

Positive and Negative Timelines: A Technique for Restorying.

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Families or individuals requesting therapeutic consultation often present in the context of an overwhelming history of stressful and negative life events. Frequently, the pressure of such events obliterates memories of strengths and successes. This is particularly true by the time people reach inpatient psychiatric settings. This article outlines a technique designed to help people bring these events into perspective and to develop positive life stories. The use of Positive and Negative Timelines helps to reinforce competency-based themes in people's lives. A clinical case is used to highlight the technique.

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THE context for the first author's(KS) work, and his development of this technique, is a primary/secondary care psychiatric institute in Northern Ontario that is affiliated with a community-based mental healthcare network: Network North, the Community Mental Health Group. Several psychiatrists working within the network have academic university appointments at the University of Western Ontario in London, Ontario, Canada.

Families(1) presenting for care in this psychiatrically underserved community have often reached a critical level of distress. They may show symptoms of biological and/or social support network breakdown. Major depression or other major mental illness may be present, frequently necessitating life-sustaining hospitalization for the individual. Review of the history often reveals a multitude of repetitive, stressful life events that would overwhelm most individuals, families, and networks. Such critical family stress has been defined as the occurrence of several significant stressful events per year over a period of several years (Garmezy & Rutter, 1983; Holmes & Rahe, 1967; McCubbin, 1979). With ongoing onslaught and threats, it becomes nearly impossible for families to perceive any other dominant life story than one that is marked by chronic stress and failure. If a major mental illness is also present, then the ability to see positive events is further impaired. However, their very help-seeking, presence in the hospital is often a testament to great strength and competence in the face of marked adversity. This article describes a technique derived from the Time Line work of Stanton (1992) and the Rochester Integrative Model: Transitional Family Therapy (Seaburn, Landau-Stanton, & Horwitz, 1995) that highlights the stories of success and strength that are invariably present in the lives of the people with whom we work.

POSITIVE & NEGATIVE TIMELINES

Describing the Technique

First, it should be noted that this is but one technique used in the context of a comprehensive, integrative, biopsychosocial family/systems approach. It should not be regarded as a method to be used in isolation. The technique is quite straight-forward and involves the creation of two timelines, usually over the course of several sessions. In order to process past negative experiences and remember positive ones, the two timelines are done separately and consecutively. Our tools are colored markers and flip-chart paper; the setting is one in which the colorful writings can be wallpapered around the room.

The therapist outlines the process to the family members, letting them know that they will be starting with a negative timeline and finishing with a positive timeline. A full explanation of the course proposed is shared with the family from the beginning, along the lines of:

We'll review important periods of your lives from two perspectives: the negative and the positive. I'd like to work with you to develop separate positive and negative stories about your lives so that you can see them in perspective and move forward with the positive aspects. We'll start with the negative, because this is what you are more in tune with right now. After the negative timeline, we'll move on to focus on positive stories about your lives.

Positive and Negative Timelines: A Technique for Restorying.

The idea, from the therapist's perspective, is not to create a good list and a bad list, but to introduce a process that will temporarily examine the family's life-course from two perspectives. The starting point varies from family to family. Generally, families need little guidance in choosing a starting point, but if they have difficulty, we have found it useful to suggest that they think of times and events that seemed to throw the family off track, and to start there. The family can be reassured that they may always extend the line forwards or backwards as the exploration continues. Sometimes individual family members have different starting points (for example, prior to marriage or the birth of a child), and the therapist might encourage them to do their own timelines before embarking on a combined family one.

The family members are asked to make a horizontal line on the paper and, starting with an early significant event, place a small tick (or check) on the line, date it, and add a phrase that encapsulates the event, for example, "May 1967--grandmother died--eldest son troubled the most." The family is asked to record only negative, stressful events at this time. As events are remembered, they are added in an approximate sequence while exploring the affect and meaning connected with each event. The therapist should prevent the family from just listing events on a page. Some events may have been forgotten and are only recalled in the context of remembering similar stresses, or upon reviewing episodes or times that the family doesn't usually discuss. When such issues arise, the therapist should encourage the family to discuss them.

During this phase, family members should be encouraged to support each other, since they are having to recall painful events that may reinforce their already present feeling of failure. They also need to be discouraged from blaming themselves and each other or inflicting new trauma. The therapist should be watchful for signs of anxiety, depression, or even suicidality. Safety needs to be insured for all those involved. While the intensity of negative feelings builds, it is common for someone to try to brighten the picture. The therapist might acknowledge this healthy move, but then explain why it's important to stay with the intensity of the negative feelings for a while longer. This allows the family to experience one pole of the affective continuum (Landau-Stanton & Stanton, 1983). When families have been through really tough times, they learn to expect the worst of themselves and their environment. Confronting the negative pole in a supportive context can give them a sense of mastery and empowerment that makes it possible for them to imagine reaching the positive pole.

Therapists should allow themselves to question openly how much they might have been able to cope under similar circumstances. The first author (KS) has, at times, been moved to tears by the tragic stories heard while going over this part of the timeline. Sharing examples of other families, or research about stress is another helpful and normalizing task. Family members are often surprised by the normalization since they usually blame themselves for failing in the face of what they have considered as "normal" stress. This focus can provide a bridge to move on to the positive timeline.

The most traumatized families may reach this next step feeling that they have nothing positive to say about their past. Backed by theory and a sound belief in human competence, the therapist must not be swayed--a thread of success/hope/resistance/survival must be discovered. Sometimes the only initial opening is that the person has not yet committed suicide and must be seeking hope if sitting alive in the room with the therapist.

Family members are asked to remember a positive event and mark it on a timeline with the date. The therapist may ask what color they would choose to distinguish this positive timeline. Potential entry points are the birth of children, successes of children, overcoming a significant stress or trauma, or early positive childhood experiences with a loved parent or parental figure. The therapist may help the family remove its finger from the dike, but may have to step aside as a flood of long unavailable, positive memories begins to flow. Negative events are excluded and positive events are added to the timeline. Pages of brightly colored, positive events can be used to wallpaper over the negative timeline. This part of the process often goes more quickly as a self-reinforcing feedback loop of positive memories emerges.

This technique of encouraging the family to view events in a positive light draws from techniques of reframing (Minuchin & Fishman, 1981), noble ascription (Stanton & Todd, 1982), and positive connotation (Selvini-Palazzoli, Cecchin, Prata, & Boscolo, 1978). It allows the family to construct a perspective of normal response to stress, rather than viewing themselves as failures across time. When helping the family to see this positive, transitional perspective, the therapist should not be simply implementing a strategic maneuver, but rather showing his or her own heartfelt respect for how the family has dealt with repetitive stress and trauma (Landau-Stanton, 1990). In using these techniques, therapists are trying to ascribe new meaning to family experiences in order to free the family to act in novel ways. Unfortunately, therapists sometimes make up a reframe in order to effect change. We wish to underline the need for the therapist to believe in the

Positive and Negative Timelines: A Technique for Restorying.

fundamental worthiness and good intentions of the family while maintaining his or her own integrity. If the therapist is unable to see a positive perspective, it is important not to make one up just for the sake of the family, or the technique.

The ideal role of the therapist during this part of the process is to remain quiet and to watch the positive stories unfold. Typically, the therapist has had to be much more active in supporting the family during the Negative Timeline and in explaining and creating a starting point for the Positive Timeline. The temptation is to be equally active here, but this will detract from the family's sense of creating its own positive life-story. However, the therapist should be prepared to be involved if the family becomes stuck.

At this point, techniques to help the system externalize the negative and internalize the positive might be used (White & Epston, 1990). Usually, the system can quickly pick up a positive theme and run with it. Some families have taken the positive timeline home with them to ask friends and family to bear witness to their accomplishments. Others may have a ritualistic burning of the negative timeline or deposit it in a far away place. Families have described this experience as a rebirth. It seems to us to be more a rewriting of past and future scripts than a rebirth because already-present strengths are acknowledged and past stresses are mastered (Byng-Hall, 1995). In this way, the coexistence of both kinds of stories is honored, and the family can choose to ascribe more dominant meaning to the positive.

Case Example

Connie is a 41-year-old woman whom the first author (KS) accepted in consultation from another psychiatrist for family psychiatric work. This was her third hospital admission for a suicide attempt in the context of a diagnosis of recurrent Major Depression. She had received both inpatient and outpatient individual psychotherapy as well as antidepressant medication in the past. Family meetings began with her second husband Frank, two children from her first marriage--Arthur, 18, and George, 15--and Frank's daughter--Jan, 16--from his first marriage. Precipitating the suicide attempt was some serious misbehavior on Jan's part that led to a disagreement between Connie and Frank about how to deal with it.

A comprehensive individual/family/ pharmacotherapeutic treatment was begun using the integrative Transitional Family Therapy model as a template (Landau-Stanton, 1986; Landau-Stanton & Clements, 1993; Landau-Stanton & Stanton, 1985; McDaniel & Landau-Stanton, 1991; Seaburn et al., 1995). This included an initial listing of strengths and development of goals. A list of stresses showed that numerous stresses had occurred over a protracted period of time. A genogram in process was begun and the transitional conflicts on both Frank's and Connie's sides of the family were elucidated (see Figure 1).

[Figure 1 ILLUSTRATION OMITTED]

Connie's mother, Joan, is the only survivor of an immigrant sibship of ten. Joan's parents separated emotionally when she was 8 and divorced when she was 12. She experienced little organized parenting after that. When Joan became a mother, she felt isolated, having lost her siblings and grown distant from her parents. She turned to her children for a sense of emotional connection and security. When Connie turned 12, Joan and her husband became disengaged from each other and formally assigned Connie spousal and parental roles. Connie looked after her younger sister, shopped with her father, and planned meals for the family on a daily basis. As an adult, Connie came to resent these roles, but as therapy continued, she was able to start to see her mother's behavior as an attempt at an adaptive response to her own sense of disconnection and abandonment.

Joan's behavior came to be understood by Connie as a response to her tremendous loss and isolation. By better comprehending her mother's transitional pathway, she could begin to see multiple explanations for her mother's actions. Connie had previously assumed that she must have been intrinsically bad, and deserving of maltreatment. Interestingly, Connie behaved very differently with her own children and, through maintaining appropriate boundaries, she had allowed them to be children and not become surrogate parents.

This portion of the therapy included a session with Connie's sister who lives at a distance. Significant initiative was taken by the family in examining these processes. They began to get a sense of working together and supporting each other more. The suicide attempts and depression became understood as an honorable, but misguided, attempt of one family member to take all the hurts and blame upon herself, get cured, and bring health back into the family (Landau-Stanton &

Positive and Negative Timelines: A Technique for Restorying.

Stanton, 1985). However, the family was still feeling a sense of incompetence in getting so far off track that one member wanted to die. In an attempt to get more history and understand the extent of stresses, Negative and Positive Timelines were constructed (see Figure 2).

[Figure 2 ILLUSTRATION OMITTED]

Each parent decided to start separate timelines leading up to the point where they married. Frank's included marrying his first wife at the age of 17 after she had had an unplanned pregnancy (as had his mother and grandmother). He had occupied a parental role with his three younger siblings while his parents spent much time in activities outside the home. He and his wife had two children and wanted to stop there, but were refused sterilization. They had a third child, were refused sterilization again, and had a fourth child. Frank and his first wife, barely adults themselves, felt overwhelmed and not able to cope with so many children. Frank also listed many other stressful events in his work and his church that had put further pressure on his first marriage. Many of these stories were new to the children, including some of the details of a very messy divorce.

Connie began her timeline with teenage memories of her parents being very unhappy. She felt that she had complete responsibility for her sister, yet her parents treated her as if she were inadequate. The transitional context of immigration and extreme loss in the parental and grandparental generations was reexamined, and this helped her to understand better her own feelings and to accept that she was not to blame for her childhood shortcomings. (As noted earlier, it is often necessary to take a detour from the timeline and deal with other therapeutic issues as they arise.)

Connie married her first husband when she was 22, and had her first son at 24. At 26 she had a miscarriage and was rushed to the hospital with the umbilical cord still attached to the dead fetus. Her husband had handled the event without sensitivity. The children had not heard this story, nor its significance--Jan is the same age as Connie's miscarried daughter would have been. (Connie had great expectations of a close mother-daughter relationship with her stepdaughter Jan.) Connie had also been physically and sexually abused by her first husband. She had left him, returned, and finally left him against her parents' wishes. This memory produced tears and anguish from Connie and astonishment from the family at what she had experienced, and survived.

Then Connie and Frank moved to constructing a common family timeline. They had met when Frank was in the process of obtaining a separation from his first wife. The church community blamed Connie for stealing Frank. Both were ostracized. Custody battles for Frank's children began. At first, two of Frank's four children lived with Frank, Connie, and her children. One son returned to his mother and all saw this as a grave failure--especially Connie. All believed that Frank's first wife had already poisoned the boy against them. Jan remained with Connie and Frank, but the courts imposed a condition that the son could not visit Frank unless Jan was forced to visit her mother. There were almost monthly stressful legal punctuations to their lives over the following several years. No matter how hard everyone tried, external stresses promoted internal decompensation. Connie blamed herself bitterly for causing the problems, even though no one else saw her as primarily responsible.

The couple highlighted other stresses as well. They had been involved in a serious car accident, thousands of dollars of debt had been carried forward from previous marriages, and Jan had been taken away by police for a period of time following a custody dispute. All in all, 32 severely stressful events were recorded on the negative timeline over a 4-year period.

The family members were awestruck at what they had experienced. Much grieving for lost dreams and actual losses was shared. Throughout this process, the therapist normalized the family's response to such prolonged and intense stress. They relived traumatic experiences, but this time in a mutually supportive, holding environment. Some of the past misconceptions were clarified and laid to rest. They began to develop a sense of having shared a difficult long journey together. They began to see their sufferings and interpersonal difficulties in the context of constant and debilitating outside influences, and they started to plan new approaches to future potential stressors. At this point, the family began to question the reality of their long-held view of their own incompetence.

After bringing the negative timeline up-to-date, the family arrived at the next session with a list of positive events covering the same time period. They were beaming at the memory of several instances of family closeness and success that had punctuated the stresses. These included the marriage of Frank and Connie; time spent at a summer family camp; two or

Positive and Negative Timelines: A Technique for Restorying.

three vacations, including a trip to Barbados; one of the boys gladly giving up his room so a suitably decorated girl's room could be prepared in advance of Jan's arrival; periods of time in between her depressions when Connie felt happy; all three children (who had been struggling scholastically) making the honor role; and a move from an old house with old memories into a new home built around family closeness. They also told us about a ceremonial burning of each page of the negative timeline in the fireplace.

Little therapist input was needed at this stage since the family had already developed a view of their own competence as individuals and a family. Connie experienced no further suicidality, but did have a brief recurrence of depressive symptomatology--unexplained fearfulness, poor sleep, poor appetite, irritability, but all in the context of, for the first time, feeling supported--that quickly responded to an antidepressant medication. The family viewed the antidepressant as just another tool for boosting their competency.

A "check-up" session was held 2 months later and the process of the therapy was reviewed with the family taking credit for their interactional changes, as well as a positive, new view of themselves as competent. A spontaneous call from Connie 6 months after the close of therapy revealed that all was going well and that the oldest son had received a university scholarship.

The overall course of the therapy was extensive and had included 2 months of hospitalization with daily (15-30-minute) individual sessions with Connie and once or twice weekly family sessions. The process of Positive and Negative Timelines was spread over four to five inpatient family sessions. Connie was discharged from the hospital shortly after the timelines were completed. The outpatient therapy consisted of six more family sessions that focused on integration of the new positive stories into future plans and events.

Theoretical Basis

When families are absorbed in their problems, they lack a metaperspective about the overall course of their lives. The technique of Positive and Negative Timelines emerges from Transitional Family Theory, whose underlying principle is a belief in the family's competency across biopsychosocial, cultural, and spiritual contexts through time. Transitional Family Therapy is designed to help the family understand its current problems in terms of both present and past relational interactions within the extended family, its natural support system, and its environment (Seaburn et al., 1995). Interventions are directed at creating continuity from past, through present, into the future--an unbroken, transitional pathway. Seeing this flow and discovering that current problem patterns had begun as adaptive and effective solutions to past problems, but are no longer relevant in the present, gives the family hope that it can find more adaptive solutions in the future. It also allows the family members to develop a sense of competence that amplifies their confidence and effectiveness in dealing with current problems.

Families, like other natural systems, develop across time, and sometimes certain family members, or subsystems, adapt to a new stage or situation faster than others--they move or change at disparate rates (Landau, 1982). For example, for a family moving to a new country, the children and parents might acculturate at different rates because the children learn and adapt to the new culture faster than the parents. The parents are acting appropriately for the cultural values and context in which they grew up, while the children are also acting appropriately for the context in which they are being raised. Neither the parents, nor the children, are "right" or "wrong," but their values and actions are likely to create problems for each other. For example, major conflict can arise over whether an arranged marriage is appropriate for a modern Western culture. Another common situation is when children learn a new language and how to handle the new currency faster than a parent. Then, the parent has the challenge of trying to discipline the child while relying on him or her for important day-to-day interaction with the unfamiliar outside world. This can also result in an inversion of hierarchy that further aggravates the situation. This disparity, or asynchrony, results in transitional conflict--a gap in perceptions that frequently results in symptomatology.

An understanding of the demands of the cultural change brought about by the migration can free the two generations to comprehend the problem in terms of the history and the process. They no longer need to hold to their polarized views, and thus become free to stop judging each other and themselves. In a blame-free context, the family can start openly to negotiate change. This new flexible approach to the problem allows the family to recalibrate the rate of transition into the new culture so that conflict is diminished (Landau-Stanton, 1990). Positive and Negative Timelines provide visible, tangible evidence of the transitional pathway and help families to gain a metaperspective about how they have

Positive and Negative Timelines: A Technique for Restorying.

differentially adapted to change. This enables them to make informed choices about their future direction.

People commonly present for therapy looking for ways out of insoluble situations and relief from emotional pain. As families go through a series of stressful events, each event makes demands on their time and energy--the more events, the more demands, the more likely they feel out of control. The feeling of losing control leaves family members unsure of their skills and, therefore, even less able to cope. This vicious cycle is often what brings families to therapy. The family's inability to cope with the stressors results in self-doubt, blame, and guilt, further undermining their ability to think clearly and to use their underlying strengths.

Exploring Positive and Negative Timelines helps families to understand the process of stress and reaction, and to regain their feeling of competence. It provides an opportunity for them to revisit past traumas in an affirming and secure environment. Remembering all the negative events in a brief period of time serves as a compression move, forcing disclosure of suppressed fears and events and demystifying them (Stanton, 1984). Opposite themes of failure and competence are highlighted, demarcated, and separated so that the family can then become familiar with both poles. Experiencing failure, and then success, sequentially in a brief period of time, allows the family to move freely--a little forward, a little backward--between these poles (Landau-Stanton, 1986), and to recognize that failure and success can coexist. The family has lost sight of this coexistence because its basic competence has been masked by a series of failures. The juxtaposition of positive and negative timelines also acts as a compression move, intensifying the affective experiencing of each pole. The family rebounds and achieves a balanced and fluid view of its vulnerabilities and strengths (Campbell, McDaniel, & Seaburn, 1992).

This technique helps families to see the effect that outside stressors have had on their lives. However, as families gain an understanding of what got them off-track, the intent is not to relieve them of responsibility for their actions, but to help them start to find solutions. The family is not absolved of wrongdoing by blaming outside stressors, but it gains an understanding that failure does not imply an underlying wish to fail. The family members did not fail because they were bad, but because they could not access the skills needed to succeed. Self-forgiveness can arise from the individual allying with that inner wish to succeed, understanding what went wrong in spite of that wish, being able to see the options, and then trying to make corrective changes.

During this process, the family and the network are mobilized to collaborate on rewriting the view of their past and future as successful, which promotes healthier forms of interaction and communication (Shields, King, & Wynne, 1995). As the family members develop a self-view of competency, they can unite in fighting outside stress instead of looking for explanations of failure through discovering who has been the most inadequate. With a compressed view of past stresses and a re-remembering of positive events, the lonely sense of being unfairly traumatized is replaced by an understanding that these stressors would have been overpowering to most families, and that their response to such challenges is uniquely triumphant.

Applications of the Technique

This technique can be particularly useful as part of a comprehensive approach when there has been prolonged, severe stress, trauma, abuse, or mental illness. It is also useful after multiple or untimely losses or catastrophic events. It is a visual and affective technique that allows people to reconstruct the past, seeing both the negative and the positive. This process encourages them to imagine the possibility of a positive future, when their memory of a negative past had made that seem impossible. The technique can be used across many contexts and cultures because our current view of ourselves is constructed from stories of our past. If those views and attitudes can be adjusted, then little fundamental change may be required. Specific contraindications to the use of this technique have not yet been encountered, but one should keep in mind that a sledgehammer should not be used where a tackhammer is required. Neither should the technique be seen as a "cure," or a stand-alone intervention, for the above-mentioned severe stresses. Specifically, the overall, often remitting, course of mental illness may not be altered. However, the meaning ascribed to recurring symptomatology may be changed. Before using the technique, the therapist does an initial assessment of the family and its environment to see if safety can be assured for everyone. A sufficient number of players must be immediately available in the natural and artificial support systems so that emotional and physical containment of any adverse reactions brought about by the initial intense focus on negative events and affect can be achieved. When such a family safety watch is needed, we have found that including at least three generations whenever possible is preferable (Landau Stanton & Stanton, 1985). Extreme caution should be taken when individuals are likely to express their negative affect through

Positive and Negative Timelines: A Technique for Restorying.

actions of self-harm or violence toward others. Consideration should be given to hospitalizing an individual with these characteristics if this technique is to be used as part of the overall treatment regimen.

Comparison with Other Techniques

This technique builds upon the timelines and genograms presented by several authors to date (Aponte & VanDeusen, 1981; Friedman & Krakauer, 1992; Friedman, Rohrbaugh, & Krakauer, 1988; McGoldrick & Gerson, 1986). Within the Rochester Mode] of Transitional Family Therapy, Stanton describes a series of timeline formats, including structural and genogram-based diagrams (Stanton, 1992). Potential applications include: training and supervision, providing clarification for families, consultation, research, and formulation of the case outside of the therapy room. Stanton's Time Line is described as a tool to help therapists to understand families and families to understand themselves. Positive and Negative Timelines are even more family-focused and family-driven. The technique provides a process for the family to reexperience past events and ascribe new meaning to them: new affective experience then becomes associated with past life events. Families create the timelines themselves and are therefore more able to take ownership of the resultant change.

The Time-Line Genogram has been used to map traditional genogram information with temporal aspects of past events (Friedman et al., 1988). This technique can provide a richness of information, but it results in a complex diagram, that is difficult to understand by the therapist and the family (Friedman & Krakauer, 1992). Positive and Negative Timelines is intentionally designed to be easy to understand and to draw so that the family members can be the authors.

This technique certainly resonates with narrative therapy themes of restorying (White & Epston, 1990). The concept of telling one's story as a technique for healing goes back to the tribal shamans and forms a key component of our integrative model through the influence of the African traditional healers and storytellers on the second author's (JL) theoretical development (Landau, 1982). It is important that the approach and, therefore, the technique, in keeping with these roots, be family-driven. We have found that providing the family with a supportive, secure environment, and normalizing information, can lead to spontaneous healing conversations among the family members. Relative Influence Questioning (White & Epston, 1990), may be used as an introduction to externalizing conversation, but not as a prolonged vehicle for therapeutic change.

With the depressed family described above, a simple invitation for its members to participate together, focusing on both strengths and stresses, was enough to begin a family-driven healing process that required minimal overall therapist input. Some sessions required only a handful of sentences from the therapist--mostly reaffirming directions that the family had already taken.(2) This is in contrast to some narrative approaches in which the therapist takes a much more active role in directing the therapy. Positive and Negative Timelines provides a way for families not just to rewrite negative dominant plots, but also to re-experience them in a fashion that diminishes their impact and allows the emergence of already-present positive plots. Throughout the consultative encounter, the family is given as much space as possible to own not only the real changes themselves, but also the actual creation of the processes leading to those changes. If the therapist is more active than he or she is actually required to be, then the family will be more challenged in accepting due ownership of the process.

CONCLUSION

Positive and Negative Timelines is a technique that should be used in the context of a comprehensive treatment approach. It is a relatively simple technique guided by the therapist and adopted by the family members to help reorganize their perception of themselves in such a way as to promote self-healing and growth. The therapist's main role is to provide a safe context and to be a catalyst for the family's healing journey. A strong belief is required, on the therapist's part, in the family's ability to find and use the answers within itself.

(1) The term "family" is used in this article for simplicity. However, the reader should feel free to substitute the terms: individual, couple, extended family, network, etc.

(2) The family-centeredness of the approach and relative simplicity of the technique should not deter the therapist from forming a complex and comprehensive therapeutic understanding of a particular family so that appropriate clinical interventions can be instituted. The technique should not be used in the absence of this understanding.

Positive and Negative Timelines: A Technique for Restorying.

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Positive and Negative Timelines: A Technique for Restorying.

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