998). A question of perspective. *Journal of Marital and Family Therapy*, *24*, 409-413.

Vetere, A. & Dowling, E. (Eds.) (2005). *Narrative therapies with children and their families: A practitioner's guide to concepts and approaches*. Sussex: Routledge.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton.