

Theories of Psychotherapy: Narrative Therapy and Adlerian Theory

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Narrative and Adlerian approaches to psychotherapy share similar philosophical and theoretical roots. In fact, Adlerian therapy shares many of the same concepts as narrative therapy from a social constructionist perspective (Watts, Peluso, & Lewis, 2005). Social constructionism is grounded in the idea that people's truths are derived out of a social context and people behave in life based on their interpretations of their socially created reality (Madigan, 2011; Phipps & Vorster, 2011). Both theories will be discussed to include their theoretical underpinnings, basic concepts, and techniques that make each of these theories unique. The therapy process will be discussed, along with empirical outcomes that support each one in creating change. Finally, there will be a discussion on the similarities and differences between the theories.

Narrative Therapy

Narrative therapy is a postmodern concept that focuses on the stories people create from their experiences. Michael White and David Epston are best known for pioneering the narrative therapy movement and bringing it to North America in the 1990's. White and Epston proposed that people live multi-storied lives, interpreting and constructing their truths out of their varied experiences (Madigan, 2011). Their ideas were derived out of the writings and research of historian and philosopher Michel Foucault. He proposed that society is constructed upon certain discourses that are created through political and institutionalized ideas (White & Epston, 1990). The main goal of the therapist is to help the client recognize the problem-saturated story that is influencing his or her experience. Problem-saturated stories are created by societal discourses and events throughout one's life that have negatively impacted the story of one's life (White & Epston, 1990). Through the narrative therapy process, clients find new preferred stories to support alternative narratives that contradict their problem-saturated stories (Hester, 2004). This

process has four components (a) telling of the dominant story, (b) externalizing the problem, (c) searching for unique outcomes, and (e) re-authoring one's story.

Dominant Story

The dominant story is the story that an individual tells that continues to shape his or her subjective experience and interactions with others (White & Epston, 1990). The dominant story operates as a script that people follow in life that helps shape how they see themselves, others, and the world. Problems people have are shared through their narratives. When the dominant story becomes problem-saturated people become stuck and begin to believe they cannot solve their problems on their own. Once the dominant story is told and the problem is defined, the therapist helps externalize and name the problem (Madigan, 2011).

Externalizing

Narrative therapy celebrates people's experience in their lives and views problems that they have as separate from the person (Madigan, 2011). By externalizing problems, clients begin to deconstruct their problem-saturated stories and see for themselves the influence problems have over their thoughts and actions. Through the deconstruction process clients begin to reexamine the dominant story, explore the life script that they are following, and begin to construct new stories (Cobb & Negash, 2010). For example, Cobb and Negash (2010) utilized art to foster the externalization process. The authors reported that their client was able to draw her problem and tell her dominant story through pictures. Without the opportunity to tell her problem-saturated dominant story the client was stuck and struggled to move forward in therapy.

Re-naming the problem is a technique used in narrative therapy. Naming the problem helps the problem to be seen as separate from the person (White & Epston, 1990). For instance, in their research study on depression and eating disorders, Weber, Davis, and McPhie (2006)

found that by renaming the eating disorder as an eating problem women self-reported that they were able to externalize and disengage from their problem.

Another technique used to facilitate externalization is scaffolding conversations. In scaffolding, therapists map out intentional hierarchical questions to explore a client's problem (Ramey, Young, & Tarulli, 2010). A counselor moves a client through the map based on the client's mastery of each question. In their qualitative study of observable change in single-session therapy, Ramey et al., (2010) reported that the process of scaffolding increased children's concept formation and their ability to define, externalize, and process their problems.

Unique Outcomes

Finding unique outcomes is the cornerstone of finding helpful solutions to problems. The concept involves questioning a client to find instances that contradict the discourse that created the problem-saturated dominant story (Madigan, 2011). For example, in a study by Keeling and Bermudez (2006), participants reported that externalizing their problems through sculpture and journaling helped them to explore past experiences. Participants reported that the process of exploring exceptions to their problems allowed for growth and re-storying as forgotten past-lived experiences became more powerful and celebrated.

Re-authoring Stories

Re-authoring stories involves finding alternative stories that hold new meaning for the client. The ultimate goal in the narrative therapy process is to help clients re-author their stories to find new meanings that celebrate lived experiences (Phipps & Vorster, 2011). Re-authoring of stories provides clients with an opportunity to design the kind of future they could expect from the competent person who is emerging in the therapy session (Madigan, 2011). The last step in the narrative therapy process is to chronicle this transformation to share the new story. This can

be done by having celebrations with witnesses, creating art, writing letters, or giving certificates of achievement. Sharing the newly constructed story helps to solidify and bring to fruition the change that has occurred in the client (White & Epston, 1990).

Facilitating Change

The relationship between the client and the therapist is key to facilitating change. Narrative therapy incorporates the sharing of stories with a therapist who values the client's story, is respectful, inquisitive, and genuine (Hester, 2004). Narrative therapy fosters change through encouraging a relationship that is grounded in empowerment and finding the client's strengths and resources (Watts et al., 2005). For instance, Vromans and Schweitzer (2011) found that while by participating in eight sessions of narrative therapy, participants with major depressive disorder had a significant increase in scores for interpersonal relatedness (establishing a close relationship) and a decrease in scores for depressive symptoms. Similarly, in his research on mental health and well-being, Adler (2012) found that participants' agency, or taking an active role in the process of change, significantly increased over twelve sessions of narrative therapy. The process of narrative therapy encourages active involvement and realization of past lived stories. Change begins by deconstructing the power of cultural narratives and reconstructing past lived stories (Madigan, 2011). From a neuroscience perspective, Beaudoin and Zimmerman (2011) found that the re-storying process helped clients become more aware and knowledgeable of their experiences, thus strengthening more preferred neural pathways in their brain.. This holistic approach to change is also evident in the Adlerian therapy process.

Adlerian Therapy

Individual Psychology, coined by Alfred Adler in the early part of the 20th century is a socially oriented therapeutic approach that focuses on the idea that individuals must be viewed

holistically. Being influenced by constructionist thought, Adler believed that people construct their own reality by their perceived experiences (Carlson & Sperry, 1998). A phenomenological perspective also influenced Adler. He believed that people's subjective perceptions shape their personality and people act *as if* these beliefs are true (Watts et al., 2005). Rudolf Dreikurs, an American Psychiatrist, was the most significant figure in pioneering and advancing Individual Psychology in the United States (Mosak & Maniacci, 1999). Through understanding people through a holistic lens, Individual Psychology emphasizes that (a) all behavior is purposeful, (b) people strive for significance, (c) people are creators of their own lifestyle, and (d) healthy people have social interest in others and their community.

A basic assumption of Individual Psychology is that people's thoughts, feelings, and actions are all directed toward their perceived goal. Adler described human behavior as teleological, or purposeful and goal directed (Mosak & Maniacci, 1999). He believed that this goal is always changing and is influenced by an individual's perception of his or her experiences from childhood. People begin to form a subjective final goal that guides their movement in life. Adler believed that people strive to achieve superiority, or mastery in the life tasks. These tasks include work, social relationships, intimacy, self-acceptance, and spirituality (Mosak & Maniacci, 1999). Inferiority feelings develop from failure to meet life's tasks. Striving for significance enables people to be creative to overcome these feelings. All goals have a unique meaning and in striving to reach these goals people develop their unique lifestyle.

The lifestyle is a set of subjective private beliefs that are created in childhood that guide people throughout their lives (Dreikurs, 1967; Mosak & Maniacci, 1999). These core beliefs create a person's private logic. Private logic is subjective and influences how people view the world, others, and self. Throughout life people continue to create their lifestyle and move toward

their subjective goal in pursuit for significance (Bitter, 2007). People with healthy lifestyle patterns strive to find their significance in a socially useful and cooperative way.

One of Adler's most salient contributions to Individual Psychology is his concept of *Gemeinschaftsgefühl* (community feeling) (Dreikurs, 1967; Mosak & Maniaci, 1999). It involves establishing a sense of belonging and positive attitude toward others and the community as a whole. Healthy people cooperate in society, proceed with optimism, have a useful motivation of behavior, and have a social interest in others (Bitter, 2007).

Facilitating Change

The ultimate goal in Adlerian therapy is to foster social interest through encouragement. By fostering social interest people become prepared to meet the major tasks in life. Social interest gives people the courage and right attitude to meet life's difficulties and tasks in a useful way. Counselors seek to understand people's private logic and any mistaken beliefs that may be influencing how they see themselves, others, and the world. Adlerian therapists foster change by helping clients gain insight of the purpose of their behavior and how they cope and function within life's tasks. The goal of an Adlerian counselor is to move a client through four phases of therapy to facilitate change: (a) establishing a relationship, (b) assessment, (c) insight (interpretation), and (d) reorientation (reeducation) (Dreikurs, 1967; Corey, 2009).

Establishing a Relationship

Developing a strong therapeutic relationship is essential to facilitating change (Bitter, 2007). Adlerian counselors create an alliance with their client and agree to collaborate on problem solving as equals. The relationship must be built on mutual trust with a caring, genuine, and involved counselor. For example, in their summative review of school-based intervention program outcomes, Webb, Lemberger, and Brigman (2008) reported that activities aimed at

supporting social connectedness and trusting relationships increased competence and optimism among students. Fostering a positive therapeutic relationship is the first step toward change.

Assessment

During the assessment process counselors take a client's history, including early recollections (ERs) and birth order information (Bitter & Nicoll, 2000). Adler believed that early memories represent the story of people's lives and influence their movement in life (Maniacci et al., 1998). A counselor asks his or her client to provide three earliest memories from childhood. Counselors listen for themes, patterns, and influences the family of origin has had on a client's lifestyle development (Kern, Belangee, & Eckstein, 2004). For example, Even and Armstrong (2011) reported that early recollection information collected throughout several points within the play therapy process supported their hypothesis about their client's lifestyle.

Adler believed that a child's psychological birth order (perceived role in one's family) and relationships with siblings influenced children's development and future outcomes (Mosak & Maniacci, 1999). There are several published studies that prove the statistical validation for assessing birth order in relationship to family roles and sibling relationships (Eckstein, 2000; Eckstein et al., 2010; Eckstein & Kaufman, 2012). For example, in their exploratory study of birth order and family atmosphere, Stewart, Stewart, and Campbell (2001) found a relationship between family atmosphere, one's perceived family role, and the construction of personality traits attributed to this role. ERs and birth order information provide insight to help foster an understanding of a client's lifestyle.

Insight

Insight involves gaining a self-understanding of the motives of one's behavior (Mosak & Maniacci, 1999). Through the counseling process, counselors interpret and explore information

obtained from the assessment stage to help clients gain an awareness of their hidden purposes and goals. The degree of engagement and level of social interest demonstrates a client's ability to integrate new insights in addressing the challenges of life (Clark & Butler, 2012). Insight is what fosters change and allows clients to reconstruct their realities (Bitter & Nicoll, 2000; Carlson & Sperry, 1998).

Reorientation

During the reorientation (reeducation) stage, a client's insight is put into action (Dreikurs, 1967; Clark & Butler, 2012). The counselor encourages his or her client to have the courage to make changes and look for new possible ways of moving in life that are socially useful. A counselor provides a client with outside activities and techniques to help facilitate this change. Clients make an as if commitment to make the decision to change their behavior. This commitment involves believing that the change has happened or will happen. In a case study using Individual Psychology and crisis interventions skills, Parikh and Morris (2011) concluded that insight and reorientation of newly learned skills provided their client a seamless transition from counseling to healthy functioning in life's tasks. Further, the authors reported using the as if technique to assist with obtaining commitment and action on the part of the client.

Similarities and Differences

Adlerian and narrative approaches to psychotherapy appear to share very similar thoughts and underlying assumptions (Watts, 2003). For example, both therapies see human development through a social constructionist lens, where people are creatively involved with co-constructing their lives through their knowledge and social experiences (Carlson & Sperry, 1998). Although the terminology may be different Adlerian therapy and narrative therapy share more similarities

than differences in three main areas: (a) therapeutic relationship; (b) perspective on development; and (c) how change is facilitated in the therapeutic process (Watts & Pietrzak, 2000).

Therapeutic Relationship

Both narrative and Adlerian approaches to therapy report that the client is the expert. In addition, the therapeutic relationship is built on collaboration and mutual trust (Hester, 2004; Watts et al., 2005). Counselors exhibit respect, empathy, and a genuine interest in the client. In the Adlerian therapeutic approach collaboration is demonstrated through social interest and the empathetic exploration of childhood experiences (Watts & Pietrzak, 2000). In narrative therapy both client and therapist form a collaborative bond through understanding the person *outside* of the problem, with a specific focus on strengths, interests, abilities, and values (Daigneault, 1999).

Human Development

Narrative therapy and Adlerian approaches to therapy embrace an optimistic and future oriented view (Watts et al., 2005). This non-pathological approach identifies clients as healthy human beings who are able to create or re-story their lives. Referring to pathology, Madigan (2011) wrote, "Narrative therapy finds no cause or reason to diagnose and/or label a person's lived experience" (p. 8). Adlerians view clients as discouraged and their job is to provide encouragement in the therapy process through facilitating insight (Watts & Pietrzak, 2000).

Both approaches emphasize memory in constructing one's life story (Bitter, 2007). Adlerian counselors believe that ERs, family constellation, and mistaken beliefs influence lifestyle development (Disque & Bitter, 1998). ERs are meaningful for the client and provide a narrative of one's private logic through looking at the past (Bitter, 2007). Similarly, in narrative therapy one's sense of identity is constructed by stories that are told, but not necessarily childhood stories. Like ERs these stories are created and maintained by one's subjective reality

(Hester, 2004). Narrative therapy emphasizes the discourse in one's life as a facilitating factor in creating one's dominant story (Madigan, 2011). Adlerian counselors attempt to seek the meaning of these experiences, whereas narrative therapists seek to deconstruct these stories (Daigneault, 1999).

Facilitating Change

Both approaches focus on the client's strengths and resources (Hester, 2004; Watts & Pietrzak, 2000). Encouragement is used in the Adlerian therapy process to help identify faulty lifestyle patterns, promote social interest, and to generate new healthy patterns of movement in life (Watts, 2003). Adlerians attempt to modify a client's mistaken beliefs, goals, and perceptions, thus changing their faulty lifestyle toward a more useful socially embedded lifestyle (Disque & Bitter, 1998). In narrative therapy the same concept is done through finding unique outcomes, re-authoring one's story, and sharing this new story with others (Daigneault, 1999). Adlerian therapists help clients gain insight in the purpose of their behaviors, whereas narrative therapists help clients find past behaviors that challenge their current beliefs.

Conclusion

Narrative and Adlerian approaches to psychotherapy provide unique contributions to the counseling profession. Although different, it is clear that both approaches share similar concepts and assumptions. The postmodern approach of narrative therapy emphasizes the deconstruction of problem-saturated stories and the reconstruction of newly formed stories that celebrate past experiences. Individual Psychology emphasizes one's striving to overcome challenges and the need for belonging and purpose among society. Despite the differences in terminology, both approaches share very similar constructs, with the goal of encouraging clients to move toward more enriching lives.

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