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Narrative therapy, family therapy and history

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This article was inspired by listening to the interesting plenary on the influence of narrative therapy on family therapy at the AFT annual conference in Manchester in September 2008. Chaired by Barry Mason, with contributions from Paula Boston, Rudi Dallos, Hugh Fox and Arlene Vetere, the panel addressed a number of important issues. The discussion was particularly poignant in the light of Michael White's sudden death earlier in the year. One of the issues raised concerned the historical connections between narrative therapy and the broader family therapy field. Arlene Vetere said she was concerned, as an external examiner, that some family therapy trainees did not seem to locate the history of narrative therapy within the broader history of family therapy in their dissertations. Some contributors noted how many techniques in narrative therapy (like externalisation) seemed to be similar to techniques used previously in structural, strategic and Milan systemic therapy approaches and yet some narrative therapy publications did not seem to include references to these approaches and did not locate the provenance of these techniques in these older traditions. However, Hugh Fox noted that, one of the reasons for this might be that, whilst up until the late 1980s Michael White and David Epston referenced other family therapy traditions, after this they were much more influenced by the text metaphor and were reading many thinkers outside of the family therapy field like Foucault, Nietzsche and William James and were looking to different disciplines (e.g. anthropology, literary theory etc) to develop a new tradition. The contributors seemed keen to avoid a split between narrative therapy and the broader family therapy field and, instead, to find connections but this issue seemed difficult to negotiate.

When there are differences of view within a discipline, or between members of a system, history itself is often contested. I've had a bit of an interest in history and, as I was listening to the discussion, some thoughts occurred to me and I share them here in the hope that they might be helpful in reflecting on how the development of narrative approaches fits with the history of family therapy.

Over the years I have been to a number of therapy workshops where presenters have discussed a particular technique and approach and, inevitably, there is a question from the floor in the form of 'isn't what you are talking about just X therapy?' (insert your preferred brand name therapy here). Ignoring the put-down element signified by the word 'just', I often find myself reflecting further on the assumptions behind this question. One assumption, for example, is that there is only one history that can be told of a particular technique or idea. But where do therapeutic ideas come from? Is it possible to tell *the* history of any particular technique? Take externalisation, for example. Whilst a history certainly can be traced through strategic approaches, this is also a technique from Gestalt therapy but I do not know whether Epston or White ever had any contact with Gestalt therapy. In the

therapy world so many ideas circulate that the history of any approach is likely to be over-determined -- in other words, there are many possible cultural and historical influences, of which the originators may remain unaware. As Umberto Eco puts it in his little book reflecting on writing the *Name of the Rose* 'books always speak of other books, and every story tells a story that has already been told' (Eco, 1985, p.20). Sometimes it is only possible to trace influences at a distance of many years – indeed, many historians contend that the longer the distance from events, the richer the historical account is likely to be. Moreover, there may be differences in the importance accorded to various influences between originators of ideas and commentators on those ideas.

I was at a workshop some years ago learning about a particular therapy approach – it wasn't narrative therapy but I won't name it here as my point is a general one -- and asked the presenter whether they connected their approach with family therapy ideas and they said 'no'. They went so far as to say they had no theory of problems. Whilst on one level I could see what they meant I also felt that they must have a theory of problems at least at some implicit level. Moreover, I felt that this experienced practitioner was probably under-estimating the implicit knowledge they had gained from many years practising as a therapist – the kind of knowledge that may not find its way into the more official theories underpinning therapy traditions. Many leading family therapists have had numerous training and work experiences and yet their writings are more based on theories and concepts and relatively little draws on the personal and professional experiences gained during their long careers, except perhaps as illustrations of a theoretical point. I suppose it is often hard to work out which have been the most influential experiences on the evolution of one's ideas and practices.

There is an interesting but -- so far as I am aware -- unwritten history of the debt modern therapies owe to psychoanalysis. Most of the originators of these new therapy approaches, like many therapists of their era, originally trained psychoanalytically but really the only narrative which is told of the influence of psychoanalysis in contemporary histories, is one of rejection and a reaction against those ideas. Thus the Milan team could be said to have rejected the focus on the intra-psychic world, to move, instead, to a systemic perspective. Steve de Shazer has written about how he learned from his study of psychoanalytic therapy that talking about problems hindered change and that talking about solutions seemed to be more helpful. Here again there is a rejection, this time of 'problem-focused' conversations, moving to solution-oriented ones. The same could be said of the development of cognitive behaviour therapy. Aaron Beck, trained psychoanalytically but there are few historical links drawn between cognitive behaviour therapy and psychoanalysis, except, the story of reaction and rejection: the move from unconscious desire to more conscious cognition. I am not a psychoanalyst and would not want to offer a psychoanalytic formulation of this but I wonder whether the history of the influence of psychoanalysis on family therapy is – despite the best efforts of family therapists like Carmel Flaskas -- somewhat impoverished.

As Rudi Dallos noted in the plenary, accounts of influence and history may reflect the early stages of a new approach when leading figures are keen to stress their difference from what has gone before. Kaffman (1987) has described a similar process in relation to therapeutic failure in that it is difficult for the developers of new therapeutic approaches to acknowledge failure early on due to the rivalry between therapeutic camps. So, if narrative therapy has failed to locate itself fully enough in the history of family therapy, it is, perhaps, simply following an old tradition in the psychotherapies.

Rather than there being just one history of narrative therapy or family therapy, perhaps there are many. Barry Mason reminded the audience of the work of the American family therapist Betty Carter who, in the early 1980s, appears to have documented a technique which looks very similar to Tom Andersen's (1991) reflecting team approach. Thus there are at least two different possible histories of reflecting teams. I would not want to argue for an 'anything goes' approach to history -- and that it is possible to write any history of the past. There are, of course, some constraints and there probably are only a limited number of ways in which the past can be constructed -- but there is certainly more than one story about the past which can be told.

In an article I wrote a few years ago about the rather dubious links between the discipline of psychology and the military (Harper, 1995) I noted some key insights drawn from historians, for example that histories have many purposes. Family therapy could, perhaps, learn from both traditional and critical historians of disciplines like psychology who have noted that histories are active reconstructions of the past and, as such, are greatly influenced by the agenda, interests and orientations of their writers (Harris, 1979; Hilgard et al., 1991; Samelson, 1974, 1980). Many disciplines have their 'origin myths' (Harris, 1979; Samelson, 1980). For example, although some cognitive theorists and researchers refer to a 'cognitive revolution' three decades ago when the forces of behaviourism were successfully challenged, Lovie (1983) has noted that there is little evidence that research into cognitive topics was ever neglected. When we talk about history then, we need to be alert to potential dangers as well as possibilities. One danger, for example is that we can over-emphasise 'internal' factors (where one idea is seen to lead to another or one theorist leading on to another theorist in a progressive fashion) and neglect 'external' factors, like the cultural, political and economic contexts of ideas and practices. Similarly, we can over-emphasise the notion of 'schools' of thought at a particular time and forget that there are often sharp disagreements within schools and, moreover, many theorists change their ideas over time. A further danger is that we can write 'ceremonial' histories which serve to legitimise aspects of contemporary disciplines (and to ignore or downplay troublesome aspects or elements which do not fit with current ideas), rather than more critical histories, which put ideas in their political context. A final issue is that we need to be mindful of whose story is being told. Feminism has often taught us that *history* has often been just that: an account of the contributions of men. Anti-racist and anti-colonial scholars have noted how this exclusion of the contribution of women also goes for black people too.

To come back, then, to the historical links between narrative therapy and family therapy, I think that this is a dilemma requiring a classic both/and solution. There are at least two complementary histories possible: a history which traces the development narrative therapy in relation to family therapy ideas; and a history which traces it through very different literatures. The history that we tell at different times will depend on the purpose of that historical account. I would agree with Arlene Vetere that family therapy trainees should be able to locate narrative therapy within the traditions of family therapy but not because that is *the* history of narrative therapy, rather because, surely, one outcome of family therapy training is for trainees to locate practices they use within the broader family therapy field. Rather than being sources of tension and conflict, perhaps these complementary histories can inform each other.

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