
NARRATIVE AND SYSTEMIC THERAPY: A RE-MEMBERING CONVERSATION

TERAPIA NARRATIVA Y ENFOQUE SISTÉMICO: UNA CONVERSACIÓN DE REMEMBRANZA

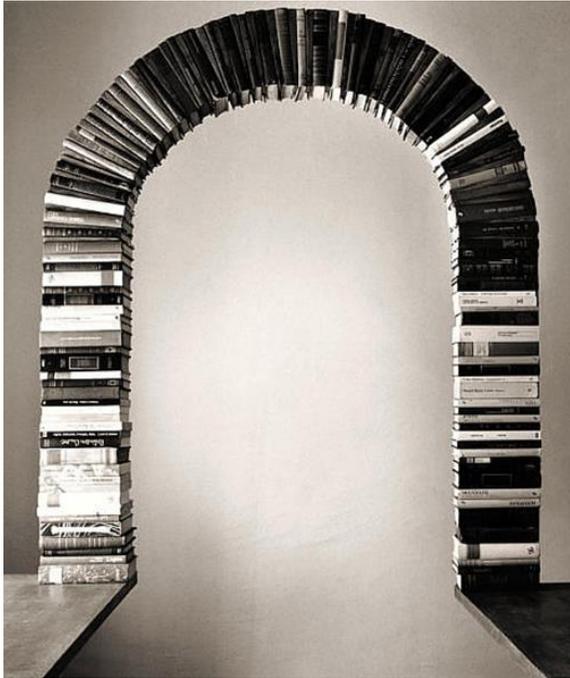
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“Co-constructing bridges of meaning”

BARCELONA, 2016

CO-CONSTRUCTING BRIGDES OF MEANING



**Entrevistando a la
terapia narrativa**

A re-membering conversation. Interviewing narrative therapy about its relationship with systemic therapy

1. What are you most proud of? What have been your main contributions to the field of psychotherapy and community work?
2. What is the connection between your current ideas and practices, and those of the systemic models? Are there specific systemic concepts, practices or practitioners that inspired you?
3. What would be your hopes for your future connection with systemic therapy? How do you want to see that relationship?
4. If we were to ask systemic therapy about its hopes for the relationship with you, what do you think it would say?

I. WHAT ARE YOU MOST PROUD OF? WHAT HAVE BEEN YOUR MAIN CONTRIBUTIONS TO THE FIELD OF PSYCHOTHERAPY AND COMMUNITY WORK?



¿De qué estás más orgullosa? ¿Cuáles han sido tus principales contribuciones al campo de la psicoterapia y el trabajo comunitario?

Bringing **social constructionism** and the **narrative metaphor** into the field of psychotherapy.

Providing a perspective to appreciate how **realities** are organized and maintained through **shared language and stories**.

Making visible in therapy the **power of certain social discourses** and expectations to shape our lives.

Opening space in therapy for a kind of **social activism** against discrimination, inequalities and broader social circumstances that **marginalize or oppress** some people or groups and privilege others.

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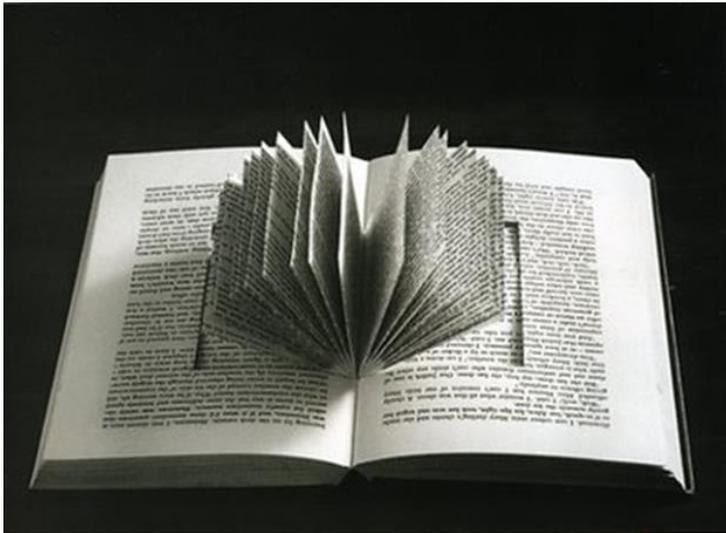
Find ways in therapy to **protest or resist** the influence of certain **official discourses** or ideas about “normality” (including those coming from the field of psychology).

Emphasis on **creating new possibilities**: what is or what it could be instead of what is not or how it should be.

Transforming the limiting or problematic stories into **alternative or preferred stories**.

Developing practices that **focus on people’s values**, wishes, preferences and intentions, and that rely on the **connections with other significant people** to support and strengthen those preferred ways of living.

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Bring **people's knowledge**, language and experience into the center of the therapeutic work.

Develop creative ways of **formulating questions** for **scaffolding conversations**, that bring us from the territory of the known and familiar to the territory of what is possible to know and do.

A landmark contribution to co-create new narratives: **externalizing conversations**.

Conversational **maps to explore new territories**, such as reauthoring and re-membering conversations, the absent but implicit, or exploring the categories of identity.

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Develop creative ways to **honor and document people's knowledge and new identities**, through the use of therapeutic documents and outsider witness practices.

Go beyond the therapy room and work with communities, fostering connection and mutual support through **collective narrative practices**

2. ARE THERE SPECIFIC SYSTEMIC CONCEPTS, PRACTICES OR PRACTITIONERS THAT INSPIRED YOUR DEVELOPMENT?

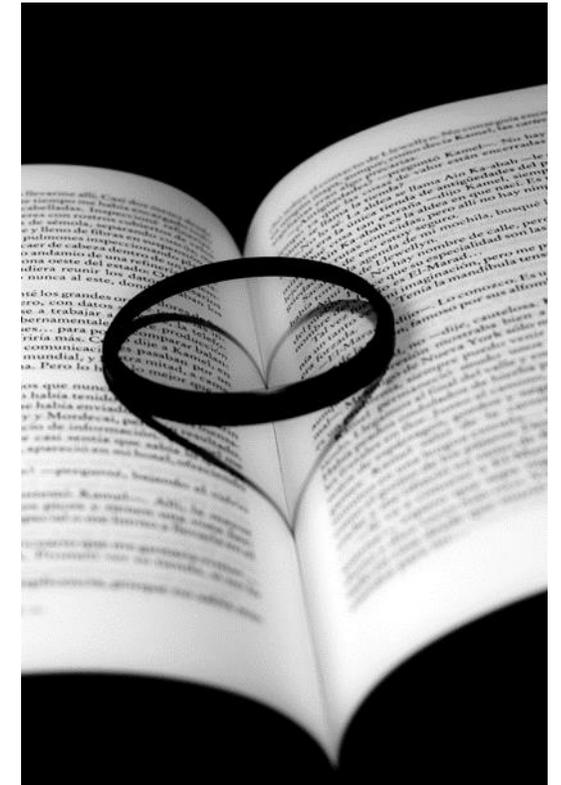
¿Hay determinados conceptos, practicas o personas dentro del enfoque sistémico que han inspirado tu desarrollo?

Systemic and narrative therapy share the **focus on connections and relationships**. Systemic therapy promotes new interactions and meanings that open new possibilities for the person and the relationships.

Systemic therapy has focused primarily on the **most significant relationships: couple or family**. It has created numerous strategies to conduct conjoint sessions and focus on the relationships (rather than the individual characteristics).

It has also developed ways to consider or include the **social network (Sluzki: La red social)**, other relevant people or the **professionals** involved in the problem.

Systemic therapy has always been interested in finding new ways, **less stigmatizing and more empowering**, to work with people and families suffering severe problems such as schizophrenia, or living in disadvantaged contexts.



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Systemic therapy has **questioned the use of traditional diagnostic categories**, that can be blaming and limiting, becoming part of the problem.

Systemic therapy evolved from the perspective of **first-order cybernetics** to the **second-order cybernetics** and social constructionism. From the therapist as the **expert in “repairing” dysfunctional family systems** with a rigid homeostasis, to the therapist in a collaborative role as the **“expert” in conversations** that open new possibilities and connect with the system’s ability to change and evolve.

Systemic therapy has emphasized **the importance of the context** in which the therapy takes place: the politics of the institution and the health providers, and the broader social scenario, with attention to discrimination, poverty, social class, ideologies, and the effect of political violence (**Sluzki: narratives of victimization; Pakman: “micropolitics”**).

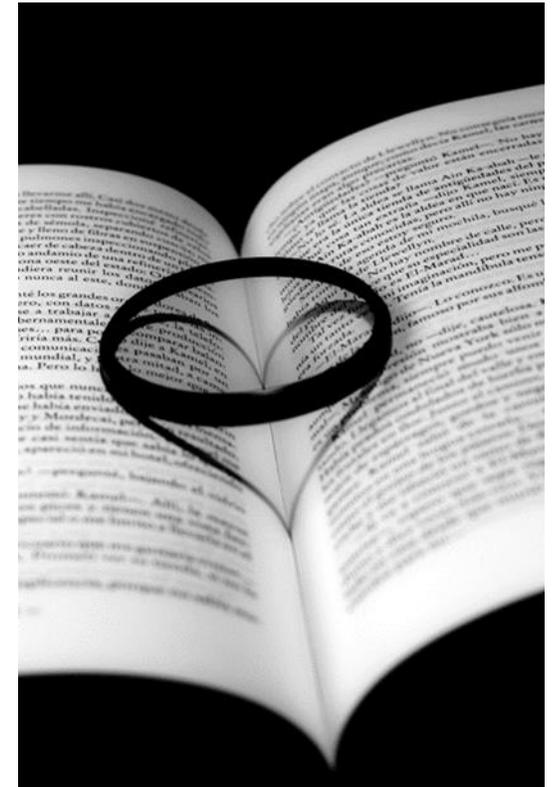


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Systemic therapy was influenced by the **feminist movement**, that brought attention to how the social inequalities between men and women get played out in the intimate relationships. This feminist perspective questioned some of the traditional systemic concepts such as neutrality or circularity, because they contributed to make power differences invisible and perpetuate the status quo (**Carter, Papp, Silverstein y Walters: *The invisible web*; Carter y McGoldrick: *Family life cycle***).

It also incorporated a broader social perspective, addressing the **cultural discourses and differences** and developing guidelines to work, for example, with immigrant families (**Falicov: *Family transitions*; Latino families in therapy**).

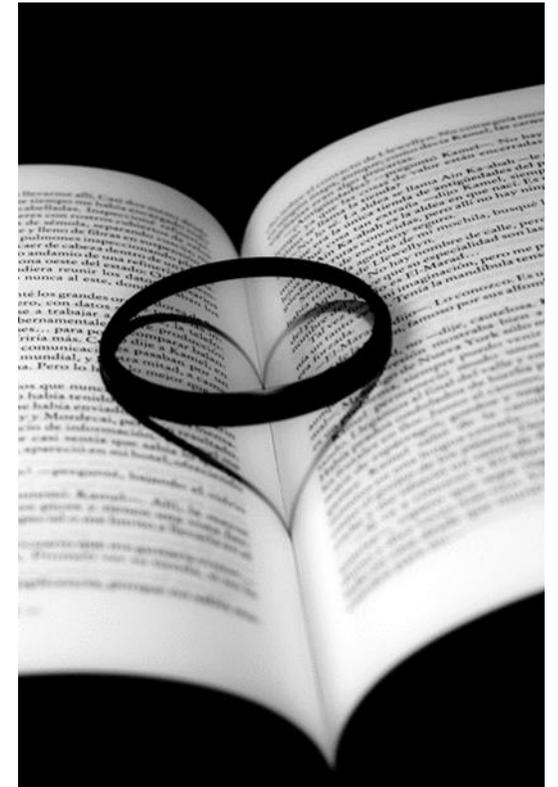


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Systemic therapy incorporated in therapy and supervision the use of the **one-way mirror** and different methodologies of working with the **team**, such as the **reflecting team by Tom Andersen**. It evolved towards a more equalitarian, collaborative and transparent therapeutic relationship.

Systemic therapy has traditionally paid very careful attention to the **use of language**, and the development of different types of relational or circular questions. **Questions** have become the main intervention tool to open possibilities for **new interactions and meanings (Milan team; Boscolo and Cecchin; Karl Tomm)**.



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Some brief therapy models, such as the Solution Focused Model (**De Shazer and Kim-Berg**), promoted a process of change based on **exploring the exceptions or solutions** (and not the problem), connecting then with the narrative therapy's focus on the unique outcomes.

Sluzki has written extensively on the macro and political aspects of narrative and also has developed a very useful model to explore the different **dimensions of the narrative**: historical and interpersonal context, causality, interactions, values attributed to those involved in the interaction, and the role the person has in relationship to the problem (**Sluzki: Transformaciones: una propuesta para cambios narrativos en psicoterapia**).

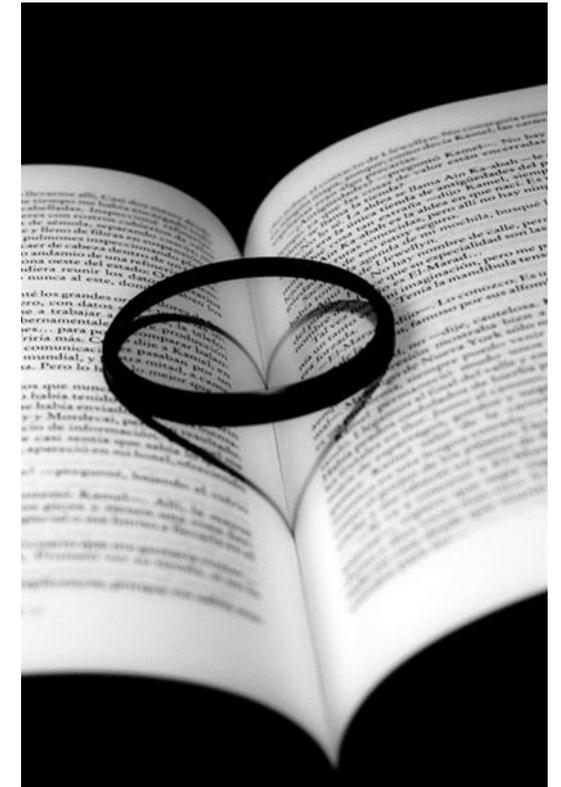


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According to **Sluzki**, systemic therapists tend to favor narratives that...

- open possibilities for **evolution and change**
- foster rich **interpersonal connections**
- consider people as **active agents** in their own lives, with good intentions, resilient, and
- narratives that encourage **respect** for oneself and others, networks of **mutual support**, and a sense of **collective responsibility**



3. WHAT ARE YOUR HOPES FOR THE FUTURE OF YOUR RELATIONSHIP WITH SYSTEMIC THERAPY?



¿Cómo desearías que fuese en el futuro tu relación con la terapia sistémica?

I would like systemic therapists to get a **richer perspective** of narrative therapy, learning more about **other theoretical influences** that extend beyond the field of therapy: social constructionism, cultural anthropology, literary theory...

I would like them to fully understand the implications of **externalizing conversations**, instead of just using externalization as another technique.

I would like systemic therapists to incorporate into their work with couples or families some of the **narrative maps and collective narrative practices**, such as the tree of life or the team of life; the narrative **documents**, and, when working with a team, engage the team members as **outsider witnesses** for the new narrative.

4. IF I WERE TO ASK SYSTEMIC THERAPY ABOUT ITS HOPES FOR THE RELATIONSHIP WITH YOU, WHAT DO YOU THINK IT WOULD SAY?

Si preguntase a la terapia sistémica sobre sus esperanzas o deseos en cuanto a su relación contigo, ¿qué crees que diría?

Systemic therapy would like to be acknowledged by narrative therapy as a very **rich and complex paradigm**, that has had an evolution from the more directive and first-order cybernetic models to those linked to social constructionism. Many systemic therapists promote a more **collaborative** and less hierarchical relationship and pay attention not only to the relationships within the couple or family, but to the **broader social and political context**.

Systemic therapy would like narrative therapists to consider **the work with couples or families** as a very powerful context for co-creating new narratives.

Finally, consider that **techniques used for changing interactions** (sculptures, enactments, homework tasks) are also opening opportunities for new perspectives, connections, affect, actions and meanings... that is, new narratives!



All photographs by Chema Madoz