PY 555 Reaction Papers

This handout will serve as the set of instructions for the nine reaction papers you must complete for this class.

Purpose

The reaction papers should demonstrate the student's ability to process his/her internal responses personally and professionally. The ability to reflect upon and process feelings and thoughts – supported by informed information - is an important skill. Any sources used in the paper should be properly documented using the format provided by the Publication Manual of the American Psychological Association. Graduate level spelling, grammar and style are expected, and grades will be greatly reduced if written expression is poorly presented.

Objectives

1. The assimilate the information from the weekly topic into a broader understanding of Systems Theory
2. Demonstrate the ability to present research from multiple sources into a single, coherent research document.

Preparation Instructions

1. Compose your *Reaction Paper* in Microsoft Word or a compatible word processing application.
2. The paper should be formatted and typed using Times New Roman, 12-point font, single-spaced, and one-inch margins (no exceptions).
3. The length of the paper should be one page in length (page number does not include the title page or references pages).
4. Use APA 6th edition formatting and use a minimum of 2 references.

Content Instructions

1. Write a one-page reaction paper reflecting upon your understanding of the weekly chapters.
2. Please keep in mind that a reaction paper is not a summary of what the author wrote but rather your analysis and critique of the presented topic.

Submission Instructions

- Save this assignment as "fname_lname_reaction_paper_chp#.doc." (i.e., john_smith_reaction_paper_chp2.doc). Replace the # symbol with the chapter number.
- Access the *Assignments* link located on the Course Menu to upload the final document as an attachment to the *Reaction Paper Chapter* # drop box by the due date listed on the Course Schedule. Replace the # symbol with the chapter number.

CHAPTER 8

Social and Cultural Narratives

ABOUT 6 YEARS into our marriage, my husband and I had a fight that I consider to be a turning point in our relationship. As we were going to bed one night, he said, "So how long is it going to take you to get that sock into the hamper?" I earnestly replied, "What sock?" By now, we had been through numerous arguments about my poor housekeeping skills and about his tendency to be overly critical and demanding. But rather than having the same fight we had been through many times before, the lightbulb went on for both of us. As we processed what was happening, I learned that he was so frustrated with me that he had planted a sock on my side of the bed and was waiting to see how many times I would walk by the sock before I finally moved it. As you can tell from my response, I did not notice the sock in the three days that he was waiting for me to take action. The fact that he would go to the trouble to create this test for me stopped me in my tracks. Part of me felt that it was petty, but I realized that he must be in significantly more distress than I had previously acknowledged. If he was spending time thinking about how to finally get my attention, he must be more miserable than I had realized. Similarly, when he saw my reaction, he was clear that I was not being lazy or oppositional in resisting moving the sock. He finally saw that it was actually possible for me to walk by the sock without seeing it, something that he had not been willing to consider before.

As we talked through the problem in more depth, we ended with the kind of behavioral strategies that are discussed earlier in the book. I pledged to try to survey the room once a day and really pay attention to what needed to be put away; he promised to be more patient and gentler in talking to me about what was bothering him. We had tried this type of collaborative communication before, but somehow this

time was different. In the language of the last chapter, we now were able to approach each other with more empathy. But when I look back, I see that something happened that allowed the empathy to emerge. We each changed the way we defined the problem, because we created a new narrative about the problem. We began to say that we were fundamentally different in the ways that we notice and experience disorder and detail in our environment, with me finally believing that my husband needs order, cleanliness, and lack of clutter to feel calm and peaceful. My husband started to believe that I have a very thick filter for chaos and disorganization, so that I can tune out noise and clutter and still feel happy, calm, and grounded. We have told ourselves that these differences are innate and hardwired, so instead of trying to change each other, we are trying to work together in more effective ways.

Our new explanations of being physiologically programmed to approach household cleanliness differently allowed us to approach each other with greater acceptance, but are these explanations really true? We are able to find lots of evidence to support our belief in this explanation, looking at the sparse tidiness of his apartment and the piles of clutter in mine, the fact that he needs silence to work and I can have music blasting in the background, and so on. Of course, we knew about these differences from the beginning of the relationship, but after that fight, we modified the story of these differences in a way that made them easier to accept. As we reframed our differences as being out of our conscious control, our differences became something that we could laugh about and work on, rather than something we resented. Of course, we don't have any proof that these differences are hardwired, but that lack of proof didn't stand in our way in changing our perceptions of each other. Instead, when we told ourselves a different story about the behavior of the other, then we actually experienced that behavior differently.

THINKING MAKES IT SO

This knowledge that our experience is shaped by what we tell ourselves is not new. Shakespeare wrote Hamlet in 1599, and stated famously, "There is nothing either good or bad but thinking makes it so," (1992, p. 99) and moving on to more recent examples such as the *Power of Positive Thinking* (Peale, 1954), we know that human consciousness is built of an ongoing stream of self-talk that has the power to mold and modify our behavior. To look at the phenomenon

more broadly, in the last several decades, the social sciences have been influenced by postmodernist philosophy, which looks at the way language shapes reality (Gergen, 2001, 2009). This line of inquiry challenges modernist ideas around truth, rationality, objectivity, and individual knowledge and encourages us to examine how socially constructed meanings can become accepted as objective truth. A common exercise to introduce students to the ideas of social construction is to hold up a $20 bill and ask students what it is. Literally, the bill is a piece of paper, yet as a society, we have agreed that the paper has a particular value. The agreement on the meaning of the $20 bill has ramifications for our daily experience, and while there is a predictable value for this currency in our culture, the actual value of $20 may be experienced differently, depending on the individual circumstances of the person holding the bill. Similarly, when I show students a small figurine of a woman in a white dress and a man in a tuxedo, they all know that it is a couple getting married, as this is a socially sanctioned symbol associated with marriage. Again, we see the ways that social meanings become reality and then can see the impact that these realities can have on social norms. Does this wedding symbol discourage two men from becoming partnered? Does it change a marriage if the participants can't afford a tuxedo rental? Is it meaningful to choose a different color wedding dress?

Regardless of your view of the ultimate nature of reality, you probably agree that our narratives influence our experience. If we acknowledge that narratives shape experience, then it follows that modifying narratives can also change experience. Within systems theory, recent developments in using narratives to promote change are worth exploring in more depth. Although the two schools of thought, narrative therapy and solution-focused therapy (Nichols, 2010), employ different techniques, they share a common emphasis on the power of language to shape our experience.

Narrative therapy was developed by Michael White and David Epston in the 1970s and 1980s and was influenced by social constructivism (White & Epston, 1990; White, 1995). This perspective, often labeled postmodernist, holds that rather than existing objectively, truth is consensually created through social discourse. Certain values, beliefs, and narratives may be privileged by the dominant culture, at the expense of other values, beliefs, and narratives that are silenced or marginalized. White and Epston noted that individuals create their own dominant narratives, influenced by their social networks, and it is often these dominant narratives that perpetuate both problems and

suffering. For a variety of reasons, we are prone to create problem-saturated stories, which emphasize what is negative in our lives. In addition, certain social or cultural narratives may increase the chances that a person's dominant story involves self-blame or hopelessness.

LETTING THE PROBLEM BE THE PROBLEM

One major technique in narrative therapy is externalization, which sets the stage for reworking a problem-saturated story. Using the simple but elegant slogan "The person is not the problem; the problem is the problem," White and Epston (1990) highlight the importance of that problem definition. They note that when someone comes to therapy, he has often created a set of beliefs and worldviews that leave him feeling discouraged, flawed, and problematic. Within such a framework, the focus is on what is wrong with the person, rather than on the possibility for change. Using a variety of questioning techniques, White worked to help clients see their problems as separate from themselves and to help them develop a different kind of relationship with their problems. For example, Janey often came to therapy feeling exasperated by her inability to stop binge eating. She had a high level of self-loathing for this behavior, stating that she didn't know what was wrong with her and wishing that she could be different. As we discussed Janey's experience, we were able to talk about her binge eating as the problem, rather than labeling Janey as the problem. White sometimes went into elaborate detail in externalizing the problem, asking clients to give their problems names and describe them in ways that would make them more alive or real. Yet even without having clients formally externalize the problem in the manner suggested by White, I have found that the kind of questioning that places the problem outside the person is almost always helpful. To say, "When does binge eating get the best of you?" or "Do you ever feel that your binge eating persuades you to do things you really regret?" has a less blaming, more curious tone than most clients use with themselves.

A second technique that is common to narrative approaches involves exceptions to the problem story. Again, White and Epston were masterful in noting the ways that human beings can cling to negative, problem-saturated stories at their own expense. Similar to the concept of selective attention in cognitive theory, the idea of looking for exceptions assumes that clients selectively attend to problematic behavior that is consistent with the negative narrative, or problem-saturated story, and ignore aspects of experience that contradict this

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dominant narrative. With exception questions, the therapist draws attention to the times and conditions under which the problem was not influential, with the goal of helping the client illuminate a different aspect of the story. This positive emphasis both creates and further sets the stage for change. When working with my client who struggles with binge eating, I might say, "Tell me about the times you have been able to overcome binge eating this week" and "When did you find that binge eating wasn't able to present a challenge for you?" Again, the curious tone of these questions helps lay a foundation for changing the narrative and focuses attention on the positive as well as the negative.

In Janey's case, both the externalization questions and the exception questions helped her understand her relationship with her problem and notice when she was empowered to manage her problem more successfully. She observed patterns she had not noticed before, such as seeing that she was less likely to binge when she participated in a social event after work and that much of her bingeing seemed related to loneliness after work. Yet it is important to see that the insight about her loneliness was only part of the change that the narrative approach offered to Janey. In a more holistic way, she was able to shift both her behavior and her sense of herself when she made the shift from saying, "I am a binge eater" to "I am someone who overeats when I am lonely, and I need to find different ways to care for myself."

When I present some of these ideas to students, they often feel that the questions seem too formulaic, and they challenge the assumption that simply changing the story about a problem will actually change the problem. Often the issue isn't quite that simple, but I have found that the basic shift from defining the person as the problem to developing a greater awareness and understanding of the problems, separate from the self, often results in significant therapeutic movement. Whether we are talking about Janey's binge eating or my neglectful housekeeping, a narrative approach empowers the client to address the problem behaviors both realistically and creatively. The problem is simultaneously acknowledged as distressing and as something that needs to be addressed ("When does poor housekeeping cause problems in your marriage?") and seen as something that can be managed and approached directly ("When have you done a good job at overcoming poor housekeeping?"). The sense that part of the human condition is addressing problems over time and that we all have varying degrees of success in managing our problems is an inherent undercurrent in narrative approaches that represents a therapeutic shift for many clients.

THE CLIENT HAS THE ANSWER

In a similar manner, solution-focused therapy was developed in the 1980s by Steve de Shazer and Insoo Kim Berg (de Shazer, 1994). Again, although some of the underpinnings of the theory were different, the emphasis on using language and a constructivist philosophy to enhance change are quite similar. De Shazer and Berg built on the work of Milton Erickson and Jay Haley (Erickson & Haley, 1985) and the strategic therapists to create an extensive, deliberate emphasis on change. They felt that the mental health field emphasized psychopathology and problem etiology at the expense of focusing on strengthening the mechanics of change. De Shazer was famous for noting that you don't need to know how you got a flat tire to know how to change the tire. Of course, a true systems perspective would argue that there is value in knowing both how you got the flat tire and how to change the tire, and as a clinician, I think the idea of studying both problems and solutions is particularly important when problems tend to recur. But the solution-focused therapists were clearly in the forefront of contemporary psychology in highlighting the ways that psychologists have tended to focus on the negative and to know much less about solutions than we do about problems. This emphasis on looking at strength, resilience, and the innate human capacity for change is currently popular in the positive psychology movement (Seligman, 2002). Even before the positive psychology movement took hold, solution-focused therapists were operating from the perspective that human beings are hardwired to make progress and that it is the job of the therapist to maximize that potential for change.

Solution-focused therapy is known for a few specific techniques, and probably the best known is the miracle question. Generally, the miracle question is posed in the first session, and it is used both to establish goals for the treatment and to initiate the process of change. The instructions for the miracle question set up the following scenario for the client: "Imagine that tonight, while you are sleeping, a miracle occurred and the problem that brought you to therapy was suddenly solved. But because you were asleep, you didn't know that this miracle occurred. What would be your first clue that something had changed?" The therapist then goes on to explore all the ways that the client would know that the problem is indeed resolved. When there are multiple family members involved, all are asked to share their responses to the miracle question and to build on the others' answers. But the technique works equally well with individuals, with the same understanding

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that the therapist needs to have the ability to use the question to understand the client better and to set the stage for change. Janey first responded to the miracle question in a manner that is typical of many clients, by identifying a dramatic, fairy-tale solution that dodged the behavioral question. She started, "I would wake up 20 pounds lighter and would have a perfect body." We explored the ways that she wished a perfect body would provide her with a perfect life, but this inquiry quickly reached a dead end. When I asked what a perfect body would give her, Janey quickly went back to the psychological question at hand. She wanted to feel that she could accept herself and to be free of her preoccupation with self-improvement through self-deprivation.

Janey then went on to respond to the miracle question by talking about what wouldn't be happening, as she had a much harder time looking at what she actually wanted to have happen. She said, "I would wake up and I wouldn't worry about what I ate the day before and wouldn't start the day thinking about how I was going to starve myself today." This information about the way she feels trapped in a self-blaming cycle is useful, but the solution-focused approach does more than simply identify the negative, punitive self-blame. My challenge was to ask Janey what she would be doing instead that would really let her know that the problem was solved. As we discussed her wishes in more depth, she was able to talk about her desire to be more involved in what seemed truly meaningful to her, whether it was actually enjoying a beautiful morning or spending more time thinking about what she wanted to achieve at work. It was poignant to hear Janey finally take the time to imagine the morning when she knew the problem was solved; she would be able to notice how nice her shampoo smelled, listen to music on the radio rather than plan her diet, and write down items on her to-do list for work, so that she could think about her day on her way to work. Although each step was small, together they highlight a concrete vision of change that actually makes change more possible.

On the surface, the miracle question can appear to encourage a naïve positive attitude, trying to impose artificial happy endings for our clients to divert them from their misery. But effective use of the question reveals something different. One tenet of solution-focused approaches is that clients come to therapy with an implicit knowledge of their desired solutions, and part of the task of therapy is to make this knowledge explicit. By asking how the client would know that the problem was solved, there is an immediate shift to looking at direct, desired outcomes rather than at the absence of problems. In my

experience, it is often both challenging and therapeutic to replace the language of problems with the language of desired solutions. As de Shazer's tire metaphor illustrates, describing problems and describing solutions are two separate and distinct tasks.

Another well-known technique in solution-focused therapy rates the severity of the problem as a means of starting the process of incremental change. The scaling question basically asks the client to rate the current severity of the identified problem and then identify specific ways to make the problem slightly better. Again, we might start by asking Janey, "On a scale of 1 to 10, with 10 representing no problems with eating, and 1 representing feeling totally miserable and out of control with your eating, how would you rate your binge eating this week?" Generally, whatever number is provided is greeted with a type of positive reframe: "Oh, a 2.5, that's not terrible!" But whatever number is given, the follow-up question is generally the same: "What would need to happen this week to raise your score by 0.5?" or some other very small amount. With both questions, the therapist works to reinforce the solution-focused premise, which is also the strategic premise—that systems inherently resist change, and it is the job of the therapist to establish effective conditions for a shift to occur.

Unlike the early strategic therapists, however, the solution-focused approach does not actively look for a paradoxical effect and instead banks on the ability of small, incremental alterations to begin a larger process of change. In this case, if Janey said that she rated her symptoms at a 4 this week, I would wonder with her just what it would take to move from 4 to 4.5. Here Janey responded that she would like to be able to go out to lunch with a coworker and order whatever she wanted, without worrying that her coworker would judge her and without second-guessing her choice later. As was true with the miracle question, the solution-focused approach allowed us to define specific behaviors that Janey wanted to try without being prescriptive or imposing the therapist's agenda. It was instructive to see that on some level Janey knew that she wanted to try to implement these modifications, but she had more practice in wishing for a superficial, easy cure and in being angry with herself that this cure had not occurred.

Of course, the difficult and counterproductive stories we tell ourselves don't occur in a vacuum, and both narrative and solution-focused approaches are explicit in identifying the social variables that can perpetuate problem-centered narratives. Part of what I especially

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appreciate about these approaches is the way they address the cultural context that shapes our core narratives. Rather than taking a simple approach to positive thinking and positive reframes, narrative perspectives in particular have examined the dominant narratives that create our realities. If I live in a culture that says women are intellectually inferior to men, for example, then the simple technique of challenging my cognitions around my intellectual inferiority is likely to miss the mark. Instead, a broader exploration of my understanding of my strengths and limitations as a woman and stories about the pain of these constraints would ultimately set the stage to rewrite some of these narratives in a way that provided more choices and greater empowerment. Changes in these dominant narratives often have impact at both group and individual levels.

REWRITING OLD THEMES

I like to tell the story of a time in graduate school when I challenged a dominant narrative and was fortunate enough to rewrite that narrative with one of my professors. This event occurred midway through my first semester of graduate school and started on the day that my class had turned in our first scholarly papers to one of our professors. Before class started but in front of the entire class, I told the professor that I had seen a review of his latest book in *Vogue* magazine, and I asked if he had seen the positive review. (He studied achievement motivation, and I suppose that the theme of the drive to achieve was relevant enough to be reviewed in *Vogue*.) He said he had not read the review and quickly began his lecture. The following week he returned our term papers and told us that our performance as scholars was highly disappointing. He talked about the need for us to develop more serious academic interests and spend more time in the library and less time reading nonacademic materials such as *Vogue* magazine.

As you can imagine, I felt humiliated in front of my classmates after my professor's lecture, especially because he had singled me out in mentioning *Vogue* magazine. But I was also angry when I thought about his comments, because I knew I had also spent a great deal of time in the library, and I had actually received a good grade on the paper he had returned. As I reflected on the sting I experienced from his comments and as I was feeling unfairly judged for reading *Vogue* magazine, I started to think that I needed to speak up to my professor about his potential sexism in equating *Vogue* magazine with low intellectual

standards. I gathered the courage to march into his office to express my sense of being unjustly singled out, and luckily he was extremely responsive. He looked over my paper again and acknowledged that he hadn't made the connection that a *Vogue* reader could also have written a good paper. Further, he apologized to the class the following week for the comment and acknowledged that it probably did represent latent sexism that he was trying to address. As you can imagine, he gained a new measure of respect from me and from my classmates, and I felt empowered by the experience.

If we look at the incident from a narrative perspective, we see a conflict between two stories. My professor believes that reading fashion magazines is a sign of intellectual weakness and frivolity, and I believe that this view is sexist and erroneous. He is in a position of power and could certainly maintain that his view is correct; I could have accepted the dominant narrative and learned to hide my affinity for fashion magazines in order to be accepted in academic circles. Instead, something in the system allowed me to challenge this dominant narrative; certainly, part of what was helpful was the fact that he had written positive comments on my paper. If indeed the dominant story had been even more entrenched, he might have given all women in the class lower grades, which might have discouraged me from approaching him after class. But instead I was able to challenge his narrative, and we were both able to create a new story—for ourselves and for the group.

As is often true, I was struggling with two narratives, one stating that I could achieve and be successful and another stating that the conditions weren't right for me to succeed. Part of my struggle came from being a woman raised in the 1960s, at times directly influenced by sexism and at times supported by social change. When I chose to pursue the optimistic part of the narrative, believing that my professor's positive comments meant that he wanted to create an affirmatively nonsexist environment, I was taking a small, calculated risk that paid off for me and my classmates. Although I can never know the exact impact of this change, I do know that in the 20 years since our graduation, my female classmates and male classmates have been equally successful. How much is this success related to the fact that we have all co-created a narrative that takes the intellect of each gender seriously, regardless of their interest in fashion magazines?

I have seen clear benefits to applying a systemic understanding of the ways that humans narrate our experiences in my clinical work. One of the examples that I have seen repeatedly comes from the complex ways

that our American culture shapes a couple's story of their sexual relationship. Often our narratives about gender and sexuality are implicit and invisible, but the lack of an explicit story makes these narratives no less powerful in shaping our experience. I'm reminded of the case of Tim and Gina, who had been married for 10 years when they came to see me in couples therapy. They were both earnest, thoughtful people who were determined not to hurt each other, yet they were perplexed by the distance between them and by the hurt that each felt. They were cordial and polite to one another, but both felt that their marriage had never achieved the warmth and closeness that they had hoped for when they were first together.

CHANGING GENDER NARRATIVES

One area of particular disappointment was their sexual relationship. Both described Tim as having a somewhat higher level of desire than Gina, but they described different ways that this discrepancy caused a problem. Gina said that Tim was prone to want to be close at inopportune times, and she was frustrated that he didn't put more effort into being romantic or courting her. Tim felt that Gina was looking for excuses to put him off and believed that the primary problem was her lack of interest. He was afraid that her desire was too low for them to have an adequate relationship, but he was equally afraid that she just wasn't attracted to him any longer.

One incident helped us examine the narratives that got Tim and Gina stuck in a pattern of avoiding their sexual relationship in a particularly painful way. On a warm summer evening, they had walked to dinner in their neighborhood and stopped in their front yard to pick flowers on the way home. Both described enjoying the evening and feeling more content than they had for some time. Gina was standing in front of the kitchen sink, putting water into a vase for the flowers, and Tim came up behind her, with one hand stroking her stomach and the other stroking her thigh. She angrily pulled away and asked, "Why did you do that?" He was bewildered by her response, saying, "I just thought that we could finally get together tonight." Each was extremely hurt by the response of the other, and they came to the session feeling hopeless and misunderstood.

The basic miscommunication in this example is striking. Tim is feeling close to Gina because they have had a nice evening together, and he is admiring the way she looks in her shorts. He touches her, wanting to be close, and has no idea that this will make her feel

self-conscious and even objectified. When she becomes defensive, he doesn't understand what she is feeling. He expresses what he wants, but rather than this bringing them closer together, they feel further apart. At this point, they are operating from two entirely different cultural narratives, and I would argue that neither narrative is particularly helpful. When they examine what they both experience and believe, they have the chance to rewrite their sexual narrative in a way that can ultimately bring them together. By looking at their problem-saturated stories and the cultural contexts that create these stories, we can understand both the obstacles and the opportunities for change.

When Tim approaches Gina at the kitchen sink, he is admiring her and also desiring more physical closeness. He expresses this by touching her, and Gina experiences this touch as evidence of a dominant narrative: If you have a nice evening with a man, he will want to have sex with you. While there may be a kernel of truth to this story, you can see that when she narrates Tim's approach in this manner, she is doomed for disappointment. This story is about men wanting sex, not about Tim wanting to be close and affectionate with her. In addition, he approaches her in a way that makes her feel self-conscious. She is worried about the size of her stomach and thighs and feels self-judgment rather than pleasure when he touches her. Tim feels Gina tensing up when he touches her and does in fact judge her, not for the size of her stomach and thighs, but for her reluctance to relax and be close to him. He starts on his own narrative: Women like sex only at the beginning of a relationship, or pretend to like sex until they get a commitment, therefore he feels hopeless that Gina will have interest in being sexual with him. Again, there is a kernel of truth in his narrative, but it misses several key components. He has no understanding that Gina may need to work on becoming more comfortable with her body to be more appreciative of Tim's sexual advances.

Like the sock story that started the chapter, we can see clear behavioral changes that would allow this couple to function better. If Tim was better at using words to express his appreciation for his time with Gina, and if he began his physical affection with kissing and other activities that were less loaded for Gina, she might believe that his sexual desire could bring him closer to her rather than that he simply wanted to use her for a sexual release. In a parallel manner, if Gina was more accepting of her body and more direct in expressing her own sexual desires, Tim would feel less rejected and more empowered to create a satisfying relationship for both of them. The cultural context around gender is central in creating the misunderstandings that are

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oth of them. The cultural context
the misunderstandings that are

evident in this story, and creating a new story about their sexual desire is essential to establishing and maintaining their behavioral change.

Even more specifically, what I liked about working with Tim and Gina is that the gender-based themes in their sexual conflicts are common to so many couples that I see and are so helpful to change. Although Tim was resentful of Gina's lack of desire, he was also ambivalent about his own desire. "As a man" he was not upset with himself for having desire, but he didn't know much about how to talk about his desire, and he was very easily shut down when Gina was not in the mood. Luckily, he was civil and respectful enough to know not to push the issue, but because he didn't want to be forceful, he backed away from his own desire very easily. When I said to him, "I think it is a wonderful thing that you still want your wife," he looked at me with astonishment. It was clear that he felt that his desire was an annoyance, although he believed that he couldn't help having these inconvenient feelings. At the same time, it was helpful to see that Gina's experience of her own sexuality was rooted in ambivalent gender messages as well. When Gina was younger, she felt thin enough and attractive enough to believe that she warranted Tim's attention, but over time she stopped connecting his desire to an appreciation for her. She experienced their sexual relationship as something that existed for him rather than for them, and she didn't have the model or the language to explore the ways that could make those aspects of the relationship better for her. Instead, she had a vague fantasy that if he was "more romantic," then she could feel more sexual.

In this case, both narrative and solution-focused techniques were very helpful in setting the stage for change. When we worked on the miracle question, it was fascinating to see both Tim and Gina identify similar themes in their wishes for warmth and affection. They talked about their desire to make eye contact in the morning and to snuggle in bed at the beginning and end of the day. Both realized that they had been avoiding each other in this way, feeling hurt and also punishing each other. When we looked at exceptions to the pattern, both could remember times of feeling special and appreciated sexually, but both were shy about having a direct conversation about these memories.

A discussion of their mutual desire for connection provided a foundation for them to develop new themes in their sexual relationship. Tim was able to talk with her about feeling alive and aroused in a way that Gina hadn't heard before. Both were able to expand a previous understanding of "Tim is a man, so he wants sex" into something that was more positive and more relational than it had

been before. Gina was able to replace the story "Gina is a woman and wants to avoid sex" with an understanding of wanting to feel special and desirable in a way that was less about being good enough or about being objectified and more about being able to give and receive pleasure with less self-consciousness. I'm focusing on just one set of themes here, and the reality of this case was less linear than I am implying. But it was useful for me to see that the change in these narratives allowed them to approach both self and other with more curiosity and less judgment and that ultimately these changes allowed them to treat each other differently.

Contemporary systems theorists have embraced the postmodernist emphasis on the importance of language in shaping experience. Building on the idea that reality is socially constructed, systems approaches have looked at the ways that dominant narratives can perpetuate individual and social problems. By recognizing and confronting the problem-saturated stories that inhibit change, narrative therapists challenge clients to separate the person from the problem and empower the person to develop a different relationship with the problem. Similarly, solution-focused therapists help clients identify their own solutions and then use positive language to set the stage for incremental change. Each of these approaches reinforces the importance of context and the circular nature of change.