Couple Counselling

A Practical Guide

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INDIVIDUAL COUNSELLING AND COUPLE COUNSELLING

In this chapter, I discuss some of the differences between working with individuals and working with couples which need to be taken into account by counsellors trained in individual-based models who branch out into couple counselling. I also make the case that experienced counsellors new to couple counselling will bring many appropriate assumptions and much skill and experience to this work, and that these will stand them in good stead as a foundation for practice.

THE NEED FOR COUPLE COUNSELLORS

The market for individual counselling has now become pretty well saturated in the UK, and I know of many counsellors who find it hard to get paid work because of the competition. At the same time, there is an unsatisfied demand for couple counselling, with Relate (formerly the British Marriage Guidance council), for example, having long waiting lists of many months in some areas of the country. Very few qualifying courses seem to offer training for working with couples, with obvious exceptions, such as those run by Relate. Courses in family therapy largely exist for employed practitioners. For the individual-trained counsellor hoping to work with couples, there is an additional problem – the most common theoretical approaches used in work with individuals are person-centred, psychodynamic and, more recently, cognitive–behavioural, all originally developed for one-to-one counselling and not adaptable to a wider context without further training.

A DILEMMA

A counsellor trained only in individual therapy faces a dilemma when approached by couples asking for help with their problems. The obvious solution is to suggest that

they see a colleague experienced in couple work, but the shortage of such counsellors may make this difficult or impossible. The individual-trained counsellor may be the only resource to whom unhappy and conflicted partners may be able to turn, if they are unwilling to join a long waiting list for couple therapy and risk their problems worsening or becoming intractable while they wait for an appointment. The counsellor may decide with some trepidation to take the couple on and try to adapt individual-counselling methods with them, whilst seeking help from supervision, books, articles, workshops and more extended training.

My own past experience shows that there are many traps lying in wait for the novice couple counsellor, even if he or she already has considerable experience in individual counselling. If these traps are not anticipated and prepared for, they will soon impact on the work and threaten its effectiveness, or at worst even exacerbate the couple's difficulties. However, my experience also indicates that an individual-trained counsellor can learn to counsel couples successfully if he or she is willing to consider new approaches, go to workshops, read widely and discuss the work with a good supervisor.

So what are these traps? Below, I outline some differences between counselling individuals and counselling couples which, I suspect, may sometimes prevent individual-trained counsellors from taking up couple counselling, and/or create problems once counselling has begun for those who do take it on. These and other differences, and the problems and misjudgements they may result in, should not be underestimated.

Time constraints

Counsellors new to couple work are likely to find that their usual sessions of about 50 minutes to an hour are uncomfortably tight for ensuring that two people, rather than one, are adequately heard and for ideas to emerge and be explored. A willingness to depart from the conventional amount of time allocated to a session is usually necessary. My own practice is to allow an hour and a quarter for the first session and at least an hour for further sessions, occasionally extending time if the progress of the session makes this necessary. On the other hand, there is no need to assume that sessions must always be held at weekly intervals; especially at later stages, gradually widening the length of time between sessions can be helpful, as it allows the couple to gain confidence in their ability to put their discoveries and decisions into practice and to monitor their progress.

Three-way interaction

Many individual counselling approaches are rather loosely structured, with pauses for thoughts and feelings to emerge, and further exploration dependent on what the person has just said. With just two people conversing (the counsellor and the person seeking help), this is appropriate and manageable. The dynamic of counselling couples is much more complex than this. If the counsellor begins by waiting for one of the partners to speak, then reflects back and summarizes when he or she does, the other

partner may feel unheard, and interrupt or build resentment and impatience. If the couple are encouraged to discuss their problems with each other, without the counsellor firmly controlling the dialogue, they will probably repeat familiar and abrasive complaints, dispute or argue, with the atmosphere heating up and the session becoming unproductive.

Once the session is under way, but not necessarily in this order, the counsellor talks to A and A talks to the counsellor; the counsellor talks to B and B talks to the counsellor; A talks to B and B talks to A; sometimes, when they are under emotional pressure, B may try to talk to A at the same time as A is talking to B, and vice versa; and at times the counsellor may address A and B simultaneously … this can be a minefield for counsellors used only to one-to-one dialogue in the counselling room!

Counsellors new to work with couples need to learn and practise more structured ways of running sessions than when counselling individuals, to prevent interaction between three people becoming unwieldy or losing coherence. The counsellor needs to be tactfully but firmly in charge of the proceedings, and she may find this rather different from her usual way of working, or may even object to it as too directive compared with individual counselling. But structuring the session is not directive in the sense of telling persons what they should feel, do or think. Couple counselling does not need rigid or invariable procedures, but should nevertheless be based on clear frameworks. The counsellor new to couple counselling can bear these frameworks in mind, perhaps referring during the session to memory-joggers such as those given in the Appendices at the back of this book. In narrative therapy, the base model of this book, the session frameworks are designed (among other things) to allow each person to be heard, acknowledged and validated, and to eliminate interruptions, aggression or other counterproductive elements. Once the frameworks become familiar and habitual to the counsellor, they will allow her to be wholly spontaneous and natural with the couple, and create conditions for the couple to explore their problems and concerns fully and without rancour.

Immediacy of conflict

Michael White admits (2004a: 5) that he sometimes experiences impasses when working with conflicted couples. That even such an exceptionally experienced and skilled therapist could sometimes find a couple session almost going out of control is either heartening or worrying for the rest of us, depending on how you look at it! Emotions in the counselling room are frequently intense, as with some individual counselling, but resentment, exasperation, disillusion and despair may be immediately expressed, directed at a partner physically present in the room who is likely to respond in kind. When this happens, emotional interactions both expressing and creating conflict are powerfully present to the therapist *there and then,* with conflict taking place in front of her in all its raw, messy and distressing reality, not, as in individual therapy, being limited to emotions arising from the memory and description of events distant in time and place from the consulting room. Immediacy of couple interaction will also be present if the conflicted couple's feelings are bleak and held in rather than expressed in open

anger, with the session just as potentially at risk if the therapist tries, in these circumstances, harder and ever harder to evoke a response. The couple will feel under pressure, and may withdraw even further into their defensive shells and fixed positions.

Echoes from the counsellor's private life

Conflict between two persons can be daunting for the counsellor contemplating taking up couple counselling if it resembles past or present difficulties in his own relationship with a partner or other close individual, or triggers painful memories of parental conflict in his childhood. The difference between this situation in couple counselling and coping with personal echoes triggered in individual counselling lies primarily in the difficulty of resisting identification with the person who appears to be in a position similar to the counsellor's in the past or the present, an identification that might distort objectivity and be noticed and resented by the other partner. Conversely, the counsellor may recognize this impulse, and overcompensate. In either case, failure to achieve appropriate objectivity can skew the therapy. Keeping to a clear method and structure is the answer. If this is achieved, sessions will usually be productive despite personal echoes, which will be kept at bay. If the counsellor's personal reactions do continue to affect his objectivity despite this, the problem should of course be addressed in supervision.

Neutrality

Many people who come to individual counselling are unsure of their aims, other than wishing in a general way to overcome their uncertainties and unhappiness. Specific aims emerge during and arise from their counselling. Counsellors who work with individuals are well used to giving undivided attention to the person's problem-story and, through reflecting, checking out and empathic responses, conveying that they understand it, take it seriously, and accept it as an accurate representation of the person's felt experience. Counsellors who work with individuals will already know that a person's being heard and believed can be powerful factors in producing emotional relief, and a reassuring and calming prelude to the exploration of emotionally charged difficulties and confusions.

When counselling couples, whether in joint sessions or separate individual sessions, the situation becomes more complicated. The counsellor needs to maintain a 'dual-viewpoint' stance at all times, and continuously to communicate this to both persons. This is *neutrality* – not meaning a distant and disengaged manner, far from it – but consistently ensuring that both persons feel heard and believed even if they have very different perspectives on the same events and experiences. Very often there is blaming, with resentment and anger from the original source of the conflict exacerbated by the frustration of each partner believing the other to be blind to their obvious faults and responsibility for the problem, and stubborn to boot. Inexperienced couple counsellors can swiftly become lost in these situations, which present challenges very different from the individual-focused, one-to-one empathic attention they have been used to giving to

one person. Neutrality is a core skill of family therapy which also needs to be learnt and practised by couple counsellors, and narrative therapy embodies this principle – one of the reasons why it is particularly suited to couple counselling.

Split agendas

Individuals are often rather uncertain about exactly what they want to get from counselling, but they are usually clear about their *reasons* for coming. They know what the problem is, though they may be confused about how to deal with it, or conflicted about different or apparently irreconcilable possibilities, and good counselling can usually aim to help them to unravel these confusions and make choices.

Conflicted couples may also be unsure about quite what they want from counselling, and in addition each partner may be mired in different interpretations and contrasting understandings of the same events. Even more confusingly for the novice couple counsellor, each partner may bring a quite different agenda, a situation by definition not found in work with individuals. One partner may want the couple to move to a different area but the other may want them to stay where they are; one partner's aim may be to minimize contact with the other's relatives, whereas the other partner may wish to see more of them; the partners may be wholly opposed on how to deal with their children's misbehaviour; one partner may want the other to give up drinking alcohol or smoking pot whereas the other may want, and be determined, to continue. At worst, one partner may wish to rescue the relationship whereas the other may wish to end it (I describe an example of this in Chapter 12). Each partner will probably hope that the counsellor will validate and support their own aims and attitudes, and will convey to the other partner that their viewpoint and wishes are mistaken. An inexperienced couple counsellor runs the risk of swiftly being pushed towards an unproductive 'referee' position, and possibly of frustrating both partners by refusing to take sides. Following the session frameworks offered in this book will go a long way towards assisting the couple to see each other's point of view, but negotiating compromise is not always possible, and where the issues are such that the partners cannot agree to differ, the counsellor may be left with the unenviable task of assisting them to explore and face up to the disturbing implications and consequences of their fixed positions.

Unrealistic expectations

Persons sometimes have unrealistically high expectations of counselling. Often couples, even more than individuals, come at a late stage of their problems, with a corresponding sense of unhappiness, pessimism and urgency. One partner may have resisted coming to counselling and the other, in increasingly desperate attempts at persuasion, may have exaggerated its potential benefits. When the couple find that there is no offer of immediate and brilliant advice that magically sorts things out, and no immediate reassurance that everything will undoubtedly be resolved through counselling, they may feel let down and disappointed. The counsellor may then experience

anxiety and a self-generated pressure to produce a breakthrough in double-quick time. Such pressure always makes it difficult to slow down and follow a more realistic and workable agenda, and to assist the couple to find their own solutions, with the counsellor in a facilitating role.

Ethical dilemmas

When two people are being counselled rather than just one, it may sometimes be difficult for the counsellor to determine exactly where her ethical allegiance lies. For example, if a woman claims that her partner is sometimes so verbally violent that she lives in continual fear that he will attack her physically, yet the man sorrowfully denies this and claims that she is exaggerating the occasional spat, whom should the counsellor believe and what should she do about it?

Sometimes the mere fact of having ethical responsibility to two people rather than primarily to one person can produce ethical problems. Consider this example:

> At their first, joint session, Ken and Mary's relationship appeared to be basically sound, though there were many differences and disagreements about money, and other conflicts which they were finding very hard to resolve. The atmosphere of the session was cooperative and quite relaxed, and sometimes humorous glances passed between the couple. I certainly did not detect any undertones of possible violence or abuse. We discussed whether to continue with individual or joint sessions, and agreed to continue with the latter. Two days later, Mary rang me to request an individual session for herself, saying she had not told Ken of this request and was not going to.

The reader might like to think about what he or she might have done in this situation, where agreeing to Mary's request would have meant colluding with secrecy, yet refusing it might have meant an important issue being excluded from the couple's counselling. At the end of this chapter, I say what I did.

Most ethical *positions* apply equally to individual and couple counselling, but the generalized ethical guidelines of the counsellor's professional organization, such as (in the UK) the British Psychological Society, the British Association for Counselling and Psychotherapy, the Association for Family Therapy and Systemic Practice and other bodies affiliated to the United Kingdom Council for Psychotherapy, will not always provide clear guidance on how to resolve a specific *issue*. Where ethical dilemmas in couple counselling differ from those in working with individuals, they usually, as in the examples I have given, arise from the counsellor's having equal responsibility to two persons, and also a duty of protection if one or both appears to be at serious risk in any way.

What should a counsellor do when one partner continually arrives late for joint sessions, or misses appointments altogether, with the other partner making what sounds like lame excuses for this? More urgently, what action should be taken if one partner inadvertently reveals that the other is involved in serious criminality such as drug dealing? What ethical responsibility does a counsellor have towards a person who is

violent or abusive to his or her partner, as distinct from responsibility to the victim? Good supervision is essential; here such dilemmas can be unravelled, action decided upon in relation to BACP or other ethical guidelines, and consequences monitored.

TRANSFERABLE SKILLS

I am rather worried that after reading about these difficulties and dilemmas, individual-trained counsellors might be frightened away from couple counselling! I hope they will read on.

As I say earlier in this chapter, I believe that experienced individual counsellors will already have many transferable skills, and a grasp of many appropriate concepts, which perhaps they have come to take for granted or do not fully recognize because of familiarity. I also believe that these skills and concepts can be brought to bear in the unfamiliar context of couple counselling and form a solid foundation for successful work.

Previous counselling experience concerning couple conflict

Many counsellors new to working with couples will have counselled individuals who are unhappy or conflicted with a partner or spouse. It is also likely that these counsellors will have played a significant part in the person's resolution of these issues. Since assisting a person to cope with the breakdown of an intimate relationship is one of the most difficult and complex issues individual counsellors can be faced with, the skills and knowledge developed in such counselling will be wholly relevant when counselling two people rather than just one, even though the way these are deployed will need to be modified by the new context. The advantages of seeing both partners rather than just one will soon become evident, with more detailed and full information being revealed, including a more balanced view of the issues affecting the couple.

Empathy combined with neutrality

The capacity to enter imaginatively into the world of the person, yet not to identify so wholly with her that a wider perspective is lost, is an ability developed by individual counsellors both during their training and as a consequence of their later experience with persons whom they counsel. Person-centred training, for example, puts great emphasis on developing skill in empathic listening combined with alertness to significance, allowing the counsellor to gain and communicate an understanding of the person's experience and at the same time objectively to select cues that might fruitfully be expanded into more detailed exploration. Therapists trained in approaches where empathic listening is not specifically taught develop the same skills through the application of inherently

respectful practices specific to their own model. These skills are certainly central to good narrative therapy, and are essential to all couple counselling, with the additional dimension, as Wilkinson suggests when describing therapy with families, of assisting conflicted persons to develop a degree of empathy *towards each other* (Wilkinson 1992). It is easy for counsellors to lose sight of how rare the ability to empathize is in wider social life. Persons sometimes say that even close friends listening to their account of a distressing or worrying episode, and genuinely trying to be of assistance, are likely to interrupt, lengthily turn the conversation round to their own experiences, or offer unhelpful, top-down and unsolicited advice.

A non-expert stance

A truism of all counselling is that the person herself is the expert in her life, not the counsellor, and that the counsellor's role and professional expertise lie in assisting the person to move from distress and despair, and to recognize, activate and consolidate previously overlooked skills, abilities, personal resources and feelings. Obviously, these core aims are achieved differently according to the counsellor's therapeutic approach. At different stages of my own professional life, I have worked in three different approaches (person-centred, solution-focused and narrative) and I hesitate to say whether there was any significant difference in success according to which I used, judging by persons' feedback about how far my counselling was helpful to them. I am now a narrative therapist because this approach matches my present assumptions and beliefs about people and about counselling, but I believe that the factor of respecting and enhancing the person's own capacities was also present in my previous ways of working. Counsellors beginning couple work will bring these assumptions to it as a matter of course, and this will be a major factor in their undertaking it effectively.

Reflexivity and professional development

Counsellors new to working with couples will take certain professional practices for granted, such as a commitment to regular supervision and to continuing professional development through self-reflection, reading, and attending courses and workshops. These practices embody continually reviewing one's work, both in specific learning contexts and through regular conversations with an experienced colleague, in a spirit of (in the most positive sense) critical self-examination. Acceptance of the importance of supervision and professional development, no matter how experienced the counsellor may be, is something the profession can be proud of, as it demonstrates an ever-present acknowledgement that there is always something to learn and to improve, and a permanent commitment to this process. Particularly through supervision, the novice couple counsellor will identify and discuss issues and difficulties in working with couples before the problems become urgent or disabling, and also explore possibilities of how to assist couples more effectively.

Choice and role of supervisor

Good supervision is, of course, crucial to good counselling – but what if the counsellor's usual supervisor has little or no experience of working with couples, and/or no knowledge of narrative therapy, the model used in this book? Should a different supervisor be sought for this area of work, and the current supervisor consulted only in relation to the counsellor's work with individuals? Perhaps the ideal couple-work supervisor for readers of this book would be a narrative therapist experienced in couple counselling, but such people are thin on the ground at present!

I think this apparent problem can be overstated. A supervisor doesn't necessarily need to work to the same model as the supervisee, though some degree of common ground is helpful. Good supervisors respect their supervisee's way of working rather than try to impose their own, possibly different approach. They also recognize that a *two-way* process occurs in their consultative sessions; that these are not top-down situations where a superior practitioner puts a less skilled colleague right, but collaborative conversations where (as in counselling itself) the supervisee is primarily encouraged to identify, articulate and develop his or her own ideas, competencies, skills and solutions. Where dilemmas and difficulties occur in a novice couple counsellor's work, a good supervisor will encourage him to recognize and draw on his reading, thinking and experience, and through this to find a way forward. A good supervisor's suggestions for consideration will be tentative, related to the counsellor's model and fully open to discussion. When I began using narrative therapy, firstly with individuals and later with couples too, my supervisor was a colleague trained in person-centred therapy, who worked mostly with individuals. My sessions with her were always immensely beneficial.

Ethical practice

The counselling profession's emphasis on ethical practice, embodied for example in the various counselling organizations' guidelines, should inform couple counselling in exactly the same way as when working with individuals. The counsellor new to couple counselling will bring an adherence to ethical concepts, policies and practices as a matter of course – for example, counselling being for the benefit of persons rather than the counsellor, the need for clear contractual agreements, the maintenance of appropriate boundaries, lack of exploitation, maintaining confidentiality, and accepting persons for counselling no matter what their sexuality, ethnicity or personal beliefs. Although (as I say earlier) BACP's and other organizations' ethical guidelines cannot, and do not claim to, provide solutions to all ethical dilemmas, consulting these guidelines will often clarify matters, especially when the supervisor is also recruited into the discussion. Having the ethical dimensions of professionalism already firmly in place will be an important and reassuringly familiar element when working in this new context.

Personal experience

I believe that the dangers posed by persons' problems triggering echoes from the counsellor's personal life, with those echoes becoming a threat to the counselling process and also forming a threat to the counsellor's own wellbeing, have been rather exaggerated in the traditional counselling culture. I am dubious concerning the still widespread notion that all counsellors should, as a matter of course, have personal therapy in order to identify unrecognized psychological traumas and emotional danger areas and address these. Rather, I am inclined to think that counsellors will usually recognize this potential situation should it threaten, and deal with it, perhaps in supervision.

Nevertheless, I suggest that there is truth in the idea that the counsellor's own experience is relevant to her counselling. In couple counselling, for example, as I suggest above, painful relationship issues in the counsellor's life may inadvertently incline her towards over-identifying with the partner whose situation most resembles her own, and this needs to be guarded against. On a contrasting positive note, when properly recognized and taken into account, the counsellor's experience of life can be brought to bear on the couple's problems and assist her to work creatively. Very few people escape painful relationship issues at some time in their lives, and when a counsellor has been through such experiences, they may well enhance her ability to understand the reactions, thoughts and feelings of couples going through similar crises. I think this positive factor has been undervalued in the traditional counselling culture, with its perhaps rather nervous emphasis on how echoes from the counsellor's life may distort her objectivity by reactivating painful memories. Common ground of human distress can be a powerful resource when brought to bear in couples work, and narrative therapy in particular has developed practices where the counsellor's own experience can be drawn on openly and appropriately in the service of the couple.

Mary and Ken (see above, page 12)

I asked Mary whether she wanted this secret individual session so as to tell me in confidence about abuse, violence or criminal acts which she felt unable to raise with Ken present. If she had said this was so, I would have agreed to the individual session on the terms she was requesting.

However, Mary had simply changed her mind about all sessions being joint, and had decided she would like an opportunity to explain her point of view to me in more detail. She was embarrassed at the idea of Ken's knowing her change of mind, and anxious in case he might be angry about it, but she assured me there was no way he would be violent. I said that I would be happy to have some individual sessions with her after the next, agreed, joint session, but that Ken must know about these, and must also be told about her phone call and request. I would have to mention the call to Ken at the joint session unless she had told him about it already, and if she had, I would need her to tell me this in front of Ken at the start of the session. Mary said she understood the position, apologized for the mistake

she had made, and undertook to tell Ken what she had done. At the joint session, Ken himself began by saying that Mary had told him about her phone call and why she had made it, and that although at first he was hurt that she had gone behind his back he did realize why, as he knew he could be quick-tempered at times. We then agreed that each partner would have an individual session after this joint one.

DISCUSSION POINTS

Consider these questions, if possible in discussion with a colleague:

1. What has led you to consider working with couples?
2. What previous personal and professional experiences will contribute positively to your couple counselling?
3. What existing personal and professional qualities and skills will you bring to this work?
4. What qualities and experience will you need in the supervisor whom you consult about your couple counselling? How will you help your supervisor to help you?

2
NARRATIVE THERAPY

This chapter describes the philosophical assumptions and some of the practices of narrative therapy, with adaptations, simplifications and practices from other therapies, since this is the model used in this book. As already suggested, readers fully familiar with narrative therapy might like to skip this chapter.

AN APPROPRIATE THERAPY

Counsellors trained to work with individuals may possibly be unfamiliar with narrative therapy, as it developed in the context of family therapy rather than traditional one-to-one counselling. In my workshops on couple counselling, participants trained in various different individual-based models have told me that it has been easier to learn this unfamiliar approach than to try to adapt their existing way of working. As the workshops progressed, participants who normally used psychodynamic, person-centred or cognitive methods, for example, agreed that narrative therapy offered a detailed, clear, consistent and unified approach which they found sympathetic, and clearly geared to the unfamiliar area of working with couples. However, most of them also found, slightly to their surprise, that narrative therapy had enough in common with their usual way of working to give them a sense of continuity and consistency. I hope that readers of this book who are new to narrative therapy will also find it stimulating, appropriate and above all practical, and that this chapter's overview will help them to orientate through the rest of the book.

NARRATIVES OF LIFE AND PROBLEMS

Narrative therapy originated in Australia and New Zealand in the early 1980s, in the thinking and practice of Michael White, Co-Director of the Dulwich Centre for Family Therapy and Community Work in Adelaide, and David Epston, Co-Director of the

Family Centre in Auckland. White was perhaps the more widely influential of the two, and his ideas and practices have had a major impact on family therapy and community work worldwide. Narrative therapy has now moved beyond its original family therapy context as counsellors who work with individuals and couples have discovered it.

The key term 'narrative' refers to those times when self-reinforcing memories, thoughts, images and feelings which make up a person's apprehension of himself/herself and the world, are given expression as narratives (or 'stories') of life. These stories may take the form of a ruminative monologue, or the literal form of everyday conversation with other people. In narrative therapy, persons are encouraged to extend their accounts (stories, narratives) of their problems so as to include previously ignored or un-noticed elements that build to a wider perspective on the problem and on the persons' self-view. These revised, extended, 'enriched' stories, told at length to the therapist in response to questions and then perhaps also told to other people, are closer to the reality of their actual experiences than their more limited initial descriptions, and this wider perspective becomes the foundation for change. How this is achieved will, I hope, become clear in the rest of the book. But how different is narrative therapy from other counselling approaches?

Common ground

Therapies firmly based on believing in, respecting and activating the person's own personal and social resources have many elements in common. Narrative therapy departs in certain aspects from some of the traditional counselling culture's taken-for-granted assumptions, but always as a re-thought enhancement of the person-respecting values it has in common with most other therapies. It shares the assumption that the therapist's role is to assist persons to modify or remove distorted perceptions and other negative influences which have been holding them back from releasing their own skills and capacities, and then assist them to call on these more positive elements to resolve the issues brought to counselling.

All therapies explore persons' narratives, as this is the material presented in counselling. Angus and McLeod, in a book with contributions from therapists representing a range of models including cognitive, person-centred, experiential, relational and psychodynamic, affirm that 'All these writers have identified client narrative expression as the common ground of social discourse in psychotherapy and an essential constituent of client reflexivity and human agency … ' (2004: 367). The concept of 'narrative' is a place where diverse therapeutic minds can meet.

Below, I suggest common ground between narrative therapy and some other approaches (with therapies given in alphabetical order).

Adlerian therapy

Adlerian and narrative therapists emphasize the significance of power relations between individuals, and between social institutions and individuals. In both ways of

working, the examination of these interactive power relations, and a concern with the social context of individual distress, is seen as more important than analysing assumed psychological deficits (Carlson 2004: 76).

Cognitive therapy

White was indebted to the psychologist Jerome Bruner for many ideas on the importance of narrative (1995: 32) and Bruner originally identified himself with the 1950s 'cognitive revolution' in psychology (1990: 2–3). Narrative therapy is a cognitive therapy in that it aims to facilitate a revision of existing cognitive habits that are limiting the person's ability to resolve the issues brought to counselling. Perceptual re-formation is the aim of both approaches. The theoretical assumptions of cognitive therapy, as summarized by Moorey, apply equally to narrative therapy:

1. The person is an active agent who interacts with his or her world.
2. This interaction takes place through the interpretations and evaluations the person makes about his or her environment.
3. The results of the 'cognitive' processes are thought to be accessible to consciousness in the form of thoughts and images, and so the person has the potential to change them. (2007: 300)

Both therapies take the person through structured therapeutic sessions with an emphasis on conscious rather than assumed unconscious processes, with an underpinning assumption that the therapist's task is to assist persons to recognize, and escape from, rigid and unproductive ways in which they have been interpreting their lives. Aaron Beck recommends something very like externalizing the problem, which is a core element in narrative therapy: 'the therapist's … role is working with the patient against "it", the patient's problem' (Beck 1989: 220–1).

Gestalt therapy

Gestalt therapy's concept of people as essentially communal and interactive beings rather than bounded within their individual subjective experience, its focus on lived experience and its concept of distress as caused by damaging external factors rather than 'illness' (Parlett and Denham 2007: 230–1) are all paralleled in narrative therapy.

Neuro-linguistic programming

Neuro-linguistic programming and narrative therapists both identify the subtle and unrecognized implications of language usage as central to persons' perceptions, and they both pay close attention to the language used by the therapist as an influential factor in the therapeutic process (Peter Young, personal communication, 2004).

Personal construct psychology

Personal construct psychology matches narrative therapy in its identifying the exploration of persons' constructs of reality as a key starting point for assisting them to escape the limitations of their taken-for-granted perceptions of life and relationships (Fransella et al. 2007: 37–8).

Person-centred therapy

When I came across White's and Epston's work, I recognized similarities between their ideas and those of Rogers (Payne 1993/1996). Both therapies reject a stance of expert, superior knowledge. Neither model attempts to interpret the person's experience, to define problems in medical or psychiatric terms, to teach persons to relate better or to think more logically, to offer advice, or to role-model. Trust in persons' ability to reconnect with temporarily diminished capacities is a core 'given' in narrative therapy as it is in the person-centred approach. Both therapies identify the internalization of others' perspectives as at the root of identity loss, with identity loss seen as a major contributor to confusion, distress and disorientation (Rogers 1951: 498–503; White 2004a: ch. 5. White 2004b: 45–6). It is abundantly clear when watching videos of Michael White at work that he has positive regard for the person or persons consulting him, that he enters into and respects their view of their experience, and that he is being wholly himself – that he relates in the mode Rogers believed to lie at the core of good therapy. In their writings and interviews, both men sometimes demonstrate an endearingly puckish and self-deprecating sense of humour which sits easily with their seriousness of purpose.

Psychodynamic therapies

Common ground between psychodynamic therapies and narrative therapy lies in certain theoretical starting points. According to the psychoanalytic therapist Donald Spence, 'Freud made us aware of the persuasive power of a coherent narrative – in particular, of the way in which an aptly chosen reconstruction can fill the gap between two apparently unrelated events and, in the process, make sense out of nonsense' (1982: 1). This strikingly resembles Michael White's proposal that there are always 'gaps in the text' in the narratives persons tell the therapist, and that these provide the key to processes of perceptual change (2000: ch. 7). Narrative therapists, like Spence, stress that therapists do not address the actual events of a person's life, as these are unknowable in their complexity; the therapist's material is the person's told *account* of his experience, which is inevitably partial, selective, inconsistent and influenced by assumptions and norms of the person's culture and wider society. Spence suggests that therapists themselves bring embedded professional, personal and culturally formed assumptions and interpretative biases to the therapy process, with linguistic forms and conventions adding their own shaping (Spence 1982: 221–37). Narrative therapists

would agree with these observations, recognizing in them similarities to the ideas of Gregory Bateson, who was a seminal influence on Michael White's thinking (White 1989: 85–100).

Solution-focused therapy

Narrative therapy and solution-focused therapy are perhaps closer to each other in conception than is either model to any other approach. Both therapies reject the concept of assumed deficiencies or inadequacies in the person, and give time and attention to positive aspects of experience rather than to negative aspects. Therapists of both persuasions invite persons to identify occasions when the problem was absent, which are then explored in detail, and constitute the basis of change (De Shazer 1988: 131–8; White and Epston 1990: 15–6, 55–63). Although narrative therapists do not define their approach as 'brief', like solution-focused therapists they usually hold considerably fewer sessions than traditional therapists.

None of the above implies that narrative therapy is much the same as other ways of working, or that the above approaches are much the same as each other. There are real and important differences. Nevertheless, I hope that this preamble will reassure readers that they are likely to find narrative therapy sympathetic, and that its practices have the potential to form the basis of their work with couples – and also, perhaps, to enrich their other work.

SELF-STORIES

As we live from day to day and year to year, we accumulate a huge store of memories. As with experiences, some memories are trivial, some are significant, some are central to our lives and have powerful emotional meaning. Memory makes up our sense of what life has been, is and might be, providing a kaleidoscope of mental images that define our own unique personal history, our sense of ourselves and our sense of our place in the world.

Recall of memories is selective. In everyday living, memories are restricted and self-censoring. How we remember experiences, and what they mean to us, are powerfully influenced by multiple factors, including social, cultural and relational factors we have internalized. Our identity and self-view is involved in the censorship; we need to think well of ourselves, we need to believe that our lives make sense, we need to posit links between events that might otherwise seem random and meaningless. These factors filter our memories and re-cast them.

How do we define our lives and represent them to ourselves? How do we give *meaning* to our experience? We accrue beliefs, and we interpret our lives in the light of these beliefs. Some beliefs are fully in our awareness – our religion or lack of it, our political positions, our ideas about what makes for a good relationship. But even these consciously held and acknowledged beliefs have been arrived at randomly to some

extent, through the accident of our existence in the social and cultural contexts in which we happen to find ourselves, although our beliefs and assumptions seem 'meant' and inevitable once they have been formed. They tend to be self-reinforcing (how many people read a newspaper supporting a different political party than the one they vote for?). Other beliefs and assumptions embed themselves as 'unexamined truths' which are hardly noticed as such, let alone questioned – we have absorbed them as obvious 'realities' and norms according to our socio-cultural context.

Because life is full and complex but memory is selective, there is a potential for telling many contrasting accounts or stories about the events, feelings and thoughts of our past and more recent history.

These stories are told around particular themes (or 'plots') according to the triggers that produce them in interaction with the listener or listeners. They may concern our career, our love life, our giving up smoking, the cars we have owned, our health problems, people we have lost touch with, our last holiday, memories of childhood games, house moves ... the possibilities are endless. Sometimes these themes will intersect (changes in career meaning house moves and losing touch with friends) and sometimes they will be wholly disconnected with other story-strands of our lives. If we are unhappy or worried, the themes we talk about and shape into narratives will reflect this situation, and if we are immensely distressed and confused, any happier themes may seem unimportant or even illusory, and are even less likely to be included.

Memories and their meanings are slippery and transient if they remain restricted to internal monologue, though this does have a part to play in building up our store of life images. However, as social beings, we continually share experiences through dialogue with others, and in so doing we review, consolidate and structure our memories and attribute meaning to them. In buses, shops, queues, restaurants etc., we can hear this process happening all the time:

> 'I went to see her last week and do you know what? She was out – she'd forgotten I was coming. I'd bought a bunch of flowers, and they were wasted. Typical of her, it was just like when I went last month – well, I shan't go any more. Let *her* contact *me*, if she can be bothered to pick up the phone!'

This invented fragment is a little narrative or *story* in itself, and will become part of a longer narrative if the conversation continues. Only selected events are chosen for the narrative, with irrelevant details omitted (the weather, the exact number of flowers, what the speaker was wearing). Significant detail is emphasized (the wasted flowers). The event is set in personal history (last week … last month) and its meaning projected to the future ('I shan't do it any more'). Meaning is conveyed implicitly – something like, 'I now realize this relationship isn't worth the effort.' A conclusion is drawn about future action, or in this case inaction; the speaker will leave it to the visited person to make contact. Of course, the overall spoken tone of the fragment is not conveyed by bare print; a resigned, humorous and ironic tone of voice will convey something rather different in terms of meaning and intention than if the tone is furious, tense and bitter.

If we were to hear an account of this incident from the viewpoint of the visited person, it might correspond exactly to the visitor's story, but it is more likely that the narrative would be rather different; perhaps the visitor knocked softly, not allowing for the other person's deafness, and just went away again; or perhaps there were previous incidents when the visitor was tactless or offensive, and since she won't take hints that the relationship is unwanted, the only thing to do is not to answer the door. For both people, the act of narrating the incident to other people will structure it, reinforce the meaning they attribute to it, and be a major factor leading to its becoming a fixed account reflecting the teller's apprehension of the truth – unless it is *questioned* tactfully, perhaps by a friend attempting to promote reconciliation, so that both people involved come to see the other's point of view and modify their narratives in the light of this.

Hearing the person's story and encouraging it to be extended and modified

The core of narrative therapy consists of encouraging people to tell their problem-story in detail, then encouraging them by means of carefully chosen questions to 'tell and re-tell' extended versions of the story which include previously neglected, forgotten, undervalued or unnoticed elements. Incorporating these elements produces not just a revised and extended story/narrative in a neutral sense, but makes the new story influential; it changes the person's thinking and feeling, and modifies how she perceives her problem (she becomes 'differently positioned' in relation to it). These cognitive and emotional changes initiate a new progression: typically, from feeling defeated and hopeless to becoming more energized and hopeful, based not on some kind of facile optimism but firmly rooted in the previously unrecognized or forgotten realities revealed by the new perspective.

Here is a simple example from my own practice:

> Joyce, an elderly widow, was consumed with guilt. The last words she said to her husband, Fred, just before he unexpectedly died, had been angry and hurtful, because he had soiled the bedclothes. She told me the story of their marriage over the whole of the first session, including how it had ended in Fred's death, and her story was guilt-ridden, permeated with incidents when she had yelled at him furiously or not behaved in kindly or loving ways. It was what White calls a 'problem-saturated' account (White and Epston 1990: 16, 39). Over three further sessions, when I had acknowledged her terrible feelings about how Fred's life had ended, and not in any way tried to suggest any consolation concerning her last words to him, I invited Joyce to tell me more about the history of the marriage, and especially about good times they had enjoyed together. There were plenty of these 'exceptions' and they built to a clear picture of a volatile but very loving relationship where outbursts of temper and quarrelling had been quite common on both

sides, but accepted as part of the relationship's liveliness. There had been many occasions when they laughed a lot, enjoyed each other's company, supported each other in hard times, and shared pleasure in their children and grandchildren. These incidents were, with my prompting, reminisced in considerable detail, and fully re-lived in Joyce's imagination, memory and feelings. I gave her photocopies of my notes for the second and third sessions as reinforcing reminders of the good and happy aspects of her marriage which she had described. Towards the end of the fourth session, responding to a question from me, she said that if Fred could be present with us in spirit he would probably tell her impatiently to stop feeling guilty, and to remember all the good times. She still bitterly regretted her last words to him, but now she could recognize it was just very bad luck that he died soon afterwards rather than after a happier incident. She decided she did not need any more counselling.

Session content and sequence

In narrative therapy, the relationship between the counsellor and the person is not in itself seen as the means of bringing about change, but establishing an accepting, honest and non-judgemental atmosphere certainly is an aim. There is a basic sequential framework within which the counsellor tends to organize sessions, and I outline this below, with the caveat that for the purposes of this book, there are simplifications and omissions. Narrative therapy does not follow a rigid and inflexible pattern, as the priority is a sensitive response to the person seeking assistance. Timing of the elements varies, the sequence may be altered, and some practices may be left out altogether. According to the nature of the problem and the circumstances of the person, additional practices may be introduced which are not included in this summary but are described later in this book.

1. The person is invited to describe the problem. The counsellor listens carefully, checks out and summarizes.
2. By means of asking follow-up questions, the counsellor invites the person to extend the problem-story into areas not included in the original account, such as his work, health and sleep, family and other relationships, his sense of self. The aim is to elicit a comprehensive narrative covering the indirect as well as the direct effects of the problem on the person's life and relationships, so that he will feel fully heard and understood, and also to make reversion to problem-description later in counselling less necessary.
3. During the telling of the problem-story, the counsellor notes any elements that seem to offer the possibility of the story's being extended by the addition of aspects that throw a different light on the problem. (Narrative therapists use various different terms for these elements, especially the rather odd-sounding 'unique outcome', but *exceptions* is the simplest, and I have chosen to use this term throughout the book despite its more commonly being associated with solution-focused therapy than with narrative therapy.)

4. A name for the problem is discussed and agreed, often (but not always) a non-medicalized definition which implies *a distinction between the problem and the identity of the person*, such as 'the anxiety attacking you' not 'your anxiety'; 'difficulty in leaving the house' not 'agoraphobia'. This is called 'externalizing the problem' and when used in subsequent therapeutic dialogue, it implicitly separates the problem from the person's sense of who he or she is: 'the person is not the problem. Instead, the problem is the problem' (White 1989: 52).
5. If appropriate, the counsellor invites the person to consider the origins and effects of social, cultural and political factors on the problem, on the person's view of the problem and on the person's view of himself in relation to the problem.
6. Further questions invite the person to describe exceptions in detail, to consider their significance in relation to the problem, and to discuss how the exceptions might throw light on how to address it.
7. As the more complete story emerges, the counsellor may reinforce it by means of 'therapeutic documents'. These are written or other permanent recordings of discovery and progress, and may include taped recordings of sessions, summarizing letters, statements of intention and decision, certificates of achievement and personal writings such as poems and autobiographical fragments.
8. The counsellor may suggest that people significant to the person might like to hear the developing story, and by commenting, contribute to it. Such people may be invited to one or more carefully structured sessions.
9. The above process frees the person to escape from his initial 'problem-saturated' perspective, to see himself differently, to think purposefully and to decide on action.

AN EXAMPLE OF NARRATIVE THERAPY

This is another example of individual therapy rather than therapy with a couple, to enable counsellors accustomed to working with individuals to grasp essentials of the approach more readily at this stage. In my work with Mrs Dobson, not all the elements listed above were called on, but it did follow the general pattern.

> Marjorie Dobson, age 70, was referred by her doctor because of 'chronic anxiety'. She was worried all the time about everything, and always had been, she said. She was scared about her slight high blood pressure despite her doctor telling her it was not a threat; frightened when her husband was out; too anxious to use buses; and cycled to her job as a school dinner lady because she was too frightened to walk. She was sleepless, and fretted about minor difficulties. We agreed to call her problem 'intrusive anxiety' and she confirmed she was fed up with it and wanted it to end.

I asked Marjorie when intrusive anxiety had first affected her life, and she talked of her childhood.

At 10 years old, in an impoverished family with nine children, she had been farmed out to her mother's sister and her husband, and brought up by them for six years. There was an atmosphere of severity and fierce discipline deriving from her relative's religious bigotry, and Marjorie developed a continuous nervous alertness, since she was often punished for minor or imagined 'sins' and offences. She was forbidden company of her own age outside school, and made to perform a long list of domestic tasks, with punishment and lectures on sin if she fell short. Occasionally, an older cousin had taken her out for the day – the only happy memories she retained from that time. When aged 15, she met Jed, a young soldier. He was posted away, but they corresponded. Her aunt discovered the lad's letters, and burnt them, screaming about sin and deceit. Marjorie did manage one meeting with him a year later, but the relationship was over. She decided to return to her parents' house to live, but was not made welcome. She got a job in a factory, where she enjoyed mixing with other young people and met Derek, a lively young man who took her out on his motorcycle pillion, and whom she married a few years later. They lived happily with his parents and siblings for a few years. However, when the couple moved to a house of their own, Marjorie became overwhelmed by anxiety, was referred to a psychiatrist, and was prescribed powerful tranquillizers, which she still took. Anxiety retreated for a while but returned with a vengeance when she had a baby, and she became virtually housebound for several years. A different psychiatrist suggested she might take a small job, so she became a school dinner lady, a post she loved and still held, though she was terrified she might lose it because of her heart condition.

I had noted some exceptions, aspects of Marjorie's narrative which appeared to contrast with her problem-saturated description of how unwanted anxiety had dominated her life. I expressed interest in these examples and invited her to describe them in detail. This process took up the last part of the first session and the whole of the second session a fortnight later. In each instance, I mentioned the possible exception then asked questions around it, which led Marjorie to reminisce at length and with animation about some of the key experiences of her life.

- You often defied your uncle and aunt. How was it that they failed to break your spirit despite the unwanted anxiety they introduced into your life?
- You were kept under close supervision yet you managed to meet Jed. How did you do this? How did you manage to meet him several times? I'd love to hear all about this secret romance.
- You must have had great difficulty in corresponding with Jed. How did you get hold of envelopes, stamps and notepaper? How did you smuggle your letters to the post? What ruses did you employ to grab his replies before your aunt and uncle saw his letters? How long did you manage to keep up this correspondence?
- What do all these examples tell you about your ability to stick to your own beliefs and values despite the way you were treated?
- What did the occasional days out with your older cousin do to keep up your spirits?

- What did your cousin's opinion of you do to help you to maintain your sense of who you are, as opposed to the obedient drudge your aunt and uncle wanted you to be? What benefits did your cousin get from her outings with you? What was the effect on *her* life of knowing she was so helpful to you?
- What name could we give to your aunt's action in burning Jed's letters? What thoughts, feelings and decisions did this act lead to on your part?
- You went back to live with your parents even though you weren't welcome. How did you overcome anxiety's attempts to dissuade you from this?
- You enjoyed your factory job. No real anxiety at that time? What actual job did you do? How was it you got on well with the other young people, when you hadn't mixed socially with people of your own age before? You met Derek – and rode pillion! What was it like to ride at some risk but not caring about it, holding tight to the man you were starting to love?
- Anxiety wasn't able to stop you marrying Derek and having a child, even though it did intrude badly at later times. And in later years it didn't stop you from getting a job at the school. How did you manage to get yourself to the interview? How did you stop unwanted anxiety from making you tongue-tied?
- What technique did you use to get yourself to the new job on the first day? Was it like when you went to the factory for the first time all those years ago?
- You ride a bike – a bit slower than riding on a motorbike pillion! But you still have to cope with traffic. How do you manage that? How and when did you learn to ride a bike? What did you do to stop anxiety from preventing this achievement?
- Can you think of more examples of when you defeated anxiety in the past and recently?
- If your cousin was still alive and knew what your life is like now, what would make her proud of you?

In answer to that last question, Marjorie said that her cousin *was* still alive, in her nineties. They often talked about the past. I wondered if the cousin would be interested in hearing Marjorie's discoveries about how she had defied oppression and rejected anxiety's attacks on her happiness? Marjorie said she thought this would make a good topic of conversation, and she would up take this suggestion. We also discussed how she might finally dismiss her dead aunt and uncle from her life, and so diminish the times when their influence still haunted her.

All our sessions were held fortnightly. At the third, Marjorie said that she had been worrying much less than usual. When worries did appear, she had taken practical action to dismiss them by immersing herself in a home decoration project. She shed quiet tears while telling me she had summoned the courage to ask Derek not to be so protective – she wanted him to recognize that this well-meant attitude made her feel worse about herself. She had seen her doctor to discuss a reduction of medication with a view to stopping it. We discussed the significance of these decisions and actions and their continuity with her past successes. I offered to summarize her lifelong defiance of anxiety and oppression in a document, and this idea intrigued her.

In the fourth session, which turned out to be the last, Marjorie walked into the room smiling shyly, saying she had some things to tell me. She had gone shopping by bus, twice. She had also walked to her job – 'I just didn't give it a thought'. And she had gone to motor racing with her son, stood in the front row where cars roared past

just a couple of metres away, and thoroughly enjoyed it. She liked the draft document of affirmation I had prepared (Figure 2.1), and she agreed without hesitation when I asked for permission to describe her counselling in my teaching and writing.

THIS AFFIRMS MY PERSISTENCE IN RESISTING *ANXIETY'S* ATTEMPTS TO CONTROL MY LIFE

AND

MY DECISION TO *DISMISS* AS MEMBERS OF MY LIFE THOSE RESPONSIBLE FOR ANXIETY'S GAINING ITS POWER BY THEIR EMOTIONAL AND PHYSICAL ABUSE IN MY CHILDHOOD

- I did not allow separation from my parents at age 10 to destroy my spirit.
- I did not allow my aunt and uncle's deadly joylessness and their repression of my liveliness and happiness to destroy me.
- I took nourishment and hope from my cousin, despite the severe restrictions on her help imposed by my aunt and uncle.
- The abusive restrictions by my aunt and uncle did not suppress my delight in Jed's attentions, and I defied them by corresponding with him.
- I know that their destruction of his letters and cutting me off from him were unforgivable acts of interference and cruelty.
- I was able to rescue myself from their clutches and return to my own family. Anxiety was not strong enough to prevent me doing this.
- I was able to overcome the disappointment of my own family's lack of concern and to take a demanding job where I made friendships. Anxiety had not paralysed me and it had not prevented my taking a new direction.
- I was able to recognise in Derek a man worthy of my love and who loved me, to throw off old habits of doubt by entering into a period of courtship, to begin to experience joy, and to commit myself to him as his wife. Anxiety was powerless to prevent this.
- My relationships with Derek's family conquered anxiety for years.
- When anxiety regained power in my life I sought help, recognised good advice, and followed it by taking a part time job in a school.
- Anxiety was powerless to prevent me from becoming a mother.
- I push anxiety away by being active, and I enjoy going to motor racing.

There are many more examples of my ability to resist anxiety.

I hereby RENOUNCE my uncle and aunt, whose abuse led to anxiety invading my life. I REFUSE to mourn them and I REJECT and DISMISS them from membership in my life.

Signed ……MARJORIE DOBSON
Witnessed by …..……MARTIN PAYNE
October 2006

FIGURE 2.1 MARJORIE'S AFFIRMATION DOCUMENT