

experience is because it is in fact yourself that is wrong, not that which is being imposed on you.

Safety and freedom can provide opportunities that are necessary to explore and discover preferred alternatives to entrenched moral authorities. The alternatives could relate more to choices and possibilities regarding different ways of being, thinking or perceiving, rather than prescriptions or promotions for any particular alternative. I know from experience I can be equally conformist to something presented as an a/b alternative, as to something conventional, merely replacing one authority with another. I know for a long time I just wanted someone to tell me what to do and I would have followed. I needed to develop a level of trust in myself to try new things and look around without paralysing fear. To glimpse that there were alternative ways of being that were life-affirming and preferable was empowering. I know for a long time I lost belief that there was any other way than the authority imposed by a/b. A deadening despair can set in when you feel powerless in relation to something imposed on you, especially when you aren't aware of the nature or extent of that imposition and/or believe there is nowhere else to go.

Cracks

The result of all this questioning was that cracks were developing in a/b's previously unquestioned and imperturbable moral authority. I could begin to see that there were other ways, even if I didn't know what they were yet. I could begin to object to a/b, seeing it in the context of an authority or ideology that had controlled my life, and the lives of others for too long. I began to move from self-blame, seeing myself as the cause of all my suffering, to blaming a/b. I began to see a/b in a broader and vastly different context, as separate from myself. The cracks were irreversible. I suspected it wouldn't be easy but the dismantling of a/b's prison walls had begun.

*Ring the bells that still can ring
Forget your perfect offering
There is a crack, a crack in everything
That's how the light gets in.*
Leonard Cohen

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Is narrative therapy systemic?

Mark Hayward

The frequent separation of narrative and systemic ideas in the minds of practitioners, trainers and academics has limited the inclusion of narrative skills on systemic courses as well as in family therapy journals. Relationships between narrative and other family therapists have sometimes been uneasy, at the least. I have responded elsewhere (Hayward, 2000; 2003) to criticisms levelled against narrative therapy (NT) of isolationism, desertion of the family, exclusive language, sectarianism, colonialism and ethical positioning. This division has had personal effects for me too – I lost a highly valued teaching partnership with a loyal friend and colleague who did not share my enthusiasm for narrative ideas.

In a therapy context where the word “narrative” or even “narrative therapy” can mean many things I should be clear that I am talking about those non-structuralist therapeutic ideas described by people like Michael White, David Epston, and, in the UK, Martin Payne. These ideas are very different from the structural and Milan ideas that I originally trained in and probably have most in common with solution-focused or social constructionist approaches – whilst still departing significantly in matters of theory, practice, ethics and politics.

As a Milan therapist in the 90s, I experienced criticisms of the Milan approach for “not caring” or for being “manipulative”, or regarding itself as “more systemic than thou”. (Of course, these charges are both true and false depending on what you mean by them.)

And what was the intention or agenda behind such allegations? Was it to provide thought-provoking critique and accountability? Or to make territorial claims about effectiveness, acceptability or systemic credentials? Or to make moral claims or claims to be more culturally correct?

A theme that runs through many criticisms of NT is about whether it is mostly for individuals, whether it's more complex than other family therapy models (if it's even seen as family therapy at all) and whether it acknowledges other systemic writers. In short, is it outside systemic territory?

Things were looking divisive

Well I learned a whole new meaning of “systemic” recently. Conference colleagues from North America and Australia told me that, in their work contexts, “systemic” meant family therapy approaches from structural and strategic schools. This was bemusing as, in Europe, there had been a time in the late 1980's when “systemic” was being used to refer to just the Milan approach. Justification for this was

apparently that the Milan approach included wider systems (e.g. friends, neighbours etc) and so was more than just family therapy.

“The whole is more than the sum of the parts”

Whether such a distinction was merited or even helpful seemed less important than the realisation that moves were underway to be able to claim to be “more systemic than thou”. Things were looking divisive.

Using the same word to mean different things is not uncommon of course – I recently came across another definition of what a circular question is (I had already collected three quite different versions).

Anyway, these colleagues from USA and Australia seemed surprised when I suggested that, surely, “systemic” meant “to do with systems”, i.e. Aristotle's notion that “The whole is more than the sum of the parts”. As a family therapy (FT) student in the 80s this notion of systems led to a pre-occupation with relationships and attention to context, community and culture. It was all about connections.

Different FT approaches have orientations that support their claim to

be systemic, and about connections, in different ways, e.g. Structural approaches like notions of boundaries, hierarchies, and the therapist as conductor. Strategic approaches (there are different branches of strategic of course) like to perturb the system so things have to rearrange themselves differently. They like notions of symptoms having functions and developed complex conceptualisations of family process to devise clever interventions. The Milan approach was interested in history, in circular questions, in family rules, and earlier Milan was interested in devilishly complex paradoxical interventions and in constantly widening the system under investigation. Post-Milan approaches included attention to second order cybernetics, post-modernism and social constructionism (Hoffman, 1993; Hayward, 1996). These were all ways to think systemically – often different ways, but their concern was for the nature of connections rather than the attributes or internal workings of individual things. In common with solution focused therapy, they could also be distinguished from psychodynamic approaches in a relative lack of interest in structuralism without actually positioning itself in relation to structuralism.

Michael White

Michael White distanced himself from systemic ideas such as ‘symptoms having functions’ or homeostasis (White, 1995) preferring to identify his work with the narrative rather than the systemic metaphor. He described how systemic (and many other) therapies had largely approached the task of explanation in therapy by looking for *the determinants of the behaviour*. You can see this sort of enquiry in FT ideas about circularities (which are, essentially, cause and effect connections) and in the notion that symptoms are functional or purposeful, e.g. to maintain homeostasis. There is an implication that one can see such systems from a place of objectivity (first order cybernetics), what White called “a posture of spectatorship” (White, 1995), and that the passage of time does little to alter an essential equilibrium.

Michael White preferred Clifford Geertz’s notions that proposed an alternative path towards explanation by looking at *the sense of a person’s actions* (Geertz, 1983). From such a perspective we cannot claim

neutrality and we are, instead, in the world of interpretation, meaning-making – and of story, as meaning is commonly made by entering events into stories of our lives.

But Michael White was aligning systemic thinking with certain early systemic ideas and practices. More recent systemic interests into postmodernism, second order cybernetics, social constructionism etc (Hoffman, 1985; Hayward 1996) reveal a different kind of systemic thinking that seems wholly compatible with this other endeavour, that looks at action and it’s sense rather than behaviour and it’s determinants. It’s a broad church, systemic.

And no systemic therapists are interested in all systemic ideas. Milan therapists, for example, aren’t particularly interested in boundaries, hierarchies and sub-systems. Structural therapists aren’t much taken by paradoxical injunctions, circular questions or social constructionism. Narrative therapists aren’t much interested in hypothesising or the idea that symptoms have functions.

Being differently systemic

Ignoring one systemic practice in order to properly attend to another doesn’t make you less systemic – and being differently systemic is something different family therapists have always done. Narrative therapy was principally developed by social workers turned family therapists (Michael White and David Epston) who continued some FT traditions (e.g. a rigorous approach to questioning as a central therapeutic method, attention to the family system) whilst pursuing the potential of the narrative and story metaphor.

Narrative therapy’s concentration on developing the narrative metaphor has enabled it to develop several new ideas and practices – e.g. externalising (White, 1989), re-membering (Myerhoff, 1982), scaffolding distance (White, 2005; Hayward, 2006), outsider witness groups (Myerhoff, 1982) – all highly systemic practices as they focus on connections and relationships, context and community, in ways that previous systemic approaches had overlooked.

Narrative therapy does attend to relationships and family members differently than Milan, structural or other family therapies. No longer am I thinking intensification or enactments between people, no longer dyadic or triadic circular questions. These days it’s more about witnessing positions, re-positioning people,

practices of acknowledgement etc. I am more likely to structure conversations around sequences of questions directed to one person at a time; more likely to invite friends, extended family or those who have experienced similar struggles in life to come, and I encourage them sometimes to respond directly to questions, sometimes to take up witnessing positions. I have a different agenda than I used to have as a structural, and then a Milan therapist. I’m more likely to be listening closer to the exact words and phrases people use and less likely to be thinking about neutrality, boundaries or hypotheses. There’s more than one way of doing systemic family therapy. There always has been.

Externalising

I invite you, the reader, to engage briefly with one of the narrative practices that has extended systemic thinking – externalising (This practice reflects the non-structuralist critique of internalising that has become so popular in the last hundred years, and was devised by Michael White twenty years back) (White, 1989). Take the exercise below to your work group or training clinic and decide for yourself how much it fits with your systemic focus on relationships and connections.

The person is not the problem – the problem is the problem: A short experience in externalising!

A number of narrative practices construct – through focus and language - new relational areas that lend themselves to systemic enquiry. Externalising is one example that establishes a relationship between a person and a problem. This doesn’t divorce the person from the problem (this would be unlikely to fit with their experience), neither does it construct the problem as *being* them (e.g. “an anorexic girl”, “a dysfunctional family”) or *in* them (e.g. “He’s got ADHD” “She has an attachment disorder”).

Get together with a small group of interested people. Read and discuss the following points:

1. The last few hundred years in Western culture has seen problems getting located inside people by referring to them as, e.g. manipulative, emotionally damaged, unreasonable, anorexic, a problem child, a dysfunctional family.



Mark Hayward in playful mood

2. This reflects other related ideas (e.g. Freudian) that people have internal selves, characters and a core that reveals the truth of who they really are. The popularity of structuralist thought has found expression in most therapeutic approaches.
3. Siting the problems inside the person makes the person's task one of taking action against themselves. (Self-harm then becomes one appropriate response).
4. However, if we view problems as coming essentially from outside the person
- e.g. in relationships with others, with cultures, with institutions or with power relationships, then a more appropriate task is to keep the problem outside the person.
5. Internalising and externalising are both linguistic techniques – neither

can demonstrate it is a reflection of reality. But internalising has achieved such popularity that it can now pass unquestioned and unexamined – along with the effects it has and the responsibility of those who engage in it to be accountable for these effects.

6. Without claiming any truth about what a problem really is, narrative therapists seek to make themselves accountable to those most affected by their work by practicing in ways that seem to offer most hope and least blame. Experience this difference for yourself here.

Get one of the group to read out, slowly, the following questions. Allow a thinking gap between each question.

These questions focus on group members' experience of worry or anxiety. Substitute e.g. low confidence/nervousness/anger if these are more relevant to those in the group (N.B. Not all problems should be simply externalised – externalising violence or abuse requires a slightly different approach).

Internalising questions

- *How long have you been so worried?*
- *How did you get to be so anxious?*
- *Why do you think you're such a worrier?*
- *Does being anxious run in your family?*
- *How many people know you're a worrier?*
- *What does being so anxious tell you about the kind of person you really are deep down?*

Externalising questions

- *When did anxiety first try and interfere with your life?*
- *What has happened that might have made you vulnerable to the influence of worry?*
- *What does worry try to get you to believe about yourself?*

- *What does worry want you to believe about other people?*
- *Are there tricks or tactics that anxiety uses to try and influence you?*
- *In which situations is anxiety most likely to try and take over?*

Now ask the group to discuss the following questions:

1. How were you differently affected by these two sets of questions?
2. Which of these effects fits better with the effects you wish to have on those who consult you?
3. What kind of task would it be for a person to make the linguistic and discursive shifts required from our cultural norm of internalising to one of externalising?

Some brief tips for externalising:

1. Turn adjectives into nouns – e.g. “anger” rather than “angry”. (The task is “nounification”!)
2. Use gerunds – verbs ending in “-ing” – e.g. “skin-cutting” rather than “skin-cutter”.
3. Prefix words with “The...” to render them nouns – e.g. “The sadness” rather than “your sadness”.
4. Personify problems to separate them further from the person – e.g. “What is this problem trying to do to you?” (Personification is a playful extension to externalising, attributing intentions and agendas to the problem).
5. Prefix problematic descriptions with their relationship with the person – e.g. “This sense/ feeling/sensation of unfairness” rather than “his unfairness”.
6. Externalise positive things too – this prevents the social history of skills or

abilities getting dead-ended – e.g. “using confidence” is preferable to “being confident”.

I hope you have fun with this. I know this simple and non-threatening exercise can be a powerful experiential introduction to some of the effects of internalising and externalising language. This was the place I started at when I tried to gradually introduce narrative ideas into my systemic practice. Of course, the problem comes when you've asked one externalising question and the family respond in some unpredictable way pushing you back on old known and familiar practices. You've probably had a lifetime's training in structuralist and internalising language though so be gentle with yourself – I started off aiming for one externalising question per session – and sometimes this was aiming too high...

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Together with Amanda Redstone, Keith Oulton and Sarah Walther, I teach 5-day intensives at levels 1 & 2 in different UK and Irish venues. Check out www.narrativetraining.co.uk for further information. The family therapy influences on me that have contributed to my take-up of narrative ideas certainly include my trainings in Structural, Milan and post-Milan approaches. I'm sure I would have also followed up my interest in solution-focused ideas if I hadn't come across narrative ideas at a similar time.

I reckon that, in narrative practice, you can see links to Minuchin (via his political consciousness and focus) to Cecchin and the other Milan group (via their focus on rigour and thoughtfulness in questions as the main form of enquiry) with post-Milan (via the focus on postmodern and second order cybernetic ideas) and solution focused (via a shared interest in exceptions and a reduced interest in causality and therapist theorising).