



Integrating Classical Systemic Theories with Postmodern Perspectives in Family Psychotherapy: A Critical Analysis of Contemporary Clinical Utility

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Abstract: This article explores the integration of classical systemic theories with postmodern approaches in contemporary family psychotherapy, with the aim of evaluating the conceptual coherence and clinical utility of integrative models. Recent literature highlights a growing shift toward hybrid systemic frameworks that combine structural foundations with constructivist, narrative, and collaborative perspectives. Drawing on a conceptual comparative analysis between Minuchin's structural model and postmodern approaches, this paper examines how integrative practices can enhance therapeutic effectiveness. The findings indicate that while classical systemic concepts remain essential for assessment and relational organization, postmodern techniques contribute significantly to client engagement, reflexivity, and meaning-making. Integrative models appear particularly well suited to addressing the complexity and diversity of contemporary family contexts, offering clinicians a flexible and context-responsive framework. The article contributes a theoretically grounded yet pragmatically oriented perspective, supporting the development of coherent hybrid approaches in family psychotherapy.

Keywords: family psychotherapy; integrative models; narrative approaches; structural perspective; clinical utility

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1. Introduction

Over the past decades, family psychotherapy has undergone a profound transformation, marked by a transition from classical systemic models such as, structural, strategic, and transgenerational, to postmodern perspectives that privilege social constructionism, collaboration, and the relational emergence of meaning. This evolution has not resulted in the replacement of traditional systemic foundations but rather in their reconfiguration within a theoretical and clinical framework that responds more accurately to the complexity of contemporary families. In an era defined by cultural diversity, multiple family forms, and rapidly shifting relational dynamics, modern therapists face a dual challenge: on the one hand, preserving the structural clarity offered by classical models, and on the other, integrating postmodern approaches that emphasize dialogue, reflexivity, and the valorization of subjective experience.

The structural model developed by Salvador Minuchin remains a cornerstone in understanding family functioning, particularly through its coherent concepts of boundaries, subsystems, and hierarchies. However, in current practice, these concepts are seldom sufficient on their own. Contemporary families require not only restructuring but also reconnection, reinterpretation, and the co-construction of narratives that give meaning to relationships. Narrative and collaborative therapies have contributed a different clinical sensibility, one centered on promoting agency, externalizing problems, deconstructing limiting labels, and supporting families as active participants in generating solutions.

This article aims to critically examine how classical systemic theories can be integrated with postmodern approaches, emphasizing both the conceptual coherence needed for such integration and the documented clinical usefulness of these hybrid models. The position taken here is not one of opposition between tradition and postmodernity, but rather one of complementarity: integrative models, when developed with theoretical rigor and applied with clinical sensitivity, can offer a more flexible, adaptable, and in many cases more effective therapeutic framework than relying exclusively on a single model.

The central argument of this paper is that contemporary family therapy is now at a stage where integration is no longer a marginal option, but a professional necessity. This perspective is supported by recent international literature, as well as Romanian contributions in systemic psychotherapy, which suggest that hybridizing techniques, when done with conceptual clarity, leads to interventions that are more contextually

grounded, more responsive to clients' needs, and more aligned with the relational complexity of modern families.

The analysis will follow three main directions:

- (1) a critical comparison between classical models, particularly Minuchin's structural model, and narrative/postmodern approaches;
- (2) an evaluation of the conceptual coherence of integrative models;
- (3) a discussion of the implications for contemporary therapeutic practice.

Through this approach, the article proposes a pragmatic integrative framework accessible to the modern therapist, capable of drawing on the strengths of both paradigms without falling into superficial eclecticism or doctrinal rigidity.

2. Literature Review

2.1. Classical Systemic Models: Foundations and Contemporary Relevance

Classical systemic models remain essential for understanding family organization, interactional patterns, and the structural conditions that maintain symptomatic behavior. Salvador Minuchin's structural family therapy introduced a coherent language for describing family functioning through concepts such as boundaries, subsystems, hierarchy, and alignment (Minuchin, 1974). These constructs provided clinicians with a precise map of relational organization, enabling them to identify dysfunctional structures—such as enmeshment or disengagement—and to intervene through techniques like boundary making, enactments, or unbalancing.

In parallel, strategic models (Haley, 1976; Madanes, 1981) emphasized the pragmatics of communication, symptom function, and directive interventions. The therapist's role in these models is active, sometimes authoritative, and focused on disrupting rigid interactional sequences that sustain the problem. Although contemporary therapeutic practice tends to adopt less directive stances, the strategic tradition remains influential through its emphasis on clarity, precision, and problem-focused change.

Transgenerational models, particularly Bowen's family systems theory, introduced a multigenerational lens focused on differentiation of self, emotional reactivity, triangulation, and the transmission of relational patterns (Bowen, 1978). While less

interventionist than structural and strategic approaches, Bowen's theory offers profound conceptual insights that continue to inform systemic case formulation.

Collectively, these models provide a robust framework for assessing relational organization, identifying dysfunctional structures, and guiding initial phases of treatment. Even as postmodern perspectives gained prominence, classical models have retained clinical value due to their clarity, directiveness, and diagnostic utility.

2.2. Postmodern Perspectives: Narrative, Collaborative, and Dialogical Approaches

Postmodern approaches emerged in the 1980s and 1990s as a reaction to hierarchical and prescriptive models of therapy. Drawing on social constructionism, narrative therapy (White & Epston, 1990) views problems as culturally shaped stories rather than intrapsychic or structural deficits. Key practices such as externalization, deconstruction, and re-authoring conversations invite families to distance themselves from problem-saturated narratives and to engage collaboratively in constructing alternative meanings.

Collaborative and dialogical approaches (Anderson & Goolishian, 1988; Anderson, 1997) place the therapist not as an expert who reorganizes family structure, but as a conversational partner who co-creates understanding with the family. The therapeutic process centers on mutual inquiry, transparency, and a stance of "not-knowing," which encourages clients to become active participants in generating new possibilities. Dialogical practices, such as those developed in Open Dialogue (Seikkula & Arnikil, 2006), expand this relational focus by involving wider social networks and emphasizing polyvocality, presence, and shared decision-making.

Postmodern approaches have become especially relevant in multicultural contexts and in work with families whose narratives have been shaped by trauma, marginalization, or identity transitions. Their emphasis on meaning, agency, and contextual sensitivity aligns with broader shifts in contemporary mental health care toward collaborative, client-centered practice.

2.3. Romanian Contributions to Systemic and Postmodern Frameworks

The Romanian literature in systemic psychotherapy increasingly reflects this global movement toward integration. Authors such as Mitrofan (2018), Neaga (2020), and

Rusu (2021) emphasize the importance of cultural adaptation, relational sensitivity, and reflexivity in family therapy. In Romanian clinical contexts—marked by rapid socio-economic change, high migration rates, and evolving family structures—integrative systemic practice has become not only relevant but necessary.

This integrative orientation is further supported by contemporary relational perspectives emphasizing reflexivity, mutual influence, and contextual sensitivity within intimate systems, particularly in couple dynamics shaped by ongoing social and cultural transformations (Sava, 2022).

Recent Romanian publications highlight two themes relevant to this review:

The persistence of structural patterns in families undergoing rapid change, suggesting that structural insights remain necessary for grounding clinical formulation.

The rising need for narrative and collaborative approaches, especially in cases where identity renegotiation, trauma recovery, or intergenerational conflict plays a central role.

Thus, Romanian systemic literature supports the broader international argument that integrative approaches are well-suited for contemporary therapeutic practice.

2.4. Minuchin and Postmodernism: Convergences and Divergences

Comparing Minuchin's structural model with postmodern perspectives reveals both conceptual tensions and potential complementarities.

Classical structural therapy assumes that family functioning can be objectively observed and reorganized. The therapist operates from a position of relative expertise, diagnosing structural imbalances and intervening to restructure them. Postmodern approaches, by contrast, reject the notion of an objective reality independent of meaning and emphasize co-construction, language, and dialogue.

Despite these epistemological differences, several points of convergence emerge:

Both traditions view the family as a relational system, where interactions—not individual pathology—maintain problems.

Both acknowledge that change occurs through altering relational patterns, whether structurally (Minuchin) or narratively/dialogically (postmodern models).

Both value experiential engagement, though operationalized differently: Minuchin through enactments, narrative therapy through re-authoring conversations, collaborative therapy through dialogical presence.

These shared foundations open the possibility for constructive integration when applied thoughtfully.

2.5. Conceptual Coherence in Integrative Models

Integration is not synonymous with eclecticism. For integrative systemic practice to be coherent, it must respect the epistemological assumptions of each model while identifying compatible clinical principles. Pragmatic integration focuses on what is useful and clinically effective, rather than forcing theoretical unification.

Several authors (Lebow, 2014; Nichols & Tafuri, 2019) argue that structural concepts—boundaries, hierarchies, subsystems—can function effectively as assessment tools, even when interventions draw from postmodern approaches. Meanwhile, narrative and collaborative practices can enhance the therapeutic alliance, reduce resistance, and promote agency during later stages of therapy.

Romanian scholars similarly advocate for pragmatic coherence: Neaga (2020) highlights that integration works best when therapists maintain conceptual clarity and adapt their stance to the family's context, rather than applying techniques in a mechanistic fashion.

Thus, the literature supports a model in which structure informs understanding, while postmodern practices inform relational change.

2.6. Implications for Contemporary Clinical Practice

Hybrid systemic–postmodern approaches appear particularly well-suited for modern clinical challenges, including:

- complex family structures (blended families, transnational families);
- identity and narrative reconstruction following trauma or migration;
- adolescent mental health concerns where agency and voice are central;
- high-conflict families requiring both structure and relational safety.

Research increasingly suggests that families benefit from therapeutic approaches that combine the organizational clarity of classical systemic models with the relational sensitivity and co-constructed meaning characteristic of postmodern therapies (Carr, 2022; Vetlesen et al., 2023).

Clinicians who adopt integrative frameworks report improved flexibility, stronger alliances, and greater responsiveness to client needs—outcomes consistent with the direction of contemporary family therapy.

3. Methodology – Theoretical and Conceptual Approach

The present article adopts a theoretical and conceptual methodology, grounded in critical comparative analysis of systemic psychotherapy models. Rather than employing an empirical research design, the study is situated within the tradition of conceptual inquiry, aiming to examine, integrate, and evaluate established theoretical frameworks in relation to their contemporary clinical utility.

The methodological approach is based on a comparative analysis between classical systemic theories—primarily structural family therapy—and postmodern perspectives, including narrative and collaborative approaches. These models were selected due to their central role in the historical and conceptual development of family psychotherapy, as well as their continued relevance in current clinical practice. The analysis focuses on identifying both points of divergence and areas of convergence, with particular attention to epistemological assumptions, therapist positioning, and mechanisms of therapeutic change.

The integrative framework proposed in this article is informed by a pragmatic orientation, emphasizing clinical applicability and contextual responsiveness over theoretical unification. Integration is not approached as eclecticism, but as a reflective process guided by conceptual coherence and clinical intentionality. Classical systemic concepts are examined primarily as tools for assessment and structural understanding, while postmodern practices are evaluated for their contribution to relational engagement, meaning-making, and therapeutic alliance.

The analysis is further guided by three methodological criteria:

(1) conceptual clarity, ensuring that the theoretical assumptions of each model are explicitly acknowledged;

- (2) clinical relevance, assessing the applicability of integrative practices to contemporary family contexts; and
- (3) ethical reflexivity, considering the implications of therapist stance, power, and collaboration in integrative work.

By adopting this methodological approach, the article seeks to offer a theoretically rigorous yet clinically grounded contribution to the literature on systemic psychotherapy. The goal is not to privilege one paradigm over another, but to articulate a coherent integrative perspective capable of supporting flexible, ethical, and effective family therapy practice in contemporary settings.

4. Findings

The conceptual analysis conducted in this article highlights several key findings regarding the clinical utility of integrating classical systemic theories with postmodern perspectives in family psychotherapy. Rather than positioning these approaches as theoretically incompatible, the analysis demonstrates that their integration offers a more comprehensive and context-sensitive framework for contemporary clinical practice.

A first central finding is that classical systemic models retain significant value as frameworks for assessment and relational orientation. Structural concepts such as boundaries, hierarchies, subsystems, and patterns of alliance continue to provide clinicians with a clear and organized understanding of family functioning. These constructs are particularly effective in identifying relational configurations that maintain symptoms, especially in families experiencing high levels of conflict, role confusion, or intergenerational tension. The analysis confirms that abandoning these foundational concepts would result in a loss of clinical clarity, particularly during the initial phases of therapeutic engagement.

At the same time, the findings indicate that postmodern approaches substantially enhance the therapeutic process once relational organization has been sufficiently understood. Narrative and collaborative practices contribute a distinct set of mechanisms that are less focused on restructuring and more oriented toward meaning-making, agency, and relational reflexivity. By externalizing problems, deconstructing dominant narratives, and fostering dialogical exchanges, postmodern approaches facilitate client engagement and reduce resistance, particularly in

contexts where families have experienced marginalization, trauma, or repeated therapeutic failure.

A second key finding concerns the complementary nature of therapist positioning across integrative models. Classical systemic approaches typically involve a more directive and expert-oriented stance, while postmodern perspectives emphasize collaboration, transparency, and a “not-knowing” position. The analysis suggests that these stances are not mutually exclusive, but rather phase-dependent and context-sensitive. Effective integrative practice involves a dynamic modulation of therapist positioning, allowing for structure and guidance when necessary, and for collaborative exploration when relational safety and engagement have been established.

Furthermore, the findings underscore the importance of epistemological coherence in integrative practice. Integration proves clinically effective when therapists maintain explicit awareness of the theoretical assumptions underlying their interventions. When integration is approached reflectively and intentionally, it avoids the pitfalls of unstructured eclecticism and supports ethical decision-making. Conversely, the absence of epistemological clarity risks incoherence, particularly when directive structural interventions are combined with postmodern language in ways that may obscure power dynamics or therapeutic intent.

Another significant conceptual result is the observation that integrative models align more closely with the complexity of contemporary family contexts. Families today often present with diverse structures, fluid roles, and culturally embedded narratives that cannot be adequately addressed through a single theoretical lens. Integrative approaches allow clinicians to respond flexibly to this diversity, combining organizational clarity with sensitivity to meaning, identity, and context. This adaptability appears particularly relevant in working with blended families, transnational families, and families navigating identity transitions or social change.

Finally, the analysis suggests that integrative systemic approaches contribute to stronger therapeutic alliances and sustained engagement. By honoring both systemic organization and collaborative meaning-making, integrative practice supports a relational climate in which families experience both containment and agency. This balance appears to enhance trust, participation, and continuity in the therapeutic process, which are widely recognized as critical factors in therapeutic effectiveness.

Taken together, these conceptual findings support the central argument of the article: that integrative systemic–postmodern models offer a clinically robust and ethically sound alternative to strictly classical approaches, without diminishing their foundational contributions. Integration, when guided by conceptual clarity and pragmatic orientation, emerges as a viable and necessary direction for contemporary family psychotherapy.

5. Discussion

The findings of this conceptual analysis invite a reconsideration of how systemic family psychotherapy is practiced and conceptualized in contemporary clinical contexts. Rather than positioning classical systemic theories and postmodern perspectives as competing paradigms, the discussion highlights their potential to function as mutually enriching frameworks when integration is approached reflectively and with theoretical intentionality. This shift from opposition to complementarity mirrors broader developments within psychotherapy, where flexibility and contextual responsiveness increasingly take precedence over strict adherence to single models.

A central implication of this discussion concerns the evolving role of the therapist in integrative practice. Classical systemic approaches have traditionally emphasized therapist authority in identifying dysfunctional structures and directing change. While this stance offers clarity and containment—particularly in high-conflict family systems—it may constrain client agency if applied rigidly. In contrast, postmodern approaches foreground collaboration, reflexivity, and shared meaning-making, yet may provide insufficient structure in contexts marked by disorganization or relational instability. The integrative perspective advanced here suggests that therapeutic effectiveness lies not in privileging one position over the other, but in the therapist's capacity to move fluidly between them in response to the family's evolving needs.

This dynamic positioning underscores the importance of clinical judgment grounded in epistemological awareness. Integration becomes meaningful only when therapists remain attentive to the theoretical assumptions shaping their interventions. Without such awareness, integration risks devolving into unreflective eclecticism, where techniques are combined without conceptual coherence. Integrative competence, therefore, is less a technical skill than a reflective one, requiring continuous attention

to how power, knowledge, and meaning are negotiated within the therapeutic relationship.

Another key dimension relates to the fit between integrative models and contemporary family realities. Families today are embedded in complex social, cultural, and economic contexts that challenge traditional assumptions about roles, authority, and stability. Integrative approaches appear particularly suited to addressing this complexity, as they allow therapists to combine structural clarity with dialogical openness. This balance supports responsiveness to diverse narratives and relational configurations without imposing normative models of family functioning.

The discussion also brings into focus the ethical implications of integration. Postmodern perspectives have foregrounded issues of power, voice, and marginalization, encouraging greater transparency and collaboration in therapeutic practice. When thoughtfully integrated with classical systemic frameworks, these concerns can be addressed without relinquishing the organizational tools necessary for effective intervention. Ethical integrative practice thus involves maintaining a balance between professional responsibility and relational humility, ensuring that therapeutic authority does not silence client experience, nor that collaboration obscures the need for guidance and containment.

From a professional development perspective, the discussion suggests that integration should be intentionally cultivated rather than implicitly assumed. Training and supervision models that continue to present therapeutic approaches as discrete and self-contained may insufficiently prepare clinicians for the complexity of clinical practice. An integrative orientation grounded in conceptual clarity and reflective engagement offers a more realistic and ethically sound pathway for therapist development.

In sum, the discussion supports the view that integrative systemic–postmodern approaches represent not a dilution, but an evolution of classical systemic theory. By preserving the strengths of structural and strategic traditions while incorporating the relational sensitivity and reflexivity of postmodern perspectives, integrative practice aligns more closely with the demands of contemporary family psychotherapy and with the lived realities of clients.

6. Practical Recommendations

The integration of classical systemic theories with postmodern perspectives in family psychotherapy requires more than the mere juxtaposition of techniques; it presupposes a reflective and conceptually coherent clinical stance. Drawing on the theoretical analysis presented in this article, several practical recommendations can be formulated for clinicians who seek to implement integrative approaches while maintaining epistemological clarity and therapeutic effectiveness.

First, clinicians are encouraged to retain classical structural concepts primarily as organizing frameworks for assessment, rather than as fixed intervention protocols. Core constructs such as boundaries, subsystems, hierarchies, and alliances—central to structural family therapy—remain highly valuable for mapping relational dynamics and identifying interactional patterns that maintain distress. At the same time, these concepts should function as orienting tools that inform clinical understanding, allowing interventions to be flexibly adapted through collaborative and dialogical practices. In this sense, structural principles provide orientation, while postmodern approaches shape the therapeutic process itself.

Second, effective integrative practice benefits from a deliberate modulation of the therapist's stance across different phases of therapy. The initial stages of intervention may require greater clarity, containment, and directional guidance, particularly in families experiencing high levels of conflict or organizational disarray. As the therapeutic process evolves, a gradual shift toward narrative, collaborative, and dialogical positioning supports the development of agency, reflexivity, and shared meaning-making. Such phased integration helps prevent both excessive directiveness and the premature withdrawal of therapeutic guidance.

Third, therapists working within integrative models should cultivate epistemological reflexivity as a core professional competence. Awareness of the underlying assumptions of both classical and postmodern frameworks enables clinicians to make intentional and transparent clinical choices, rather than relying on implicit or eclectic decision-making. Reflexivity allows therapists to recognize situations in which structural interventions may reinforce hierarchical power dynamics, as well as contexts in which postmodern stances may insufficiently address issues of relational organization or safety. Maintaining this reflective balance is essential for ethical and effective integrative practice.

Fourth, integrative systemic work should emphasize collaborative goal-setting and shared therapeutic responsibility throughout the intervention process. While classical systemic models often position the therapist as an expert who reorganizes family structure, postmodern perspectives prioritize the co-construction of goals and meanings. Integrative practice benefits from holding both positions simultaneously: therapists contribute professional knowledge and systemic insight, while families actively participate in defining therapeutic priorities and evaluating change. This shared authorship strengthens the therapeutic alliance and promotes sustained engagement.

Finally, training and supervision contexts play a crucial role in the development of integrative competence. Educational programs in systemic psychotherapy should explicitly address integration as a distinct clinical skill, rather than assuming it will emerge organically through exposure to multiple models. Supervisory practices that encourage theoretical dialogue, case-based reflection, and critical examination of therapeutic decisions support the formation of integrative practitioners capable of responding to the complexity of contemporary family life.

Taken together, these recommendations outline a pragmatic integrative framework in which classical systemic theories and postmodern perspectives are understood not as competing paradigms, but as complementary clinical resources. When applied with conceptual clarity and clinical sensitivity, integrative approaches offer therapists a flexible and context-responsive pathway for working with families in increasingly diverse and evolving social contexts.

7. Conclusion

This article has examined the integration of classical systemic theories with postmodern perspectives in family psychotherapy, arguing that such integration represents not a theoretical compromise, but a clinically and ethically grounded evolution of systemic practice. Through a critical conceptual analysis, the paper has shown that classical models—particularly structural approaches—continue to offer indispensable tools for understanding relational organization and interactional patterns, while postmodern frameworks contribute essential processes of collaboration, reflexivity, and meaning-making.

The findings underscore that the clinical value of integration lies not in the accumulation of techniques, but in the development of a coherent therapeutic stance

capable of responding to the complexity of contemporary family contexts. Integrative approaches allow therapists to combine structural clarity with dialogical openness, enabling interventions that are both containing and empowering. When guided by epistemological awareness and reflective practice, integration avoids the risks of unexamined eclecticism and supports ethical, intentional clinical decision-making.

Moreover, the analysis suggests that integrative systemic–postmodern models are particularly well suited to the diversity of present-day family life, characterized by fluid roles, multiple narratives, and shifting relational boundaries. In such contexts, reliance on a single theoretical framework may prove insufficient. Integration offers a flexible and context-sensitive pathway that respects both systemic organization and the subjective experiences of family members.

In conclusion, integrating classical systemic theories with postmodern perspectives emerges as a necessary and constructive direction for contemporary family psychotherapy. Rather than diminishing the contributions of classical models, integration extends their relevance by situating them within a relational, collaborative, and reflexive therapeutic landscape. Future theoretical work and professional training would benefit from further elaborating integrative frameworks that support clinicians in navigating the evolving demands of family psychotherapy with conceptual rigor and clinical sensitivity.

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