

Chapter 17

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The narrative metaphor in family therapy

an interview with

Michael White

Michael White lives and works in Adelaide, South Australia and is known within the field of family therapy for his explorations of the narrative metaphor in therapy. These explorations have occurred in collaboration with David Epston of Auckland, New Zealand. This interview took place in Adelaide.

Perhaps I could begin by asking you about what you see as some of the key themes that make up what is known as family therapy?

Family therapy is a field that is constantly changing, and has a great history of engaging with new and diverse ideas and developing innovative practices. There are a number of broad themes that can probably be traced through many of the 'schools' or traditions of family therapy thought and practice. One of these is that family therapy since its very beginnings has been vitally interested in how life is shaped by family relations. This involves considering identity as something that is achieved in relationship with others rather than something that derives from human nature, whatever it is that human nature is construed to be. Over time, the definition of the family has been expanded to include families of origin, families of imposition, and families of choice. And there has been increasing attention given to

explorations founded on the understanding that today's family is itself a specific historical and cultural phenomenon, regardless of form.

Another key theme involves the understanding of people's problems within terms of the wider contexts of life. Rather than locating problems within individuals, family therapists have sought to identify the links between the problems people experience and the wider contexts of life, including the family, and the many other institutions of society.

A third theme involves meeting with families and other networks/communities of people to address the problems in their lives. There is considerable emphasis given to the re-negotiation of people's identities within the context of their interactions with each other. These are all traditions of inquiry within the field of family therapy which strongly resonate for me and that have influenced my thinking and practice.

Apart from these general themes, there have been various specific developments within the family therapy field that I see as of great importance. For instance, the conceptualisation of therapy as a process of questioning, which derives principally from the work of the Milan Group. I still remember the day I read their 1980 paper, which has since become a classic. It was like experiencing a change in the weather. I believe that this contribution to the field of family therapy has been very significant.

There are also specific traditions of the family therapy field that are generally accepted and that to some extent are distinguishing of the family therapy endeavour. For example, there is some degree of commitment to the sort of transparency that is witnessed in the sharing of ideas about practice through the showing of videos of therapeutic conversations and in a willingness on behalf of family therapists to undertake live interviews with families and to be available to comments and feedback from other therapists and students. This tradition of transparency has led not only to a context of openness, but also to challenge and creativity that I think has been very important.

You said earlier that you believe that the field of family therapy is constantly changing, can you give an example of these changes?

One change that comes immediately to mind is the outcome of the influence of feminism in family therapy. Feminism has been perhaps the most extraordinary

social achievement of the last few decades, and I think its influence within family therapy has been enormous. I believe that it has contributed to a sea-change, many of the implications of which are still being worked out. I know that there has been a backlash to feminist ideas, but, despite this, the ripples are ever widening. Feminism has changed, and is continuing to change, so much of what we think and what we do.

Within the field of family therapy itself there have been many contributors to this development, including: Olga Silverstein, Betty Carter, Peggy Papp, Marianne Walters from the Women's Project at the Ackerman Institute, Rachel Hare-Mustin, Monica McGoldrick and many others. In Australia, feminism had a particularly profound effect on the shape of family therapy practice through the early to mid-1980s. The 1980s' initiation of the women only 'Women and Family Therapy Meetings' ahead of the annual Australian and New Zealand Family Therapy Conferences was a very significant milestone in this development. In concert with this development, women like Kerrie James and others effectively drew the attention of the Australian family therapy community to the politics and power relations of gender, and they continue to do so. More recently, in our part of the world, the work of The Family Centre of Wellington, New Zealand, has significantly changed the family therapy field's ideas about issues of culture and partnership with other peoples.

Could I ask you about the evolution of the narrative metaphor in your therapeutic work?

I first entertained the story metaphor in relation to therapeutic practice when I was exploring some of Gregory Bateson's ideas - particularly his ideas about 'restraints of redundancy'. By this he meant that we carry with us a network of presuppositions that determine which events of the world we respond to. He emphasised just how highly selective we are in terms of which experiences of events we give meaning to and take into our lives, and described how it is that this network of presuppositions informs this process. Bateson referred to this network as the 'restraints' of 'redundancy' and talked about how these restraints play a part in transforming events into descriptions - words, figures and pictures. He also described how these words, figures or pictures become a story through our efforts to explain them.

I was very engaged in explorations of Bateson's ideas in the early 1980s. In the later 1980s, I began to relate more significantly to the narrative metaphor. This was partly due to Cheryl White's encouragement of me to privilege this metaphor in my work, which in turn was informed by her engagement with feminist writings. This interest in the narrative metaphor was also something that came out of my collaboration with David Epston. These were exciting times. David and I would be constantly phoning each other across the Tasman Sea with things to share with each other about the families we were consulting with.

One of the things that drew our attention to the narrative or story metaphor was the way in which it enabled the dimensions of time and sequence to be elevated and attributed greater significance in our understandings and in our work. The narrative metaphor takes in what is often referred to as the temporal dimension. It encourages a focus on the ways in which the events of people's lives are routinely coded into time, on the ways in which events are read into unfolding accounts of life. In this way, the narrative metaphor is less static than the metaphor of redundancy that I had found very interesting in Gregory Bateson's work.

What were some of the possibilities that this story or narrative metaphor opened up in your therapeutic work?

When people consult therapists they tell stories. People don't come along and sit there and say 'depression'. Rather, they say, 'I've been feeling depressed lately and it's something that has been getting worse. If I think back over the last three or four years I can pinpoint some events which have contributed to this. Let me tell you about them ...' People are pretty specific about how these events of their lives are linked to each other in sequence. They are also very specific about time. A couple might say: 'So, this brings us up to three months ago. Then we had another crisis in our relationship, and that was back in June or May. Actually it was early June. Now it is September and let us tell you where we are at now in our relationship.' The narrative metaphor encouraged me to pay more careful attention to this temporal dimension of people's lives, and to the part that this accounting of events played in their developing experience of the problems they were seeking consultation over.

The stories that people tell about their lives are also shaped by particular themes - themes of loss, themes of tragedy, and so on. These themes have a

historical trajectory and are engaging of many of the figures of people's histories. People's orientations to what they discern to be the problems of their lives are significantly influenced by these themes. Observations of this sort that are informed by the narrative metaphor made it possible for me to think more broadly about the problems that families were bringing to therapy, and, in response to this, I entered into more significant explorations of the various elements of narrative. At this time I also began to think through how I might be more effective in engaging people in conversations that would identify and give meaning to some of the more neglected events of their lives, and that would take these events into alternative storylines that would open up gaps in their otherwise problem-saturated accounts of their lives.

Engaging with the narrative metaphor in the development of therapeutic practice invites us to think about how can we encourage people to do what they routinely do - to place the events of their lives into storylines - but in relation to some of the more neglected events of their lives. This opens possibilities for the further development of therapeutic practices that are more de-centring of the therapist and centring of the meaning-making skills of people who consult us. This has been one of the big attractions for me about the narrative metaphor.

Are there any other things that attracted you to the narrative metaphor?

I often think about how there are many parallels between effective therapeutic skills and skills of literary merit. Good writers have a way of actively engaging the lived experience and the imagination of the reader, and of inviting him/her into new territories of life. There is something about the structure of the text in well formed stories that is exercising of the reader. The plot line is not fully spelt out, and the reader has to fill many gaps in this plot line to stay engaged with the text. In well formed texts, these gaps are not so large as to frustrate and exhaust the reader, and they are not so small as to bore the reader. Not only does the reading of these texts of literary merit exercise the reader, but stretches them as well.

There are other gaps as well that are set into a well formed text. Good writers encourage readers to reach their own conclusions about the motives of different characters in the story, and about their pre-dispositions, their intentions, their attributes and traits, and so on. This triggers presupposition, which engages the reader very dramatically with the text. As a therapist, I believe I have a

somewhat similar task. Within therapeutic conversations I see it as my task to build a scaffolding, through my questions, that is exercising and stretching of the families that consult me, and that make it possible for them to step into some of the less explored territories of their life.

Can you perhaps offer an example of how this takes place in a therapeutic conversation, of the ways in which you scaffold therapeutic conversations?

I might be meeting with a family that is struggling with a problem which is considered to be chronic and intractable. Having explored some of the effects that this problem is having on the lives of the family members and on their relationships with each other, I invariably discover that family members have already initiated steps that might not have been predicted and that are outside of the problem-saturated territories of their lives. At this point I usually find myself thinking about the sorts of questions that might assist family members to attribute significance to these steps - that would create the conditions that would make it possible for family members to load these events with meaning. I'd ask questions like, 'Does this fit with what ADHD had planned for James' life? Or does it represent some other development? What do you think James? Were you doing what ADHD was telling you to do, or was this something else? Let's look at what ADHD has been up to in your life, and see if what you did here fits with that.' When we discover that we can't fit this or that event into the dominant storyline, then family members can be encouraged to assign these events alternative meanings. Further questions can provide family members with assistance in this. I might say, 'If we were to give a name to these steps, if these steps are to do with another theme in your lives, one that is distinct from the theme associated with the problem, what would we call it? What possibilities does this other theme potentially bring to your lives and relationships? Where do you stand on this development? For example, how is this for you, and how do you feel about it?'

Invariably family members judge such steps to be positive developments, and I can then inquire as to why they would judge them so. This inquiry provides family members with an opportunity to speak about purposes that they have for their lives that they have rarely, if ever, given expression to before. In response to extended conversations about these purposes, family members often for the

first time name what it is that is associated with these purposes - specific dreams, hopes, aspirations, longings, pledges, visions and so on. The questions that shape this inquiry all contribute to the development of possibilities for family members to load these steps with significance. Once done, I am then interested in hearing about how family members prepared the way for these steps: 'What were the foundations that made these steps possible? What was it that went before these steps, and that prepared the way for them? I guess this didn't come out of the blue, so would it be okay if we had a conversation about what prepared the way for it?' And so on. We might then continue to reflect on these steps and on what they speak to about the purposes, intentions, hopes, values, and personal qualities of family members.

The questions that I have described here are but a small sample of what I refer to as 'scaffolding' questions. The first time I came across this term was about ten years ago when David Epston was talking about construction metaphors in therapeutic practice. In more recent times though I have been interested in other origins of that term, and particularly in the work of writers who have been influenced by the thought of Vygotsky.

What are some of the things that you are currently really enjoying about your work?

I really love meeting with the families that come to consult me. Every family I meet with is different and comes up with unique ideas to address their problems, many of which I find that I could never have predicted, nor imagined. It is in the context of these meetings that I always find new challenges for me to rethink the work that I am doing and to make changes to this. I find that I am always having to question what I think.

And I have always loved engaging with ideas, and with the history of ideas, which is a treat. This pursuit of ideas often takes me to reading outside of the field of therapy. Having a sense of engaging with ideas that take me beyond what I routinely think is good for me. There is always something else to discover.

Are there any aspects of the work that you find less enjoyable?

In Australia we have a cultural phenomenon known as the 'tall-poppy syndrome'. This commonly used colloquial term refers to the practice of 'cutting

down to size' any poppy that grows taller than the average. The naming of this phenomenon is in recognition of the fact that elements of the Australian community can be quite tough on its own people who receive significant recognition. I would have to say that this has had its down side for me, and that at times I find it quite wearying. However, this has only been a very small part of my experience, and I have mostly found Australian family therapists to be wonderfully supportive in a personal and professional sense, regardless of their orientation and their position on the different developments in the field here.

In closing, are there any reflections you would like to make about the family therapy field more generally?

When I think of the family therapy field I think of the people who make it up. I have personally experienced so much generosity from many figures in this field. For example, I believe that many people would be familiar with the part that Karl Tomm played in opening up forums for me to share some of my work, particularly in North America in the 1980s. His encouragement, friendship and challenge when I was young and shy was, and always will be, very significant to me. As I say this I am also thinking about my personal connections with other family therapists in many different places. As I think of these personal friendships, I realise just how many people have opened their lives to me. What's more, this has not been contingent on agreement. These people have included me in their lives while maintaining room for difference of ideas. These connections of mutual respect and personal friendship and appreciation of difference are something that I am grateful for. I cherish all of the 'into the night' conversations and all of the fun that we have had with each other.

It has been my experience that the family therapy field is one in which can be found support for people to explore a range of ideas, and the implications of these ideas in regard to practice. It is not a closed shop. I have really appreciated this. There are particular schools within the field, and I acknowledge that all schools have the potential to run into some of the hazards of orthodoxy, but there is no orthodoxy in a general sense in the field of family therapy. This fact is, I think, something worthy of celebration.



DEAR READER

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