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CO-CREATING “REALITIES”:
AN ANALYSIS OF THE INTERACTIVE PROCESS
OF STORYTELLING IN THERAPY

A Dissertion Presented

by

JOSEPH M. PUMILIA

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements fo the degree of

DOCTOR OF EDUCATION

February 1991

School of Education

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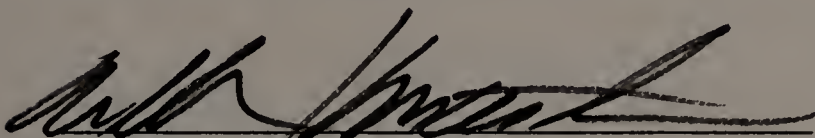
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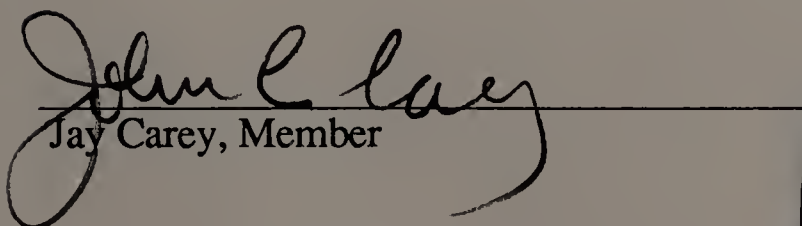
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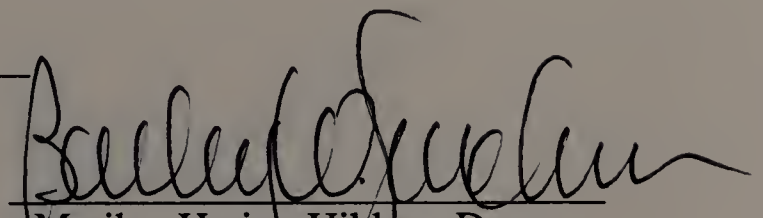
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DEDICATION

To my mother who taught me how to hold on
and perserve old stories

and

to my wife who taught me how to let go
and create new ones

ACKNOWLEDGEMENTS

It has been over seven years since I first dreamed of the day I would have the opportunity to acknowledge all the people that have helped in completing this project. It with sincere gratitude and humble appreciation that I now say “thank you”.

Janine Roberts, my advisor, mentor and friend for the first seven years comes to mind first. I could never have finished this project without your help. With untiring support and constant availability you helped me get through those early days of doubt. I hope this final product comes close to level of excellence that you aspire for yourself and your students. Because you believed in me, even when I didn’t believe in myself, I am very grateful.

My committee members come next. Your patience in helping me find “my own voice” and your willingness to accommodate to my crazy schedule will always be appreciated. I now appreciate our times that were most difficult: when you kept asking for more and pushed me to a quality of performance I never knew I was capable. A special thanks to my chair, Bill Matthews. Your stories were magnificent and your ability to simplify the process was wonderful.

Special thanks to my supervisors and friends, Bill Lax and Dusty Miller. Bill, our “recursive discourse” was extremely helpful. I never could have made sense of the material without your ability to clarify, stimulate and entertain. Also, thanks for teaching me about courage and the importance of taking risks and struggling with expressing new ideas. Dusty, thanks for your nurturing support and your confidence in me. You taught me how to take care of myself in the midst of chaos and how to take responsibility for my own actions and not those of others.

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Last and certainly not least is my dear wife, Leigh and my beautiful children, Nicholas and Sisley. Leigh, I know I have been impossible to live with, yet through all of this you have been there for me and have believed in me. I am in awe of your patience, your kindness and your strength and above all else, I love you. And kids, all I can say is “Daddy’s home!” and he’s very glad to have you in his arms.

ABSTRACT

CO-CREATING "REALITIES": AN ANALYSIS OF THE INTERACTIVE PROCESS OF STORYTELLING IN THERAPY

FEBRUARY 1991

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Informed by the literature on metaphors, “second order” cybernetics and narrative epistemology it was the researcher’s premis that a type of recursive search for new meanings occur for both the therapist and client whenever a story is told in therapy. In order to explore this premis, the researcher used a case study approach and followed three client/therapist sytems over a three to five week period. The research process involved the following steps: (1) selecting and orienting three therapists on the use of storytelling in therapy, (2) the actual telling of a metaphorical story in a family therapy session, and (3) the completion of follow-up questionnaires and interviews for both the clients and the therapists.

The results of this study are presented in charts summarizing the responses to the questionnaire. These charts illustrate the similarities and differences between the responses of the therapists, parents and children. The results are also presented through a synoptic narrative of the interviews of the three client/therapist systems. This narrative further reveals

the multiplicity of responses that a single story can generate and begins to illustrate the interactive process that can occur.

A description of this interactive process is provided. This meaning making process involves two distinct components. The first is called the Intrapersonal Process or Internal Dialogue and involves the conversations one has with him/herself as he/she interacts with a story. The second is called the Interpersonal Process or Recursive Dialogue and involves the making public of the internal dialogues and the multiplicity of responses that can evolve as a conversation about these different responses is generated.

This study found that both dialogues have therapeutic potential and should be seen as equally important and mutually influencing parts of a unique type of therapeutic conversation. Guidelines for generating such a therapeutic conversation are identified and discussed. The project also found that the interactive process has cognitive, emotional and behavioral components; and that metaphorical stories are particularly useful in family therapy because children not only understand them, but also become actively engaged with the stories.

TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGMENTS	v
ABSTRACT	vii
Chapter	
CHAPTER I. THE PROBLEM.	1
Introduction	1
Statement of the Problem and Rationale.	2
Overview of Method	4
Significance of Study.	6
Limitations of Study.	7
Definition of Terms	8
CHAPTER II. REVIEW OF RELATED LITERATURE	11
Organization of Chapter.	11
Metaphorical Stories: A Unique Art Form	12
A Historical Review	12
Theories of Metaphor	16
Implications for Study.	19
The Construction of Reality.	22
An Overview.	22
The Uses of Metaphors and Metaphorical Stories	
in Therapy.	27
Introduction.	27
Metaphorical Stories in Individual Therapy.	28
Metaphorical Stories in Therapy with	
Children.	32
Metaphorical Stories in Family Therapy.	39
Summary	43

CHAPTER III. METHODOLOGY	45
Overview of Method	45
Rationale for Method	46
Ethical Considerations	47
Selection of Participants	47
The Therapist	47
The Families	48
Training the Therapist	49
Data Collection	50
Analysis of Data	51
CHAPTER IV. RESULTS	53
Organization of Chapter	53
Background Data, Stories, Questionnaires and Interviews	53
Case A	
Background Data - Family	53
Background Data - Therapist	54
The Story	55
Questionnaire Results	56
Summary of Interview	59
Case B	
Background Data - Family	63
Background Data - Therapist	64
The Story	64
Questionnaire Results	66
Summary of Interview	69
Case C	
Background Data - Family	74
Background Data - Therapist	75
The Story	75
Questionnaire Results	76
Summary of Interview	80

CHAPTER V. CONCLUSIONS 83

Introduction and Organization of Chapter 83

 The Meaning Making Process 84

 Summary of Major Conclusions. 89

 Clinical Implications. 98

 Implications for Training 103

 Critique of Constructivism. 107

 Problems with Research Design. 110

 Recommendations111

 Personal Reflections113

APPENDIX

A. RESEARCH CONTRACT119

B. TRAINING STORY121

C. CASE SUMMARY 122

D. BACKGROUND DATA123

E. QUESTIONNAIRE 125

F. GUIDELINES FOR INTERVIEWS 130

G. BACKGROUND DATA131

H. TRANSCRIPTS OF STORIES138

BIBLIOGRAPHY..... 144

CHAPTER I

THE PROBLEM

Introduction

This research project explored, through questionnaires and interviews, the interactive process of storytelling in therapy. The “interactive process” refers to the mutually influencing search for new meanings (or new “realities”) that occurs between therapist and client whenever metaphorical stories are told in therapy. The primary questions that this study addressed were: What did the therapists and the families think about the stories that were told? Did they notice any emotional and/or behavioral changes after hearing the stories? What meanings were derived from the stories and did these meanings change over time? What impact, if any, did the stories have on the therapy and on the lives of both the therapists and the clients?

This study reflects the influences of “second order” cybernetics and constructivism on therapy (Dell, 1985; Hoffman, 1986, 1988; Keeney, 1983; Lax, 1989a; Matthews, 1985), and by its interest in stories and how meanings are derived through language. This study also reflects the influences of a narrative epistemology on family therapy (Anderson & Goolishian, 1988, 1989; Gergen & Gergen, 1983, 1984; Goolishian & Anderson, 1987; Laird, 1988; Lax, 1989b; Stone, 1988; White, 1988/9).

Statement of the Problem and Rationale

Throughout its history, the field of family therapy has been greatly concerned with the role of language in creating “reality”. This concern can be traced back to the early work of Bateson and his colleagues in Palo Alto which focused on establishing a theory of communication and on identifying patterns of pathological communication (Bateson, Jackson, Haley & Weakland, 1959; Jackson, 1959; Watzlawick, Bavelas & Jackson, 1967). Such key concepts as systems feedback and self regulation were introduced (Steier, 1985) and the field of family therapy was influenced by an understanding of cybernetics as a science of “observed systems”. This led to a strategic orientation (Haley, 1973, 1976; Minuchin, 1974; Watzlawick, Weakland & Fisch, 1974; Weakland, et al., 1974) and the role of the therapist was that of the expert observer responsible for creating change (Matthews, 1985). A major shift in the field of family therapy occurred as cybernetics came to be understood as a science of “observing systems” (von Foerster, 1981) and gradually began to incorporate ideas taken from “radical constructivism” (von Glasersfield, 1984). These ideas suggest that our understanding of the world is based on our own ordering and organization of what we perceive and not on an external, objective “reality”. With this shift, such concepts as autonomy, self-reference and responsibility became the concerns of family therapists (Lax, 1989a) and an emphasis was placed on the recursive nature of the client/therapist’s language and relationship (Keeney, 1983).

Despite the many positive influences of the ideas from cybernetics and constructivism, there have been some criticisms of the view of power and control

they support. This view considers power and control as being mutually shared products of the client/therapist relationship. This view has been considered potentially reinforcing of socio-political injustices because it lacks the complexity to address the important ways in which human systems are different from self-governing machines (MacKinnon & Miller, 1985; Luepnitz, 1988; Taggart, 1985).

Recent ideas in family therapy represent a possible solution for this limitation of the cybernetic view point and have begun to shift to a linguistic view or narrative epistemology. This view continues to emphasize the recursiveness in human systems, while providing an alternative to the mechanistic model. According to a narrative epistemology, all human systems could be considered linguistic systems. It is through discourse that language and meanings are simultaneously generated (Anderson & Goolishian, 1988, 1989). The family or system exists in the therapist's descriptions and the role of the therapist is to work with the narratives that evolve from the client/therapist language to co-create with his/her clients new narratives and new meanings.

There is currently no research available, however, that explicates how these ideas can become operationalized in therapy. The interactive process that occurs as narratives (or stories) are shared in therapy remains unexamined and the following type of questions have not been explored: What happens for both the therapist and the client as they tell stories to one another? Is there a search through past experiences and past stories whenever a metaphorical story is told? If there is a type of search, does it have both conscious and unconscious components? Although the process is linguistically based, are there also behavioral and emotional aspects that can be identified? And are there differences in the process between children and adults, and between therapists and clients?

This study will add to the understanding of the narrative epistemology by addressing these questions concerning the interactive process of storytelling in therapy. The methodology of this study will draw from theories of metaphor, “second order” cybernetics, narrative epistemology and research on metaphorical stories in therapy for its rationale.

Overview of Method

This is an exploration of three systems’ description of the meanings that were generated through their participation in the clinical and research process. Since it is exploratory and descriptive in nature, the case study method was used (See Rationale for Methodology, Chapter III). Specifically, this study explored the interaction that occurred within a therapist/family system as metaphorical stories were told in therapy. It focused on the co-evolving, or mutually influencing, aspects of this process.

In order to understand this interactive process, the researcher followed three therapist/family systems through a brief time after a metaphorical story was presented as a part of their therapeutic work. The researcher explored the interactive process through the use of background data, questionnaires and interviews. Background data was gathered for each family and therapist that took part in this project. This information was compiled by the therapist and presented to the researcher before the story was presented in therapy. The questionnaires were completed within two weeks after the story was told. Each person within the therapist/family systems responded privately to the questionnaires and mailed their responses to the researcher. (The only exceptions to this format occurred with the young

children in Cases A and B. They could not complete the questionnaire alone and were assisted by their mothers.) The interviews took place within two weeks after the questionnaires had been completed. Each interview began with a review of an audio recording of the story. The interviews proved to be the most helpful in explicating the co-evolving nature of the process. As these “stories about the stories” evolved, different meanings and new ideas were generated.

This project is based on principles of “second order” cybernetics and narrative epistemology. The case study method was modified to reflect these principles. These modifications included: (1) The therapists in this project were trained in the use of metaphorical stories in therapy and presented the stories for the project. This freed the researcher from being also the therapist (Dardeck, 1985; Matthews & Langdell, 1989) and provided an opportunity to describe the interactive process with data gathered from both the therapists and the families within the therapist/family system. (2) The personal reflections, ideas and concerns of the researcher and his committee were included in the final conclusions (See Final Considerations, Chapter V). These reflections acknowledged that his research efforts led to the evolving of a new system (i.e. the therapist/family/researcher system), and that the researcher not only influenced the process but was also influenced by the interactive process.

The method of research designed for this project could not, nor did it intend to, identify and study an isolated event or measure pre and post testing changes. The method also could not predict outcome, test measurable hypotheses, evaluate the effectiveness of the different stories or measure different variables of the participants (e.g the cognitive levels of the children). The case method was used specifically to generate descriptions of a process and to explicate the meanings that could be ascribed from these descriptions.

Significance of Study

This study provides a description from a “second order” cybernetic perspective of the co-creating process that can occur when metaphorical stories are told in therapy. Such a description is valuable from a number of perspectives including that of therapy, that of theory and that of research methodology.

Over the last thirty five years the field of family therapy has grown immensely. This growth has led to greater clinical expectations, toward work with an increasingly complex clientele, and to a proliferation of new techniques and ideas. This growth has also led to an acknowledgement that limits exist in any enterprise that is designed to help people change and to a renewed sense of respect for the ultimate autonomy of every individual and family. The therapist of today needs a style of working that is flexible and adaptable to the many demands which he/she must face. Specific techniques are becoming less and less important, however, and are being surpassed by the need for an overarching style that moves beyond the old standards of power and control and embraces as much as possible a non-perjorative, non-judgemental position (Hoffman, 1986). This emerging style represents more “a way of being” than “a way of doing”, and is reflected by a sense of respect, curiosity and wonder.

This study helps to illuminate this emerging style of clinical practice and describes the therapeutic process as a co-evolving process that creates the opportunity for change for both the client and the therapist. The therapist is not the external agent of change, but rather a part of a mutually influencing system. Most research on metaphorical stories in therapy is limited because it has gathered data only from the clients’ perspective. By also including data from the therapists, this study illustrates that the hearing and telling of stories are equally important.

This study can help free therapists from assuming the responsibility for solving their clients' problem and provides a theoretical base for conceptualizing their work as a collaborative process. It also offers a tangible example of how the narrative epistemology becomes operationalized.

Finally, as "second order" cybernetics continues to have a profound influence on the practice of family therapy, there is an increasing need for research that reflects this view (Atkinson & Heath, 1987; Steier, 1985). This study serves as an attempt to address the belief that the research process is "as circular and recursive as the system it is studying" (Pearce & Freeman, 1984, p. 7) by including the personal reflections of the researcher as he interacted with therapists, families and his research committee.

Limitations of Study

Although a sample of three might seem small, it is an appropriate number given the nature of the investigation and the mode of study. The goal here is not to generalize the findings as representative of all therapists and clients that experience metaphorical storytelling in therapy. Rather, the goal is to present how a process (i.e. the mutually influencing search for meanings that can occur as metaphorical stories are presented in therapy) is described and to explore the different meanings that might derive from these descriptions. It is expected that such descriptions can lead toward an increasingly refined understanding of the process and illuminate the clinical implications of "second order" cybernetics and narrative epistemology.

Patton (1980) supports such a research approach and argues that useful generalizations can be made from the amount of evidence produced in studying just one critical case (p. 103).

This study is specific in its intent: to describe a process and explore the meanings that can be derived from these descriptions. It did not attempt to compare the effectiveness of the different therapists, the quality of the training workshop or clinical impact of the different stories. It was also not an outcome study and did not address the success rate of storytelling on therapy.

Although the interactive process may be triggered by either the stories originating from the families or the therapists, this study took stories presented by the therapists as its point of reference.

A matter of ethics made it necessary that the participants knew that they were a part of a research project. This might have influenced the responses by their attempts to please the researcher and present what they thought he wanted to hear. The fact that the final interview included both the therapists and the clients at a point that their work together was still in progress might also have influenced the results.

Definition of Terms

Constructivism: The philosophy that regards knowledge as the invention of an organism actively interacting with its environment (Efran, Lukens & Lukens, 1988, von Glasersfeld, 1984, Watzlawick, 1984).

Experientialist Model: A model of metaphor that states that one's personal conceptual system is metaphorical, and that the power of metaphor comes in its unique ability to unite both reason and imagination (Lakoff & Johnson, 1980). This conceptual system is more than a cognitive process and includes the most fundamental experiences of men and women such as their feelings, beliefs, moral principles and spiritual values.

Family Story: The particular story (or stories) that creates the family's own history, their own "reality". It is the series of specific vignettes which the family tells to provide a sense of coherence and order to their lives. It accounts for the interpretation of events, for the emergence of beliefs and feelings, and the availability of unconscious resources (Lakoff & Johnson, 1980; Laird, 1988; Stone, 1988).

Interactive Process: The mutually influencing search for new meanings (and new "realities") that takes place within the client/therapist relationship as metaphorical stories are shared in therapy.

Metaphor: A figure of speech in which a word or phrase that literally denotes one thing or idea is used in place of another to suggest a comparison between the two ideas. The comparison might emphasize a similarity (Billow, 1977; Ortony, Reynolds & Arter, 1978; Perrine, 1971; Soskice, 1985), or a difference (Black, 1979; Tourangeau & Sternberg, 1982).

Metaphorical Story: A story presented within the therapeutic context by either the family or the therapist that causes a comparison with the themes, interpretations and meanings of this story with those of the "family's story" or of the therapist's own "personal story".

Narrative Epistemology: A theory of knowledge grounded by the idea that all systems are “linguistic systems” and that language and meanings are simultaneously generated through discourse (Anderson & Goolishian, 1988, 1989).

Personal Story: The particular story (or stories) in the midst of a longer account that creates the individual’s own history, their own “reality” (Laird, 1988).

“Second Order” Cybernetics: The study of the process of organization in observed and observing systems (Keeney, 1983). This includes the inherent patterns of circularity and feedback loops (Steier, 1985).

Strategic Therapy: A highly directive form of therapy in which the therapist is considered responsible for change and for directing the client’s attempts at solutions (Haley, 1973).

Therapeutic Metaphor: A myth, tale or story that is used strategically in therapy toward the accomplishment of a specific goal (Gordon, 1978; Kopp, 1971; Lankton & Lankton, 1983, 1986; Matthews & Dardeck, 1985). The therapeutic metaphor differs from the literary metaphor because it is concerned with altering, reinterpreting and reframing (Mills & Crowley, 1986). The therapeutic metaphor also differs from the metaphorical story because it has a strategic interest and is designed with a specific goal in mind.

CHAPTER II

REVIEW OF RELATED LITERATURE

Organization of Chapter

The purpose of the following selective review of the literature is twofold: to provide the theoretical background on metaphorical stories and to establish the rationale for this research. To accomplish the above, this chapter is organized into three sections. Section I, “Metaphorical Stories: A Unique Art Form”, begins to establish the theoretical base and rationale for this study. It confirms the power of metaphorical stories as a potentially useful intervention in therapy. This is done by presenting an overview of stories throughout history, the functions of stories in religion and in children’s literature, and a review of different theories of metaphor. The theoretical base and rationale for this study are further explored in Section II, “The Construction of Reality”. This section presents the salient concepts from “second order” cybernetics, constructivism and narrative epistemology, and the recent influences these ideas have had on therapy. The context for this study is then addressed in Section III, “The Uses of Metaphors and Stories in Therapy”. This section completes the rationale for this study by presenting how metaphors and stories have been used and understood within the therapeutic context.

Metaphorical Stories: A Unique Art Form

A Historical Review

Stories and storytelling have been an essential element of human communication from time immemorial. The first conscious efforts of creating a story were probably the results of a series of chants that were set to the rhythm of some task of daily tribal life such as grinding corn, paddling a canoe or participating in a ceremonial dance (Sawyer, 1942). These chants were impromptu expressions of feelings about some act or accomplishment that set the individual, for the moment, apart from the tribe. These first stories had a spontaneous and playful quality and their primary purposes were for personal entertainment and to arouse emotion (Maguire, 1985).

As cultures evolved, people became increasingly concerned with the world around them. Stories became more formalized and began to be used as a type of worship or for protection from unknown spirits. This transition marks the beginnings of what are now known as hero tales and myths (Sawyer, 1942). Since these earliest examples, stories have continued to play a primary function in religions and in communicating religious beliefs. Identifying these functions helps to understand the therapeutic potential of metaphorical stories.

Religion is much more than an intellectual exercise representing specific theories and facts. It has to do with faith, deep personal experiences and emotions. It involves a subject matter that is evasive and even considered obscure to some (Brown, 1983; Donovan, 1976; Mac Cormac, 1976; Soskice, 1985). Religion also fosters a set of ideals, a policy toward living and a commitment to a certain way of life (Mitchel, 1971). These characteristics of religion are aptly presented through metaphorical stories. Metaphor has been described as

the result of some type of struggle to express a powerful emotional state that cannot be literally understood (Brown, 1966), and as having to do with future possibilities, hope, and expectations of something great (Shibles, 1971, p. 14). Metaphors have also been identified as valuable because they allow the transfer of “perceptual, cognitive, emotional and experiential” characteristics from something that is known to something that is not known (Ortony, 1975, p. 53).

Specific religious beliefs are often expressed through their direct use of metaphorical stories. One of the earliest recorded stories known is The Book of Job that is found in both Christian and Jewish scriptures (Barker, 1985). This story is approximately 2500 years old and involves a challenge between God and the devil regarding the faith of Job. In this story, Job suffers through a number of trials and hardships. Job remains faithful to God, however, and in the end he is rewarded with great wealth and happiness. Principles common to both Jewish and Christian beliefs are clearly implied in this story.

The Book of Job is but one of many examples of the use of stories in religion. Other examples include: the parables of Jesus, the commentaries and folklore of the Talmud, the sayings of Confucious, the koans of Zen Buddhism and the teaching tales of the Sufi. Differences in religious systems are essentially reflected by the different set of stories that become a part of each religion (Donovan 1976). There are many common assertions in all religious systems and it is the particular stories that are associated with each religion that make them distinguishable from one another. It is also each individual’s unique and personal understanding of the stories that forms the basis of one’s personal religious identity and model of the world (Braithwaite, 1971). Metaphorical stories, therefore, are a potentially powerful tool for therapy in addressing the beliefs that guide a family’s live.

Religious stories also have a trance-like quality that enhances the opportunity for change. Tracy (1978) refers to the “intensification process” that is achieved by the clash between the realism of events of religious stories and of the extravagant actions of the characters. Tracy believes that this process disorients the person and that this disorientation may paradoxically serve toward reorienting the person to a “new religious possibility” or to a new “way of being in the world” (p. 98). A similar process occurs when stories are told in therapy. Lankton & Lankton (1983) refer to the “suspension of normal frameworks of rule and logic and initiation of an internal search” that occurs upon processing the paradoxical binds of a therapeutic metaphor (p. 66), and quote Erickson, Rossi and Rossi (1976, p. 63) in stating these “mild quandaries . . . lead one to experience those altered states we characterize as trance so that previously unrealized potentials may become manifest” (P. 67). The metaphor as used in therapy as well as in religion disorients the person so that he/she can reorient to new potentials.

The earliest stories were not only forms of worship and a way of presenting religious beliefs. As these early third person narratives evolved, they also began to serve a multitude of practical purposes. They became a part of tribal entertainment, a means of record keeping, of instilling standards of behavior, of healing others and of imparting wisdom (Sawyer, 1942). These evolving changes in the nature and uses of stories mark the beginnings of the medicine man or woman, the shaman and the chief priest or priestess. These were the people of “primitive” societies who were most like the therapists of today. Their tribal duties involved creating chants and stories that would ward off evil spirits, bring good fortune and heal the sick within their communities (Kopp, 1971).

Throughout history, the primary functions of metaphorical stories have been to transfer knowledge and to create new ideas. Metaphorical stories are a powerful intervention in therapy not only because they generate new ideas, but because they produce their own unique

message to each listener (Barker, 1985; Dardeck, 1985; Gordon, 1978; Kopp, 1971; Mills & Crowley, 1986). There are many different ideas that support how this important function of metaphorical stories might take place. Shibles (1971) reference to the “metaphorical method” of philosophy provides one explanation. While referring to formal philosophies and theories, his ideas could also apply to personal or family philosophies. He maintains that the definitions that make up a specific philosophy, science or religion are simply a number of basic metaphors. Thus, nothing has a single definition and the words that make up a definition provide an unlimited number of perspectives or possibilities for understanding. One’s personal philosophy of life is similar. It, too, is made up of a number of basic metaphors that best describes the person’s experience of “reality”. It is not “the experience”, rather, it is simply a way of talking about it or describing it. Gordon (1978) has demonstrated the clinical implications of the “metaphorical method” of philosophy with his concept of the “transderivational search”. He maintains that every time one hears a metaphorical story, a type of search through past experiences is done. The search is an attempt to make sense of what is being said by comparing it to the past. The search is always personal and unique for each who hears a story, thus, each metaphorical story always has a special meaning and message for each individual.

This overview presents a rationale for the therapeutic potential of metaphorical stories and identifies a key theoretical construct: that some type of unconscious personal search through past experiences occurs each time a person hears a metaphorical story. This process is a language based search for meaning that is unique for each individual. This view is limited, however, because it does not address the interactive quality of the process and it assumes that the process is totally unconscious. Theories of metaphors will be presented next in order to begin to build a theoretical base in support of the interactive quality of metaphorical stories, and to identify additional components of the “transderivational search” (Gordon, 1978).

Theories of Metaphor

The traditional and most familiar theory is that metaphor is some type of comparison: a word or phrase that usually describes one thing is used to describe another. The two terms are literally disparate, yet the metaphor causes one to look for their similarity. This theory of metaphor was originally presented by Aristotle and remains the most commonly accepted model even today (Billow, 1977; Ortony, Reynolds & Arter, 1978; Perrine, 1971; Soskice, 1985). Many who prescribe to the comparison theory consider metaphor the key element of language: the element by which perceptions, evaluations and behavior are communicated and guided. It is this aspect of metaphor that makes it most useful for use in therapy. As Embler (1966) stated:

. . . figurative language is the home of many a deep-seated, unexamined belief or mental attitude. In our daily speech are reflected the outlines, at least, of our thoughts and attitudes. Both language and thought are often fuzzy and vague, often abstractions that have lost their power of expressiveness. But if there is meaning at all, it is in the metaphor still (pp. 43-44).

There are other views of metaphor that reinforce its clinical importance. One such view has been called the emotive theory. This view usually refers to religious or ethical statements. It considers such statements as lacking actual cognitive content and their significance is established only through the emotional response they elicit (Soskice, 1985). Another theory that seems to address the views of both the comparison and the emotive theory, yet also begins to address issues regarding an interchange and relationship between the speaker and hearer, is the interactive theory (Black, 1962). Originally, interactive theory focused on the interaction between the terms of the metaphor. The interactive model has become more

expansive by focusing more on the interaction between the speaker and listener and by emphasizing the importance of the context in which the metaphor is presented (Black, 1979).

Recently, an elaboration of the comparison theory has been developed called the domains-interaction theory (Tourangeau & Sternberg, 1982). According to the domains-interactive view, metaphors involve more than the interpreting or understanding of the two terms of the metaphor. They also involve the generative process of interpreting the “domains” of the two terms in new and creative ways. A “domain” is understood primarily as a cognitive process and refers to the whole system of concepts or thoughts that are associated with specific terms. The term “entailments” has also been used in a similar manner and refers to the beliefs and experiences related to the terms used to make up a metaphor (Lakoff & Johnson, 1980).

Although the process is primarily cognitive, there are also emotional and behavioral components involved in the creation of new meanings. For whatever system of concepts or thoughts that make up a domain for a particular term, there is also a whole system of feelings and behaviors that become associated with the domain. In addition, terms may have more than one domain. The salience of a particular domain is influenced by the context in which the metaphor is presented. Most metaphors have both a “linguistic context” and “situational context”. The linguistic context refers to the specific terms or words that are used to make up the metaphor. The situational context refers to the manner in which the metaphor is being used, where it is being used and the relationship between the creator and interpreter of the metaphor (Tourangeau & Sternberg, 1982, p. 215-217). Thus, metaphors presented within the context of therapy have a unique power because implicit within the conversations of therapy is the understanding that something important is being said that has the potential to facilitate change.

Theories of metaphor have also been enhanced by the work of Lakoff and Johnson (1980) who offer one of the most encompassing views of metaphor. They suggest that our total conceptual system is metaphorical and the power of the metaphor comes in its unique ability to unite both reason and imagination. They offer what is called an “experientialist” approach to “reality” and provide an alternative to the conflict between absolute objective and subjective explanations. Both of these explanations share a common yet limiting perspective: they consider the individual as separate from his/her environment. The objective response to this perspective bases successful functioning on mastery over the environment and emphasizes such issues as power and control. The subjective response is an attempt to overcome the alienation that results from viewing the individual as separate from his/her environment and from other men/women. This response involves a total embracing of the self and of individuality, relying on personal feelings and personal intuition as its only base. The experientialist approach provides an alternative for both explanations by taking the perspective that men and women are a part of their environment, not separate from it. Its focus is on the interaction with the environment in which individuals are constantly involved. Our most fundamental experiences such as our feelings, beliefs, moral principles and spiritual values are all relative to our personal conceptual system. This conceptual system is grounded in the metaphors of our everyday speech, our arts, our politics, our religions and our culture; and is constantly being tested and modified by our interactions with other people and with our environment. This process is recursive: one cannot interact within the environment without changing it or being changed by it (Lakoff & Johnson 1980, pp. 192-230).

Implications for Study

The theories of metaphor that have been presented support the interactive aspect of the “transderivational search” (Gordon, 1978). The hearing and telling of a metaphorical story triggers a complex process that is not only an unconscious, personal search for meaning, but also has cognitive, emotional and behavioral components. These ideas support the concept of a “multiverse”: multiple realities constructed through language, with the metaphor being one of its most essential elements. These theories also identify the importance of context and the relationships in which metaphors are presented. In this light, therapy can be understood as a unique relationship which creates a context in which metaphorical stories are shared in order to co-create new meanings, new behaviors, and new “realities” (Keeney, 1983).

The earliest research related to this study comes from the field of hypnosis. In the late 1950's, the importance of the relationship between hypnotist and subject was identified. Gill and Brennan (1959) focused on the motivation of the hypnotist and how it influences the interaction with their subjects. Haley (1958, 1963) explored the interaction between hypnotist and subject by analyzing the sequences of verbal communication between them. More recently, Banyai, Meszaros and Csokay (1985) explored the interaction between hypnotist and subject by analyzing their subjective, behavioral and physiological alterations. The subjective experiences, behavioral manifestations and physiological indicators (e.g. respiration, ECG, EMG, and EEG leads) were recorded simultaneously in six hypnotists and in six hypnotized subjects. The results indicated that the hypnotic induction is successful if a type of mutual “tuning in” of the other person occurs first on the psychophysiological level, and then also on the subjective and behavioral levels (p. 97). This “tuning in” includes such factors as: turning toward the subject and maintaining visual focus, changes in the hypnotist's

voice that indicates to the subject that the hypnotist perceives their actual states, awareness of changes in muscular tension of the subjects and the mirroring of these changes by the hypnotist.

There is, however, no research currently available that examines in a qualitative manner the mutual search for meanings that occurs during the interactive process. Dardeck (1985) investigated this search and the impact of telling metaphorical stories in therapy, but her information was obtained only from the clients' perspective. Three females clients participated in the study, which was advertised as a short term therapy approach for cessation of cigarette smoking. Each client attended eight to nine individual sessions, and was presented metaphorical stories following the "multiple embedded metaphor" model (Lankton & Lankton, 1983). This model involves presenting two to three stories in an overlapping fashion in which the next story is begun before the preceding story is completed. The stories are strategically designed toward goals that have been identified from specified diagnostic parameters, and the model reflects the hypnotic orientation of Milton Erickson and relies greatly on trance induction and its impact on unconscious processing (Dardeck, 1985).

Each client reviewed a video tape of one particular session in which a metaphorical story was employed. A structured interview was then used to determine what the client remembered thinking about during the telling of the story. Five weeks after therapy was terminated, the clients were also given a questionnaire inquiring about their perception of the treatment process. Dardeck found that her clients thought the treatment was a positive and successful experience, and two of the three were aware of some type of conscious connection between the stories and their smoking situation. Rather than being detrimental, this conscious awareness seemed to help the treatment by supporting each client's expectation that their problem with smoking would be addressed.

A limitation to this study was that Dardeck was the therapist in each of the cases studied. Her focus was only one directional and she did not address the interaction that occurred between herself and her clients in their co-creation of new meanings and “new realities”.

Matthews and Langdell (1989) followed a similar research model and also asked their clients what they thought about the metaphorical stories they heard in therapy. Six college students participated as clients in this study. They were given eight sessions of therapy, three of the sessions involved the use of “multiple embedded metaphor” (Lankton & Lankton, 1983). A week after each “multiple embedded metaphor” session, the clients reviewed the session on video tape with the therapist and were asked a series of questions about the experience. Matthews and Langdell (1989) found that five of the clients were consciously aware that the themes of the stories related to their specific problems and four of the five indicated improvement in their presenting problem and found the process to be helpful. Although supporting the conscious aspect of the “transderivational search”, this study was also limited by having the therapist being the researcher and having only a one directional focus.

This study followed a similar self-reporting model, but in order to explicate the interactive process the researcher was not the therapist and did not present the stories. Three therapists were selected and oriented in the use of metaphorical stories in therapy (See Chapter III, Training the Therapist). After the therapists told a metaphorical story to their clients, they and their clients were asked to complete questionnaires. Each therapist/client system was also interviewed within two weeks after the completion of the questionnaires.

A review of theories of metaphor and of past research are not enough, however, in establishing a theoretical foundation for this study. Ideas from the constructivist view of

“reality”, “second order” cybernetics and narrative epistemology will now be presented in order to complete the theoretical section of this review of the literature.

The Construction of Reality

An Overview

The belief that “reality” is not an objective fact is not new and is certainly not limited to theories of metaphor and metaphorical stories. This view was first presented as far back as the pre-Socratics and has been continually discussed by modern thinkers from a broad range of disciplines including: Derrida, Kant, Foucault and Rorty from philosophy; Berger, Durkheim, Marx and Weber from sociology; Gergen, Shotter and Rom Harre from social psychology; and Johnson from linguistics. This idea is also being bolstered by the thinking of cybernetic cognitive psychologist von Glasserfield, and by the scientific research of such cybernetic biologists and physicists as Maturana, Varela and von Foerster. The impact from these ideas has been profound and a “new epistemology”, a new way of knowing what we know is evolving (Hoffman, 1981). A number of concepts from this “new epistemology” have already been identified as being particularly useful in therapy (Anderson & Goolishian, 1988, 1989; Dell, 1982, 1985; Hoffman, 1981, 1986; Kenney, 1983, 1985; Matthews, 1985). These concepts include the observing system (von Foerster, 1981); structural determinism (Maturana and Varela, 1980); conversational domains (Varela, 1979) and narrative epistemology (Anderson & Goolishian, 1988, 1989).

This study is based, in part, on the premise that metaphorical stories are an important intervention in therapy because a family's "reality" is shaped by the stories they live and tell. Families transfer their stories from situation to situation, and through this process create the contexts that provide the meaning and structure for their lives (Keeney, 1983; Stone, 1988). The plotting of experience into stories is necessary in order for persons to make sense of their lives, providing them with a sense of coherence and continuity (Gergen & Gergen, 1984; White 1989/9). Stories also provide a way of drawing distinctions and enabling patterns to be recognized (Bateson, 1979). Therefore, therapy can be understood as a cybernetic process in which the opportunity for the construction of a new and more adaptive story is created by the distinctions drawn around the stories of the therapist and the client. In order to provide a theoretical base to this premise, the above concepts from cybernetics and the constructionists as well as ideas from sociology and social psychology that elaborate on the role of conversations (i.e. dialogue, discourse, story making) in the construction of "reality" will be presented.

Cybernetics developed from the ideas of Norbert Wiener and was originally understood as a science of "observed systems" including such concepts as self-regulation, self-organization and homeostasis. von Foerster's (1981) concept of the "observing system" created a "second order" change in the field of cybernetics and shifted the interest to such concepts as autonomy, self-reference and responsibility (Lax, 1989a). The concept of the observing system challenges our traditional understanding of such fundamental processes as learning, perception and our construction of an absolute "reality". Through his research on perception, von Foerster demonstrated how the brain builds up invariances (or "news of a difference") to compute what is often thought of as an "objective reality out there". Perception, thus, is a

recursive system in which that which is being observed and the observer both mutually influence one another (Hoffman, 1986; Keeney, 1983).

In presenting a biological foundation for the understanding of the social sciences, Maturana sends an essential message that emphasizes the importance of understanding all human endeavor “in light of our existence as biological entities that are coupled to a medium” (Dell, 1985, p. 1). One of the most important concepts that has derived from this biological foundation is “structural determinism” (Maturana and Varela, 1980). This concept states that all organisms are organizationally closed systems. They are autonomous and their behaviors are governed by their own structure and not by external interactions. The term “structure” in this sense is much more complex than the physical, spatial concepts presented by Minuchin (1974). It also addresses the components of a system and the relations among these components (Dell, 1985). The structure of a system (individual or family) includes cognitive, physical, behavioral, linguistic, emotional and unconscious components. Although a system’s structure determines behavior and beliefs, there is a “plasticity” to the structure that allows it to alter with every interaction (Dell, 1985). A “structural coupling” occurs (Maturana, 1975, Maturana and Varela, 1980) that creates alterations in the system. These alterations are a product of the relationship between the system’s structure and the medium (or series of interactions) in which the system exists.

According to Maturana’s structurally determined concept of “autopoiesis”, there can be no “instructive interaction” or linear causality in living systems. Organisms are operationally closed information systems. Input A does not result in a specific response B. The response is determined by the structures of both A and B recursively interacting with one another (Dell, 1985; Hoffman, 1986; Keeney, 1983; Matthews, 1985).

A family's "reality" is constructed through the stories that are found within their day to day conversations. According to Bateson (1972), "mind" is an interactive aggregate of ideas that involves the organism plus its environment. He has used such terms as "ecology of mind" and "ecology of ideas" to describe this interactive process. Bateson presents an expansive view of what is conventionally known as "ideas" including: the patterned arrangement of leaves in a plant, the process of courtship and the nature of play itself all as examples of "ecologies of ideas". Varela's (1979) term "conversational domain" comes very close to describing this interactive process (Hoffman, 1986). In his paper on "star cybernetics", Varela (1976) first presents this concept. Varela embellishes on Bateson's ideas and says that there is a type of "conversation" between species and their environment that is an interactive process involving an exchange of ideas. The goal of these conversations is "achieving a stable ecosystem" and the theme of all these conversations is "evolution". Varela further states that "all cognitive interactions" (or what Bateson calls "mind") could be treated as "participants engaged in a dialogue, whether we enter in interactions with ourselves, with each other, with nature, society, or what have you" (p. 65). Anderson and Goolishian (1988, 1989) elaborate on these ideas stating that all human systems are linguistic or communicative systems. It is through discourse that social organizations are defined and meaning is generated. It is only through conversation that the sharing of rapport and the experience of "being together" can occur, and our destinies are opened or closed in terms of the stories we co-create with one another through conversation. (1989b, p. 2).

The concept of "conversation" as a key interactive process involved in the construction of "reality" is not limited to cybernetics. Sociologists have explored the social construction of "reality" through language for years and use the term "sociology of knowledge" to represent their view. Knowledge is developed, transmitted and maintained by social institutions and

for all practical purposes becomes “reality” (Berger & Luckman, 1967). Social reality is subjective and “the most important vehicle of reality maintenance is conversation” and the apparatus of conversation not only maintains reality but also continually modifies it (pp.152-153). While these conversations can occur in a myriad of relationships, “marriage” and the family remain the most significant validating relationships in society and the essential mediators of social reality (Berger & Kellner, 1964).

Many terms have evolved to identify the product of this evolving conversation of the family. These terms include the family myth (Ferreira, 1963), the family paradigm (Reiss, 1982), the family’s world view (Sluzki, 1983), the family map (Tomm, 1984) and the family story (Stone, 1988). All refer in some way to the shared constructs, expectations, beliefs and fantasies that family members have about each other, about their position in the family’s life and about the world. This author believes that the term “family story” best captures the conversational nature of the process. As past conversations are repeated, remembered and relived, they become the family’s story. The stories which families have about their lives determine the meanings that they ascribe to their experiences (White 1988/9). The family story gives messages and instructions; it issues warnings and prohibitions; it teaches about the ways of the world and provides a blueprint that guides the family members as they interact with the world (Stone, 1988). As the family continues in conversation, the family story evolves and changes, and a family’s (or any other “linguistic system”) way of being with each other becomes the transformation into action of the narratives that they are continually co-creating (Anderson & Goolishian, 1989).

In this study, therapy is understood as a collaborative, evolving relationship in which two parties engage in a specialized type of conversation that creates the potential for the sharing and co-creating of personal and family stories. These personal and family stories mediate

new meanings and new “realities” that become a part of the larger narratives for both the clients and the therapists. This study is interested in the interactive process that occurs within the therapist/family system as stories are shared and co-created in this specialized conversation.

The theoretical foundation for this study has been presented. Theories of metaphor, ideas from constructivism, “second order cybernetics” and narrative epistemology support the generative quality of the interactive process that occurs whenever metaphorical stories are told and heard. This process is a linguistic based search for new meanings that is both conscious and unconscious and has behavioral and emotional components. The final section of the review of the literature will add to this theoretical foundation by presenting the actual uses of metaphorical stories in therapy. It will illustrate the therapeutic potential of metaphors, providing experiential evidence of their impact on a broad range of clinical problems and their adaptability to different therapeutic styles. It will also provide further support for this study by illustrating that the interaction that occurs between the therapist and the client whenever metaphorical stories are told in therapy has yet to be explored.

The Uses of Metaphors and Metaphorical Stories in Therapy

Introduction

The following section will complete the rationale for this research by placing it within the broader context of the uses of metaphors and stories in individual, children and family

therapy. This review reveals a bias toward a “first order” cybernetic or strategic position. Regardless if metaphorical stories have been seen as positive or negative, or needing to originate from the client or the therapist, the recursive and generative nature has been ignored. This “first order” cybernetic view considers it the therapist’s role to be either the interpreter and challenger of the client’s current metaphorical story, or the creator of new metaphors that provide more adaptable alternatives. It assumes that therapy is a linear process in which one person (the therapist) acts in an autonomous manner on another (the client). Following the mechanistic model of “first order” cybernetics, metaphors and stories have been understood as linear inputs or outputs that would lead to specific goals. By placing these ideas within a historical and experiential context, the following section supports this study’s intent to investigate and understand metaphorical stories from an interactive perspective.

Metaphorical Stories in Individual Therapy

In the early history of individual psychotherapy, the focus was on the metaphors that were presented by the client. These metaphorical statements or stories were initially understood as a type of unconscious, defensive use of symbols. They were seen as dealing with areas of conflict, but in a negative and resistant manner. Metaphors were seen as a hindrance to the therapeutic process and the goal of the therapist was to fight through the resistance and to interpret to the client the real meanings of their metaphors.

Sharpe (1940) was one of the first therapist to present an alternative view. While maintaining the traditional belief that metaphors are somehow related to unconscious

impulses, Sharpe emphasized the positive aspects of metaphor, and believed that the type of image derived through metaphor can be highly informative about how the client understands his/her world. Through the years, there have been positive ideas about metaphor in therapy that are consistent with the view of this study. These include: (1) That the sensorial language of metaphor provides a wide range of different connotations to the client, thus making accessible to the client the greatest variety of experiences from which new thoughts or interpretations can be generated (Butler, et.al., 1962). (2) That metaphors bring an alternative frame of reference to interact with a previously rigid set of observations. This alternative frame enables the client to redefine a situation in a way that makes it possible to change his/her behavior (Levy, 1963). (3) That an intimate or personal quality to the therapeutic relationship is achieved by the concrete referents of metaphors, and the sensory perceptual aspect of these concrete referents imply that the therapist understands the client and that they share common experiences (Lenrow, 1966). To the extent that metaphors refer to interactions between an object and its environment, they are effective at highlighting subtle social roles that a client takes. By further highlighting the client's active contribution to his/her lot in life, metaphors introduce the notion of personal choice and empowerment (Lenrow, 1966).

Currently, there are many other examples that continue to present a very positive view of metaphors in therapy. These examples illustrate the great flexibility of metaphors in that they have been successfully incorporated into many divergent models of therapy and with a very broad range of clientele. Most of these examples, however, take a linear position and fail to address the interactive process.

Kalt (1986) considers metaphors as valuable supplements to the process of psychoanalysis. He believes that metaphorical stories are particularly powerful because they can speak to the unconscious and provoke change in a more direct manner than working through the

“intermediaries of the secondary processes and the ego” (p. 34). He also believes that metaphors can supplement the unconscious by providing new and perhaps more adaptive symbols, and these new symbols created through metaphors can help the individual change by identifying different or unrealized resources.

Frantz (1983) incorporates metaphors into the Gestalt technique of Guided Imagery. In this technique, the therapist directs his/her clients on a type of “fantasy trip” and then discusses with the client the metaphoric images that arise in the course of the trip. For example, the therapist might create the image of approaching a cave and then state “Go into the cave and tell me what you find there”, or the client might be told to “dig a hole and bring out and describe what is buried there”. What the client “finds” in the cave or “digs” out of the hole are understood as metaphors that represents something very important about his/her life (pp. 31-32). Frantz believes that this process can provide a type of insight or new awareness and that the metaphors are the essential component to this process.

Chinen (1985) offers ideas on the use of fairytales as therapeutic metaphors for adults. It is believed that fairytales have deep psychological insights and are a powerful art form because of their ability to speak to the unconscious (Bettelheim, 1976; Von Franz, 1973, 1974, 1977; Heuscher, 1963). However, most fairytales feature a young protagonist, and thus, reflect the themes that are most relevant in youth. These themes usually are related to the struggles of becoming an individual in the world and involve such topics as leaving home, fighting battles, seeking treasures and discovering love. There is a small group of fairytales that present mature adults as the protagonist. Such stories are called “elder tales” (p. 99) and they focus on the transpersonal task of spiritual development that Chinen believes is essential in later life. The themes addressed in elder tales include self confrontation and self

reformation, transcendence, seeing through illusions, a sense of emancipation, and a reliving and ultimate transformation of earlier experiences.

There are many other examples of the broad uses of metaphors in therapy including metaphors designed to address specific clinical issues such as developmental problems and conduct disorders (Barker, 1985), weight control (Adams & Chadbourne, 1982), combat-induced post traumatic stress disorder (Witzum, Dasberg, Bleich, 1986), sexual abuse (Wallas, 1985); as well as using metaphors for hospitalized clients (Katz, 1983) and for the religiously committed client (Stovich, 1985).

While clearly stating many positive functions of metaphors in therapy, these ideas are limited by the assumption that it is the therapist who provides and guides the metaphors that help the client. Pollio, Barlow, Fine and Pollio (1977) pointed the way for the need for this study by asserting that the use of metaphors in therapy is much more of a dialectic process and that the client and therapist interact with one another in the creation of metaphors. The role of metaphor is seen as facilitating a type of “progressive approximation” in which unconscious experiences become increasingly conscious, explicit and communicable. They emphasize the interaction between the therapist and the client in the playing back of metaphors to one another in search for new ways of understanding and new solutions to old problems. This study will examine this type of “successive approximation” and examine what happens when this search for new meanings occurs.

Metaphorical stories are such an important intervention in family therapy because of their adaptability for both children and adults. The following section will draw from both developmental psychology and clinical examples to illustrate the uses of metaphors and stories throughout the history of therapy with children.

Metaphorical Stories in Therapy with Children

Research from developmental psychologists confirms that metaphorical stories are a very appropriate interventions for children. Gardner (1974) found that even very young children can understand metaphors and use them to solve problems because metaphorical ability seems to be present at the earliest onset of language. Holyoak, Junn & Bilman (1984) found that problem solving through metaphor may actually provide a basic mechanism for cognitive development in children by the transfer of information from a domain that is well understood to a novel domain that is not yet understood. Genter (1977) found that even preschoolers can utilize metaphors as well as most adults, provided the contents of the metaphors lie within the experience of the child.

Gardner (1974) tested 101 subjects, with approximately equal numbers of girls and boys at four age groups. The mean ages of the four age groups were 3.5, 7, 11.5, and 19 years. The subjects were asked to make a metaphorical match to elements representing five different domains. The five domains were visual (color), visual-physiognomic (facial expression), auditory (pitches), tactile (objects felt while blindfolded), and verbal kinesthetic (bodily feelings expressed in words). Materials from each of the domains were collected and made available to each of the subjects. First the subjects were asked to indicate knowledge of the meaning of a pair of adjectives (e.g. loud/quiet) by mapping it onto elements from the two domains in which it is customarily used (e.g. two pitches). Next the subjects were asked to match the pairs of adjectives with pairs of elements from the domain not customarily associated with the adjective (e.g. matching loud/quiet with either yellow and green colors, pictures of upset and pensive faces, or a jack and a ping pong ball). Subjects were also asked to provide an explanation for their answers.

Based on pilot work a test containing 25 items of “correct” responses was previously established. The subjects’ scores were analyzed according to this test. Although there was significant improvement with age, the preschool children demonstrated considerable ability at this task. Also, children as young as pre-adolescence were found to be performing at an adult level. This research is relevant to this study because it demonstrates that “metaphoric thought” is developed by the fourth year of life and the essential capacity for metaphorical association retains the same pattern throughout development.

The subjects of Genter’s (1977) study were ten preschool children age 4.4 to 5.2; ten first grade students aged 6.7 to 7.1; and ten college sophomores. The subjects were shown pictures of body parts and pictures of mountains and trees and asked to make metaphorical (or analogous) mappings that would preserve the relationship between the two domains. For example, the subjects would be presented a picture of a mountain and then asked “If the mountain had a knee, where would it be?”. Scoring was based on the relative vertical position of the body parts to the concrete object. The results showed that the young children did extremely well and there was no significant difference between the pre-schoolers, first graders and adults, indicating that basic metaphorical ability is well developed in children as young as 4 years old. A key factor found in this study relating to the use of metaphors in therapy with children is that young children must have some conceptual knowledge of the domain from which the metaphor is taken.

Honeck, Sowry and Voegtle (1978) considered children’s ability to understand proverbs as “metaphorical tasks” and challenged the pessimistic view that this could not be done until the age of 12. The subjects were 60 elementary school age children divided into three groups with the mean age of 7.2, 8.1 and 9.1. The subjects were read a proverb and then shown two pictures, one of which was a visual representation of the proverb and the other was a foil. The

subjects were asked to choose the picture that meant the same thing as the proverb. The results suggested that children as young as 7 can comprehend proverbs.

The findings of Holyoak, Junn & Billman's (1984) follow up study come even closer to the scope of this study by illustrating that young children can not only comprehend proverbs as a "metaphorical task", but they can also use them as an aid in problem solving. In the first of the three experiments they performed, 48 subjects were divided into two groups; one with a median age of 5.6, the other with a median age of 11.0. The subjects were asked to solve a simple age appropriate task in as many ways as possible. Before they were given this task, they were read a story that was metaphorical to the task. Pictures were also presented as the story was read. It was found that salient perceptual and functional similarities between the solutions in the story to the materials available to solve the task were neither a necessary nor sufficient condition for success. All of the subjects in the older group and 7 of the 10 in the younger group indicated that they were aware of some relationship between the story and the target problem.

The results from the 3 experiments of the study found that under optimal conditions (e.g. open ended age appropriate tasks, careful interviewing and the use of pictures) children as young as 4 years old can make substantial use of metaphorical stories to solve problems. This type of problem solving may provide a basic mechanism for cognitive development by allowing the goal-directed transfer of information from one domain that is well understood to a novel domain that is not yet understood.

These studies provide empirical support for two key concepts in using metaphorical stories in therapies with children. These concepts are: That metaphors are a means to tap into a client's own resources and to help them reorganize their prior learnings in new ways and creative ways (Barker, 1985; Gordon 1978; Erickson, Rossi and Rossi, 1976; Lankton and

Lankton, 1983, 1986), and that the metaphorical story should be presented in the language of the client and contain events that are within the experience of the client (Mills and Crowley, 1986).

In addition to the empirical findings regarding children's ability to comprehend metaphors and to use them in problem solving, there has also been much discussion on the therapeutic implications of children's literature. Perhaps the one type of "children's story" that has received the most attention for its therapeutic potential has been the fairytale.

Fairytales could be described as narratives that include such characters as fairies, witches and sorcerers that transcend our everyday reality (Huescher, 1963, p.4). The term "fairie" is Old English in origin and refers to any inhabitant of a special "secondary world" that is separate from but overlaps with the "real" world. This "secondary world" is governed by a different set of natural and social laws and magic occurs when its inhabitants enter into our world or when a human enters this other world (Maguire, 1985, p. 56). The term "secondary world" could be a metaphor for the unconscious (Erickson & Rossi, 1980; Zieg, 1982). Many believe that fairytales are important therapeutic tools because they speak to the unconscious. Bettelheim (1977) describes fairytales as a "unique art form" because they are fully comprehensible to the child on both a conscious and unconscious level and they direct and challenge each child to discover his or her own identity and meaning for life (p. 12). Fairytales neither pretend to be describing the world as it really is nor do they propose to provide direct advice in dealing with it. The fantastic nature of fairytales causes the child to tap into his/her own inner world and inner resources. As a metaphor, fairytales are able to speak about the inner conflicts of the child in a personal way and in a manner that has a unique meaning for that particular moment in the life of the child. As the child grows and learns, the meaning and importance of the tale will change (Bettelheim, p.25).

There are others who share a similar view of the therapeutic potential of fairytales. Marie-Louise von Franz (1973, 1974, 1977) has presented the importance of fairytales from a Jungian perspective. She argues that fairytales are metaphors for the “collective unconscious”. Fairytales present universal problems in a way that reflects both their “collective” and “personal” quality. Their collective truth remains constant while their individual meaning is unique for each person and for each time the fairytale is heard (von Franz, 1977, p.180).

In tracing the history of therapy with children, it becomes clear that metaphorical stories have always been seen as specially suited to meet their clinical needs. As early as 1936, Despert and Potter (cited in Brandell, 1984) studied the story as a means of learning about psychiatric problems in children. Their subjects were 22 children ranging in age from 4 to 13 who had been placed in a psychiatric institution. A client-directed approach that eliciting the story from the child’s own imagination and allowed the child to determine the subject matter and themes of his/her story was found to be the most valuable.

Recent writings on the use of metaphors in therapy with children support this approach and consider metaphors most effective if they originate from the child. Brooks (1985) believes that the first few sessions of therapy are the most critical in working with children and that the essential messages that need to be conveyed at this time can best be articulated through metaphor. These essential messages include: (1) defining the problem area, (2) emphasizing the helping role of the therapist, (3) reinforcing the belief that problems can be confronted and mastered, (4) describing the process of therapy, and (5) communicating empathy regarding the difficulties inherent in this process (p. 767). Brooks believes that the role of the

therapist is to use the metaphors first presented by the child to communicate these messages. He also believes that these metaphors can be communicated both through talking and action.

Saari (1986) believes that the utilization of metaphors represent the normal developmental capacity to symbolize and is an essential component of the communication repertoire of the young adolescent. This symbolization process is considered “the basic structure through which the individual constructs a knowledge of the reality of the self” (p. 15); and is thus, a critical issue in all clinical work with adolescents. Saari uses the metaphors presented by the adolescent as a means of “beginning where the client is” and joining with them in their efforts toward self identity and independence (p.16).

Santostefano’s (1985) case example of two children ages 4 and 6 in traditional psychoanalysis also illustrates how metaphors assist children in constructing knowledge about the self. Santostefano observed the children over the two to three year period of their treatment and found that metaphors serve as organizers of action, fantasy and language, which assist the child in representing past experiences, as well as in constructing present situations. Santostefano believes that metaphors not only aid children in representing the past and present, but they are also important in prescribing new sets of behaviors.

Richard Gardner has made the most extensive contributions to a more interactive approach of using stories with children. His Mutual Storytelling Technique (1969, 1970, 1971) involves a sharing of stories between the therapist and child and is considered just one technique of many that an effective child therapist might need (Brandell, 1986). In the Mutual Storytelling Technique (MST), the child is encouraged to tell a story. He/she is told that the story should: (1) have adventure and excitement; (2) not have been seen on TV or the movies, heard from someone else or actually experienced; and (3) have a beginning, middle and an

end. After the child tells the story, he/she is asked clarifying questions to help identify the moral or lesson that could be learned from the story. The story is usually audio taped and played back to the child and the therapist. This is followed by a story being told by the therapist that provides alternatives and possible solutions for the issues presented in the first story. Although there is an interactive aspect to the approach, it is limited in its assumption that the therapist's role is to identify the underlying psychological themes of the story, to identify areas of conflict or tension within these themes and to create a parallel story that offers new solutions or new ways of understanding the problem areas (Gardner, 1969, 1970, 1971).

In the majority of past examples the child is encouraged to create the metaphor. A shift now is occurring that supports the therapist creating the initial metaphor. There are examples that include: standardized stories, folktales or fairytales (Brink, 1982; Rogers, 1983), science-fiction based stories (Elkins & Carter, 1981), personalized fairytales (Levine, 1980); animal tales (Protinski, 1985) and other original stories (Matthews, Davis & Stanitis, 1985; Mills & Crowley, 1986).

This section has illustrated that metaphors are a very effective therapeutic intervention in work with children. Metaphors aid children in problem solving; they provide a basic mechanism for cognitive development; they represent an integration of action, fantasy and language, and are unique in their ability to communicate to both the conscious and unconscious minds. These findings have all been based on an individual psychological approach. While clearly demonstrating the importance of metaphors for children, the findings all have ignored the significant impact of the family on the creation and meanings of the child's metaphors. The next section will broaden the clinical context for the use of metaphors by addressing their use in family therapy.

Metaphorical Stories in Family Therapy

Research supports that metaphors are an extremely popular intervention for family therapists today. Recently, two hundred members of the American Association of Marriage and Family Therapy (AAMFT) were sent evaluations regarding their use of metaphors in therapy. Of those that responded, 95% stated that they regularly use therapeutic metaphors in their work (Bryant, 1986).

Ferreira's (1963) classic article on "family myths" was one of the first to encourage understanding and intervening on what today could be called the family's level of meaning (or the family story). The term "myth" refers to "a series of fairly well-integrated beliefs shared by all family members concerning each other and their mutual position in family life" (p. 106). Keen (1988) supports this view and has recently referred to myth as "interlocking stories, rituals, rites customs and beliefs that give a pivotal sense of meaning and direction to a person, a family, a community or a culture" (p. 44). The "family myth" represents how the family understands their world and the meanings attached to different behaviors and becomes the guiding force that directs and controls their lives. Ferreira warned that individual behavior can only be understood within the context of the myth (or metaphor) of which he/she is a part. He did not address the situational context (Torangueau & Sternberg, 1982) of therapy in which the story is being told, nor did he consider how the personal myths of the therapist might be influenced as different stories are told.

The strategic therapies tend to focus more on behavior than language and consider it the therapist's tasks to discover the metaphoric meaning of the behavior and to change the behavior. Haley (1976) considers the use of metaphors "especially central to the procedures of therapy" (p. 85) and believes that "all therapists, whatever their school, are attempting to

change a metaphor” (p. 92). He sees the family interview as providing family members with an opportunity to create a type of metaphoric portrait of their lives together. This is done not only by what they say about one another, but also by what they do with one another. The relationship that develops between the therapist and the family also becomes a metaphor for their lives together. Since symptoms are communicative acts that have a function within a interpersonal network, the situation (the structure and actions within the system) must change before the communication can change (Haley, 1976). The Strategic model, thus, places priority on intervening on the behavioral level in order to change the family’s metaphor and considers it is the therapist’s responsibility to create the change (Haley, 1973, 1976).

Madanes (1981) shares Haley’s views and describes symptomatic behavior as a metaphoric message about the family. Symptomatic behavior may be a metaphor for an internal state of the person having the symptom, or for the internal state of another person in the family. The interaction around the symptom may also be a metaphor for other interactions in the family. For example, a child that complains of a headache might be commenting on another kind of pain that she or someone else in the family might have, or the interactions around helping the child with the headache might be a metaphor for other “helpful” interactions within the family. According to Madanes (1981), the task of the therapist is first to discover the metaphor in the symptomatic behavior and the family’s interactions around the behaviors. With this information serving as a hypothesis, it is the therapist’s role to develop interventions aimed at either changing the metaphoric actions or to provide a new “metaphor for success instead of failure” (Madanes, 1981, pp. 111-113).

It is no surprise that Minuchin relies on “concrete” visual and material metaphors in his structural family therapy (Minuchin, 1974). In this model, metaphors are created by the therapist to challenge and change the family’s structure, and are actively incorporated into

many of the different techniques that make up Minuchin's structural model. For example, if a metaphor that is presented by the therapist strikes the family as accurately reflecting their "reality", then Minuchin believes it might create a higher affective level of "intensity" which would help the family to "enact" their problems there in the session (Minuchin & Fishman, 1981).

While the strategic models of family therapy tend to take a more active, direct approach with specific goals toward change, the Milan model (particularly as evolved by Cecchin and Boscolo) has moved the field of family therapy more in favor of less direct intervention with a neutral stance toward change (MacKinnon, 1983; Roberts, 1986). An interest in meaning has resurfaced as the primary concern. The differences are primarily a matter of emphasis, for there appears to be some overlap in each of the models. In regard to the use of metaphorical stories, however, the Milan model's emphasis on neutrality and meaning have set the stage for the current influences of "second order" cybernetics and constructivism. These influences have created the need to understand metaphorical stories in the way this study proposes: in a qualitative manner that will seek to understand the co-evolving process of meaning making that occurs when stories are shared and to explicate how both the client and the therapist mutually influence one another in this process.

There has been a shifting focus on metaphorical stories throughout the history of family therapy. Up until recently, the focus has been primarily on behaviors and has seen the therapist as the person responsible for creating and presenting the metaphorical story. The masterful "teaching tales" of Milton Erickson have certainly been the single most influential resource. His work presents a clear model for using metaphorical stories in therapy and is based on positive assumptions: that each person has the solution to his/her own problems; that problems persist because these solutions remain out of consciousness (i.e. in the uncon-

scious); and that metaphors are a powerful therapeutic intervention because they can communicate on an unconscious level (Erickson & Rossi, 1980; Erickson, Rossi & Rossi, 1976, 1979). Jay Haley was one of the first to introduce Erickson to the emerging field of family therapy (Haley, 1963, 1967, 1973). Haley's interest was clearly regarding what the therapist does and the techniques used to create change. He introduced the term "strategic therapy" to describe this type of work. Haley's viewpoint greatly influenced early ideas about metaphors in family therapy.

Recent works have begun to look at metaphorical stories from a "second order" cybernetic perspective (Matthews, 1985; Lankton & Lankton, 1986). The recursive feedback between the therapist and the family is now being emphasized. Metaphoric stories are no longer seen as only strategic interventions that cause change. They are seen as a product of a mutually influencing, co-evolving pattern of interaction between the therapist and the client (Matthews, 1985). Roberts (1988) provides an example of the generative quality of this interaction. She uses the term "family myth" to describe a type of evolving discourse that constructs the family's "reality". In a case example, Roberts presents the essential components of the "myth" back to a family in the form of an incomplete story, and asks the parents to complete the story. She found that by creating endings to the stories, parents were able to generate their own solutions and new meanings to their "family myths". In addition, the process seemed to generate a more hopeful attitude and an awareness of positive alternatives.

White (1988 & 1989) draws on the idea of the family story to propose that problems persist when the dominant story of family life becomes a "problem saturated description". He believes that families take the ongoing existence of a problem and their failed attempts to solve it as a negative reflection about themselves and their relationships; and that families consider their having problems as confirmation of the presence of negative personal and

family attributes. His approach to therapy is to help families “externalize” the problem by understanding it as only one of many possible descriptions about themselves (White, 1988/9). The goal of the therapist is to open up families to the possibility of describing themselves and their relationships from a “non-problem saturated perspective”. This is done by helping families identify exceptions to their problem and to locate “facts” about their family life that contradict their problem saturated account. White maintains that these “facts” provide the nuclei for the generation of new stories, and through these new stories problems are resolved (p. 6).

Summary

The literature on metaphorical stories pertinent to this study has been reviewed. The review began by presenting an historical overview that included metaphorical stories in religion and in children’s literature as well as specific theories of metaphor. This section established that metaphorical stories can be a very powerful clinical intervention. Of particular importance for this study is the ability of stories to generate new meanings and new “realities” for each person who hears them. Gordon’s (1978) concept of the “transderivational search” was identified as a key concept that begins to explain this phenomena by stating that a type of unconscious search through past experiences occurs each time a person hears a metaphorical story. The ideas regarding metaphor that were reviewed (Black, 1979; Torangeau & Sternberg, 1982; Lakoff & Johnson, 1980) provided theoretical support for the basic premise of this study: that this search is much more than a one directional, unconscious

process. The domains-interactive model and the “experientialist” approach to “reality” both suggest that our entire conceptual system is grounded in metaphor and created through our interactions with the world. These interactions are a type of conservation in which metaphorical stories are continually being shared. Both the person who tells the story and the person who hears it become involved in a mutually influencing search for meanings, and this search has cognitive, emotional and behavioral components. The recursive nature of this search and the idea of a non-objective “reality” mediated through language were further supported by the section on “second order” cybernetics and narrative epistemology.

An overview of the uses of metaphor and stories in therapy completed the review. This section illustrated there have been many different views about metaphors and stories in therapy, yet most have been based on a “first order” cybernetic model. This model considers the therapist as the expert responsible for creating change and is based on an objective “reality”. Knowledge is seen as the result of the outside world etching a copy of itself on passive, blank minds. Therapists who follow this model are concerned with the discovery of facts and want to know what happened in their clients’ pasts. “Second order” cybernetics” has provided the alternative that instead of an interest in discovering the facts in order to create change, there is now an interest in the “reality” that is continually co-evolving through the conversations of the therapist/client system.

There are no examples in the literature, however, that explicates the recursive nature of the construction of “reality” within the therapeutic context. This study intends to address this gap in the literature by exploring the interactive process of storytelling as it occurs in therapy. It will investigate what happens for both the client and the therapist when stories are shared in therapy. The preceding has provided the theoretical base and rationale for this study. The following chapter will present the methodology.

CHAPTER III

METHODOLOGY

Overview of Method

In order to have analyzed the process of metaphorical storytelling in family therapy, a qualitative method of investigation was used. The research process involved five steps: (1) selecting and training three therapists in the use of storytelling in therapy, (2) the actual telling of stories in therapy, (3) follow-up questionnaires plus interviews for both the families and therapists, (4) feedback of the research committee, and (5) a final analysis of the data. This study explored the mutually influencing search for meanings that occurs within the client/therapist system as stories are presented in therapy. This recursive search will be called the “interactive process”.

This study was based on the premises that “reality” is created through the stories people live and tell, that these stories are grounded in metaphor, and the sharing of stories in therapy can trigger a type of search for new meanings for both the therapist and the client. The current literature on metaphorical stories is limited in presenting the search as primarily a one directional, unconscious process. This study assumed that the search is a recursive process for both the person who tells the story and the person(s) who hears it and investigated the conscious, behavioral and emotional aspects of this recursive process.

Rationale for Method

The case study approach has been accepted as the method of choice for the exploration of new areas in which salient variables have not yet been identified (Kazdin, 1980; Patton, 1980). It has been used successfully in similar studies (Dardeck, 1985; Davis, 1987) and has proven effective in producing the type of descriptive data that is essential in examining the general nature of phenomena (Von Dalen, 1973)

As illustrated in the review of the literature in Chapter II, no research that has explored the interactive process of storytelling in therapy. The case study method, therefore, was the preferred approach as it provides the opportunity for a wide range of information to be generated, and it is believed to be the method most capable of identifying areas for future research (McAshan, 1973; Van Dalen, 1973). The traditional case study method was modified, however, to reflect the recent influences of the “second order” cybernetic viewpoint. This viewpoint assumes that the system being observed is not distinct from the system that is observing. Thus, the clients, the therapists, the researcher and the research committee must all be included as parts of the “observing system” (Keeney, 1983; Keeney & Morris, 1985; Steir, 1985). This viewpoint was incorporated into the methodology through the following steps: The therapists were considered a part of the sample and were given the same questionnaires as the clients, the therapists and clients reviewed the tapes together and were interviewed as a system, and the researcher shared, through a first person narrative account, the personal feelings, ideas and concerns that he experienced throughout the study.

Ethical Considerations

Appropriate procedures were followed to insure the respect and confidentiality of all parties involved in this study. A contract was developed and signed by every family member, therapists and the researcher. This contract identified the expectations and responsibilities of the participants, and served as a consent agreement between all parties involved in this study. It clearly stated that this study was being done for research purposes only, that only specific stories presented during the course of the therapy would be used and that either the therapists or families can choose to end their involvement at any time. The contract also stated that in order to participate in the study, the therapists and families had to be willing to either video tape or audio tape certain sessions, to complete a questionnaire and to take part in an interview (see Appendix A for Research Contract).

All names have been changed and background information has been modified in order to further protect the privacy of the families. All tapes have been treated as confidential clinical material.

Selection of Participants

The Therapists

Three therapists were chosen to participate in this project. The selection of the therapists was based on the following criteria: (1) an interest in the use of storytelling in therapy and

the willingness to cooperate in all aspects of this project; (2) at least three years of clinical experience in working with families and a current caseload that included families; (3) a willingness to either video tape or audio tape the sessions in which the stories were told and to provide these tapes to the researcher.

One therapist that participated in this project is currently working at a community mental health center. Permission was sought from appropriate administrative personnel of that agency in order to insure that all policies and guidelines were followed.

The Families

The families participating in this study were chosen from the current caseloads of the various therapists. The researcher did not have contact with the families until the final interviews. Each therapist identified one family each with whom to work, resulting in a total of three families participating in the study. The families were informed that they were a part of a research study and their selection was based on the following criteria: (1) each family had to include at least one adult and one child. Since there was a questionnaire and an interview, the child had to be at least six years old. (This proved too young of an age, however, and the children in Cases A and B could not complete the questionnaire without assistance from their mothers.); (2) each family had to be willing to participate in all aspects of this project, including the tapings, questionnaires and interviews.

Training the Therapists

The training was a two hour workshop and was attended by all therapists participating in this project. Its goal was to inform the therapists of the purpose and design of the study, and to present general guidelines for creating and telling stories in therapy.

The workshop was divided into four steps: (1) the presentation of a story by the workshop leader followed by a discussion; (2) the sharing of family stories followed by another discussion; (3) a review of the essential elements of metaphorical stories and an exercise in creating and telling stories in therapy; and (4) a overview of the research project.

The story that was presented is an adaptation of the Buddhist tale, “The Widower” (see Appendix B). The story was followed by a discussion that focused on how stories can generate multiple meanings and evoke different feelings. Each participant was then asked to share a family story, which was followed by another group discussion. The purposes of this step were to identify the uses which stories serve in our own personal lives and to begin to explicate how these uses could potentially apply to therapy. Then the workshop leader (i.e. the researcher) gave a brief overview of some of the essential elements of therapeutic metaphors. An article, “The Construction of Metaphors in the Counseling Process” (Matthews & Dardeck, 1985), was presented as a general guide.

Next an exercise was utilized to illustrate the use of storytelling in family therapy. A brief case example (see Appendix C) was presented and the participants were asked to create a story that they would tell the family in therapy. The participants presented the stories to one another and a discussion followed identifying the different ideas, emotions and meanings which the stories evoked.

The workshop ended with an overview of the research project. This included an outline of the process, the time schedule, the criteria for the selection of families, the requirement of recording the sessions and the assurance of confidentiality.

Data Collection

This study explored the interactive process which can occur as metaphorical stories are told in therapy. Metaphorical story refers to a story presented within the therapeutic context by either the client or the therapist. It may be created at the time of the therapy or it may be a classic fairytale, folktale or myth. It is metaphorical because the themes, language, and meanings of the story are similar enough to the family's story to generate a comparison that causes a type of search through past experiences for new interpretations and potentially new meanings. Although stories told by both the therapist and the client could be metaphorical, this study examined only those presented by the therapist.

The data was collected in two steps. The first step was gathering of background data (see Appendix D) and completion of a questionnaire (see Appendix E). Each therapist provided the researcher with general background on themselves and their clients. A video tape or audio tape was made of the session in which the metaphorical story was presented. (There was one exception to this process. The therapist in Case B made an audio tape of the story after the session.) The researcher reviewed the tapes of each story, and based on his review of the background data, determined that they could be considered "metaphorical stories". Both the therapist and the family were then asked to complete the questionnaire. This process was completed within two weeks from the time the story was presented in therapy.

The final step was an indepth interview and occurred within two weeks after the questionnaire (see Appendix F for Guidelines for Interviews). The therapist and the family were interviewed together. At the beginning of each interview an overview of the research project was presented and the stories were played back from the audio tapes.

Analysis of Data

The data is presented in two stages: Stage one organizes the information by providing a written comparison of the responses gathered from the questionnaires, and a synoptic narrative of the interviews. Stage two generates conclusions from the data and includes the clinical implications, future considerations and the personal reflections of the researcher.

The information obtained from the questionnaire is divided by its three sources (the therapists, the parents and the children) and addresses the following areas: (1) What did they remember during the telling of the story. (2) What changes in emotions, behaviors and ideas occurred after the story. (3) What do they think about the impact of the story. (4) What changes do they suggest for the story.

The synoptic narrative summarizes discoveries from the interviews and provides an indepth discussion of the actual interaction that occurred between the therapists and the clients. It includes direct quotes, significant differences and similarities, and comments on non-verbal cues.

This study is based on such “second order” cybernetic and narraative epistemology principles as recursion (von Foerster, 1981), self reference (Varela, 1981) and the mediation

of meaning through discourse (Anderson & Gollishian, 1989a, 1989b). It is only logical that these principles be reflected in the analysis of the data. This has been done by including the background data on both the therapists and families (see Appendix G) and the complete transcripts of the selective stories (see Appendix H) in order to provide sufficient data to allow the reader to draw his/her own conclusions (Keeney & Morris, 1985). The personal reflections of the researcher are also included. These comments serve as an acknowledgement that the efforts of the researcher led to a new system (i.e. the therapist/family/researcher system). These reflections are written in the first person to reflect how the researcher was influenced as the process evolved.

The final conclusions integrate all of the above data into a comprehensive whole. It affirms the resursive process by connecting the data back to its theoretical underpinnings. Based on the conclusions, the clinical implications of the study and ideas for future research are also discussed.

CHAPTER IV

RESULTS

Organization of Chapter

This chapter presents the data gathered from each of the three therapist/family systems that participated in this study. Each system's data is organized into three sections. The first section includes background data on the family and the therapist, and a summary of each story that was presented. The second section presents the data gathered through the questionnaires. This information is broken up by source: therapist, parent and child. The final section is a narrative summary of the interview.

Background Data, Stories, Questionnaires and Interview

Case A

Background Data: Family

The family for Case A is a single parent family with two young children (See Appendix G). The mother (Sharon) is 28 years old and employed as a waitress. Sharon has a GED

diploma and has taken a few college courses. She married when she was 17, and had her two children by the time she was 18 (Herb, age 11 and Judy, age 10). She was divorced when she was 21, and the father has had regular contact with the children only during the past year. Sharon does not have a strong support network and has always felt alone in the parenting. Her husband was physically abusive to her and has a history of drug addiction.

The family has been in therapy for over one and a half years. Their work has been both family and individual therapy. Herb was the initial reason for seeking therapy. He has had a history of problems at school, both academically and socially. He also has suffered from migraines over the last three years. Both children were upset about the lack of contact with their father and had mixed feelings when the regular contacts finally began. Although Herb's problems were the original concerns, most of the work has been individual therapy for Sharon. She has been seen primarily for issues relating to sexual abuse as a child.

Background Data: Therapist

The therapist for Case A is 53 years old female in private practice (See Appendix G). She has a Masters degree in Education and has worked in the field of psychotherapy for twenty three years. She described her approach as "eclectic" and draws from the ideas of psychodynamic, gestalt and Eriksonian theories. Most of her work has been individual therapy with women.

She has had experience in using stories in therapy. Most of this experience has been with children, but she has recently taken a workshop in using hypnosis utilizing Milton Erikson's

approach for survivors of sexual abuse. In her work with children, she has used both fairy tales and original animal tales that she has created specifically for therapy. She usually tells (or reads) the story, and rarely discusses them afterwards. Occasionally, she has had children create new adventures for the animals in her stories or create their own original story.

The Story

The story presented was A Glass Mountain, which is a retelling of the fairy tale by The Brothers Grimm called The Raven (For complete transcript, See Appendix H). The therapist picked this story because of its message of hope in the face of many obstacles. The therapist read from an illustrated book. It is a story of a princess that was very restless as a child. One day, her mother (the queen) stood at the window holding the baby as some ravens flew overhead. In her frustration at the restless baby, the mother said, “If only you were a raven, you could fly away, and I would have some peace.” As these words came out of the mother’s mouth, the child turned into a raven and flew away.

Many years passed before a young man encountered the raven in the woods and was told her story. He then was given instructions by the raven of how to free her from the spell. After an initial failure, he was visited by the raven and given three gifts: a bag of food, a gold ring and a letter. The letter gave the following messages: That the food was magic and would always replenish itself. That the raven could be found at the golden castle of the Glass Mountain. The princess knew the young man could set her free if he really willed it.

The young man continued in a number of efforts to rescue the princess from her spell and had to overcome many trials and hardships along the way. Through his persistence and wit, he eventually succeeded. He rescued the princess, gave her his gold ring and they became husband and wife.

Questionnaire Results

THERAPIST

PARENT

CHILDREN

DURING THE TELLING OF THE STORY

Emotions evoked:

None.

Worry and concern related the children; if they were listening or just day dreaming.

Boy: No emotions.
Girl: Happy.

Memories from the past:

How much she loved having fairy tales read to her as a child.

Pleasant feelings of going to the movies when she was a child.

Boy: No past memories
Girl: No past memories

THERAPIST

PARENT

CHILDREN

Awareness during the story

The behaviors of
of the children
and how carefully
they were listening.

Distracted by child-
ren's behavior.
Wondered if daugh-
ter was listening
or not.

Both: Thinking about
what would happen

AFTER THE STORY WAS TOLD

What was learned:

That wit, not
strength, prevails.

That everyone sees
each character dif-
ferently and relates
each character to some-
one in their own life.

Both: No answer

Awareness of metaphorical quality of story

Identified with
hero in meeting
challenges.

No, because story
was a fairy tale.

Boy: Thought the queen
was mom.
Girl: Not aware of
metaphorical quality

Conscious recall:

That the hero in
the story could not
succeed initially
but finally sought
help and after that
was able to use his
own resources to gain
the final success

That the story
sounded a lot like
Sleeping Beauty.

Boy: When the queen
wished the child
was a bird.
Girl: That the bag
never ran out of
food.

THERAPIST

PARENT

CHILDREN

Meaning derived:

That everyone can succeed, even the most unlikely person if they use their own inner resources.

If you want something bad enough, you can get it.

Boy: That the princess returned to normal.
Girl: The mother does not like the children.

Use of any lines or ideas

No, but has thought about it.

No.

Boy: Had dream about endless bag of food
Girl: No

IMPACT OF STORY

Impact on therapy:

Something seemed to be touched in the son, but unable to elaborate.

Felt that there was an impact but could not elaborate.

Both: Did not think there was any impact.

Behavioral component:

No behavioral aspects identified

No behavioral aspects identified

Both: No behavioral aspects identified.

THERAPIST

PARENT

CHILDREN

PROPOSED CHANGES

No.

No.

Boy: A witch would steal the princess and a knight would rescue her.
Girl: The mom would give baby up for adoption

Summary of Interview

The interview began with a brief presentation of the research project and was followed by a review of the tape of the story. There were problems with the video equipment and the interview could only be audio taped. During the time the audio tape of the story was being presented, the children seemed restless and preoccupied. The boy attended to the video camera or drew pictures. The girl went off to the corner of the room and played with a dollhouse with her back to everyone. The mother seemed worried, distractd and embarrassed by her children’s behavior. Once the tape concluded, the mother immediately apologized for her children’s behavior and said, “This is exactly the way they were when the story was first told. . . they had come under protest and Herb especially did not want to come”. When she was asked what she remembered most about the story the mother said, “being preoccupied with what she (the daughter) was doing and what he (the son) was doing”. She thought that they had not paid attention to the story until she helped them with the questionnaire and heard the quality of their responses. The same was occurring again and she now thought that they were not paying attention when the tape of the story was being played back to them.

The therapist had a totally different reaction to the children's behavior both during the initial reading and at the playback. She said she remembered most "that he (Herb) was really involved in the story and that she (Judy), even though she went to the other side of the room, I know that she heard it".

Although the adults differed in their reactions to the children's behavior while the story was told and being reviewed on tape, they seemed to have more similar reactions than differences. Both the therapist and the mother said they were amazed by all that the children got from the story. They were especially intrigued by the girl's proposed change. This change was that the little girl in the story not be turned into a raven but rather be adopted. After some time, when the mother thought that she wanted kids again, she would adopt a child only to find out that the child would end up being the original little girl. Both adults were especially surprised by how much the children identified with the princess, and their concerns about her being called "restless" and that something bad (i.e. being turned into a raven) had happened to her. The therapist expressed her surprise by stating, "The fact of the thing is, I hadn't even thought about that part of the story. . . I didn't even notice it. . . I didn't remember it". This sentiment was shared by the parent and she stated, "To me it (what happened to the restless baby) was nothing to the story, really . . . I mean I thought they would be fascinated with other things like the giant and stuff like that".

There were other significant similarities in the experience of the therapist and the parent that contrasted with that of the children. They both focused on the adult characters in the story and in the positive outcome. They also derived a similar meaning that seemed to be based on the ending: that anyone can overcome hardships if they just keep trying and use their wits. The therapist focused more on the importance of seeking help before one can succeed by using their own wits, while the parent focused more on the idea of the importance of

persevering in order to succeed. The parent also did not have any clear idea why the therapist had picked this particular story and thought it was only because the therapist liked it. The therapist had a clear reason for using this story and chose it “because it was so full of hope”.

The children focused more on the part of the story in which the princess was a child. They also closely identified with the child being called “restless” and that something negative happened to it (i.e. it was turned into a raven). The children also had an interest in changing the outcome, while the adults offered no revision. The mother thought no changes were necessary because “the story was a fairy tale”. Both children thought of rather elaborate changes to the ending resulting with the child being reunited with the mother. The girl wanted the child to be adopted instead of being turned into a raven and the boy wanted a brave knight to come and rescue the princess. In both of their proposed changes the outcome was positive and focused on the parent and child being happily reunited rather than the princess getting married.

The children also thought that the story was chosen because it had something to do with their family and especially about their relationship with their mother. When asked why the therapist had picked this story, the boy responded, “I know. . . because the mother in the story wanted to get rid of the kid because the kid was restless. . . . because that has to do with us.” The mother stated that she knew that the story had something to do with her only after helping the children answer the questionnaire and hearing their responses. The therapist considered the story’s message of hope and its positive ending as that which was metaphorical to the family and to their therapy.

The process of telling the story and then talking about it through the questionnaire and interview seemed to create a situation that challenged some of the mother's beliefs. The interactive process seemed to help the mother generate new ideas about stories themselves, stating "it was really fascinating to me. . . I figured anyone that hears a story. . . I guess just heard the same things and these guys had their own little (laughther) ideas". The process also seemed to challenge her old beliefs about herself as a parent and her children. While the story was being told, the children were seen by the mother as having not paid attention and not cooperating. This was consistent with the mother's beliefs that she had been a bad parent and that her children were unruly and usually out of control. It was not until she actually went over the questionnaire with them that she found out how well they had listened and how much they were involved. She was able to acknowledge this difference and even note some changes. She stated, "I was surprised when I asked the questions. . . expected him (the son) not to cooperate, but he was very interested and involved". When asked if the children had any further conversations about the story, the mother further stated, "No, but he did bring a book up to my room and read it to me. . . he did it so easily. . . went downstairs and brought it right up". When asked if this was different for her son, she stated emphatically, "Yes... Yes!".

The mother, however, remained most concerned and intrigued with the parts of the children's responses that kept her in the role of the "bad parent". The mother stated, "And that is the part I found very interesting. . . I was portrayed as the evil mother with both of them. . . He (her son) said the queen reminded him of me and I thought he was kidding. . . he said no. I was kinda stunned, she (the queen) was portrayed as kinda awful. Then I asked my girl what she thought the meaning of the story was and uh . . . it was also about the mother. . . . oh yea, that she didn't think the mother liked babies".

Case B

Background Data: Family

The family for Case B is a two parent family with two children (See Appendix G). Martin, the father, is 39 years old, college educated and is currently pursuing a career in acting. Brenda, the mother, is 37 years old, also college educated and employed as a parent educator for a local mental health center. Martin and Brenda were both actors when they first met. After the birth of their first child, they moved to New England in order to have “more family life”. Martin has worked summers for a local theater group and in the fall of 1989 he decided to pursue acting as his full time profession. Currently, Martin lives in New York City five days a week and returns to Vermont for the week end. It is expected that as his career develops, his time in Vermont will probably lessen. The family has been very open about their conflict between having Martin away and the importance of his personal happiness as an actor.

The two children are Charles (10 years old) and Mary (7 years old). They both do very well at school and have a positive relationship with one another. The family is seeking counseling because of Mary’s fears and nightmares. She has been afraid to go into her bedroom or the bathroom alone, has had trouble going to sleep and often wakes in the middle of the night fearful of monsters.

The therapy has been primarily individual therapy for Mary with consultation to Brenda. Martin and Charles have not attended any of the sessions and did not take part in this study. Mary’s problems were improved after seven sessions between

May 1989 and September 1989 and the counseling was suspended at that time. The counseling began again in February 1990, however, because Mary's fears had returned.

Background Data: Therapist

The therapist for Case B is a 43 year old female in private practice (See Appendix B). She has a Masters degree in both Education and in Counseling Psychology and has worked in the field of psychotherapy for eight years. She described her work as having a strong orientation in systems theory, but also considered intrapsychic and developmental issues important. She utilizes a variety of active techniques including: family sculpture, rituals, art work and storytelling. She is familiar with Gardner's Mutual Storytelling technique and during the past year began to tell more personal stories to her clients.

The Story

In the session in which the story was told, the therapist had pre- arranged with the mother to share personal stories about their experiences with monsters during their childhoods. They each told stories about how they had hid from the monsters and the other techniques they had used to successfully sleep through the night. This process sparked a series of memories for

the therapist. She decided to share a story about her father that she thought paralleled Mary's situation of her father being away from the family pursuing his acting career.

The story presented is named *The Man With a Sparkle in His Eyes* and is a personal story for the therapist about an experience she had with her father (See Appendix H). It was not prepared in advance and was very brief and anecdotal in nature. It involved a conversation she had with him about the early days in his career. The time he taught English in high school and before he had become an administrator. He was a young man at the time and in addition to teaching English he also coached drama. When her father talked about his experience as drama coach his eyes lit up and his face lit up in a way that the therapist had never seen before. He was different than when he talked about his current work. This difference made the therapist think what it would have like to have had that man (the one with the sparkle in his eyes and the clear love for what he was doing) as a father, instead of the man who was so controlled by his sense of duty and always worked so hard to provide for his family.

Questionnaire Results

THERAPIST

PARENT

CHILDREN

DURING THE TELLING OF THE STORY

Emotions evoked:

Wishful longing,
perhaps annoyance.

Understanding and
empathy.

Happiness, joy and
love . . . all good things

Memories from the past:

Felt the sterility
of the model her
father gave her for
life's work when she
visited his office
and heard him talk
about his work.

No

No

Awareness during the story

The parallel be-
tween the father's
two jobs and the
inner conflic of
wanting someone you
love to be happy
while wanting your
own needs met.

The therapist's
involvement in
her story.

That the therapist's
father was intelligent

THERAPIST

PARENT

CHILDREN

AFTER THE STORY WAS TOLD

What was learned:

Became more aware of times being stuck “in duty” and realized that following bliss can also be a gift to his children.

Helped her understand how important it is that her husband do what he wants in his heart to do.

That you don’t have to be doing what makes you happy in order to be happy. You can remember things in order to be happy.

Awareness of metaphorical quality of story

Aware of parallel between the two fathers (hers and Mary’s) and how she, too, has given her children a model based on duty.

Aware of relationship between her husband and the therapist’s father.

Saw parallel between the therapist’s father and herself, both become happy when they talk about happy things.

Conscious recall:

How spontaneously the story came up seeing her father’s animation and wondering what it would have been like to grow up with this vibrant man.

The therapist’s description of the look that came over her father and the wish that “that man had been her father.

That the therapist’s eyes lit up.

THERAPIST

PARENT

CHILDREN

Meaning derived:

That one must trust to do what is right in their heart even if it doesn't appear to be the best for others.

That even though one may be missing something in the short run, one may be getting more in the end.

That the therapist's father loved to teach.

Use of any lines or ideas

Turned "having a different father" into "being a different mother".

Thought about story in relation to her husband.

Thinks about story when in bed and pictures the father tell the story and what he looked like when he was telling the story.

IMPACT OF STORY

Impact on therapy:

Think the story broadened the view of the therapy by changing the focus to what might be positive about the father being away.

Helped her develop an even deeper understanding of how important it is for her to find ways to support her husband doing what he truly needs to do.

Thought it helped because it gave her a happy thing to think about at night.

THERAPIST

PARENT

CHILDREN

Behavioral component:

Yes, went to church Sunday instead of staying home to be available to the kids.

Noticed change in daughter, has not had an “episode” of being mad at father for his being away.

No behavioral changes noticed

PROPOSED CHANGES

No.

No.

Would like to have the therapist’s father be her own grandfather (Both sets of grandparents died before she was born).

Summary of Interview

The interview occurred two weeks after the story was presented to the family. It began with a brief presentation of the project and then a review of the tape of the story. The interview was video recorded and attended by the therapist, the mother and daughter and the researcher. In this case, the therapist did not have a story prepared in advance to present to the family. Rather, the memory of a personal story surfaced during the session and the therapist decided to present her story to the family at that time. As a result of the spontaneous quality of this case, the story was not recorded at the time it was presented to the family and a reconstruction of the story was recorded and presented for the interview.

The interview appeared to be a very pleasant and positive experience for all. The daughter sat next to her mother throughout the interview and there were many signs of affection shared between the two (i.e. smiles, hugs, laughter and eye contact). These positive feelings were also shown toward the therapist. They each hugged her at the end of the session and commented to the researcher how much they both liked her and how helpful she had been to them.

The family and therapist were first asked what seemed different in listening to the tape and having the story told in the session. Everyone commented that the recording was a poor substitute for the actual story and that “it lacked the spontaneity, sparkle and life” that were such important elements of the original. The therapist commented that it felt “very magical” when the story was presented in the session and at that time she “became re-connected” to how important the story was to her. The mother had a similar reaction and remembered the therapist’s comment about the sparkle in her father’s eyes and her wondering what it would have been like to have had “that man as my father”. The mother further stated that the story had helped her realize “how important it is that (her husband) do what is important in his heart, and even if he is away . . . with us or not with us . . . he will be a happier and more vibrant person and father”.

The mother also stated that she was “amused” and added, “I hesitate to say even a little disappointed” when she discovered (by helping her daughter with the questionnaire) that Mary had some different ideas about the story. Mary didn’t connect the story to what had been talked about just before it was told (i.e. her sadness and anger about her father being away pursuing his acting career). She was also less interested in the impact of the father’s decision on those around him, and was more intrigued by the happiness of the father and “the importance of doing what you’re happy doing”. She thought the story was similar to her own

life by making the connection of the therapist's father with a guest teacher who had taught ballet at her school one day. The teacher was also very happy with what she was doing and Mary remembered the "sparkle in her eyes".

As the interview progressed, it became clear that Mary differed from the adults in that she did not make a conscious connection with the story and the situation of her own father. She thought the therapist told the story in order to "share something happy in her life", while both adults were clear that the story was told to present "the other side of the coin" regarding the sadness and anger with having Mary's father away. The mother was so clear that the story had to do with her husband that she had even shared it with him. She thought he was glad to have heard it and that it had also helped him "realize the importance of doing what's in his heart".

The mother's disappointment about Mary not making a conscious connection of the story with her situation with her father was further demonstrated at the end of the interview. The mother asked Mary if she now had any new ideas about the story since hearing it on the tape and talking about it. Mary answered, "No", and the mother looked disappointed with the response.

Another difference between the child's response and that of the adults was that the daughter had an idea about a possible change in the story, while both adults thought it was great "just the way it was". Mary would have liked the father in the story to have been her own grandfather. The mother explained that both sets of grandparents died before Mary was born and that recently Mary had begun to talk about her sadness over not knowing her grandparents. The mother stated that "Mary really connected with the happiness of the therapist's father and how happy

he was when he talked about what he had done . . . I think that is what she would like in a grandfather, a man with a sparkle in his eyes”.

When the family and the therapist were asked if they thought telling the story in therapy was helpful or not, they all agreed that it had been very helpful. This question also helped to highlight the importance of Mary’s thoughts about her grandfather. Both adults thought the story had been helpful by providing a different and more positive side regarding the absence of Martin. Mary also found the story helpful, but in a different way. Mary had changed the story in her own mind and had transferred the image of the “father with the sparkle in his eyes” to an imaginary grandfather with a sparkle in his eyes. She had even used this image to comfort herself before going to sleep and had had two weeks with only one night interrupted with sleeplessness and problems with ghosts. This was new information for the therapist and the mother and they both seemed surprised and delighted in Mary’s creative use of the story.

Mary’s comments seemed to stimulate some new ideas about the impact of the story for both the therapist and her mother. They both began to talk about how the story had helped them clarify some issues regarding the pursuit of their own happiness. Similar to Mary, the therapist had also modified an aspect of the story to match her current needs. She had changed the line “having a different father” to “being a different mother”. She said that looking back over the two weeks since she told the story, she now realized that she had begun to give herself “permission to do more stuff that I really love, rather than being the ‘good mom’”. She explained how the sense of duty that was so much a part of her father’s life had greatly influenced her and that the telling of the story had reminded her of the importance of finding new ways to follow her own heart. The mother followed by talking about her own career and the fact that Mary is often unhappy with her when she has to be away. She said that “every

once and awhile there is a tinge of guilt”, but she really believes that someday Mary will realize that she is doing something important for her. It appeared that the mother was so focused on the importance of her husband following his heart that it was not until hearing the different ideas from her daughter and the therapist that she began to realize how “following your heart” also applied to her.

After the mother spoke, the researcher asked Mary if she ever noticed a “sparkle in her mother’s eyes” when she worked or when she talked about her work. Mary said that she did, and the mother seemed surprised and delighted. She also commented on “the other side” of this by saying, “It’s OK for Mary to think that and still be mad that I work”.

The interview ended on a very positive note and everyone stated that they had derived something from it. Mary said the interview had been “better than most talks”. The therapist said she had been “fascinated by the feedback” and “that it had been wonderful to hear all the different feelings and experiences that were remembered”. She also stated that the experience had given her “confidence in the process of telling stories” and she now realized that the process should include not only the telling of a story, but also a conversation about the story. The mother said that she “always loves to sit and talk” and that the interview had given her a “greater sense of empathy and appreciation” for the therapist.

Case C

Background Data: Family

The family for Case C is a single parent family with three children (See Appendix G). The mother (Mary) is 45 years old and is employed as a housekeeper. She was sexually abused as a child and is a recovering alcoholic. She has been married three times and has a child from each of her marriages. Her youngest child is 12 years old and has recently returned to the family after an extended stay at a residential facility. He was sexually abused as a child and witnessed the abuse of his older sister. He was placed in a residential facility because of disruptive behavior at school and setting fires. The middle child is 16 years old, pregnant and engaged to a physically abusive man. She, too, was sexually and physically abused as a child. The oldest child, Diane, is the only child to participate in the project. She is 18 years old and shares a similar history to that of her siblings. She was sexually abused between the ages of 7 and 11, attempted suicide at age 11, dropped out of high school when she was 16, is severely over weight and has been diagnosed as depressed.

The family has an extended history of therapy over the years and has been involved with their current therapist for about one year. The mother was ordered to counseling when her youngest child was placed in the residential facility. Initially, she was seen on an individual basis with only some occasional family therapy sessions. Approximately four or five months ago, Diane was included in the treatment. At that time Diane had become seriously depressed and refused to have any contact with peers or anyone outside the family. The therapy sessions currently alternate between seeing the mother alone, seeing the daughter alone and conjoint mother-daughter sessions. Both the mother and daughter attended the session in which the story was told.

Background Data: Therapist

The therapist for Case C is a 38 years old male working at a community mental health center (See Appendix G). He has a Masters degree in Clinical Psychology with a specialization in Family Therapy. He has five years of experience and describes his approach as “collaborative and non-hierarchical”. He thinks a therapist should be an “expert in conducting/facilitating conversations about client’s dilemmas, but not an expert in what is “wrong” with the client or in what he/she should do.”

He has not had any experience in the use of stories in therapy other than some “limited exposure” to the use of myths and fairytales in Jungian psychology.

The Story

The story presented was When the Waters Were Changed and was taken from a collection of Sufi tales (See Appendix H). The therapist chose this story because it related to the family in that it was about “being different and fitting in”. He particularly liked this story because “it sounded like it wasn’t the type of story that said ‘this is the way to do it’ . . . it left it open a bit”.

The story is about a man who was the only one that followed the warning of the great teacher. The great teacher had said that one day all the water in the world would disappear and then reappear with different water that would drive man mad. He advised everyone to hoard their old water and the man was the only one to do so. When the day came and the old

water disappeared, the man went to his retreat and drank his preserved water. After the waterfalls again began to flow, he returned to his village and found that everyone was thinking and talking in an entirely different manner than before , but no one had any memory of what had happened. Since he was the only one to have preserved the old water and had not changed, he was taken to be mad and was not understood.

At first, the man refused to drink any of the new water and relied on his own reserve of old water. Finally, he decided to drink the new water “because he could not bear the loneliness of living, behaving and thinking in a different way from everyone else”. He drank the new water and became like everyone else. The other men began to look at him as a madman who had miraculously been restored to sanity.

Questionnaire Results

THERAPIST

PARENT

CHILDREN

DURING THE TELLING OF THE STORY

Emotions evoked:

None.

Beginning of story evoked anger, hate, loneliness and despair. End of story evoked happiness, awareness and love.

Both sadness and happiness

THERAPIST

PARENT

CHILDREN

Memories from the past:

His experience when he first moved to this country from Europe and the need to adjust/blend in in order to survive.

Remembered times when she was young and lonely. She got involved and eventually made a lot of friends and became happy

Remembered times in past when she had friends.

Awareness during the story

Realized the many similarities between his story and the story told previously by the daughter.

The sadness she felt for the man. He wanted to be a part of the group, but was afraid.

That the story connected with her in some way.

AFTER THE STORY WAS TOLD

What was learned:

Not any one thing in particular, thinks story has multiple meanings.

Learned about loneliness and all that she had to go through as a adolescent to get happiness and acceptance.

That there are others who think about loneliness and happiness just as she does.

THERAPIST

PARENT

CHILDREN

Awareness of metaphorical quality of story

Yes, thought the experiences of main character paralleled his own life.

Yes, thought the main character in the story was just like her daughter.

Yes, thought the main character was like her except “backward”. He started out lonely and ended with friends She use to have friends and is now lonely.

Conscious recall:

The whole story because he read it over so many times preparing for the presentation to the family.

That the man decided loneliness was not what he wanted and it took a great ordeal for him to change.

That the man would be mad if he drank the water, but he became so lonely that he decided to drink in order not to feel left out.

Meaning derived:

That there is not one particular problem and experience is always relative/subjective.

That one can be happy if they have the chance to socialize with people.

That someone can be lonely and still find friends.

Use of any lines or ideas

No

No

No

<u>THERAPIST</u>	<u>PARENT</u>	<u>CHILDREN</u>
IMPACT OF STORY		
<u>Impact on therapy:</u>		
Thought it was an “exciting” experience because it was stimulating to all participants and it got them to communicate in a different way.	Thought it had a great impact and that it brought her family and the therapist closer.	Thought it had a positive impact because it helped explain things differently.
<u>Behavioral component:</u>		
Noticed increased sense of warmth, closeness and connectedness between family and therapist, and between mother and daughter.	Noticed different expressions from the therapist since he told the story.	No behavioral aspects identified
PROPOSED CHANGES		
No.	No.	Would make the main character more like her: happy first, then lonely.

Summary of Interview

The interview occurred two weeks after the story was presented to the family. It followed the structure of the first two interviews as it was begun with a brief presentation of the project and then a review of the audio tape of the story. The interview was video recorded and attended by the therapist, the mother and daughter and the researcher. When the daughter was first presented the idea of the research project and asked if she was willing to participate, she became so interested in the idea that she decided to write her own original story and present it in therapy. She told her story to her mother and the therapist at the beginning of the session in which the therapist told his story. Thus, in this interview, there were references made to both the daughter's and the therapist's stories.

The interview began in a slow and awkward manner but evolved into a very pleasant and positive experience. The mother and daughter both looked tired and disinterested when the interview first began. The mother stated that she worked nights and had not had any sleep. The daughter explained that she did not want to come because she did not like talking to strangers. As the interview progressed, however, they both became much more animated and involved. It also became clear that the family felt very positive about the therapist and had great confidence in him. The daughter stated that "he (the therapist) is not just a psychologist listening to us. . . he has feelings about the things we talk about", and the mother stated that her daughter had seen "all kinds of professionals" and this therapist was "the best".

The "child" was much older in this case than in the first two cases. This seemed to impact the nature of the responses, creating less differences between the adult and child. The therapist, the mother and the daughter all thought the meaning of the story had something to do with "being different and trying to fit in", and all three thought the story had been chosen

because “fitting in” was such an important theme for this family. Both the mother and the daughter experienced “feelings of loneliness” as the story was being told, while the therapist said he was too focused on trying to do a good job telling the story to be aware of his feelings at the time.

The story and the conversation about the story triggered similar memories of the past for all three. The mother remembered when she was young and “lonely for a long period of time”. She remained lonely until she was “brave enough to go out and make friends”. The daughter remembered the time before her family moved to its present home and she “use to have plenty of friends”. After the move, however, she no longer had friends and “didn’t know how to make new ones”. After hearing the mother’s and daughter’s responses, the therapist stated “as both (mother and daughter) talk about their reactions to the story and aspects of loneliness and happiness, the more I can connect to these feelings for myself. . . ideas and memories of times when I felt loneliness myself, moments of isolation”. For the therapist, the memories did not come at the time he first read the story and decided to use it in the therapy, when he practiced presenting it or when he actually presented it to the family. He became aware of “feelings of loneliness” during the interview as he participated in the conversation with the family about the story.

The mother and daughter accredited major changes in their behaviors to the story. Since the story, they had begun to do more things together. They had begun to talk more to each other and to take walks together. The mother stated, “now all of the sudden, we’re doing things together as a team. . . there’s a togetherness there when we’re doing the walking”. The daughter said the walks felt like “freedom” because they were all by themselves and they “didn’t have to listen to anyone”. The mother and daughter had also continued the story telling process outside the therapy. Recently, the daughter finished the story she had created

for the therapy and shared the ending with her mother. They told the therapist the ending to the story during the interview. After hearing this, he shared the impact the daughter's story and her mother's comments about the story had on him and how they had opened up a different way for him to see the family. He stated:

I could see a different world of hers (the daughter). She opened up her dreams and her fantasies and (the mother) opened more about herself. She also talked more about her past, about her dreams and her fantasies. There was an aspect of you (the family) I hadn't known as much. There was a newness and I found that I was kinda curious about those sides of you, and I realized that I would like to share more about me. Not stories that I would read or make up, but stories about me.

The interview seemed to be an important process for this family/therapist system. The family thought it had helped the daughter communicate more about herself and that it had helped them develop an even closer relationship with their therapist. The interview process also seemed to stimulate the therapist toward new ways of thinking about both the family and about his using stories in future therapy. The mother stated that she "learned a lot about (her daughter). . . she's very unhappy and wants to be in a world where there's happiness, caring and love". The daughter said that she now knew that her mother "understands" how she feels. The daughter also thought it was "fun listening to (the therapist) for once. . . telling us his feelings, instead of us telling him what we feel". She said she could now trust him more because she knew that "he feels a little like we do". The therapist also felt very positive about the interview process. He stated:

This (the interview) has been wonderful. You (the researcher) asking all of us, has put me in a different position. We're talking more together in a new way. I really enjoyed it. I learned something today. I think stories are a nice way to talk about things and to bring more of myself into therapy. It (telling stories and talking about them) brings out a lot of feelings . . . a lot of emotions.

CHAPTER V

CONCLUSIONS

Introduction and Organization of Chapter

This was a study of three family therapy cases in which metaphorical stories were presented by the therapist as a part of the therapeutic process. The purpose of this study was to explore the “interactive process” that can occur when stories are told in therapy. “Interactive process” is the term used by the researcher to refer to the mutually influencing search for new meanings by both the therapist and the family that can be triggered by metaphorical stories.

Through the use of background data, questionnaires, audio play back of the stories, and interviews the researcher explored the interactive process. Information was gathered from each family and therapist as a system in order to reflect the recursive nature of the process: that both the teller of the story and those who hear it mutually influence one another in their co-creating of something new. The focus of this project was on the descriptions of the meaning making experience that occurred as the participants interacted with the stories. This study was concerned with perceptions of a process, not with outcome. The following questions were addressed: What meanings were derived from the stories and were there differences in the meanings? Did the families and therapists attribute any emotional and behavioral changes to the stories? What impact, if any, did the stories have on the therapy

and on the lives of both the therapists and the families? What conclusions can be drawn from the descriptions and what are the implications of these conclusions for therapy and the training of therapists?

This chapter is divided into seven sections. The first section provides a description of the meaning making process. This is followed by a summary of the conclusions of this study and the implications of these conclusion on therapy and on the training of therapists. The next sections provide a critique of constructivism and the limitations of the research design. This project concludes with recommendations for future studies and the personal reflections of the researcher.

The Meaning Making Process

One of the goals of this project was to describe the mutually influencing search for meaning that occurs as stories are told in therapy. The following section will provide this description and identify what can be learned from this interactive process.

The data generated from this project illustrates that there are at least two distinct meaning making processes that can occur when a story is told in therapy. The first process will be called the Intrapersonal Process or Internal Dialogue and is consistent with the most commonly accepted uses of metaphors in therapy (Barker, 1985; Dardeck, 1985; Erickson & Rossi, 1980; Giligan, 1986; Lankton & Lankton, 1983, 1986; Matthews and Dardeck , 1985; Mills & Crowley, 1986). The second will be called the Interpersonal Process or Recursive Dialogue and reflects the recent ideas of “second order” cybernetics and the

narrative epistemology (Anderson & Gollishian, 1988, 1989; Gergen & Gergen 1983, 1984; Hoffman, 1986, 1988; Keeney, 1983; Lax, 1989b; White, 1988. 1988/9, 1989). Both processes have curative value and therapeutic potential. Their differences will be presented in order to help explicate their impact on therapy and training, and to illustrate a new way of understanding the therapeutic process.

The first process, the Intrapersonal Process or Internal Dialogue, is the conversations one has with him/herself as they interact with the story. This is the interaction of the private thoughts, personal beliefs, fantasies, fears and assumptions that creates one's understanding of the world with the responses evoked by the story. The important point about this process is that the internal dialogue is continually influenced by and influences one's interactions with the environment, yet the dialogue remains internal and private. Behaviors and emotions based on this dialogue are obviously seen and felt, but the personal meanings and ideas about the world remain closed within the intrapersonal dialogue of the individual.

The information from the questionnaire best illustrates this process. In each of the three cases in the study, every person interacted in some way to the story. The interaction was some type of internal process that was unique for each person. Some of the factors that appeared to have influence the process include:

1. The internal dialogue is limited by the life experiences of those who hear the story. One cannot construct what they do not know. Thus, the internal dialogue seems to be limited by the range of one's personal experiences. For example, the young children in Cases A & B reacted differently than did the adults, and their responses reflected their limited range of life experiences. The children in Case A responded to the theme of abandonment that was a part of their personal histories and the daughter in Case B was reminded of a teacher in school that also had a "sparkle in her eyes".

2. The internal dialogue reflects the quality of the relationship between the storyteller and those who hear the story. For example, the mother in Case B felt very close to the therapist and thought she understood her family very well. There was much agreement between these two individuals and most of their responses on the questionnaire were the same.
3. The internal dialogue is based on one's personal understanding of why the story was told. For example, the mother in Case A thought the story had nothing to do with her family and that the therapist told it only because the therapist liked it. Her responses to the story were very different than the mother in Case B who realized the therapist was trying to present a story that was metaphorical to the situation of her husband and daughter. In Case A, very few new ideas were triggered by the story. In Case B, the mother found the story very useful and thought it triggered many useful ideas.
4. The metaphorical "fit" of specific aspects of the story (i.e. theme, actions, outcome, characters) to the personal perceptions of those who hear it influences the quality of the internal dialogue. For example, the mother and daughter in Case C had similar perceptions of themselves as being lonely and socially isolated, and they reacted to the story in very similar ways.

The second process is called the Interpersonal Process or Recursive Dialogue. This process is initiated by the making public of the internal dialogue and progresses as ideas about the multiplicity of responses are further discussed and additional distinctions are made. It "continues the conversation" in such a way that new ideas and new solutions can be generated. This process was most clearly revealed through the interviews that took place after the stories were told. The process probably started for each family, however, much sooner than the interviews. In Cases A & B (the families with young children), the parents became aware of their children's responses when they assisted the children with the questionnaire. In Case C, the interpersonal aspect of the dialogue began with the daughter telling the mother the ending of the story which she had created for the therapy. These events made the internal dialogue public and began a more interpersonal process. However, the dialogue did not become recursive until the researcher became involved and the interviews began. At this

point, it might be helpful to clarify the distinction between conversations that are interpersonal yet non-therapeutic and those that are recursive and therapeutic.

The recursive dialogue is different from non-therapeutic conversations and the internal dialogue in a number of ways. The recursive dialogue is open and participatory in that everyone in the system is invited to take part and to share their views with others. It is also non-hierarchical and everyone has an “equal voice”. Thus, all opinions, ideas and responses are encouraged to be expressed, and are treated as all equally “true”. The multiplicity of responses are continually reflective back to the participants. This creates an open and emancipatory type of feedback loop as one response influences, and is influenced by, the other. The process is goal-directed by nature and intent. New ideas and different solutions emerge from the continual recursive feedback. However, these new ideas do not always lead to a specific goal that the therapist, or others in authority, consider most appropriate for the client. The recursive dialogue is directed by the therapist in a more respectful and non-expert way. The goal of the recursive dialogue is to facilitate a “conversation of possibilities” that generates the potential for families (or individuals) to create their own new and possibly more useful stories for themselves.

The information from the interviews best reveal the recursive Dialogue. In each of the interviews, every member of the client/ therapist system participated and were initially asked questions by the researcher that were parallel to those on the questionnaire. This enabled the internal dialogues to become public and created the possibility to discuss differences. For example: After reviewing the tape of the story the therapists and the families were asked, “What were you most aware of when you heard the tape and how is this similar and/or different from the first time you heard (or told) the story. For Case A, this gave the mother the opportunity to express her concerns about her children’s lack of attentiveness. The

therapist seemed surprised by the mother's response and said she was aware of how "involved with the story" both children were. Their explanations for the differences in the children's responses were then explored. In Case B, the mother and daughter commended on how the tape of the story lacked the "sparkle" that was present in the therapist when she first told the story. This provided an opportunity to compare the different times a sparkle in someone's eyes had been noticed and the different meanings the sparkle might have had.

After the making public of the internal dialogue, the essential step in the recursive dialogue is the reflecting back of the different responses. This allows the participants to make new distinctions. These new distinctions might challenge or affirm the private thoughts, personal beliefs, fantasies, fears and assumptions that have remained closed within the internal dialogue. By the gradual acceptance and rejection of these distinctions, new stories and new ideas about the world evolve.

These new ideas influence and are influenced by the therapists and families. For example, after hearing the daughter in Case B give her responses about the story, the adults expanded their ideas regarding the importance of following one's heart. Rather than focusing only on the needs of men, the therapist and the mother began to identify their own needs and to realize that the ideas of "following your own heart" could also apply to them. The therapist talked about being less controlled by a sense of "duty" and decided to do something for herself instead of for the children, and the mother validated her own professional decisions and talked about the importance of providing a "role model of a working woman" to her daughter. The distinctions that were made during the interview for Case C also influenced the therapist and the family. The daughter said she now knew that her mother and the therapist understood her, and she thought she could trust the therapist more because the conversations had helped her see the therapist as "someone who feels a little like we do". After the mother and daughter

talked about the ending to the daughter's story, the therapist stated that he remembered the times in his own life when he felt lonely and had trouble fitting in. He said he had not thought about these times until the interview and was not aware of it at the time he told the story to the family. The conversations of the interview also prompted him to reconsider his ideas about stories in therapy and he expressed a new interest in sharing more stories about himself. He also considered the interview "a wonderful" experience and thought it provided an opportunity for the family and him "to talk in a new way."

This section has provided a description of the two interactive meaning making processes that can be triggered by the telling of a metaphorical story in therapy. These interactive processes are both intrapersonal and interpersonal, and have been identified as the Internal Dialogue and the Recursive Dialogue. The following sections will identify the major conclusions that can be drawn from this study and their implications on therapy and on the training of therapists in the uses of metaphorical stories?

Summary of Major Conclusions

(1). Presenting a metaphorical story in family therapy can trigger an interactive meaning making process for all members of a family/therapist system.

Each person who hears a story in therapy generates their own meanings and ideas about the story. Although the process is interactive, it is unique for each person. Each person seems to hear only what they are personally able to hear and responds to that part of the story that

is of value to him or her (Matthews, 1984). This supports Maturana's idea that all living systems are autonomous and, therefore, there can be no "instructive interaction": Input A (i.e. telling a story) does not lead to a specific response B (i.e. a consistent meaning or response). Rather, something new and often unexpected is usually generated (Dell, 1985; Hoffman, 1986; Keeney, 1983; Matthew, 1984, 1985). The multiplicity of responses to a metaphorical story can best be illustrated by Case A. In this case the mother thought the story had nothing to do with her family. Initially she thought the story "was just a fairy tale" and that the therapist presented it "just because she liked it". The son, however, closely identified with the problem faced by the "restless kid". He thought the therapist had chosen the story because the queen's desire "to get rid of the kid because the kid was restless" was the same issue as that of his own family. The daughter also focused on the child being abandoned by the mother and suggested an alternative ending that resulted in the mother and daughter being reunited. The therapist in this case had "not even noticed that part of the story" (regarding the restless child) and had chosen to present this particular fairy tale because she thought "its message of hope" was so similar to this family's message. The mother in this case best summarized the above ideas when she stated, "I figured anyone that hears a story. . . I guess just heard the same things and these guys {her children} had their own little ideas".

(2). There are at least two distinct processes involved in this interactive search for meanings: the Internal Dialogue which is an intrapersonal process and the Recursive Dialogue which is an interpersonal process.

The intrapersonal process or internal dialogue is the private conversations one has with him/herself as the domains (i.e. a whole system of thoughts, feelings and behaviors) of the

metaphorical story interacts with the domains of their personal and family stories (Tourangue & Sternberg, 1982). It is the exchange of the private thoughts, personal beliefs, fantasies, fears and assumptions that create the “total conceptual system” (Lakoff & Johnson, 1980) of the client as they interact with the metaphorical aspects of the story. In this project, three metaphorical stories were presented to three families in therapy. However, there were actually ten (i.e. the total number of participants) internal dialogues triggered. The results of the questionnaire illustrates that while there were some agreement in specific responses, each person had their own unique private interactions with the story.

The interpersonal process or recursive dialogue is the making public of the internal dialogue and evolves by the drawing of distinctions between the similarities and differences of the various aspects of the internal dialogue. Although this dialogue is co-created by the therapist and client, it is the therapist who takes a facilitating role in generating and maintaining the dialogue. The role of the therapist is to continually feedback to the client the distinctions that are being made. The therapist does not look for the “right” interpretation to the story, or to the responses that confirm his/her assessment. By continually drawing distinctions, the therapist simply allows the multiple voices of the client to be heard. By remaining neutral to the many different responses, this process generates the opportunity for the clients to “re-author” (White, 1988/9) their own new stories.

This type of dialogue was best illustrated through the final interviews of the project. The researcher took the position of facilitator and the opportunity evolved for the client/therapist system to talk about their different responses to the story and to create their own new stories. This type of dialogue is both recursive and generative (Bateson, 1972, 1979; Efron, Lukens & Lukens, 1988; Hoffman, 1986; Maturana, 1975; von Foerster, 1981). Both the therapists and the families influenced, and were influenced by, their interactions in the recursive

dialogue. The recursive nature of this dialogue is illustrated by Cases B and C. In both of these cases, new ideas were generated for both the clients and the therapists. In Case B, the therapist and mother were both very concerned with helping the daughter with her sleeping and in her concerns about her father being away because of his work. Initially, they had no idea of how the story might personally relate to them. As a result of the continued feedback of the different responses, the therapist and the mother began to generate ideas about how the story could be useful for them in a more personal way. A similar process occurred in Case C. As the conversation allowed each person in the system to express their different responses new ideas about themselves, the other members of the system and the therapy itself evolved.

The final section of this chapter, “Personal Reflections”, acknowledges the client/therapist/researcher system and will illustrate that the recursive dialogue also is influenced by and influences the researcher. In this section the researcher, speaking from a first person perspective, will share how he also influenced, and was influenced by, the research process.

(3). Both processes have therapeutic potential and should be seen as equally important and mutually influencing parts of a special type of therapeutic conversation.

The internal dialogue is consistent with the traditional model (i.e. first order cybernetics) of the use of metaphorical stories in therapy (Barker, 1985; Erickson & Rossi, 1980; Giligan, 1986; Lankton & Lankton, 1983, 1986; Matthews & Crowley, 1986). It's curative value comes from the metaphorical story either triggering a conscious search through past experiences (Gordon, 1978) or tapping into the personal resources of the client that are outside of their cognitive awareness. Erickson & Rossi, 1980; Erickson, Rossi & Rosi, 1976, Zieg, 1982). Both of these experiences rely on the Erickson treatment principle that states

that “the resources the client needs {to solve their current life problem} lie within his or her own personal history” (Lankton & Lankton, 1983).

There are examples of both types of experiences having occurred in this study. Examples for remembering past experiences include: The mother in Case C remembered the time in her life she felt lonely and socially isolated. She remembered “making (herself) interact with others” and how much this had helped. The therapist in Case A identified with the hero in the story and remembered the times she had not given up and had successfully met challenges in her life. Examples of tapping into resources that were outside of the person’s cognitive awareness occurred in Case B. The therapist in this case turned the ideas of “having a different father” into “being a different mother”. She, in turn, began to trust the importance of doing what was right in one’s heart and did something for herself instead of for the children. The daughter in this case also changed the image of the father in the story into an image that was useful for her. She changed the image of the man with a “sparkle in his eyes” into an image of the grandfather she had never known, and used this image to protect her from the “ghosts” that had bothered her at night.

The internal dialogue is limited, however, because it has the greatest potential of becoming a closed feedback loop that only serves to reinforce old beliefs and ideas. This type of interaction becomes limited in its ability to generate something new. This is illustrated by the mother and child in Case A. After hearing the story, they both held on to their old ideas about themselves and their family (i.e. that she was a bad mother and that the boy was “restless” and could possibly be abandoned) and seemed closed off from new ideas.

In the internal dialogue, therapists are also cut off from much of the process. They create the story based on their understanding of the client which triggers the internal interactive process, and they are able to monitor the non-verbal cues and behavioral changes that evolve.

However, they cannot know the meanings that the client derives from the story or the multiplicity of responses triggered unless they engage in a conversation about the story with the client. By establishing a therapeutic stance that is grounded by a sense of wonder and guided by an attempt to understand, therapists initiate a type of conversation that can evolve into the recursive dialogue.

The recursive dialogue is consistent with the “second order” cybernetic and narrative epistemological view of the uses of metaphorical stories in therapy (Anderson & Goolishian, 1988, 1989; Gergen & Gergen, 1983, 1984; Hoffman, 1986, 1988; Keeney, 1983; Lax, 1989b; White, 1988, 1988/9, 1989). The curative value of the recursive dialogue comes from a number of factors including:

1. The recursive dialogue leads to the evolving of a collaborative relationship between the therapist and client that enables new distinctions to be drawn on old stories.
2. A message of being understood and respected on a very deep level is communicated through the recursive dialogue.
3. The recursive dialogue provides an opportunity to become “external” to old “problem-saturated” narratives (White, 1988/9) which enables both the therapist and client to create new and more liberating stories.

There are examples throughout this study that illustrate these ideas. For example, as a result of the conversation of the interview, the daughter in Case C said she knew that her mother understood how lonely she was and they were now able to do things as a “team”. Her view of the therapist also changed. She felt she could trust him more because the conversations had helped her see him as “someone who feels a little like we do”. The therapist in this case also responded to the conversations. After the mother and daughter talked about the ending to the daughter’s story, the therapist stated that he could now “see a different world of hers (the daughter); she opened up her dreams and her fantasies and (the mother) also

opened more about herself”. Their conversations also prompted him to reconsider his ideas about stories in therapy and he expressed a new interest in sharing more stories about himself.

The internal dialogue and the resursive dialogue should be seen as equally important parts of a whole. The former is triggered by the drawing of a distinction through a metaphorial story and the latter evolves as the therapist and client engage in a special type of conversation about the story. Therapy, therefore, can be understood as a collaborative relationship that evolves through language in which stories are told, a multiplicity of distinctions are made, and new stories are co-created. The therapist in Case B identified this mutual interaction between the internal and recursive dialogues and supported the above view of therapy when she stated, “the interview gave me confidence in the process of telling stories in therapy and I now realize that this process should not only include telling stories, but also conversations about the stories”.

(4). In addition to its cognitive aspect (i.e. the generating of ideas and meanings), the interactive process triggered by metaphorical stories also has emotional and behavioral components.

This study was designed neither to explore the effectiveness of metaphorical stories in therapy nor to identify a correlation between the stories and changes in emotions or behaviors. In each of the three cases, however, most of those who heard the metaphorical stories made a connection between their hearing the stories and their having different emotions and behaviors.

In all three cases, the participants identified having some feelings during the storytelling experience. The therapists in Cases A and C were the only ones not aware of having any feelings while telling their stories. These therapists chose existing stories (i.e. a fairy tale and a sufi tale) and either read from a book or referred to written notes in presenting the stories to the families. This might have limited their interacting with the families by escalating the “performance” quality of the process or minimizing their awareness of non-verbal cues.

All the other participants initially identified only positive feelings in the initial questionnaire, but a greater range of emotions were uncovered by the interview process. For example, the mother in Case B remembered feeling both sadness and envy in realizing that the therapist still had her father with whom to talk and she had lost hers at a very early age. The mother in Case A expressed her feelings of worry and self doubt that resulted when she observed her children’s behavior during the telling of the story and when she learned that they had identified the queen in the story as being a “bad mother”. The therapist in Case C identified his feelings of loneliness and isolation after hearing the mother and daughter share their reactions to the story.

Not only do stories generate different feelings, but they also generate different behaviors. Although this study was not designed to study a correlation between the stories and actual changes in behavior, the participants made their own connections between changes in their behaviors and their having heard the stories. This occurred in both the internal and recursive dialogues. For example: The boy in Case A was seen as being more cooperative in regard to a request to get a book for his mother to read; the daughter in Case B was seen as acting less upset about her father being away; and the mother and daughter in Case C began doing more things together and were suddenly acting “more like a team”. In all three examples, the stories were attributed with influencing these changes.

(5). Metaphorical stories are particularly useful for family therapy because children not only understand and use them, but they also became actively engaged with the stories.

Research from developmental psychology indicates that young children can understand metaphors and use them toward problem solving (Gardner, 1974; Genter, 1977; Honeck, Sowry & Voegtle, 1978; Holyoak, Junn & Billman, 1984). This study supports these findings and illustrates the creative ways children respond to stories. A very distinct interactive process occurred for the children and their “own little ideas” seemed to have significant impact for them as well as for the adults. For example: In Case A, the children had not been included in the therapy sessions for over a year and were no longer considered a part of the problem. By the changes they proposed for the story, the children seemed to communicate that they still had some concerns around the original theme of abandonment and that these concerns could still be addressed in the therapy. The proposed changes include: The daughter did not want the child in the story to be taken by the raven. She wanted the child to be adopted instead and to eventually be reunited with the mother. The son had a brave knight come to rescue the child and return it to its mother. The idea of storytelling in therapy seemed so appealing to the daughter in Case C that she wrote her own story and presented it to the therapist and her mother. She helped initiate the recursive dialogue by telling her mother the ending of the story. This prompted a conversation about her mother’s adolescence and the time she, too, felt alone and socially isolated.

Clinical Implications

This study is the first in the literature on metaphorical stories in therapy that provides a description of the interaction that can occur between therapist and client when metaphorical stories are told in therapy. By including the personal reflections of the researcher, it will also be the first to take a “second order” cybernetic position and attempt to illustrate how this interaction is also influenced by and influences the researcher. The information generated provides some original ideas about therapy and about the uses of metaphorical stories in therapy.

As stated in Chapter II, “second order” cybernetics and the narrative epistemology suggests that therapy can best be understood as a collaborative, evolving relationship in which two parties engage in a specialized type of conversation, and this conversation creates the potential for the co-creating of new personal and family stories. But what ideas has this project revealed that can illuminate this view of therapy? And what is the importance of metaphorical stories in this special type of conversation?

The descriptions of the meaning making process illustrate that both the internal and the recursive dialogues can have a therapeutic impact. The internal dialogue, however, is more consistent with the traditional model (first order cybernetic) of the use of metaphorical stories in therapy, and less likely to encourage a collaborative, evolving relationship. This model maintains that metaphorical stories should be strategic, goal- directed interventions based on a very precise assessment. The therapist is considered the expert agent of change, and should, by careful and clever planning, be able to direct the client toward the most appropriate solution. This model of storytelling in therapy runs the risk of creating a closed loop as the therapist and the client engage in their own internal conversations about the story. This type

of conversation has been called “monological” (Griffith, 1989) and is marked by a sameness of language, a limited range of options and a fixed epistemological perspective. The children in Case A provide a good example of this. Despite the progress in the family that their mother and therapist report, the children still maintained their old ideas about themselves and their mother. They continued to see her as the “bad mother” who wanted to get rid of children, and saw themselves as “restless” and still afraid of somehow being abandoned.

Although the dialogue is internal, this process does not prevent the opportunity for some type of feedback. The therapist can monitor non-verbal cues (i.e. changes in facial expressions and skin tone) that occur during the telling of a story and changes in behaviors and affect that occur after the telling of the story. However, the underlying meanings of these responses and the distinctions between the different responses might be left unclear and locked in a closed loop if the conversations remain private and unavailable to others.

This study reveals that the process of talking about the multiple responses to the story is an essential ingredient in creating a more collaborative relationship and a different type of conversation. It also reveals the curative nature of this process as both the therapists and the families began to have new ideas about themselves. The recursive dialogue illustrates that therapy is first and foremost a relationship, and in order to foster a more collaborative, evolving relationship it is more important to take a position of wonder about a client (individual or family), than a position of authority. This position of wonder is created and maintained by the manner in which therapists interact with their clients. By drawing distinctions and feeding these distinctions back in a non-judgemental (i.e. neutral) way, therapists are able to communicate their respect for the autonomy of their clients, and that their efforts are guided by an attempt to understand their clients rather than guide them toward a specific goal. By treating every response as equally important and allowing a diversity of

“voices” to be heard, therapists are also able to communicate their trust that clients can use their own resources to create new and more useful stories. The type of conversation that evolves leads to a relationship based on curiosity, caring and respect. This type of relationship can generate a greater diversity of language and a multiplicity of perspectives for both therapists and their clients.

These ideas are best illustrated by the interview for Case C. Throughout this interview, the researcher continually fed back to the client/therapist system questions about the different distinctions that were made about the story and about their responses to the story. These questions were geared toward explicating a multiplicity of views, not toward discovering a certain “truth”. Examples of such questions are: How do you (mother) see your daughter’s current situation similar and/or different from the main character’s situation? How might you explain these similarities and differences? What do you (daughter) think about your mother’s responses? Do you agree or disagree? How do you think the therapist would answer these questions? Would his answers be more like your’s or your mother’s? What do you (therapist) think about these different responses? What has been the biggest surprise and what did you already know?

In this project, the interplay between the therapists’ sense of wonder and the communication of understanding toward their clients is co-created and maintained by drawing distinctions about the multiplicity of responses to a story that was presented in therapy. However, does the story have to be metaphorical and can this type of conversation apply to any intervention in therapy? A therapeutic stance based on a genuine sense of wonder and guided by a desire to understand can help to create and maintain a collaborative, evolving relationship regardless if the story is metaphorical or not, and can be directed toward any

intervention presented in therapy. There are, however, some unique characteristics of metaphor that play a vital part in this process and are most relevant to this study.

The literature suggests that metaphors can be therapeutic because they are a unique art form that have the potential to generate a unique message to each listener (Barker, 1985; Gordon, 1978; Kopp, 1971; Shibles, 1971), to disorient and paradoxically reorient the listener to “new realities” (Gordon, 1978; Erickson, Rossi & Rossi, 1976, 1979; Tracy, 1978) and to stimulate both conscious and “unconscious” processes (Dardek, 1985; Lankton & Lankton, 1983; Matthews & Langdell, 1989; Erickson & Rossi, 1980; Erickson, Rossi & Rossi, 1976, 1979; Zieg, 1982). For this study, the term “unconscious” is based on the theories of Milton Erickson and refers to a positive force, outside of cognitive awareness that stimulates new ideas and creative alternatives (Erickson & Rossi, 1980; Erickson, Rossi & Rossi, 1976; Mills & Crowley, 1986; Zieg, 1982). This study reveals additional aspects of metaphor that supports its therapeutic potential.

The results of this study illustrate that a story which is metaphorical (in any way) to a personal or family story creates a linguistically-based experience of being understood on a very deep level. All human systems are linguistic systems (Anderson & Goolishian, 1988, 1989), and the “total conceptual system” for human systems is grounded in the linguistic device of metaphor (Lakoff & Johnson, 1980). Thus, a sense of a “shared phenomenological reality” (Rossi, 1985) or “a type of structural coupling” (Matthews, 1985) evolves as a person’s responses to a new metaphor interact with their current construction of “reality”. The key component is not the story’s complexity or its ability to communicate indirect messages about change. Rather, it is the perceived quality of the metaphorical fit of the story that communicates the experience of being respected and understood. This could be illustrated by the story in Case C. This story touched both the therapist and the family in a very powerful

way. The family had a long history with therapists and the mental health system, and felt disempowered and misunderstood. After the story and the interview about their reactions to the story, the family felt differently. They stated that for the first time in their lives they felt “understood”. The therapist thought the process was a “wonderful experience” and that it had provided an opportunity for them “to talk in a new way”.

Metaphors create a comparison between similarities and differences and an interaction between the two (Black, 1962, 1979; Tourangeau & Sternberg, 1982). Thus, when a family hears a story in therapy that is metaphorical to aspects of their lives, an interaction between the two types of comparisons takes place. The comparing of similarities enables a family to feel understood, and the comparing of differences enables them to consider change. This opportunity to consider change is enhanced because the metaphorical quality of the story enables the family to have a conversation about a story that is “external” (White, 1988/9) to their own story. Their feelings might be less strong, their behaviors less rigid and their beliefs less limiting because the story is not their story. It’s simply another story and they are free to manipulate it, to play with it, and to be creative with it.

The clinical implications of the findings from this study have been presented. They include a way of understanding therapy and the manner in which therapists approach asking questions about the metaphorical stories they present in therapy. But how can these ideas be taught and what are the implications for training? These questions will be addressed in the following section.

Implications for Training

This study demonstrates that telling a metaphorical story in therapy can trigger two types of interactive processes: the intrapersonal, internal process and the interpersonal, recursive process. Both processes have the potential for clinical impact and could best be understood as mutually dependent parts of the whole process of telling stories in therapy. Any training on the uses of metaphorical stories in therapy should, therefore, be designed to address both the creating of metaphors and the establishing of a therapeutic stance that generates a special type of conversation about metaphors.

There is a vast amount of information available on the creating of metaphors for therapy. Most current ideas about metaphors in therapy are based in some way on the original ideas of the hypnotist Milton H. Erickson. His work was an elegant interplay of brilliant interventions, a personalized clinical style and a mastery of communication. One important step toward creating metaphorical stories is knowledge of some of the key treatment principles that guided Erickson's work. These principles create an attitude toward the client and to the process of change that is essential to the construction of metaphors in therapy and should be included in any training model. Some of the key treatment principles are:

1. Each individual perceives the world from the unique vantage point of his or her own frame of reference.
2. People make the best choice for themselves at any given moment.
3. The explanation, theory, or metaphor used to relate facts about the person is not the person.
4. Respect all messages from the client.

5. Teach choice; never attempt to take choice away.
6. The resources the client need lie within his or her own personal history.
7. Meet the client at his or her own model of the world.
8. If it's hard work, reduce it down (Lankton & Lankton, 1983, p. 12).

It is traditionally believed that the construction of metaphorical stories in therapy involves the weaving of these treatment principles in a thoughtful and organized three step process. This process involves: 1) creating an isomorphic fit, 2) retrieving of personal resources and 3) linking of resources to a positive or alternative outcome (Barker, 1985; Erickson & Rossi, 1979, 1980; Gordon, 1978; Lankton & Lankton, 1983, 1986; Matthews & Dardeck, 1985; Mills & Crowley, 1986; Ritterman, 1983; Rosen, 1982). The information from this study suggests some changes in this traditional model. It supports the need for training in the creation of an isomorphic fit, but puts less emphasis on steps two and three.

Constructing a metaphorical story is a way of attempting to reflect back to the client his or her own internal map of the world. The story must be presented in the language of the client and about things that are within his/her range of experiences in order to create this isomorphic reflection. The isomorphic fit can be achieved through the content of the story, the themes of the story, the relationships of the characters in the story, the interactional patterns of the characters or the internal states of the characters. In addition to being attentive to the client's language and range of experiences, therapists should also be trained in a variety of assessment models. Any assessment could be useful for the constructing of metaphorical stories as long as it helps in communicating an attempt to understand the client and it is not treated as representing the "truth". The emphasis for assessment should be to generate ideas

about a client so that therapists can have something to help them organize their story. The diagnostic parameters of the “eco-system model” (Matthews, 1985; Lankton & Lankton, 1986) provide some very useful guidelines in this area. They should be presented in training because they provide a clear guide in assessing an individual or an entire family and they provide a clear structure in which metaphors can be organized. These diagnostic parameters are:

1. Structure of social network.
2. Stage of development of family.
3. Stage of development of client.
4. Availability of client’s resources.
5. Emotional and role flexibility of client.
6. Function of symptom in the system (Matthews, 1985, pg. 55; Lankton & Lankton, 1986, pg. 77).

The diagnostic parameters of the “eco-system” model can serve only as guidelines in helping therapists try to understand their clients and in constructing stories based on this understanding. This study reveals that a therapist can never be absolutely clear about a client’s view of “reality” and that responses to stories might not have anything to do with the therapists’ assessment.

Steps two and three of the traditional model for constructing metaphors for therapy are based primarily on a first order cybernetic view of therapy. While this view can be therapeutic, it might be limited in its ability to help co-create a more collaborative relationship between the therapist and his/her clients. Steps two and three are based on the assumption that therapists can not only have a clear understanding of their clients, but must also establish specific goals based on their understanding and their knowledge of what is best for the client. Such assumptions have the potential to reinforce a model of therapy based on power and control (Hoffman, 1986). Therefore, therapists should be taught that they cannot know what is best for their client, and be trained to create metaphorical stories that are as non-directive and open ended as possible.

The creating of a story that is isomorphic to the family (or to the therapist's current understanding of the family) triggers only one aspect of the interactive process. Therapists must also be trained in how to generate a type of conversation about the story so that the recursive dialogue can occur. This type of conversation can be created and maintained by the manner in which the therapist interacts with his/her clients. Therapists need to be trained in how to maintain a therapeutic stance that is grounded by "a sense of wonder" and guided by an effort to communicate "respect and understanding".

The following ideas can serve as guidelines for the co-creating of such a therapeutic stance and should be included in any training model:

1. Therapists should not assume that a particular story is metaphorical to a client's personal or family's story. It may be metaphorical only to the therapists' story about the family.
2. Therapists should be willing to let go of a particular story or to specific parts of a story. They should understand that their story presents only one of many possible "realities".

3. Stories and questions about the stories should be thought of as opportunities to “continue the conversation” with their clients, not as means to specific ends.
4. Questions should be designed to look for similarities and differences, and for the meanings people attach to these similarities and differences.
5. Therapists should be curious about their clients and be willing to be surprised, not disappointed, by the answers to their questions.
6. Therapists should make efforts to maintain a position of neutrality by avoiding agreeing or disagreeing with the responses that are revealed.
7. Therapists should not let their ideas about stories and “reality” trivialize the strong feelings, rigidity of behaviors and intensity of beliefs that people have about their personal and family stories.
8. In designing questions, therapists must distinguish between the narration of actual events (e.g. past abuse or trauma) and the meanings of these events.

A description of the meaning making process and a summary of the general conclusions of this study have been presented. The implications of this information for both therapy and training have also been presented. In order to further elucidate the significance of these ideas, a critique of constructivism and problems with the design of this research project will now be addressed.

Critique of Constructivism

This study was based on a constructivist approach to the case study method and attempted to incorporate principles from both “second order” cybernetics and the narrative epistemology. This included such cybernetic principles as circular connections, feedback loops and recursion (Hoffman, 1986), and such narrative epistemological principles as “human

systems are linguistic systems” (Anderson & Goolishian, 1988, 1989), people can best be understood as “texts” (Gergen & Gergen, 1983, 1984) and our “total conceptual system” is grounded in metaphor (Lakoff & Johnson, 1980).

This attempt at creating a constructivist research approach acknowledges that the observer always becomes a part of the system being observed. This process occurs in a recursive, self-regulating manner, and evolves into what has been identified as the “observing system” (von Foerster, 1981). In this study the therapists and the researcher assumed the role of observer at different times in the research process. Therefore, both the client/therapist system and the client/therapist/researcher system were identified.

The ideas from constructivism have had a valuable impact on the fields of family therapy and on research. They have created a framework for change that strives to be “non-hierarchical, non-instrumental and non-perjorative (Hoffman, 1986). They have also led the way for a more respectful approach toward therapy and research. This approach acknowledges the ultimate autonomy of the client and that there are no universal “truths”, but only the distinctions of observers that are mediated through language (Lax, 1989b). Therapists are seen as “master conversationalists” (Anderson & Goolishian, 1988) and therapy becomes a collaborative relationship engaged in a type of conversation that co-evolves new narratives by which to live.

A project of this nature, however, should not only identify the positive characteristics of its methodological premises. Despite its many valuable contributions, there are important biases and limitations in constructivism that must be acknowledged. These limitations will be addressed in order to place the contributions of constructivism in their proper context.

Constructivism assumes an equal distribution of power and an equality of voices. This is simply not true. This is a world of inequalities and all views of “reality” are not equal

(Bogdon, 1988). Our society remains a predominate white, male society. The voice of the white male continues to have a greater power than all others. This power resides not only in political and social structures, but in the very process of language. Our language and the stories that creates our world have evolved by men and for men as they have interacted in their male dominated world.

The narratives we live by are also political and economic narratives, and are beyond our own personal constructions. The narrative of the United States, for example, is a capitalist narrative and is distinct from the narratives of other countries that do not have the same economic biases. The voices of the poor, the elderly, minorities and women have all been influenced by economic and political restraints. They do not have the same economic status as others and their voices are, therefore, less likely to be heard.

Constructivism also has a strong cognitive bias and puts much less importance on emotions. It continually strives for clients to “talk about” the meanings and ideas that their experiences hold and is not interested in the expression of feelings. In fact, feelings are not seen as ontologically distinct inner experiences. Feelings are seen as constructions of the thoughts which provide the content of the attitudes to which particular feelings are conceptually related (Armon-Jones, 1986). In general, constructivists consider statements such as “I feel X” (when X represents a particular feeling term such as “angry” or “sad”) as synonymous with the statement “I am X”. The feeling term does not designate anything over and above those attitudes constitutive of “being X” (p. 52). The expression of feelings, therefore, is much less important from the constructivist position than an exploration of the ideas one has about what makes up that feeling.

This could be very disconcerting and disrespectful for anyone who experiences their feelings “real”, and for clients who are experiencing a great amount of pain and sadness because of past trauma or abuse.

Problems with Research Design

An issue for any research of this nature is that all observations are self-verifying, and thus, researchers see what they are looking for (Keeney & Morris, 1985; Stier, 1985). The researcher was guided by certain theoretical assumptions about the construction of “reality” and the role language plays in these constructions. These assumptions certainly influenced the type of questions that were asked and how the responses were understood. Two of the three therapists participating in the study were also knowledgeable of some of the theoretical assumptions. This knowledge may have influenced their responses to the questionnaire and interview.

Although efforts were made to ensure consistency, the data was subject to a variety of factors. All of the therapists knew the researcher and wanted him to be successful in the completion of the project. This might have resulted in the therapists trying to please the researcher by presenting responses they thought he wanted to hear. There was also a great range in their years of experience, skill level, competency in telling stories in therapy and in the level of rapport they had with their clients. The three families were also very different and presented with a broad range of problems and experiences.

Another limitation was having clients and therapists comment about themselves and their therapy while they were still in the midst of an ongoing therapeutic relationship. It remains uncertain if they could be open and honest about their differences or if there was a need to merge toward agreement in hope of preserving their work together. It is also questionable if the clients were able to reveal any new information about themselves that might have been triggered by the storytelling. Perhaps they felt loyalty to their therapists and were hesitant to reveal anything new or different to someone else. The therapists’ willingness to share parts

of their personal experience also varied greatly and could have been influenced by the length of the therapy, the stage of therapy they were in at the time of the project and the therapist's personal ideas about disclosure.

This study was also limited in that the storytelling was introduced into the therapy specifically for the research project. The therapists did not routinely present stories in their work, and thus, the process analyzed became more of an exception and possible performance than an accurate portrayal of the therapeutic process. The restraints of the design regarding having the session and the follow up interview audio and/or video recorded added to the performance quality of what was observed.

Finally, this study attempted to study an "evolving process" over a very condensed time. Each case had a story told, completed the questionnaire and were interviewed within a period of a three weeks. This might have been too brief of a time to allow the interaction to evolve and to allow new stories, behaviors and emotions to generate.

Recommendations

This study was limited because of the "performance" quality of the process that was explored and because it analyzed an "evolving process" over a very brief period of time. Perhaps future research could respond to these concerns through the following recommendations: (1) Therapists chosen for such studies could be more familiar with telling stories in therapy. (2) Each counseling session could be routinely recorded so that the storytelling would not appear as such an exception. (3) More time should pass between the telling of the

stories and the gathering of information. (4) There could be more than one interview to provide a more comprehensive analysis of the evolving nature of the interactive process.

In an attempt to provide some consistency, only stories told by therapists were used in this study. Future studies could take a broader approach and explore stories presented by different members of the family/therapist system as they evolve through out the counseling experience. The children in all three cases provided examples of a playful and creative approach to stories. For example: The children in Cases A and B had ideas about changes to the story. The daughter in Case C created her own story and presented it to her mother and therapist. Future studies could be more open to such reponses and explore their impact on the evolving interactive process.

There are other possible research projects that could be considered for future studies. These include:

1. Present the same story to a number of therapist/family systems, and explore the differences and similarities in their response to the story. This would be similar to the “invariant perscription” model of Palazzoli (1986).
2. Present a story to family/therapy systems in a similar manner as this study. At a follow-up session, ask each member of the system to privately retell the story. Each retelling of story would be recorded and presented back to the system. Questions could be asked about the meanings derived from the different versions of the story that would emerge.
3. Follow the same format as this study, but meet with the system over a longer period of time (i.e. 3 to 9 months). At each meeting, replay the video or audio tape of the original story. Continue an ongoing conversation about the story, reflecting back to the family examples of changes and similarities in their responses.

Personal Reflections

The world as we know it is constructed by us; we can not separate the phenomena we attempt to know from our system of knowing. . . interviewers must be aware of their role in the data gathering process. . . The issue is not one of unobtrusive objective interviewing, but of the interviewers' awareness of their distinctions that guide the interview process and their stated or unstated intentions (Steier, 1985, pp. 29-30.)

During the first phase of this study (i.e. selecting and training the therapists) I felt apprehensive, yet full of hope and optimism. I was glad to finally be putting my ideas to action and thought I had designed a research method that would be both interesting and informative. Once I met with the therapists and oriented them about the project, I felt even more enthusiastic about this project. As a part of the orientation, I facilitated an exercise in which personal stories were shared by the therapists and myself, and conversations took place about the many different responses to the stories. As the conversations evolved, I realized I had experienced a type of "interactive process" that I had been writing about. Everyone seemed to become more interested in each other and in the project. I felt ready for the research process to begin.

Through the next stage of this study (i.e. presenting the stories in therapy and beginning the actual data gathering process) a shift in feelings and ideas emerged. I became terribly nervous that I would complete the entire data gathering process and end up with nothing to say. I was convinced that my methodology was too vague and I was trying to analyze such an illusive process that I could not possibly accomplish my goal. Despite all the ideas I had

presented on Constructivism in Chapter II and my positive experience during the orientation of the therapists, a concrete and linear focus predominated in my thinking. I changed the focus of my inquiry away from an “evolving process that occurs over time through discourse” to trying to discover a specific event that could be identified at the precise moment a story is told in therapy.

During the first interview (Case A) I was very nervous yet determined to discover this event. The type of questions I asked the therapist and family, and the way I interpreted the data from the questionnaire were influenced by my ideas that a specific event could be discovered. I think the interactive process for this case was more of a closed loop and generated less new ideas than the other cases because of my own internal dialogue. Throughout the interview, I kept telling myself that I had to discover the specific event that occurred for each person at the time they heard or told the story. My questions were directed at each person of the system in a linear and sequential manner. I did not reflect back the different responses, nor did I generate curiosity for the family or therapist because I was so determined to accomplish my goal.

Fortunately, a series of meetings with my committee had been incorporated into the research process. After data for each case was compiled, a draft of my conclusions was written and presented to my committee. The interview for the next case was also not completed until I had met with my committee and received their feedback regarding the preceding case. This process continued for all three cases and created a type of recursive loop that validated in a personal way the power of an “interactive process”. It was as if the draft of the conclusions was a “story” itself and the feedback from my committee became a conversation about the story. The conversations that evolved helped clarify how my own ideas were influencing the

interviews and clarified the different directions my writing needed to take.

The feedback for Case A emphasized that the data I presented had to be more “descriptive”. I needed to focus more on how the families and therapists constructed meanings from the stories, and to comment on the process. I was also advised to incorporate into the next interview questions relating to what the family did with the story and how the task of telling the story had modified the therapist’s work. The feedback for Case B was also extremely helpful in that it pointed out the need to connect my ideas back to the theory I had presented earlier. I was reminded of the importance of remaining neutral and not asserting my own interpretations of the meanings of the different responses. I was encouraged to reflect my ideas back to the families and therapists in the form of questions; and reminded that their understandings, descriptions and explanations of what was happening were most important to this study. My goal was to find ways “to continue their conversation”, and present their constructions. I did not have to be the “expert” that guided the family or therapist toward a specific goal.

I became much more relaxed and confident after the two meetings with my committee, and enjoyed the final stages of the project. I was much more spontaneous with Case C than with the previous two cases. I became much more interested in their explanations and their ideas. I finally realized that the “interactive process” is, indeed, a process and not a specific event. I realized that my becoming curious and interested in the family’s and therapist’s ideas helped to create a context for a different type of conversation to evolve and for new stories to be created.

The feedback from the final meeting (after Case C was completed and I had written what I thought was to be my “final” draft) was the most difficult to accept

and had the greatest impact. I had responded to the requests to describe the process, to reflect the different responses back to the therapists and families and to connect my conclusions to the data and to the theory that had been presented earlier. Now I was told to “exercise my own voice” and present my ideas and personal synthesis of this project. Although I knew the request was appropriate, initially I felt overwhelmed and defeated. I eventually realized how my own personal story had included ideas contrary to this request and what a difficult task this would prove to be. I had been taught that “exercising my own voice” was to be avoided because it could lead to conflicts and possible rejection. Now I was in the position of having to alter my own story in order to accomplish the goal of completing my dissertation.

The process of completing this research project, especially the re-writing of this final chapter, has been a difficult ordeal. It has led to the re-thinking of old ideas about therapy and about myself. The following will provide a brief summary of the personal impact of this project:

1. The importance of the relationship in interacting with human systems has been re-affirmed. The constructionist approach implies that our lives are created by the stories we tell, but it is only through a relationship that communicates caring and respect can we ever have the potential to change these stories. I think this was illustrated by the relationships between the therapists and families, and between the committee and myself. If I had not felt that my committee cared about me, respected my work and wanted me to succeed I would not have been able to complete this project.
2. It is only through the experience of being in relationship that our internal dialogue can become public. Because of the recursive nature of this process it is only through the sharing of our internal dialogue that the potential for being in relationship evolves. As a result of this project I realize that throughout my life I have kept my internal dialogue to myself. This has kept me alone and apart from others. In order to be more effectively engaged and in relationship to others (both in a therapeutic and non-therapeutic manner) I must begin to share my private thoughts, ideas and personal distinctions.

3. In all therapeutic relationships there is a hierarchy. The therapist has more power in some ways than his/her clients. I have come to realize that it may be appropriate to take a type of “expert” position in my interactions with clients as a way of addressing this hierarchy. I do have certain skills, a body of knowledge and a range of experiences that are different from my clients. Making these differences a part of the therapeutic conversation might be more helpful than denying them or keeping them private. However, I should treat my own ideas in the same manner as those of my clients. I should remain neutral toward them and consider my ideas as representing only one of many possibilities.
4. Any story that is told, regardless if it is told in a therapeutic or non-therapeutic conversation, communicates much more than mere words or the narrative account of events. All stories include domains of feelings, ideas and behaviors. These domains may be communicated implicitly or explicitly, and may be cognitively understood or be experienced as “outside” of one’s conscious awareness.
5. I understand that my role as a therapist is to facilitate “conversations of possibilities”. This type of conversations can occur only if the responses about the different domains are made public and reflected back to all the participants. An important part of this process, is the sharing of my own responses to these domains. This sharing of my internal dialogue comes from a desire to help create this type of conversation - not to tell people what to do.

Perhaps these ideas and my experience are only further reflections of my own distinctions. By looking at the therapist/ family systems through the lens of “second order” cybernetics and narrative epistemology, perhaps I simply helped to create a type of experience that validated my ideas. If that is the case (and I believe it is), I found the process that was created exciting, respectful and full of wonder. The interactions that occurred through out this project helped to enhance a sense of understanding and mutual appreciation for all the participants. I plan to take what I have learned from this experience and apply it as I “continue in conversation” through my interactions with the world. I will be thoughtful of the role my ideas and

distinctions play in the co-creating process. I will engage in future conversations (both in and out of therapy) aware that my own “story” should not be closed in my internal dialogue. I will be mindful of the need to articulate my own ideas and the importance of helping others articulate theirs, and I will be respectful of the knowledge that every conversation has the potential to create a new “reality” for myself and others.

APPENDIX A

RESEARCH CONTRACT

This study is an investigation of the impact of storytelling in therapy. It represents the first attempt in the field of family therapy to qualitatively examine what happens for both the therapist and the client when a story is told in therapy. There are no hidden agendas (i.e. deception) involved in this study.

Your participation in this study will be held in the strictest confidence. A code name will be given to your data and your name will not be made available to anyone. Your participation is also voluntary and you may withdraw from this study at any time. The results of this study will be available to any participant if they so desire. The final report should be completed by April, 1990.

In order for this project to be successful, the participants must be willing to take part in the following steps:

1. The therapy sessions will be audio or video taped.
The researcher will have access to only those tapes of sessions in which a story has been told.
2. At some point in the therapy, the therapist and/or the family will tell a story.
3. Within two weeks after the story has been told, a questionnaire will be administered to each family member and the therapist.

4. A follow-up interview will take place within a month after the questionnaire. The therapist and family will be involved in the interview together and the interview will be preceded by a review of the segment of tape that contains the story.

Your signature below implies that you understand the purpose and nature of this study, that you agree to participate and that you understand that you are free to withdraw at any time.

Joseph Pumilia, Researcher date

_____	_____
signature date	signature date

_____	_____
signature date	signature date

APPENDIX B

TRAINING STORY

The Widower

A young widower, who loved his five-year old son very much, was away on business, and bandits came, burned down his whole village, and took his son away. When the man returned, he saw the ruins, and panicked. He took the charred corpse of an infant to be his own child, and he began to pull his hair and beat his chest, crying uncontrollably. He organized a cremation ceremony, collected the ashes and put them in a very beautiful velvet bag. Working, sleeping, eating, he always carried the bag of ashes with him.

One day his real son escaped from the robbers and found his way home. He arrived at his father's new cottage at midnight and knocked at the door. You can just imagine at that time, the young father was still carrying the bag of ashes and crying. He asked, "Who is there?" And the child answered, "It's me Papa. Open the door, it's your son." In his agitated state of mind the father thought that some mischievous boy was making fun of him and he shouted at the child to go away, and he continued to cry. The boy knocked again and again, but the father refused to let him in. Some time passed, and finally the child left. From that time on, father and son never saw one another (Nhat Hanh, 1987, pp. 42-43).

APPENDIX C

CASE SUMMARY

Mrs. Smith is requesting counseling because of increased conflict with her thirteen year old son, Patrick. Although he is a straight-A student and is well liked at school, he has been increasingly difficult to handle at home. His behaviors include lying, stealing, refusal to follow the household rules, physical abuse of his younger brother and verbal confrontations with his mother.

The Smiths have been married for fifteen years. They are both in their early forties and work in the social services. They have two children, Patrick, age 13 and Craig, age 8. Mr. and Mrs. Smith have been separated for over a year and issues regarding the eventual divorce (i.e. visitations, child support and division of the estate) have become increasingly conflicted. Mrs. Smith has recently petitioned for a restraining order against Mr. Smith because he continues to enter the house whenever she is away. He goes through the mail and her personal belongings during these visits and usually leaves a antagonistic note. Both Mr. and Mrs. Smith come from alcoholic families and Mr. Smith has a history of substance abuse.

Recently, Patrick has become very close friends with an adult male. He now spends all of his free time with this man and his family, and has traveled around the country with him. The man is very wealthy and has promised Patrick a car when he is eighteen. The man lets Patrick drive his Mercedes and fly his private plane. Patrick's father has become very suspicious of this relationship and is quite critical of Mrs. Smith for allowing it to continue. Patrick's relationship with his adult friend has become a central issue in the family and the source of most of their current conflicts.

APPENDIX D

BACKGROUND DATA

Client

I. Identifying Data:

(please include every member)

Name:

Age:

Occupation:

Education:

Marital Status:

II. Presenting Problem:

III. Family Background:

Therapist

I. Identifying Data:

Name:

Age:

Education:

Place of Employment:

Years of Experience:

II. Brief Description of Clinical Approach:

III. Background in the Use of Stories in Therapy:

APPENDIX E

QUESTIONNAIRE

The following is a questionnaire on the use of storytelling in therapy. The information obtained from this questionnaire is for research purposes only. Please respond to each question in an honest and open manner. There are no right or wrong answers and your identity will remain confidential.

Please check each appropriate response:

Client _____

Adult _____

Therapist _____

Child _____ Age _____

At what point in the therapy was the story told?

Session number _____

Length of time you have been in therapy _____

1. What do you recall most about the story?

2. What were you most aware of when the story was being told?
(or when you were telling the story?)

3. As you heard (or told) the story, did you find yourself remembering or
re-experienceing anything from the past?
If so, please explain.

4. What feelings (if any) were evoked when the story was being told?
5. Have you noticed any changes in behavior in yourself, in other family members, or in your therapist since the story was told? If so, please explain.
6. Would you now like to change the story in any way?
If so, how would you change it?

7. Were any of the characters like you in any way? Like members of your family? Did any events in the story seem similar to aspects of your life in any way? If so, please identify the character or event and explain your choice.

8. Have you found yourself using any of the lines or ideas from the story? If so, please explain.

9. What (if anything) did you learn from the story?

10. What do you think was the meaning of the story?

11. What do you think about using stories in family therapy?

Do you think the story had an impact on the therapy?

If so, please explain.

APPENDIX F

GUIDELINES FOR INTERVIEWS

Although many of the following are presented as direct questions, it will be the intention of this researcher to present the interview in the form of a “conversation of multiple possibilities” and to use circular questions, personal stories and humor as appropriate.

Did you find yourself thinking about the story between sessions?
Could you give any examples?

Did you find the story helpful in any way?

Who seemed to get the most/least out of the story?

What impact (if any) did the story have on the therapy? On your lives?

Do you think the story says more about you, your family or your therapist?

Who seemed to have the greatest influence in the way the story finally evolved?
Why do you think they had the most influence? How much influence does this person usually have in the family?

How were the session in which the story was told different from other sessions?

What advice would you give the therapist (regarding story telling) that might be helpful to him/her in the future?

How has the process of storytelling helped/hindered the therapy?

Do you think your participation in this project has effected the therapy in any way?

APPENDIX G

BACKGROUND DATA

Case A - Family

I. Identifying Data:

Name:	Mother	Daughter	Son
Age:	28	10	11
Occupation:	Waitress	Student	Student
Education:	GED	3rd Grade	5th Grade
Marital Status:	Divorced		

II. Presenting Problem:

Son having a hard time in school. Both children having a difficult re: visitations (i.e. Dad not seeing them). Son has migraines and was the original “IP”. Whole family was seen. Mother now in therapy for survivor issues.

III. Family Background:

Mother married at 17. Her children were born within the first two years and the marriage ended after three years. The maternal grandfather is an alcoholic. Ex-husband has a history of alcohol and drug abuse. Only for the past year has dad actually been seeing the children. Mother beginning to deal with personal issues (has been in therapy over a year) and is currently feeling healthier and more able to be present for her children.

Case A - Therapist

I. Identifying Data:

Name: (N/A)

Age: 53

Education: M.Ed.

Place of Employment: Self

Years of Experience: 23

II. Brief Description of Clinical Approach:

Eclectic - psychodynamic, gestalt, Ericksonian and pragmatic

III. Background in the Use of Stories in Therapy:

“I often use stories for children and especially fairy tales after reading Bettelheim’s “Uses of Enchantment”. I pick a story that seem to contain the necessary ingredient to inspire some inner hope or belief in self in the client. I usually just read the story. We rarely discuss them, but sometimes the books are borrowed or the stories are requested again. Sometimes I make up stories, usually with animals as somehow the kids seem to relate easily and well to them. Sometimes I have the kids make up new adventures for the animals I have created and sometimes the kids just make up their own stories.”

Case B - Family

I. Identifying Data:

Name:	Mother	Father	Son	Daughter
Age:	42	41	11	7
Occupation:	Counselor	Actor	student	student
Education:	BA	BA	6th Grade	2nd Grade

Marital Status: Married

II. Presenting Problem:

Mother and daughter came in asking for help with daughter’s fears and nightmares. She was afraid to go into the bathroom by herself and was afraid to be in the upstairs of their home alone. She was also afraid to go to bed by herself, wanting to sleep in her brother’s or parent’s room. She was making statements about not liking herself and wishing she was her brother and not herself. Daughter’s problems were relieved after initial seven sessions. She returned to counseling in Febuary (four months later) because of increased fears of monsters at night.

III. Family Background:

Both parents were actors when they met. After they married and started their family, they moved to New England in order to have more family life. Mother began doing parent education classes and the father worked as an actor during the summers. In the fall of 1989, he began to increase his acting in New York and took an apartment there in January. There has been a great deal of contact between these “geographically split” parts of the family and they often talk with each other about how hard it is for all of them to be apart.

All members of the family are bright, attractive, outgoing and supportive of each other. The children have a remarkably good relationship.

There are no living grandparents. Both sets of grandparents died when the children were very young. The daughter often states that she is afraid of growing up because that means her parents will die.

Case B - Therapist

I. Identifying Data:

Name: (N/A)

Age: 43

Education: MS (Education); MA (Counseling Psychology)

Place of Employment: self

Years of Experience: 8

II. Brief Description of Clinical Approach:

“I use a blend of approaches depending on the clients and the presenting problem. I have a strong orientation toward systems interactions while also taking into account intrapsychic and developmental issues. I often use active techniques: family sculpting, rituals, dialoging with different aspects of an issue, art work, sand tray. I’m also clear that the keys for healing and change lie within the client and that I act only as a catalyst to help them connect with their own inner wisdom. I sometimes try to only suggest a different perspective.”

III. Background in the Use of Stories in Therapy:

“I have always loved stories. When I began doing play therapy I read Gardner’s work about Mutual Storytelling and was influenced by his technique of introducing a new thought or possible resolution indirectly by working it into a variation of the client’s story. I have used this spontaneously in an informal sense, usually connected with a child’s play or art work. During the past year I have begun to bring more “real” stories about people I have known when I felt they might be useful to a client.”

Case C - Family

I. Identifying Data:

Name:	Mother	Daughter
Age:	50	18
Occupation:	housekeeper	(N/A)
Education:	no high school diploma	student
Marital Status:	Separated	Single

II. Presenting Problem:

Multiproblem family with transgenerational patterns of substance abuse, sexual and physical abuse. Multiple current life stressors and family conflicts. Mother is a single parent with very limited financial resources and is trying to “hold things together”. Daughter suffers from depression, chronic pain and has recently stopped attending school.

III. Family Background:

Mother has been married three times and has a child from each marriage. She was sexually abused as a child and is a recovering alcoholic. Each of her husbands have sexually and physically abused the children and each also has problems with either alcohol or drug abuse. No one in this family has ever completed high school. The State Youth Services became involved with this family after the youngest child showed disruptive behavior in school (i.e. setting fires and fighting). Therapy was court ordered for the mother after the youngest child was sent to a treatment facility. The mother has been in therapy for about a year. The daughter was included in the therapy on a regular basis after she became quite depressed and withdrew from school.

Case C - Therapist

I. Identifying Data:

Name: (N/A)

Age: 38

Education: MA, Clinical Psychology

Place of Employment: Community Mental Health Center

Years of Experience: 5

II. Brief Description of Clinical Approach:

“Collaborative, non-hierarchical approach to therapy. Therapist should be considered an expert in conducting and facilitating conversation about clients’ dilemmas, but not an expert in what is “wrong” with the client and what he/she should do. Respectful towards client, assisting them to mobilize their own resources to find solutions and different view about themselves and their situation. System approach, strongly influenced by Milan and constructivist ideas. Also believe that problems exists in language, meanings and context.”

III. Background in the Use of Stories in Therapy:

No experience, except some very limited exposure to use of myths and fairy tales in Jungian psychology.

APPENDIX H

TRANSCRIPTS OF STORIES

Case A - "The Glass Mountain"

Once upon a time, a child was born to a King and Queen. One day the little Princess was restless. No matter what the mother did, the baby would not be still, and so the Queen grew very impatient. She stood at the window holding her baby as some ravens flew over the castle. She looked at her daughter and cried, "If only you were a raven, you could fly away, and I would have some peace!" As the words came out of the Queen's mouth, the child turned into a raven. She flapped her wings and flew from the arms of her mother. She flew into a dark wood and stayed there for many years.

A young man was passing through the forest one day, and he heard a raven crying. He followed the sound. When he came closer, the raven said, "I was born a King's daughter, but I was turned into a raven. If it is your wish, you can lift the enchantment and set me free. "What can I do?" asked the young man. "Go deeper into the forest," said the raven. "You will find a house belonging to an old woman. She will offer you food and drink, but if you accept even the smallest morsel, you will fall into a deep sleep and will not be able to free me. Behind the house is a garden, and in a corner of the garden is a heap of fir bark that is used for tanning leather. You must stand on it and wait for me. I will come to you at two o'clock each day for three days. If you can stay awake, you will lift the enchantment and I will be a Princess again."

The young man promised to carry out the raven's instructions. But the raven said sadly, "I know that you will not be able to resist the old woman's offers". Again the young man promised that he would do as she asked and thus would free her. And with that, he went on his way.

Before long, he came upon the old woman's house. As he turned to go into the garden, she saw him from the window. "Poor man," she called. "You must be tired from your travels. Come and have some food and drink." "No," he answered. "I will not eat or drink." But the old woman was sly and finally convinced him to take a small sip from the cup she held out

to him. Then he went into the garden and found the tan heap. His eyes were now getting heavy, and before two o'clock he was sleeping like a stone.

When the raven arrived, she called and called. But there was no waking him. The next day, at noon, the old woman prepared another meal for the young man, but he refused it. "If you will not eat, at least have a sip of wine," she said. And she gave him no peace until he finally took some wine. He went to wait for the raven, but he was suddenly overcome with exhaustion and could not stand up. He stretched out on the tan heap to rest, and when the raven arrived, he was fast asleep.

On the third day, the young man was even more determined not to eat or drink, but at noon the old woman came out to the garden carrying a tray heaped with meat and other delectable foods and a cup of wine for him to drink. Although he said no to her offerings, she smiled and placed the tray near him in the garden. Then she returned to the house.

Now it had been three days since the young man had eaten, and his hunger was great. After a time, the aromas of the meat and wine were so tempting to him that he thought, "A small sip of wine can't hurt." And he had a drink from the cup. Then he grew very tired and stretched himself out for a rest. Once again, when the raven arrived, he was sleeping. She had known he would be asleep. She called to him again but could not awaken him. This time before she flew away, she gave him three gifts. The first was a loaf of bread, some meat, and a flask of wine, which she placed beside him. The second was a gold ring with her name engraved on it, which she slipped on his finger. And third, she had written him a letter, which she tucked into his pocket.

When the young man woke up and saw that he had failed even a third time, his heart was very sad. Then he found the raven's gifts and read the letter which told him all that had passed. It continued:

Thus far you have not been able to lift the enchantment, but if it is your wish, then find me at the golden castle of the Glass Mountain. The food that I have left with you will replenish itself no matter how much you use. Remember, if you will it, I know that you can set me free.

The young man packed his belongings and set out at once to find the Glass Mountain. He journeyed for a long time and came to a dark forest. He walked in the woods for fourteen days trying to find his way, but alas, he could not. And he became so weary that he lay down in a thicket and went to sleep. He was awakened by a howling sound, and when he lifted his head, he saw candlelight. He rose and followed the light, and there, in a clearing, was a giant, standing in front of his house. "If I take one more step," the young man thought, "the giant

will see me.” But he found his courage and continued walking. “Aha!” said the giant. “I was just wondering what to eat. You will be a good supper for me.” “That may be so,” answered the young man. “But it won’t be as good for me. If it’s food you want, I have enough to satisfy you.” “In that case you need not worry,” the giant replied. “I prefer bread and meat and a good cup of wine.”

He went into the house and sat at the table. The young man laid out the food the raven had given him. The giant ate and ate, and ate some more, but there was still plenty of food. Finally, when the young man was certain that the giant was quite satisfied, he asked him if he could direct him to the golden castle of the Glass Mountain. “I have heard of it,” said the giant, “but I am not sure about the direction.” He went to a cupboard and drew out some rolls of parchment and opened them one by one. They were detailed charts of all the neighboring lands. The giant and the young man examined them with great care, but they could not find the site of the castle.

The young man prepared to leave, but the giant convinced him to wait for a second giant — his brother — who had some land charts of other kingdoms. So the young man waited. When the giant’s brother returned home, there was another meal to be eaten. The young man laid the table once more with the food the raven had given him. The second giant ate his fill, then he, too, fetched his maps. The young man and the giants studied each map until at last they found the golden castle of the Glass Mountain. But it was very far away. “How will I get there?” asked the young man.

“I have some time to spare,” said the second giant. “I can carry you to a place near the castle, but you must go the rest of the way alone.” He hoisted the young man on his shoulders and carried him over the countryside until they were within a few days’ journey of the castle. “You must go on from here by yourself,” said the giant. He set the young man on the ground and departed.

The young man went on, traveling day and night. He was overjoyed when at last he saw the Glass Mountain rise before him. He began to climb the mountain at once, but he slipped as fast as he climbed. He tried again and again, but he kept falling back. He knew the Princess was waiting in the castle at the peak of the mountain, and he was filled with grief when he realized that he couldn’t reach her. He also knew that he would never leave her. And so he built a small hut at the foot of the mountain and waited there.

One day, on hearing a great commotion, he looked outside the hut and saw three scoundrels having a terrible fight. “Mercy,” he said. They stopped for a moment when they heard his voice, then they continued fighting. “Mercy,” he said again. Again they paused and listened, and then they continued to beat one another.

“Mercy,” he said for the third time. And when they stopped this time, he asked them why they were fighting. The first scoundrel said he had found a stick that would open any door. The second said he had found a cloak that would render all that it touched invisible. And the third said he had found a horse that could go anywhere, even straight up the side of the Glass Mountain. They were fighting, they said, because they couldn’t decide whether to own these possessions together as common property or to part company.

“I have a proposal,” said the young man. “I have no money, but I have something more valuable to exchange for your possessions. Before I show it to you, though, I must try out these wonderful things you have, to see if you have spoken the truth.” The scoundrels’ greed made their eyes bulge at the idea of something more valuable than their three possessions, and so they helped the young man mount the horse. Then they put the stick in his hand. Lastly, they put the cloak around his shoulders. No sooner had they done this than the young man and the stick and the horse all disappeared from sight.

“Don’t you think it is more valuable to be alive than to kill one another for your possessions?” the invisible man asked. Then he turned the invisible horse and rose straight up the side of the mountain. At the door of the golden castle he dismounted from his horse and removed the cloak. He took the stick and touched the bolted door with it. And as quickly as the door opened, the raven, who waited inside, turned into the most beautiful Princess in the world. The young man slipped the golden ring on her finger and they were married, and there was great rejoicing in their hearts.

(Retold from the tale by The Brothers Grimm, originally entitled “The Raven”)

Case B - "The Man With a Sparkle in His Eyes"

I'd like to tell a story. This is a story about my father. He's now an old man. He just turned 80 this past year. And we were talking one day about what he's done in his life and the choices that he's made. I was asking him about a time in his life that I knew about but I'd never heard very much about before. The time I am talking about is the time he was still teaching, before he went into administration for the schools.

He seemed to find great pleasure talking about the time when he was teaching English in a high school. He was quite a young man then. My brothers had been born and they were, maybe, six or eight years old. Well, he not only taught English but he also coached drama. He taught drama after school and they put on plays and all kind of great productions. And while he was talking about his days coaching drama, his eyes lit up and his face lit up and I saw a different father than I had ever seen before. He never looked like this when he talked about his other work.

And those kids that he taught English and especially the ones he coached drama and did the plays with, they absolutely loved him. They dedicated their yearbook to him one year. That was a really important thing for him to have them do that for him. And even now, every five years when they have a class reunion, they send him an invitation and ask him to come back. He always goes and sees those kids.

It was a very, very powerful connection for him. And it made me think — never really seeing him happy about anything else. It made really wonder what it would have been like to have that man with the sparkle in his eyes and that clear love for what he was doing — what it would have been like to have that man for a father. Instead of the man who was very dutiful and always worked so hard to make enough money for his family.

Case C - "When the Waters Were Changed"

Once upon a time Khidr, the Teacher of Moses, called upon mankind with a warning. At a certain date, he said, all the water in the world which had not been specially hoarded, would disappear. It would then be renewed, with different water, which would drive men mad.

Only one man listened to the meaning of this advice. He collected water and went to a secure place where he stored it, and waited for the water to change its character.

On the appointed date the streams stopped running, the wells went dry, and the man who had listened, seeing this happening, went to his retreat and drank his preserved water.

When he saw, from his security, the waterfalls again beginning to flow, this man descended among the other sons of men. He found that they were thinking and talking in an entirely different way from before; yet they had no memory of what had happened, nor of having been warned. When he tried to talk to them, he realized that they thought that he was mad, and they showed hostility or compassion, not understanding.

At first he drank none of the new water, but went back to his concealment, to draw on his supplies, every day. Finally, however, he took the decision to drink the new water because he could not bear the loneliness of living, behaving and thinking in a different way from everyone else. He drank the new water, and became like the rest. Then he forgot all about his own store of special water, and his fellows began to look upon him as a madman who had miraculously been restored to sanity.

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