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Family Therapy: When the Adolescents' Discourse is the Principal Resource

Silvia Renata Lordello

Abstract

Family therapy with adolescent children may greatly benefit from the narrativist approach. In this chapter clinical cases will be presented in which stories told by adolescents and their families gain a prominent place in therapy, allowing stories saturated with problems to undergo an effective process of re-signification, reorganization of experience, and re-authorization. The cases presented will illustrate how externalization exercises and re-authorships can be rich tools for psychotherapy. Another aspect addressed will be the therapist's posture, in which the therapist is always open to dialog and willing to learn from the client, who is the greatest expert on their demands.

Keywords: adolescence, family therapy, narrative perspective, externalization, re-authorship

1. Introduction

Family therapy has undergone many changes in recent decades. Inspired by the early movements of Gregory Bateson and his work with families of schizophrenics, many new ideas and theories have been incorporated. Such innovations have been transformative and contribute to the growth of a form of psychotherapy that, since its origin, has been guided by complexity and nonlinearity. Thus, this chapter aims to address two of these innovations in family therapy: the adolescents' contribution to the understanding of family scenario in this life cycle and the use of dialogic and discursive resources in the family therapeutic process.

To illustrate the dialogical perspective in clinical practice and active participation of adolescents in family psychotherapy, clinical cases from Brazil's public schools' service will be used. The adolescents' families looked for new vacancies on the service-school attendance, due to being a service directed to the low-income public, with symbolic fees. The family, when seeking the service, is aware that the psychological sessions are conducted by trainee therapists under the supervision of a doctoral professor, specialist in systemic family psychotherapy, who develops therapeutic work based on postmodern conceptions. For ethical reasons, the names presented in the text are fictitious, avoiding any identification.

2. Plural teens and a new understanding for clinical intervention

The contemporary family experiences the challenge of absorbing the demands of society and the relationships that constitute them, needing to reinvent itself. Considering the contexts in which this process is inserted, it is continuous and complex, as the transformations in the sociohistorical scenario are fast and modify the relational patterns [1]. When the family passes through the moment of the adolescence of the children, this dynamism and reorganization of papers become even more evident.

According to Brazilian authors who specialized in studying family in the life cycle, adolescent phase is the period in which family experiences the transition from childhood to adolescence [2]. This children to adolescence transition usually promotes a recrudescence from its own dilemmas and a reprint of the internalized youth itself. It is a phase of family self-regulation, in which parents and children redefine their roles, and there is a new rhythm in the family, which should also allow the process of differentiation as a way of building the identity of adolescents. It is a period marked by new researches, existential meanings, and empowerment of new roles which are both within the family and also in the particularity of each spouse, which can occur even when the couple does not have children.

As for the relationship between parents and children, there are several peculiarities. The first one is, because of the identity's sense construction, the processes of differentiation require the characteristic of opposition to the adults, which until then had been a model for adolescents. This necessary opposition is confused with rebellion and receives much reproach from parents, who misinterpret it as an attack at their authority.

The parents' view of adolescence originates in culture, which diffuses it as a difficult period, with universal and deterministic characteristics, which aim to provide a single view to understand all adolescents, devaluing the potential of the phase. This distortion is reproduced by the media and naturalized by society, contributing to a social reading that minimizes and delegitimizes adolescents' experiences [2].

Developmental psychology has collaborated to broaden these visions, showing that sociocultural differences make the adolescence a multifaceted concept. In addition to the remarkable physical transformations, it is a period of global development, which includes the construction of the identity and the meaning of the subject's life and the experimentation of new roles that emerge in a context of gaining autonomy and changes in sociocultural ties [3].

According to a Brazilian researcher [4], the experiences in this stage of life can be comprehended as essays, which are provisional ones or definitive ones. Intervention and social support are the differentials that guarantee the possibility of approaching and moving away from situations and roles during adolescent trials, without them being permanent or deterministic in the other stages of the person's life cycle. Considering this vision of plural adolescents and the importance of families understanding the richness of this period in all its complexity to stimulate autonomy and recognition of adolescent potentialities, the chapter adopts the narrative referential as an important therapeutic resource, which we describe.

3. Postmodern conceptions and co-construction of the family psychotherapeutic process

The review of the original concepts of family therapy, which emphasized cybernetics, circularity, and communicational aspects, has provided the rescue of the individual dimension and of narratives as a construction of the personal and contextual

meaning of experience [5–7]. From this perspective, social constructionism was chosen as an epistemological current capable of favoring access and understanding of the narratives, qualifying the experience of psychotherapy of adolescents with a family approach. Social constructionism provides a favorable view of complex phenomena, as it presupposes the centrality of language and relationships in the construction of knowledge, the emphasis on local and historically situated character, and the understanding of knowledge as a form of social action [8].

When referring to social constructionism, some derivations are mentioned, such as the collaborative approach, described in detail by Anderson and Golishian: the narrative therapy, originally present in the studies of White and Epston; and the reflective processes mentioned in the works of Andersen. The adoption of the collaborative approach is positively evaluated by the family members in different studies, which highlight the change from an individual understanding of the problem to a relational view and the collaborative construction of the solution, previously delegated to the therapist. Gergen and Gergen emphasize the link between action and meanings, advocating that constructionist work favors the process of becoming aware of what is being narrated and involves decisions about life choices [9–12].

The framework that underlies the clinical practice to be presented will bring some specificities of the narrative approach of White, a postmodern school whose contribution is visible when considering psychotherapy as a resource for the re-signification of each person's relationships and understandings about himself, a the other, and on the world. In clinical practice, the search for expansion of perspectives by updating the narratives brought to each session is noticed [13].

4. Uses of dialogic and discursive resources in family therapy

The postmodern chains of family therapy propose a position in which the construction of reality takes place through the language and social processes of which we are actors. This attitude of being in a conversation, in dialog with oneself and with others, represents openness to new possibilities since meanings and understandings are interpreted, reinterpreted, clarified, and revised.

The dialog dimension and the collaborative practice in therapy are widely defended by Anderson [14]. On this author thought, it is in the dialog dimension as dynamic, relational and generative processes that the possibility of transformation resides. She understands the relationship between therapists and clients such as conversational partners, which is a genuine exchange, improves understandings, and amplifies meanings, in a compromise opposite to the search for consensual and unique truth. The conversational partners' interest is not to search what was not discovered but to look at what is familiar following new readings, new meanings, and innovative joints with the contexts that are inserted. This collaborative activity, which rejects the prejudgments and is sincerely interested in others, is appreciated in the family therapy with adolescents, and achieving this dialogical and affective availability among the members is quite challenging.

In family therapy with adolescents, it is understood that as communication issues are always demanded in clinical care, this approach is promising to work on. With some fragments of cases attended in our community service, we will be able to elucidate.

Maria, a 15-year-old teenager, was accompanied by her mother, Ana, and her only 13-year-old sister, Nataly, and they entered the clinical setting a lot mobilized in their first consultation. The therapist welcomed them, and in an open and interested manner, she was receptive to the way they wanted to express the contents which brought them there. Her mother revealed she felt very sorry for raising

teenage girls without a father and without any help and soon said she felt exhausted with the demands of her daughters because in adolescence they changed and only irritated her with their disobedience. Maria described some symptoms that made her look for the service: deep sadness and shame to express herself, to the point of getting prejudice in several fields. The mother said that she felt responsible for this, since she was depressed, sad, and shared this suffering with her daughters. Maria disagreed that this contributed to her image. The mother stated that she "spoke for her daughter" (sic) and that this was a problem and Maria and Nataly agreed. In addition, Maria added another content: her need for greater autonomy, with few negotiations in the family environment. Nataly revealed that she feels guilty when her mother says she became a monster after she left her childhood. They were often moved to speak about their sufferings, but it was felt that space gave them relief and they were receptive to psychotherapy.

When analyzing this first clinical session, the presence of many elements expressed by the language was observed. The family therapist, consistent with its theoretical foundation, was concerned with preparing a receptive atmosphere appropriate to inviting family members to dialog. According to Anderson, the dialog is a relational and collaborative activity and fosters a sense of mutuality, of which respect and interest are genuine. This practice encourages clients to take the place of experts on their stories, which empowers them and gives them a different place to the therapist who refuses asymmetrical positions and power [15].

Openness to the family allowed the mother to express her feelings, as well as her daughters to stand and express themselves freely. The first session is dedicated to the evaluation of demands but already shows the productive field of the intervention. It is interesting how it is noticing the macrosystemic elements present in the mother's speech, expressing stereotypes about adolescence, such as those spread by the culture which already brings the opposition outlook associated with disobedience.

The outstanding systemic view is that the client of psychotherapy will not be the mother or the daughters but rather the relationships. Therefore, in the following sessions, the dialogical practice sought to remove individual faults, assumed by the mother in relation to her depression or by her daughters, with its academic and social difficulties to focus on the conversations of externalization. According to White and Epston [16], the purpose of outsourcing practices is for people to realize that the problems and themselves are not diffused. When outsourcing conversations are proposed, there is an exploration of the problem in perspective, covering it by the context in which it was produced, and this allows the outsourced to shift and change over time.

In the case of this family, it was possible to take from the internal degree the depression of the mother, Maria's sadness, and the guilt of her sister for her opposition toward her mother. Thus, it was sought to defuse the problem as a therapeutic centrality and to find extraordinary moments in which a sense of competence has been used to try to solve them. Here is a warning, when it is spoken that it does not focus on the problem, it is not at all not to approach it. Rather, the key element of outsourcing is to explore in detail the actual effect of externalized problems and their effects on people's lives but also to think of alternatives to mitigate their effects and impacts.

In the following sessions, the adolescents played a key role in undertaking another unique narrative feature: re-authorship conversations. Re-authorship involves the identification and co-creation of alternative lines of identity. The therapist's posture is fundamental because it questions research elements that contradict the dominant, problem-saturated history. The re-authorship conversation is based on the assumption that no story can cover the totality of the experiences; there will always

be arguments and scenarios that can be created, which open to the transformative possibility of an alternative story. Maria, for example, asked about the sadness and suicidal ideation that paralyzed her, reported that, during the play days at school, she did not feel she was losing and that she could express herself without fear or shame, because of languages such as dance, theater, and music being allowed.

This extraordinary moment, as it is termed theoretically, was extensively explored and, in Maria's case, opened new questions about this new scenario and its connection to other events that were becoming a new history, with successful experiences in its communication. Nataly was able to present the session with moments in which her disobedience had been seen as leadership in the school and her questions and doubts were recognized as a sign of autonomy and protagonist. The mother was also able to reveal that although she was deeply drowned by depression, she could have the strength to work, and she did not skip her job service due to depression, telling some strategies that she used to fight her anhedonia. Outsourcing conversations and detection of extraordinary moments are significant narrative resources since they allow for re-signification and when counting reorganize the experience into temporality and spatiality that may have gone unnoticed at the moment in which the experience was lived.

White [17] developed a map of re-authorship conversations, dividing the questioning into two categories: action scenarios and identity scenarios. The act of mapping Maria's family narratives was extremely useful since there are countless disqualifying attributes: Maria was feeling incapable, the mother was feeling guilty, and her sister was very unhappy with the guilt she carried and the lack of autonomy. Being able to dialog in the sessions on how these narratives were produced, what events and actions were present in those moments, mapping the implications of this for their identity and the identity of those close to them was extremely important for the process of looking back at themselves and the impacts that they caused on the other person.

The mother, for example, reviewed several scenarios in which she did not grant autonomy to her daughters for fear due to the world's violence (action) but understood that the identities could benefit from small concessions of autonomy, such as not speaking for them and allowing them to pay a small freedom that is not linked to security. Thusly, Maria was able to visualize a story that she called "Daily Surpasses for a Better Conquest and Communication." Her mother built her new story with the title "Live and Let Them Live," focusing on strategies for her personal project and incorporating elements of adolescent communication to understand what she felt may have extrapolated into her overprotective attitudes. Finally, the sister, who was also very distressed by the repressive atmosphere in the house, invested in an alternative story in which she played a leading role in her teenage processes.

Another clinical case for illustration is Daniela's, a 14-year-old adolescent whom sought the service by referral from a psychiatric center, showing a phobic-anxious picture. The parents stated they got scared with the daughter's symptoms: fear, panic crisis, despair, and excessive worry with diseases. In the first session, the adolescent has shown dizziness, nausea, sweatiness, and shivering; in addition, she had problems to sleep, which led to the consumption of psychotropic drugs with medical accompaniment. The adolescent felt paralyzed and wasn't able to get back to her daily activities and went to the first attendance with her father, José; her mother, Helena; and her 17-year-old brother. The family was willing to help but felt impotent through Daniela's suffering.

In a social constructive perspective, the first step was to rethink Daniela's diagnostic in the light of family perceptions. Adopting the conception from Anderson and Golishian [18], in which the client is the specialist, conceding the voice toward the family's members to translate its emotions and its resources allowed to replace

the pathology of a member by a process of co-responsibility from all family members. This has favored conversations which allowed to create new bonds and connections [19].

The narrative therapist, through their dialogical posture, invited the whole family to contemplate the problem in an alternative way, not painful, with sincere interest in the perceptions about the construction of this picture and making use of sincere questionings, in an ambient of complete exemption from judgments.

The participation by Daniela and her brother was very significant to the following of the therapeutic process, as its adolescence stories pointed to a family context which intimidated process of differentiation. Over the narratives it was noticed that Daniela was sleeping in her parent's bed who have offered this admeasurement to protect their daughter from her fears. The brother revealed his intense familiarity with cyber means, being highly repudiated from his parents. This parents' duty put in the children was also revised in its transgerational dimension, once it was a common behavior in the past generations.

The narrative therapist was very capable in questioning, as the externalization has set Daniela free from being guilty and responsible for what she felt. According to Morgan [20], the manners which are understood in our lives are influenced by the wide views from the history of the culture in which we live. Daniela's diagnostic was rethought in the light of our culture that often incites the search of pathology in human beings. The externalization conversations weaken the effects of the diagnostic label and of the pathologization, as it separates the person from the problem itself. In this form, externalization decreases the unproductive conflict around the problem and evokes cooperation and collaboration, since the problem gives up from being concentrated in one identity.

5. Conclusions

Family therapy has benefited from innovations that postmodernity has been demanding. By having a tradition which breaks the linearity and predicts the complexity as a lens to the phenomena comprehension, collaborative and dialog postures in therapy have shown to be appropriate to quickly change context that families are being subjected. The adolescents, as family members, show up quite receptive to a therapeutic approach in which they can tell their stories because they are immediately affected by a world whose technological and social changes are quickly felt.

Shotter [21] states that as much as experiences are qualitatively different, they are always available for being nominated in several forms. With the word choices for them to be nominated, comes to the fore relations and connections with other experiences beyond the possibilities to act in the future. The family therapy with adolescents is an excellent opportunity to build safe spaces, so that different experiences and perspectives may have a place without compromise in search of truth or a consensual thought. The adolescents easily accept this invite, and in a spontaneous condition, they tell their truths, with their vocabulary, contextualized in their world and, there so, stimulate adults to do the same.

Narrating stories in the therapeutic context can be an excellent form to enter in contact with the circumstances in which these stories were built. Often, narratives focus on problem and symptoms. The narrative therapist worries in amplifying the strict descriptions, which obscure the meanings; thereby, they do not guide limiting and imprisoning conclusions. In this case, the therapeutic work seeks to request, create conversations, and identify histories which help people build alternative routes to the problems they are impacting.

The process of co-creating these new narratives is not that simple, and that is why re-authorship conversations are not the first step. White names as positioning map the fact that first it is necessary to name the problem, explore its effects, evaluate them, and then justify its evaluations. Challenging beliefs taken as genuine and that provoke the distance from problems are a process of deconstruction; they are beneficial for sitting dominant stories, allowing exploring new perspectives and setting them culturally and historically.

The narrative therapist adopts a relational posture in which it does not impose viewpoints and prefer to be guided through the interest in routes and contents such clients follow to express their narratives. The adolescents, with their typical expressiveness, enrich in abundance the setting, showing a big opening to new possibilities, and bring a colorful creativeness to the alternative stories, applying them immediately in each context. As a conclusion, the desired narrativism in the family-adolescent children therapy should be comprehended as a powerful therapeutic instrumental and full of protagonism.

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