

DOCUMENT RESUME

ED 359 455

CG 024 919

AUTHOR Biever, Joan L.; And Others
 TITLE Stories and Solutions in Psychotherapy with Adolescents.
 PUB DATE Mar 92
 NOTE 13p.; Paper presented at the Annual National Conference on "The Troubled Adolescent: The Nation's Concern and Its Response" (San Antonio, TX, March 17-20, 1992).
 PUB TYPE Speeches/Conference Papers (150) -- Guides - Non-Classroom Use (055)
 EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS *Adolescents; *Counseling Techniques; *Personal Narratives; *Psychotherapy; *Story Telling

ABSTRACT

Adolescents may be ambivalent about consulting with adults, especially when it seems likely that the adult will take a rigid stance on issues. The focus of this paper is the development of counseling styles that expand the adolescent's world to include understandings and options not previously available. It may be useful to approach counseling with adolescents as a collaborative venture in which new stories or narratives are developed. Narrative approaches to counseling help clients sort through their experiences and develop their own definitions of the meaning of experiences in their lives. This process provides validation to clients and a sense of being in control of their own lives. The primary task for counselors is to become skilled at facilitating therapeutic conversations. To help counselors accomplish this task, several guidelines have been developed. Counselors should strive to: (1) maintain the "not knowing stance"; (2) to be open to and help generate alternatives; (3) think in terms of both/and rather than either/or; (4) assume the adolescent has strengths and resources; (5) be aware of their own values and beliefs; (6) work with the person, not the label; (7) include others in the counseling; and (8) work toward understandings. By taking a narrative approach, counselors may enter into the world of their adolescent clients and facilitate the generation of alternative meanings and understandings within the framework of this world. The narrative approach tends to elicit cooperation and investment from the adolescent and circumvent the power struggles which may occur when working with adolescents. (NB)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

ED359455

Stories and Solutions in Psychotherapy With Adolescents

Joan L. Biever Kathy McKenzie Mary-Wales North

Roberto Cortez Gonzalez

Our Lady of the Lake University of San Antonio

BEST COPY AVAILABLE

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it
- Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

G024919

INTRODUCTION

Therapeutic work with adolescents is often seen as more challenging, difficult, and less fulfilling than work with adults or younger children. For example, Terry Trepper (1991) described working with adolescents as an "adversarial sport" in which the counselor rarely ends up on the winning team. Trepper goes on to say, "Actually, *adversarial sport* may be too soft a metaphor. Most counselors view working with adolescents and their families as *blood sport*" (p. ix, italics in original). In part, this adversarial view of working with adolescents may be due to the cultural view of adolescence as a tumultuous time of raging hormones and rejection of adult values. Counselors, as well as parents, teachers and other adults, may anticipate that interactions with adolescents will be conflictual and frustrating and thus approach adolescents with such expectations. It is not surprising, then, that counselors often find themselves at odds with adolescents with whom they are working.

Another source of conflict occurs when counselors assume that adolescents who do not adhere to adult norms of behavior are deviant or pathological. It is all too easy for adults working with adolescents to fall into the trap of urging adolescents to adopt adult norms of behavior. Adults, including counselors, often ask questions with the intention of leading adolescents to the conclusion which the adult believes is correct (e.g., attend school, quit using drugs, remain celibate) while at the same time the adult is stating that he or she respects adolescents' right to make their own choices in these crucial areas.

Counselors who work in settings where they are expected to enforce rules (e.g. schools) need to make it clear to their adolescent clients which "hat" they are wearing during any particular conversation. Adolescents can be especially sensitive to such behavior on the part of adults as they are often being bombarded from many directions with ideas of how to behave, think, and construct values and priorities.

Parents, teachers, siblings, extended family members and peers may all be trying to influence the adolescent's thinking or behavior. Adolescents may be ambivalent about consulting with adults, especially when it seems likely that the adult will take a rigid stance on issues such as sexuality, substance use, peer and dating relationships, and conflicts with other adults. Thus, adolescents may simultaneously seek and resent adult intervention into their lives. If adults are too directive in advocating values and behavioral choices, the adolescent may become oppositional or simply stop listening, resulting in a conversational impasse.

Such conversational impasses were described by Harlene Anderson (1986) as occurring in conversations where each of the participants believes that his or her description or explanation of a situation is correct and tries to convince the other(s) of this. This competition of ideas causes the participants to become increasingly rigid in adhering to their own beliefs. Thus, the conversation becomes "stuck" with little opportunity for the development of new ideas or behaviors. A parent/child conflict, when this is the presenting problem, can involve a counselor in an impasse. When counselors try to impose their own beliefs about "healthy" actions or attitudes on adolescents, this, too, can lead to impasse.

The work of Harlene Anderson, Harry Goolishian, and others at the Houston-Galveston Institute (Anderson, 1986, Anderson & Goolishian, 1988; Loos, in press) suggests that the way out of such situations is to approach counseling as a collaborative venture in which new stories or narratives are developed. This approach and other current approaches to counseling which emphasize the importance of stories (Andersen, 1991; Parry, 1991; White & Epston, 1990), are based on the philosophy of social constructionism. Social constructionism suggests that what we know as reality is the result of interactions with others (Gergen, 1985). Thus, meanings and understandings are fluid, determined by the social world of the person.

For any given situation, then, there are many possible understandings. From this view, misunderstandings and conflicts are viewed as developing from differing ideas and understandings of the meaning of events and behaviors. As adolescents typically interact with members of social groups with different views of reality, e.g., peers and teachers, it is not surprising that they experience conflict both within themselves and with others.

NARRATIVE APPROACHES TO COUNSELING

The narrative approach views meanings as developing out of the stories people tell themselves and others (Hoffman, 1990). Loos (in press) points out that it is not the job of the counselor to edit the adolescent's stories or to create more functional stories for the adolescent. Rather, the counselor's job is simply to talk with the client until new stories emerge. Further, Loos notes that the stories which develop do not have to be new, profound, historically accurate, unbiased, or contain the solution to the problem. The stories need only to be useful, that is, to provide the space for new possibilities and options to develop.

Parry (1991) reports that narrative approaches to counseling help clients sort through their experiences and develop their own definitions of the meaning of experiences and events in their lives. This process provides validation to clients as well as a sense of being in control of their own lives. This may be especially important for adolescents many of whom have one or more adults trying to impose definitions of the world on them.

Parry (1991) also notes that stories do not occur in isolation; instead each person's story is connected to the stories of others. Adolescents may be recruited into playing significant roles in the stories of their parents and extended family, teachers, and peer groups. It is not unusual for the various roles of the adolescent to conflict. For example, the parents' story may include having children who excel academically,

while the adolescent's role within the peer group may be to be "cool" and, thus, uninterested in school. If the adolescent tries to comply with both of these roles, the result may be identity confusion and erratic behaviors.

Michael White (White & Epston, 1990) makes the assumption that problems occur when people's life stories do not adequately represent their actual lived experience. Counseling then becomes a process of re-storying. Problems are deliberately externalized (described as being something that is affecting the person rather than as being a part of the person) so that new stories can be developed. One of the key questions for White is whether more influence is held by the problem or by the person who has the problem. The goal, then, is to help the person assert more influence over the problem, which is seen as being outside of the person. Narrative forms, including letters, documents, and certificates, become the means by which clients re-write the relationship with problems. Narrative means lead to liberating and therapeutic ends.

The focus of this paper is the development of counseling styles which expand the adolescent's world to include understandings and options not previously available. In this approach the counselor does not provide the story for the adolescent or enter the counseling session with preconceived notions about how the story should be changed. Rather, the counselor's job is to keep the conversation coherent and relevant so that new possibilities may develop. At times the counselor may offer possibilities that seem more hopeful or productive (Hoffman, 1991), but these ideas are presented as "just some of many possibilities" rather than the correct or best option. Furthermore, when the adolescent does choose an option which is not the preference of the counselor, care must be taken to validate the right to choose and to experience the results of choices.

FACILITATING CONVERSATIONS

The primary task for counselors is to become skilled at facilitating therapeutic conversations. Although this process is far from simple, the following guidelines were developed to begin this task.

1. Maintain the "not knowing stance"

Anderson & Goolishian (1991) suggest that questions which facilitate conversation always come from a position of "not knowing"; that is, from a need to know more about what has been said or what is not known. The counselor does not assume expertise about what is best for the adolescent; rather, the adolescent is assumed to be the expert on his or her life. The counselor does not ask questions to which the answer is already known or to lead the adolescent to a conclusion which the counselor believes is correct. Nor are questions posed to elicit answers which support the counselor's theory about the cause of and/or solutions to the adolescent's problems.

The counselor uses knowledge gained by experience, education, etc., only as a guide as to what might possibly be useful or relevant to the current situation, rather than assuming that similar presenting problems will always lead to the same or similar solutions. Counselors initiate potentially useful discussions with remarks such as, "I have found that many kids believe it is their fault when their parents divorce or believe that by acting in certain ways they can get their parents together. Have you ever had ideas like this?" In order for such comments need to be stated as possibilities not facts. By expressing genuine interest and curiosity about the adolescent's story, the counselor opens an opportunity for the adolescent to explore new possibilities and develop new patterns.

2. Be open to and help generate alternatives

Tom Andersen (1991) suggests two questions to keep in mind during therapeutic work: a) How else can this situation be described? and b) How else can this situation

be explained? Listening with these questions in mind leads the counselor to ask questions about new possibilities. The focus is on developing as many alternatives as possible until a new story emerges for the interviewee. A good practice exercise is to review taped counseling interviews, listen for explanations and descriptions of events, and then list two or three alternative explanations/descriptions. For example, when adolescents complain about their parents' strict rules and offer the explanation that these rules are intended to make life miserable, possible alternative explanations could include: a) the parents may be "worriers" who are trying to protect their children, b) parents may not be aware of the adolescent's level of maturity and responsibility and, thus, may need specific demonstrations of this, or c) strictness can be seen as caring and a willingness to tolerate their children's anger in order to demonstrate love and commitment to their children's development.

3. Think in terms of both/and rather than either/or

Often both adolescents and counselors become limited by believing that there is only one correct approach to or understanding of a problem. Andersen (1987) recommends the taking stance of "both/and". Thus, the question becomes one of how it is possible for the interests of all who are involved in a conflict to be served. For example, adolescents and parents oftentimes argue about curfews. Rather than the counselor taking a position about the correct curfew time, he or she can stress the importance of the adolescent's need for time with friends and the parents' need for reassurance regarding their teenager's safety. The dilemma, then, is how to satisfy both needs (at least partially) rather than deciding who is right and who is wrong.

4. Assume the adolescent has strengths and resources

Often counseling becomes so focused on the pain and problem areas of the adolescent's life that strengths and resources are overlooked. O'Hanlon and Weiner-Davis (1989) emphasize the importance of asking about exceptions to problem

situations. This can be done both by asking about times when the problem behavior does not occur (e.g., the person is angry but does not hit) and about times when the behavior is present but not a problem (e.g., the teenager disagrees with the parent but continues the discussion). At times the adolescent may be unwilling or unable to generate such exceptions. In such instances the counselor may ask questions about the adolescent's activities, interests, hobbies, or passions. In what area(s) does the young person excel? These strengths and abilities may then be used to help generate new possibilities for the problem area. For instance, teenagers who write music may be asked to write a song to express their feelings and experiences to their parents.

5. Be aware of your own values and beliefs

This approach does not require the counselor to be neutral and unbiased. It is important, however, to be aware of times when one's biases are entering into the conversation, and be willing to accept that one's values and beliefs are just some of many possibilities. The counselor's beliefs do not need to remain unstated. Indeed, it may be preferable to introduce the counselor's ideas and beliefs into the conversation as possibilities. For example, counselors who believe that drugs are destructive when used by adolescents may want to state this opinion and their concerns about what may happen if adolescents become involved in drugs. Counselors can then ask about the adolescents' experiences, if they share any of the fear and concerns expressed by the counselor, and how they would know whether drugs are harmful to themselves or their friends.

Counselors need to be sensitive to indicators of when their own beliefs, values, and ideas are interfering with the counseling process. Such indicators include:

- a) excess anger with the client, b) frustration with the adolescent's "resistance", c) the counselor feeling that he or she is working harder than the adolescent, d) occasions when the solution to the problem seems obvious and simple to the counselor, yet it is

either not implemented or is not successful in solving the problem situation, e) times when the counselor finds him or herself discounting the adolescent's ideas and suggested solutions, and f) the counselor begins to feel manipulated. When counselor bias seems to be a factor which is impeding the counseling process, it is important for the counselor to examine this possibility by discussing the bias either with the adolescent or with colleagues or supervisors.

6. Work with the person, not the label

When talking to adolescents or in discussion with other professionals, it is easy to develop hypotheses which label the cause of their behavior, e.g., need for attention, dysfunctional family, lack of respect for adults. Additionally, adolescents are often referred to counselors with labels such as being a trouble maker, depressed, acting-out, codependent, or being a gang member. It is important to recognize that such labels are descriptive of only one part of the adolescent's experience. For instance, questions about what percentage of time the adolescent acts in ways consistent with the label may help counselors focus on the person in front of them rather basing the counseling on ideas about how to treat people with that label. At times, counselors who use in this approach may want to introduce alternative labels as a new way of explaining behaviors. For example, adolescents who have been sexually abused may come to view themselves as "crazy". Redefining their behavior as being "normal" for persons who have experienced sexual abuse may allow such adolescents to develop more positive views and descriptions of themselves. However, such labels need to be used cautiously and tentatively as the alternative label (e.g. viewing oneself as a victim) may also be limiting. Labels are useful to the extent that they allow for the development of new stories and meanings rather than constraining this development.

7. Include others in the counseling

As noted earlier, others are often involved in the adolescent's descriptions of the

problem and/or others' descriptions may be contributing to the adolescent's problems. Anderson and Goolishian (1988) use the term "problem-determined system" to describe those who are involved in problem situations. The problem-determined system consists of everyone involved in conversation about the problem. Thus, it may include family members, peers, school personnel, agency personnel, probation officers, etc. At times, what is defined as the adolescent's problem may actually be more of a problem for others than for the adolescent. In such cases, it is important to accept others' definitions of the problem only when those persons are included in the counseling.

8. Work towards understandings

Adolescents oftentimes complain that adults do not listen to or accept their views. Thus, it is very important to communicate both verbally and nonverbally to adolescents that the counselor is working toward developing a shared understanding of the adolescent's situation. When counselors work at understanding the adolescent's point of view, the result may be that the young person's confidence in his or her abilities to work through troubling situations is bolstered. It is not enough to say, "I understand"; rather, the counselor must demonstrate active attempts at trying to understand. When counselors disagree with their adolescent clients, they should say so while still emphasizing that they are interested in different ideas and opinions. Following the guidelines discussed in previous sections should provide the beginning for the development of an active process of understanding.

Additional ways of communicating understanding were suggested by O'Hanlon and Weiner-Davis (1989). They suggest that counselors offer commonplace, rather than pathological, explanations for the difficulties which the adolescent is experiencing. Using statements such as, "Well, that's pretty understandable in that situation", or "Naturally", or "That sounds familiar" can help the adolescent to feel

listened to and to see his/her situation as a more normal, everyday occurrence. When the adolescent's complaints are highly predictable, it may be beneficial to interrupt the description of the complaint and finish it for them. For example, if the adolescent is complaining about an adult, the counselor can make a statement such as, "I bet they do _____, too", filling in the blank with a predictable adult behavior. However, the counselor must be aware that the adolescent may have differing ideas and experiences and be ready to acknowledge any errors which are made.

Telling anecdotes about oneself or others which place the adolescent's situation in a more normal context is another suggestion of O'Hanlon and Weiner-Davis (1989). Adolescents may feel less isolated with their problems when an adult whom they trust says, for instance, "Yeah, me too".

Finally, O'Hanlon and Weiner-Davis (1989) suggest getting clients to teach you how to "do" their problem or, conversely, giving them the "recipe" for doing their problem. In the case of a depressed adolescent, the counselor might describe some of the behaviors one would need to do a good depression (staying in their room, playing sad songs, dwelling on all that has gone wrong, refusing to talk to friends or family) and inquire whether the adolescent uses the same or similar strategies.

CONCLUSION

By taking a narrative approach, counselors may enter into the world of their adolescent clients and facilitate the generation of alternative meanings and understandings within the framework of this world. The narrative approach tends to elicit cooperation and investment from the adolescent and circumvent the power struggles which may occur when working with adolescents. Thus, it is more likely that adolescents will be able to continue to generate new possibilities on their own in future situations.

REFERENCES

- Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York: Norton.
- Anderson, H. (1986). Therapeutic impasses: A breakdown in conversation. Unpublished Manuscript.
- Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems: Some preliminary and evolving ideas about the implications for clinical theory. *Family Process, 27*, 371-393.
- Anderson, H., & Goolishian, H. (May, 1991). A collaborative language systems approach. Presented at Narrative & Psychotherapy Conference, Houston, TX.
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*, 266-275.
- Hoffman, L. (1990). Constructing realities: An art of lenses. *Family Process, 29*, 1-12.
- Hoffman, L. (1991). A reflexive stance for family therapy. *Journal of Strategic and Systemic Therapies, 10*, 4-17.
- Loos, V. (in press). Now that I know the technique, what do I do with the family?: On construing direction in family therapy. In L. Leitner & G. Dunnet (Eds.), *Critical Issues in personal construct psychotherapy*. New York: Kreiger.
- O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions: A new direction in psychotherapy*. New York: Norton.
- Parry, A. (1991). A universe of stories. *Family Process, 30*, 37-54.
- Trepper, T. (1991) Senior editor's comments. In M. Worden, *Adolescents and their families: An introduction to assessment and intervention*. New York: Haworth Press.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.