

Dialogues of Diversity in Therapy: A Virtual Symposium

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Therapists from Australia, New Zealand, the US, Germany and the UK discuss the relationship between systemic and narrative therapy.

INTRODUCTION

Many in the family therapy fold, while open to post-modern social constructionist and narrative approaches, respect and value certain traditions of systemic thought. By contrast, narrative therapists see themselves as moving beyond the systemic metaphor, though some are increasingly aware of the polarising character of this stance. This symposium was conceived as an attempt to open a dialogue between narrative and family therapy, exploring the common ground while respecting the points of difference.

Is critical debate about theoretical difference possible without denigration, personal alienation and the use of straw-man arguments which distort and simplify the complexity of the other's position? The challenge is to be gracious, to offer, in a spirit of radical generosity, discussion and dialogue where none may be forthcoming otherwise. What this requires is a willingness to hear and respect the other's point of view while engaged in critical inquiry.

Glenn Lerner
Symposium Convener

Narrative and Family Therapy: On Passion, Pragmatism and Politics

Carmel Flaskas*

SETTING THE SCENE

I have found myself wondering whether this forum would be likely to be happening in a major family therapy journal in the UK or North America. Of course I don't know! But I suspect not, and wonder if it reflects some things peculiar to the Australian and New Zealand scene. 'Narrative therapy' has become synonymous here with the ideas developed by Michael White and the Dulwich

Centre, and the related work of David Epston and the New Zealand narrative groups. Michael's ideas in particular have become internationally respected.

Yet the influence of narrative ideas was felt in psychoanalysis and social psychology quite some time before it emerged in our neck of the woods.¹ And narrative and

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postmodernist ideas have come to be used in rather different ways within the family therapy milieu. In Britain, for example, it is possible for the Tavistock systemic/Milan group to publish a recent collection entitled *Multiple Voices: Narrative in Systemic Family Psychotherapy* (Papadopoulos and Byng-Hall, 1997). The conjunction and the eclecticism reflected in this title would be very unlikely to emerge in the current ANZ context. And though some North American narrative therapists follow Michael White's ideas very closely (for example, Freedman and Combs, 1996), many of the other influential narrative writers blend his ideas with quite different ideas from social constructionism (for example, Hoffman, 1993 and 1998, Parry and Doan, 1994, Weingarten, 1998). Harlene Anderson's work (1997) probably stands out as an example of a version of narrative therapy which has really quite a different theory and practice flavour. So I think that narrative is a complex and multi-layered metaphor in the psychotherapy field as a whole, and that it may be a good thing if we start talking about 'narrative therapies', not 'Narrative Therapy'.

At the local level, it may also be important to acknowledge other historical peculiarities. For example, the fact that most articles from a narrative perspective have been offered to and published in the *Dulwich Centre Journal* rather than the *ANZJFT*, the notable absence of colleagues primarily identified as narrative therapists at the last Australian Family Therapy Conference in Brisbane in October 1998, and the way in which the Dulwich Centre Narrative Therapy and Community Work Conference, held in Adelaide in February 1999, was not in any overt way associated with the family therapy 'movement'. Some sadness and regret about the extent of this 'separateness' is I think part of the context of this forum, though it's interesting to note that for various reasons the sadness and regret has come to be expressed more from the 'family therapy' end of the continuum.²

You maybe begin to see the position I speak from emerging here, in my stubborn choice of the word 'continuum' as a description of the relationship between family therapy and narrative. I am someone who went to both conferences, and though I think it is true that one can document a 'split' between family therapy and narrative in Australia in the formal venues of journals and now even conferences, in the less rarefied atmosphere of ordinary everyday practice, this split is far less apparent to me. It may be that we are just very superficial in Sydney (probably it's the harbour and far too much blue water), but I feel a pretty strong connection with colleagues who identify as narrative therapists, even though I would not identify in that way. After a day or so at the Narrative Conference in February, I felt a compulsion to 'come out' at morning tea breaks and while strolling back to the hotel companionably with other conference participants. And every time I said 'Well actually I have to say I'm not really a narrative therapist, but I'm interested in the ideas and use some of them', the other person would say something of the same back to me! I don't know if it's true, but I have a fantasy that amuses me that a reverse version of this may have been happening at the Family Therapy Conference, only I wasn't in the position there

to come to know about it in the way that I was in Adelaide.

ON PASSION AND PRAGMATISM

At any rate, there I have said it—I am not a narrative therapist. My own family therapy training was in Milan-systemic in the mid-1980s, and I came to it while I was myself a client in psychoanalytic therapy. I was also nearing the end of a love affair with the work of French post-modernist philosopher Michel Foucault. I had immersed myself in Foucault while studying philosophy, and to this day I remain attached to his ideas on knowledge. Anyway, suffice it to say here that although I am passionate about therapy, I have never been wholeheartedly passionate about any particular model of therapy. I am not sure what I would 'call' myself as a therapist now. I teach family therapy, I supervise in child and family settings, and in my private practice I see adult clients (mainly in long-term work) as well as couples and families. I claim an allegiance to systemic therapy because I hold dear an interest in circularity, context and relationship. But I could not imagine working without some idea of the unconscious and symbolisation, without a recognition of the importance and richness of the therapeutic relationship, and without a fascination for the social and interpersonal context of intrapsychic life and emotional experience within relationships.

Though I use externalisation in my work with clients, it is not my first port of call. Why? I could offer some theoretical discussion of it, but instead let me say this. When I was in my mid-20s, I was having a pretty dreadful time, and out of the blue I got asthma which I had had as a small child. I felt terrorised by attacks during the day, and cracked ribs coughing at night. Needless to say, I went into therapy, and sometime into it the therapist said: 'Children sometimes hold their breath when they are frightened'. This benign and compassionate comment was important to me, and helped me have a more inclusive connection with what I had been experiencing as a very ruthless symptom. As a client myself, would I have preferred an externalising rather than an integrating frame? I would have to say no, and for various reasons (not the least being my own lived experience) I would tend to think first of frames of connection rather than frames of separation, and would try to integrate difficult emotional experience, even if it has been destructive, and to look for compassionate understandings of emotional and relationship dilemmas. Positive connotation lies more in this territory, and so for all its drawbacks I have it as part of my professional landscape.

But to say that externalisation is not my own first port of call is nothing as bizarre as to say that I am in any way 'opposed' to externalisation. For goodness sakes, all clients are not me, and different lives are led! Externalisation (like positive connotation) can be a very helpful frame for some of us some of the time, and for some of us more of the time. As a therapist, I have often wondered whether positive connotation is best matched to experiences which have already been problematically constructed

and felt as 'outside' and 'external', whereas externalisation maybe more fruitfully meets experiences which have come to be unhelpfully enmeshed with one's own intimate sense of self and identity. And I think it is a great shame that some of Michael White's earlier ideas on using externalisation with children have become in postmodernist times rather passé, because they are so finely tuned to children's capacity to play, and remain so useful as part of a repertoire for child and family work.

These last two paragraphs on externalisation are a small example of what I call a pragmatic position. We are not ourselves blank screens as therapists, and we have a relationship to the practices and ideas to which we are drawn. Our own personal experience does not define the world, and yet it is at the same time a very valuable part of what we bring to our work and our politics in therapy. Contradictions then do not just exist in theory; they become lived-with in some kind of way. And practice itself can be very messy. It would be nice never to know failure in our own personal practice in therapy, or to know the failure of the main ideas we have ended up using, or indeed to know the times in which the domain of therapy itself is seriously limited in meeting the complexities of human experience or the power of social realities.

A pragmatic position leads toward a space for eclecticism in practice.³ If I worked only in private practice, it would maybe be easier for me to plump for a foundational commitment to a particular way of working. But when you meet with a family where you perhaps represent their only real access to counselling services, the ground shifts. I wish then I had the capacity for a wider repertoire, but I also have to accept my personal and professional limits. Yet though there are very real limits to the level of eclecticism which may be possible in one's everyday therapy, this does not boomerang me into a desire to be pure.

FOUNDATIONALISM, KNOWLEDGE AND POLITICS

Family therapy has a history of a desire for foundational frameworks and models, and indeed it began itself as a competitive frame in opposition to the individual (and mainly psychoanalytic) therapies. Foundationalism has some major advantages, for to have a passion for developing and advocating a 'new' way of working may well provide the optimal conditions for creativity. Of course, the history of ideas documents the extent to which 'new' knowledge is often born in a context of competitive opposition. I personally wish that our social and political world was not constructed in this way, and that the creation of knowledge was not so embedded historically in the conquest and vanquishing of 'inferior' ideas, rather than in curiosity. However, it may be consoling to contextualise socially our own local playing out of these kinds of competitive dynamics.

Embracing the metaphor of narrative and social constructionist ideas in family therapy has enabled us to create new theory and practices. It has been an exciting time, and some colleagues have chosen to immerse themselves in this development and make narrative foun-

dational to their practice and politics. I find many narrative ideas interesting and useful, but my own passion for therapy is constructed in such a way that I have come to value pragmatism and the space for eclecticism. This position fits with an approach to knowledge which is conditional rather than purist, as knowledge then only ever has meaning and use in relation to particular practice and experience.

Oddly enough, a conditionality with respect to knowledge is harmonious with the postmodern critique. Indeed, postmodernism has at its core a radical critique of foundationalism. You will be pleased to know that I am not about to start a scramble about who is most likely to go to postmodernist heaven, and I have deliberately avoided the word 'postmodernist' so far because once you start it is hard to stop! So I am going to confine myself to two quick paragraphs. First, for a range of complex reasons, narrative and social constructionist ideas have become the main vehicle of postmodernism in family therapy, and at times these terms have all been slid together. But there are many expressions of postmodernism. And there are some of us who show a conditional appreciation of postmodernism and who argue (in different ways) that it is a complicated and not unproblematic metaphor for therapy (see for example, Flaskas, 1995, 1997 and 1999; Frosh, 1995 and 1997; Lannamann, 1998; Larner 1994; Pocock 1995). Dare I add, as not-a-narrative-therapist, that the discourse around narrative and postmodernism has also at times been used in a mystifying and excluding way? Robert Doan, a North American narrative therapist, has challenged the contradiction inherent in the openness of the theory and politics of narrative existing alongside the only-too-familiar tendency of reifying metaphors and making gurus of 'leaders' (Doan, 1998).

I think that narrative can and often does express a progressive politics. One sees a very conscious commitment to this in the work of Michael White and the Dulwich Centre, and in the New Zealand 'Just Therapy' group. Though with different flavours, I think one also sees this in the work of (for example) Lynn Hoffman, Harlene Anderson and Kathy Weingarten. But there are no seamless 'homogeneous' politics in narrative, just as there are no seamless politics in postmodernism. One can point though to a valuing of diversity and plurality, to an insistence on linking personal and emotional life to social context, and to more client-focused and therapist-present practices in the therapeutic process. Having said this, however, I must say that I think that any suggestion that a progressive politics in therapy can only be expressed in the form of a foundational commitment to narrative is at best insular and at worst pretty offensive.

When I hung around with the far left in the mid 1970s, we had a 'family' joke: three Trotskyists, two splits! I still find that joke pretty funny twenty-five years and many coalitionist political involvements later; it hummed around my head when I was asked to write this piece. For though this forum is timely and potentially very useful, do I really need to say that there are far more serious political issues going on in the world than the differences between narrative and family therapy identities? Even just in our little

local context, one can see a move back to ‘medicalising’ therapy and counselling in both hospital and community services, and I have been noticing a tentative push to make cognitive behavioural therapy the only ‘legitimate’ ‘evidence-based’ framework in child and family services (this push is already well-established in some of the adult services). In the face of these kinds of local struggles, the differences between narrative and family therapy simply do not figure too high on the political agenda.

In all of this contribution I have been making two pleas. The first is to *use* the richness of the theory and practice and political debates which have come with the development of narrative ideas. And the second is to keep some *proportion* here and remember that this debate is happening in a very small part of the world. With some luck it may be possible to be both different from, yet connected with, colleagues in the narrative and family therapy fields—and hopefully well beyond.

Interactions Not Factions⁴

Brian Stagoll**

Last year I was anxiously canvassing responses to my review for *Psychotherapy in Australia* of Michael White’s latest book, *Narratives of Therapists’ Lives*. I was a bit edgy about my review: I go back a long way with Michael. As I said in the review,

We met 20 years ago and I fondly remember Michael’s energy and inventiveness as we worked on building a journal in the early days of Australian Family Therapy. We travelled together. He was a charismatic teacher and leader within the field. In those days of pre-Foucauldian innocence, we shared a preoccupation with the effect on people’s lives of systems and institutions, (later translated as ‘the structures and discourses of power’). We worried about the way therapy could often turn into part of the very problem it had set out to deal with. I like to think we are still struggling with these same issues, but I can see we’ve moved to very different spots over the years (Stagoll, 1998: 67).

In that review, I was trying to put into written sentences some disjointed fragments and half expressed thoughts that I’ve picked up listening to family therapists. Moshe Lang has a joke (he has a joke for everything) about the woman who disagrees loudly with the Rabbi during his sermon (maybe I’ve got the rituals mixed up, typical). Anyway, afterwards her husband goes up to the Rabbi and says, ‘Oh, don’t mind her, she just says what everybody else thinks’. Perhaps I was being arrogant thinking I had caught the mood, and was saying aloud what was being muttered, but I also wanted to be fair, and there is a mood of unease, disquiet and fidget amongst family therapists over ‘The Narrative Question’. I think. On re-reading my review months later, I think it sober, without offense, judicious. My friends like what I said (they would, wouldn’t they?) otherwise there have been no outbursts of either applause or hostility. The thing has passed. No big deal. What was the fuss?

Except I would have dearly like to have heard from Michael. Not to personalise this, but he is, as the Narrative home page says, ‘the guiding genius of Narrative Therapy’ (www.abacon.com/famtherapy/white.html). Why does he not respond to Australian family therapists? Why can’t we seem to get a dialogue going? Didn’t Brian Cade start

something last year? What happened? Am I wrong-headed to think there is a process of segregation and silencing going on? An interactive void? Anyway, if we can get a conversation going, here are some of the things I would like to open up.

‘LANGUAGE’: THE TURN TO NARRATIVE

Given that there has been a ‘narrative turn’ in psychotherapy since about 1989, or earlier, what is so different about ‘Narrative Therapy’? Anyway, I would propose that all psychotherapies are based on ‘narrative’, going right back to Anna O., and ‘the talking cure’. Words are all we have. If therapy is not organised around narratives, it is not therapy. To speak of Narrative Therapists is a bit like talking of Heart Cardiologists, or Shoe Cobblers, or Systemic Cyberneticians.

I’m not being trivial (more than is necessary) here. Names and naming are crucial. One way I understood the shift from first to second cybernetics was around our understanding that ‘how shall it be named, whose language shall be used?’ This was the Big Question. Maturana, who I otherwise found impenetrable, talked about ‘languaging’ as bringing forth ‘realities’. (Of course, as is the fashion, he claimed to have ‘discovered’ this. I still Kant believe it!)

In 1967, Richard Rorty edited an influential book called *The Linguistic Turn*, referring to the recognition of the centrality of language in ‘constructing reality’ that was happening in Post-analytic philosophy. The ‘Narrative Turn’ reflects a similar, later recognition in therapy, by then also inflected by poststructuralism and POMO, with their deconstructed slippages of stable meanings, playfulness, eclecticism and self-consciousness about the metaphors we use. Systems thinking had been going a bit stale and was in need of some deconstruction. In 1989 I wrote that ‘the opening of the door to more spaces and out of the terrible poverty of the systemic trap should bring interesting results!’ Ten years later ‘interesting’ is not the word I’d choose. ‘Perplexing’ perhaps, or ‘frag-menting’ or ‘dismantling’.

GETTING DECONSTRUCTED

Now I feel a bit nostalgic for 'Systems': at least we knew who we were opposing, and who the 'we' who was doing the opposing was. As I said once, 'Socialism is dead, working class movements are going, our identity is decentred, and, truthfully, I don't feel so well either' (Stagoll, 1996). So after 1989 and the Berlin Wall going, we got deconstructed, and let go of Universal meanings, going to the local knowledge instead. (I even stopped going to o/s conferences, but stayed at home—when I wasn't at the local.)

Some speak of 'moving on' from 'modernism': I never could. I was rather fond of 'modernism', especially in literature. In any case, I thought the idea of moving on, of progression, of advance, was over, Red Rover. It was the 'modern' imperative to advance that got us in to all the twentieth century's troubles in the first place. Didn't Foucault say so? I was getting too exhausted to change, to 'move on from modernism'. Rather, I saw postmodernity as modernity coming to terms with its paradoxes: it is modernity becoming reconciled to its own impossibility (of universal mastery and control), and deciding, for better or worse, to live with it ... and finding resistance in jokes, ironies and escape hatches where it could.

MOVING ON WITH THE RIGHT WORDS

I never thought of myself as 'systemic', at least not in the sense that you had to declare or take a loyalty oath about it. (We had a struggle over that in the VAFT in the 1980s when new members had to sign a 'commitment to the systemic view'. It got resurrected last year when narrative therapists wanted the word 'systemic' purged from the VAFT constitution. I took the opposite side to my stance in the 1980s. I wanted it retained this time. Guess I just don't like purges). Maybe 'the system' has got me after all: a hopeless case of 'chronic systemitis'.

So I'm not at all sure that finding the right soothing words or rituals can deconstruct the harsher realities of clinical life that readily. There is domination aplenty out there still, real oppressive stuff, not (just) caused as Michael White would seem to argue at times in his recent book by

... the expert culture of psychotherapy that supports forms of power that reproduce the structures of privilege, that marginalise persons who seek help by maintaining hierarchies of knowledge that disqualify alternative models of life and thought and so preserve the therapists' monopoly on power and render invisible the therapists' location in the worlds of gender, culture, ethnicity, sexual preference, class, etc. (White, 1997: 122–123).

(If you can repeat this sentence from memory without hesitation, you will be awarded a DICTAT: Diploma in Correct Therapeutic and Territorial Slogans. Say it three times and you will be saved.)

Sorry if I often lose the track. It is the meandering, pandering therapist caught in the eddies of the system who was taught: always have your escape lines ready; if not, just appear confused until you find it. But where

did we lose the track? I sometimes wonder if it has not been a massive retreat from interaction that has led us to getting lost. Family Therapists in the 1960s got 'into' families, stayed there, got dazed and confused and stuck, and (sometimes) came out with some useful (still) and revolutionary (then) ideas: double binds, homeostasis, triangles, mystification, symmetrical and/or complementary interactions, enmeshment, transgenerational loyalties, etc. Of course, these ideas became reified, then clichéd, then past-their-abuse-by-date. But did giving them up (moving on from modernism) also mean we then couldn't go back to desperately real time, hot interaction with families, because we'd lost or given up our compasses and navigating instruments? Certainly, don't go into families without a theory (even a theory called 'not knowing'), but don't get 'married' to it either (as Luigi said). Keep an ironic (curious, neutral, etc.) stance, but, still, go out and meet and interact with families. Go out into the public, visible, social realms and interact. Don't stay in private, individual, secret, enclosed spaces. Look and exchange, as well as listen. Give it a ping and watch it sing, give it a smack and watch it unpack, give it a smile and see it resilé. 'Family Therapy' was an enormous radical shift. I wonder if we haven't lost this now in our attempts to 'move on'. When the Narrative Therapists say they don't take any account of 'systems', are they just retreating from interactional work, that dangerous 'discovery' of the 1950s in psychotherapy? The gloom and terror of interactional entanglements, and the beauty of their release? Is 'moving on from modernism' really an advance, or are we going backwards to privilege the individual narrative over the social systemic interactional view?

OOROO GURU IN SEVEN STEPS (OR SHOULD IT BE TWELVE?)

The above thoughts all came to me in a rush when I recently went to a day long seminar at which the visiting overseas guru humbly informed 600 locals how to do it. He wasn't bad either. He had good jokes, and actually showed his style with a (role-play) couple. But he made a variety of cultish amnesic, separating and denigrating moves as well. 'Nobody has said this before ... This is how to do it. Other approaches don't work, or if they do, only very, very slowly.' At the end, I wanted to ask: 'Has anybody else in the history of the world ever conducted a successful session of therapy?' Is this where we've come to?

I've been trying to work out the Seven Steps to becoming a guru:

1. Be self-effacing, confessional and witty, but do it with authority
2. Spell out a simple theory with clear slogans in Capital Letters but based on effective past practices
3. Claim it is all your own very novel idea
4. Do not give any credit to any other ideas, confess as needed and denigrate where possible. As in 'I tried that for years, but I had a struggle of conscience, and realised (unlike the others) it was all wrong'

5. Talk only of your successes, and then only of your dramatic ones where all other therapists had failed dismally.
6. Solicit testimonials from the now disempowered audience, and be humbly grateful in return
7. Leave town quick.

I'll end by re-remembering what I wrote in that review of Michael's *Narratives of Therapists' Lives*:

Sadly, when this book is reaching out to ethical and political realms, it veers perilously close to being a forgetting and a dismembering with its strident insistence on severing Narrative Therapy from the culture of psychotherapy from which it arose. As can be the case with Foucault, whose bewildering ideas can at first seem literally incredible, the ideas in this book begin to lose their fizz when brought to earth by

paraphrase or concrete example. Both Foucault and White practise a psychological rhetorical overkill that can grab your attention, but fades after a while. The repetitive phrasing and incantatory prose can be hypnotic if you would just abandon yourself to it. But in the end it mystifies rather than clarifies. Therapy is a messy business rather than a messianic one. Messianic explanations are never very helpful in the long run of therapeutic work. The trick, à la Foucault, is how to be against forms of domination without reintroducing the worst effects of empowering practices. This is where this book fails. With its raising up and then splitting off a "Narrative Therapy" from the multiple voices and stories of psychotherapy, I fear I can smell the incense of a new Church, seeking converts not free-thinking therapists, and searching for salvation not wisdom. It is this, not the culture of psychotherapy, that would lead me to despair (Stagoll, 1998: 67).

Deconstructing Narrative Therapy

Glenn Larner***

THE RICHNESS OF DIVERSITY

I find narrative therapy immensely valuable and enriching to my therapeutic work and feel sympathetic to its project to deconstruct the culture of psychotherapy. I do call myself a narrative therapist though perhaps I use the term in a wider sense than most. There is a desperate need for radical voices of difference in these days of managed and evidence-based care in psychotherapy. Ideas like ethics, social justice, collaboration and accountability in therapy reinstate the narratives of the unheard and powerless. However a systemic family therapy with a postmodern sensitivity to issues of language, culture, ethics and justice is not inconsistent with this imperative. Collaborative and accountable practices in contemporary systemic family therapy are evident in response to the same postmodern influences that account for narrative therapy, just as they are present in other therapeutic endeavours like psychoanalysis (Larner, 1999b).

I have problems with a version of deconstruction which dismisses systemic thinking as part of an oppressive discourse in therapy. For that matter, I am aware that practitioners of other forms of psychotherapy (including, dare I say it, cognitive-behavioral therapy and even the bio-diagnostic-therapeutic treatments of psychiatry) can operate in a postmodern climate of relational responsibility and collaboration. For example, Amundson (1998) has recently demonstrated the utility of DSM IV in a narrative therapy context. And this is where I find myself in agreement with Brian Stagoll's (1998) contention, 'the culture of therapy is much more various, contradictory and alive than the picture [Michael] paints' (67). But then this multifarious quality may reflect the growing influence of postmodernism and the narrative approach on this culture.

A challenging paradox for therapists in the millennium is that just as psychotherapy is developing a 'multiverse of

perspectives', as Bruce Hart (1995) puts it, there is a sense of the field narrowing into the very pathologising monoculture White (1997) addresses. I have already referred to the conservative influence of managed care and single-minded biological-deterministic-psychiatric models, which are eradicating both contextual and social justice considerations even as we debate the political correctness of systems or narrative. This was Sluzki's (1998) sober point in reply to the recent dialogues initiated by Minuchin (1998) called 'Where is the Family in Narrative Family Therapy?' and is taken up by Flaskas and Hart in this symposium.

No matter what its critics say, narrative therapy is a welcome and powerful voice against what is becoming the dominant culture in our places of work. What systemic therapists object to is a Pharisaic perception by some narrative therapists that dominant discourses are everywhere except in their own textual backyard.

DECONSTRUCTION AND THE SYSTEMIC METAPHOR

The idea of deconstruction is central to the theorising of narrative therapy (White, 1991; 1997). Here I want to consider briefly an alternative description of deconstruction in therapy based on Derrida's writings, a description which is inclusive of a systemic metaphor. Derrida (1990) presents deconstruction in terms of the stability or instability of thought systems. To deconstruct a system of thought is not to destroy it and erect another edifice on the ruins, but to examine its moments of semiotic stability and instability, closure and nonclosure, what Derrida calls the 'institutional fortification' of its theory. Now this deconstructive critical enquiry applies as much to the theoretical system of narrative as it does to deconstruction itself.

Derrida's central concern is with *aporias* (antinomies, paradoxes, contradictions) of thinking, deconstructive moments where the pure rationality of theory breaks down and an alternative narrative becomes apparent in the text. Derrida presents this deconstruction as a philosophical version of the 'double bind', where two contradictory messages prevail in the same text. In his recent book, *Resistances of Psychoanalysis*, Derrida (1998a) refers to deconstruction as the ordeal of aporia, a tolerance of double bind as paradox, a holding together of binary opposites in philosophical thinking (such as the one we are discussing). He actually cites Bateson in this context: 'By definition a double bind cannot be assumed; one can only endure it in passion ... beginning with Bateson and others, it is assigned a schizogenic power to which some fall victim while others are immune' (36).

What this says to me is that deconstruction in therapy need not be divorced from the systemic–cybernetic metaphor. To use a musical analogy, avant-garde improvisation in post-bebop builds on, not destroys, the traditions of the jazz language. In this respect modern and post-modern metaphors can co-exist in therapeutic discursive space. This is my notion of the *paramodern*, where the prefix 'para' means both beside and beyond (Larner, 1994). As Derrida often notes, deconstruction is not a postmodern project which 'moves on' from modern thinking, rather it is this very notion of progress and linear time in Western thought which he seeks to deconstruct: 'Postmodern is a word that I have never written, and modern almost never' (Derrida, 1995: 47). Derrida proceeds with respect and even love for the works he deconstructs and unlike Foucault identifies intimately with the traditions and origins of modern philosophy. Here I believe the postmodern enthusiasm, not only of narrative therapists but of social constructionists in general, carries the potential for a form of discursive violence which repeats the very modernity it critiques.

THE VIOLENCE OF DISCOURSE

Elsewhere I have argued that the primary concern of deconstruction is precisely this institutional violence of theory (Larner, 1999a). A narrative therapy which forcibly ejects its own heritage of systemic family therapy from the language of therapy stands accused of the very same discursive violence it purports to locate in the monoculture. Perhaps what this says is that all therapies, narrative included, cannot help but, in Michael White's (1997) terms, 'reproduce the structures of privilege and relations of power of mainstream culture' (122). Every language has the potential to colonise or institute its own hegemony. For this reason Derrida (1998b) says: 'One must summon up writing inside the given language' (64). Rather than attempt to deny and move on from the language of one's tradition and culture, one must speak within it.

In this context, Derrida (1998b) refers to the colonising monolingualism of the French language which he experienced as a disenfranchised Jew growing up in occupied Algeria. What the imposition of a homogeneous language on a culture overrides is 'the relationship to the other'

(40), the colonisers not realising that language cannot be owned as a franchise, rather it 'exists asymmetrically, always for the other, from the other, kept by the other' (40).

Derrida's concern here is the politics of language, in particular, how the languages we speak which constitute us as persons cannot necessarily be called our own. In this sense all language has a colonising function, every language including that of narrative therapy has a hegemonic potential to impose its own culture, and to silence other voices in the conversation. To guard against this requires an awareness of the relational violence of theoretical discourse, what David Paré (1999) calls discursive wisdom and I have called institutional humility (Larner, 1999a).

Ironically narrative therapy, which purports to liberate persons from colonising discourses, stands accused of instituting its own colonial politics by imposing its own language in the therapy field. This it does when it sets itself in opposition to what it identifies as a dominant discourse in therapy and seeks to impose its own language by denigrating other linguistic-therapeutic traditions. Perhaps this reflects an innocent zeal for its own ideology and a lack of critical awareness concerning the impact of its own system. The problem arises where narrative therapy strives for discursive purity, for a single language untainted and uninhabited by what it identifies as metaphysical and/or modernist ideas and metaphors of therapy.

What is ironic is that a narrative therapy which is about opening up spaces for conversation and creating alternative stories has closed off that possibility in relation to the family therapy community. This repeats the story of modernism as a division between discourses which compete for power, truth, status, privilege and (as Stagoll says) slogans in the market place.

CONCLUSION

I am caught between the languages of narrative and family therapy; they are discourses which I have learnt to speak while feeling alienated from both. As Derrida (1998b) might suggest, I am 'multi-lingual', conversant with a number of theoretical discourses though master of none. I am in a curious position of agreeing with the intent of narrative therapy to deconstruct the colonising potential of languages of domination and pathology that entrap persons in a problem discourse, while at the same time I am aware that systemic family therapy also shares this concern and has much to offer in understanding how these discourses manifest in contextual and relational settings. It is interesting that radical social constructionists such as McNamee and Gergen (1999) appear to have less difficulty than Whitean narrative therapists do in integrating a systemic understanding of therapy. In their recent book, *Relational Responsibility*, these authors refer to the systemic view of relatedness in family therapy as augmenting dialogues of responsibility. This suggests that a narrative metaphor can be seen as co-existing with systemic family therapy as a both/and rather than moving beyond it. In this regard, Karl Tomm (1998) says of narrative therapy: 'From a second-order perspective, the richness of systemic

family therapy is being extended and enriched by these recent developments' (409).

While I can appreciate the desire of narrative therapists 'to get on with it', to leave behind theoretical squabbles that have little bearing on their work or the lives of their clients, at the same time I wonder whether this is not at some cost in terms of discursive freedom. It is easy to form the impression of an increasing tendency to shun dialogue with family therapists who do not work from an exclusively narrative perspective, the tendency to close down conversation that is not seen as conforming to nar-

rative ideology and agendas, the refusal to acknowledge certain traditions in family therapy in which narrative therapy itself has origins.

My argument here is for the systemic *and* narrative, not one or the other, of saying yes to both. This avoids a typically modernist struggle for theoretical supremacy and makes available to the therapy community a rich diversity of therapeutic metaphors. This welcoming and receiving of each other in dialogue, conversation and friendship is the theme of this symposium and is what deconstruction in narrative is all about.

Embracing Uncertainty in Family Therapy: The Role of Therapeutic Diversity

Bruce Hart[†]

Uncertainty is at the centrepiece of our lives. How we manage it is critical. We attempt to regulate the world in order to make sense of it and reduce the anxiety created by uncertainty. This process exists at all levels, intrapsychically, interpersonally, socially and in larger society. It includes how we manage uncertainty as we organise ourselves as family therapists.

SOCIOECONOMIC UNCERTAINTY

The eighties and nineties have created new challenges for the family therapy field. Changes in social and economic policy have created a climate of uncertainty and insecurity in the development of health and social services. We have seen the development of market mechanisms in social and health services, turning clients into customers. The New Right policy of minimal intervention into family life has emphasised individualism and self reliance. This is a culture of managerialism, and while aspects of it have been useful, the social good of the community has been lost through the demand for more efficient and leaner services. Organisations and professionals alike feel under constant threat (Mosse and Roberts, 1994), creating social and political uncertainty, which filters down to the grass-roots level of the services in which many of us work.

At this point I wish to turn to Peter Marris's work about *uncertainty*. Marris (1996) examines the role of attachment in relationships and the effect of uncertainty on both individual-family and organisational-political life. He sees uncertainty as a fundamental condition of human life (1) in response to which people develop 'managing' strategies. Likewise, '... organisations tend to defend their own internal structure from external threats to the established balance of control by imposing buffers' (91).

A buffer can be created by dividing into camps each with a clearly defined area of knowledge. Professional groups divide the world into those who 'know' (and agree with us) and those who (in our view) 'don't know'. We

develop a competitive process to manage uncertainty that excludes certain others. Dialogue and listening are destroyed, because dialogue between alternative approaches creates uncertainty. Interprofessional barriers act as a buffer against uncertainty within clinical work and against the social and political context.

As Mosse and Roberts (1994) state (about groups and teams), 'One of the most common defenses in groups under threat is to try and strengthen the emotional ties which bind them together' (151). Unfortunately, such 'pseudomutual' groups will not be able to allow differences or process conflict 'which might prevent their negotiating ways to their future' (151). For example, I was involved in a professional group meeting of family therapists in which one member spoke out against unvoiced conflicts in the group. Another member got very angry and the larger group decided to break into smaller subgroups (or caucuses) for discussion. One of the key leaders in the original group burst into tears and said to the dissenting member 'You may have caused it *all* to disintegrate'. The fear of annihilation stirred up very strong reactions. Such responses can be better understood as responses to the larger context in which they are located, rather than at the level of blaming individuals.

The larger socioeconomic and organisational context in which we are situated acts as a 'container' for the work we do. Just as the therapist provides containment to the client, in a psychodynamic sense institutions act as containers or holders of our work (Stokes, 1994; Obholzer, 1994). Their ability to hold us is critical for the management of the uncertainty we work with. The greater the anxiety, the trauma or the difficulties, the stronger containment we need to manage the process. The containment provides the space in which the collective split off emotions of both society and our clients can be held, thought about, processed and then handed back to the client and then society. Some of these threats may come from the outside (e.g. organisational change, social policy or funding), others from within (e.g. the group or team

process, the traumatic nature of the clinical work) or an interplay of the two.

Obholzer (1994) outlines the way public sector organisations can act as containers of social anxieties. There is a public outcry when a child dies when under the care of the child protection services. We vent our anger (a symptom of our anxiety and fear) against both the individual professional and the organisation for failing to protect us. In a similar way, when a group member challenges group norms s/he faces this anger—a symptom of the fear of annihilation that the group may be facing. Difference is threatening and the threat is not owned, processed nor integrated.

THERAPEUTIC UNCERTAINTY

With a group of family therapy trainees, I examined the effects of models on them as therapists⁵. Firstly, the models gave them a means of understanding: i.e. to contain and manage the uncertainty created by the client and the client's 'problem'. This gave the trainee therapists certainty in their work, which they then in turn passed on to the client. Secondly, the models gave them hope that they could solve 'the problem'. Thirdly, the models provided a way 'to be' with the client that gave them a framework for empathetic listening, using skills such as 'curiosity' or 'listening for exceptions'. Finally, the models helped them to change the ways they might relate to the client, i.e. the therapeutic relationship.

Using Marris's framework we can see how our models of therapy become a means of protecting ourselves from uncertainty in the therapeutic domain and from fears of professional annihilation. With each client we are faced with someone who is often overwhelmed by 'problems': If we are honest, the question is not 'Will the family survive?' but 'Will I survive with the family?' Along with our clients, we face the uncertainty of how to act and what to do. Like the clients, we long for a recipe, a formula that empowers us to help with their distress. We look for the hero myth or 'heroic narrative' (Gibney, 1999) to guide us.

We can then develop a competitive management of our work and create an 'us' and 'them', where dialogue is constricted and the group develops pseudomutuality. Debate is not allowed and processes are set in train to prevent dissenting voices being heard. Often a 'straw man' is created, which we then knock down with glee. Our anxieties are not tolerated and are put onto the 'bad' Other, as we create a false sense of certainty against the external threat.

However, Marris comments that:

The competitive management of insecurity is not the only possible strategy... and it may not be the best strategy in the long run. The more people co-operate with each other in dealing with uncertainty, sharing of information and committing themselves to reciprocal plans of action, the less uncertainty everyone will have to face. Correspondingly the more aggressively people compete to protect themselves from uncertainty at others' expense, the more insecure everyone eventually becomes (1996: 98).

In this way, our approaches when rigidly applied may hinder the way we embrace uncertainty and undermine

our ability to respond to a client's distress. Stolk and Perlesz (1990) indicate that after some training, family therapists are perceived by the clients to be less empathetic to their clients, than when they commenced their training. Focusing on a model of practice with specific skills has made them less responsive to the client's needs.

It is important to realise that 'there are always feelings and lived experiences not fully encompassed by the dominant story' (Bruner, 1986). This applies not only to the dominant story constructed by clients about themselves, but also the dominant story or theory of a given therapist in understanding the client's experiences. Our theories of practice may leave out aspects of the clients' 'lived experiences' as we highlight aspects of their lives consistent with our theories. Pocock (1997) approaches this idea from a different perspective:

A more common problem with theory is that it may lead to an unbreakable impasse of unacknowledged misunderstanding between family members and therapist in which the theoretically dominated construct in the therapist's mind deadens curiosity and creative exploration of difference (294).

Spinelli (1994) puts it in another way:

Again the issue is not principally the validity or reliability of one theory over another, but rather, the greater likelihood that an extreme adherence of any one approach is more likely to take a more mechanistic, 'doing-based' stance towards therapeutic encounters—a stance that, conversely, is likely to minimise the being qualities of both therapist and client (308).

Spinelli goes on to outline how therapists' [over]-reliance on a particular theory can be a misuse of their power. I have suggested (Hart, 1995) that our theories should become lenses. Pocock (1997) suggests we need to work with *theory lightly*. Keeping a critical voice on our own theory(s) and being in dialogue with others' alternative approaches keeps our work alive, open to scrutiny and enhances our accountability to each other. In other words, moving from either/or to both/and. Instead of truths we would create a 'multiverse' rather than a 'universe' of perspectives on our work as we maintain a continual dialogue between ourselves and others with different views. We would view our theories as a conversation. As we mature as therapists, we will tend to use our techniques and theories more loosely and aesthetically—paying more attention to the clients and the processes. As Pocock states (1997, quoting Miller, Hubble and Duncan, 1995), the therapeutic relationship is twice as significant as the technique used by the therapist in outcome studies. This is a logical extension of the social constructionist position for the development of theory.

Each development in family therapy has emerged out of a particular era where new challenges in the socio-economic environment have created a discontinuous bind—a point of stuckness out of which new initiatives can develop. For example the Milan school of family therapy emerged out of the struggle in Italy with government policies of deinstitutionalisation and community

care. Family therapy has continued this radical bent, with each new generation re-inventing its radicalism through new language. We have so many models and languages to confuse the trainee and consumer alike. However, it is also now being realised that there is a need for more understanding of the commonalities between the approaches rather than creating yet more approaches, or 'hero myths'.

For example the debate between White (1993) and de Shazer (1993) about the differences between 'unique outcome' and 'exceptions to the rule' has been mystifying to me. Each takes the 'unique outcome' or 'exception' argument in a different direction, which creates an interesting difference between them. Instead of territorial differences over competing ideas or theories, working together and talking about these differences will help us all learn and develop as a field.

CONCLUSION

I have highlighted the processes that can occur for groups at times of social and economic turbulence and instability, and their possible effects on the development of family therapy. Unless we are able to address these overtly in a constructive way there is a danger that we may retreat into a 'group think' and curtail the healthy diversity of approaches. Challenging dominant narratives in the lives of therapists is not a matter of replacing one with another, for then the subjugated simply becomes the dominant.

Robert Doan (1998), a narrative therapist, raises the following challenge:

There is a certain irony that needs to be addressed. That is when a group of people are recommending tolerance and the acceptance of diverse voices, can they be tolerant of diversity with in their own ranks? Can a group of people who embrace postmodern social constructionism recognise that they tend to violate such premises just as much as any other group of humans ... Are we ready for life in the post-modern zone, with all its uncertainty and psychic freefall? Can we recognise our assumptions and be aware enough not to slip into believing they are true? (385).

The change has to be one *in process*. We can create a context of 'cooperative competition' where separateness and individuation can not only be tolerated but also encouraged, and envy and rivalry openly explored. However, as the current social and economic context works against this, we need to think more consciously about creating this in the development of our own organisations.

Facing degrees of uncertainty as family therapists may also be important in preparing us for clients who may not respond to our well prepared questions, theories and techniques. We may need to sit with them in our uncertainty and slowly create together a new discourse of understanding. This may not be through language, but through unspoken experience, as both therapist and client create a unique outcome in their encounter together. In this way we are able to 'learn from the patient' (Casement, 1985) and to move beyond our models. We do not have to abandon our models and theories, but rather, hold them more loosely. The challenge of our field is to find ways to move into embracing uncertainty in our dialogues with each other.⁶ Will we develop a discourse of control and divisiveness or be able to create a new story, understanding our differences, conflicts and struggles?

Some Reflections for 'The Virtual Symposium'

Robert E. Doan^{††}

OPENING COMMENTS

I welcome the chance to participate in what I hope culminates in a constructive dialogue between family therapists of varying perspectives. I have become increasingly concerned over the past few years that therapists, however unwittingly, have been as prone to be 'philosophically violent' as other populations. Violent in the sense of holding an opinion to be true and demanding that others hold it as well, a definition which renders it possible for therapists to be violent with both clients and colleagues. Identifying myself as a narrative therapist, I have been particularly concerned about this tendency within the narrative camp (Doan, 1998).

Thus, I read the articles that form the basis of this interactive dialogue with great interest, and applaud the authors for their plea that family therapists work together rather than building castles which they defend against the invading barbarians of other philosophies. I understand

that my role in this process is to serve as one member of a 'reflective team'. In keeping with that, I offer the following wonderings in the hope they will be a constructive addition to an interactive dialogue, rather than inviting defensiveness and further misunderstandings.

REFLECTIVE QUESTIONS

1. Can human beings ever learn not to privilege their own stories and exclude the stories of 'the other'? Is it possible for our species to consistently be this 'honestly aware'? Or, is this beyond our capacity? Is the human brain so genetically programmed to reify its narratives that we can no more accomplish this than a bat can accomplish vision?
2. Which group, narrative or systems, can prove to be better at tolerating the 'different other'? Or, are both

camps equally inclined to be exclusive and defend the 'territory of their sacred beliefs'?

3. How would any of us gain a sense of identity without reference to some 'other'? It is possible we *need* different and distinct groupings to form our own identity? If so, do we fulfill some purpose for each other that is best honoured and respected?

4. How can the 'leaders' of the various models of family therapy do a better job of encouraging their 'fans' not to become 'fanatics'?

5. Can we consistently remind ourselves that our analogies, once reified, lose much of their meaning-making utility? Is it possible to stay aware of the 'as if' aspects of our metaphors?

6. Is it possible for those seeking to spread tolerance to be tolerant with those who aren't interested in such a concept? This is an irony that begs to be addressed.

7. Who should have the final say concerning which model of therapy is used with a particular client or family? Can we embrace postmodern notions enough to admit that it is unlikely that one way of conducting therapy will lend itself to all situations? What would happen if we outlined the various models of therapy for our clients and let *them* decide how we should work?

8. Are the various models of therapy selected more for the client or for the therapist? Does a therapist opt for a particular orientation because it has been demonstrated to be significantly more effective, or because the therapist likes it? What would happen if we claimed only that we were narrative or systemic or behavioral therapists because that particular model appealed to us?

9. Do either the narrative or systemic models have empirical evidence for claiming superiority? Has either of them been proven to be better than the other, based on well-documented outcomes? Upon what basis can the adherents of either model afford to be 'smug'?

10. If our clients told us a particular form of therapy wasn't being helpful, would we listen? What would it take for *all* of us to be more humble and less sure we have found *the* way?

11. Will this symposium result in interactive cooperation, or will it further polarise? Will we explore our beliefs and assumptions openly, or even more zealously guard and defend them?

12. Can a therapist be informed by both the narrative and systemic models, and maybe a little behaviorism to boot, and be accepted? Or will that disqualify him/her from belonging to any of these 'clubs'?

13. Do models of therapy, and their adherents, mimic the devotion shown to religious and political factions? Is it possible for highly trained therapists to rise above such totalising tendencies, or in the final analysis do all of us lose our individual voices to some larger story?

14. To what extent should each of us name the therapy we conduct after ourselves? To be personally responsible for what transpires? Do we get recruited into various models to avoid such responsibility?

15. How does it feel to be at odds with our colleagues? If we paid more attention to that, and less to being loyal to a system of thought, what would we be invited to do?

16. If we cannot model the appropriate handling of differences within our professional ranks, how can we request that the families we serve do so?

17. Are we really ready for life in the postmodern zone, where all is interpretation and the best we can hope for is 'access to some aspect of the truth'? Or, is that too much psychic free fall for us to handle?

CONCLUDING COMMENTS

I have great respect for the acknowledged 'leaders' of the narrative movement, Michael White and David Epston. Not only have they had a positive influence on my work as a therapist, but on my personal life as well. I consider them two of the finest people I've ever met. They were generous enough to endorse the book on narrative therapy that I co-authored with Alan Parry, and have been nothing but kind to me. I would not want anything I've written to be construed as a personal attack on either of them. However, this can be juxtaposed with an experience I had several years ago while attending a workshop conducted by some other very visible narrative therapists. During the proceedings, one of those in attendance requested a reference list of books on narrative therapy. All of the books on this subject that I am aware of were listed, save the one I co-authored. I inquired after the conference as to the reason, and was informed that the book 'wasn't really narrative'. It seemed that a 'right' way of 'being narrative' can be socially constructed as easily as other dominant cultural stories. I felt marginalised, misunderstood, and excluded by the same oppressive practices which narrative speaks most ardently against.

Is there a growing tendency to reify certain narrative ideas and worship certain narrative gurus, while others are excluded as somehow invalid? Is there an even greater tendency to privilege the narrative model and marginalise other family therapy models? I have sadly concluded that such is the case.

Family therapy has, in my opinion, long been a voice offering alternatives to the pathologising of individuals and requesting that the larger cultural context stand responsible for oppressive 'normative' power practices. This wide-angle lens is what attracted many of us to investigate the various systems models that evolved. Together, these models represent a significant alternate to the medical model Grand Narrative that currently dominates the mental health arena. Divided, we lose credibility by not being able to practise what we preach. At the grass roots level, our cause is a common one. Can we join our energies in the service of encouraging a less judgmental treatment of the people who seek therapeutic services? I certainly hope

so. However, I will admit to being quite pessimistic on this count. Even highly trained therapists seem to get regularly recruited into singular views when enticed by the power of a larger story to which they feel allegiance. This is punctuated by a quote from E. O. Wilson:

All that has been learned empirically about evolution in general and mental processes in particular suggests that the brain is a machine assembled not to understand itself, but to survive. Because the two ends are basically different, the mind unaided by factual knowledge from science sees the world only in little pieces. It throws a spotlight on those portions of the world it must know in order to live to the next day, and surrenders the rest to darkness. For thousands of generations people lived and reproduced with no need to

know how the machinery of the brains works. Myth and self-deception, tribal identity and ritual, more than objective truth, gave them the adaptive edge (1998: 96–97).

Are modern therapists no better than primitive people at putting survival in abeyance? Is the preservation of our ‘tribe’, be it systemic or narrative, what motivates most of our behaviour? Does privileging our group’s story and marginalising the narrative of the other give us an adaptive edge? Are we so inclined genetically to do this that all else gets assigned to darkness? Are we incapable of stopping the self-deception that is necessary to worship a particular socially constructed mythology? What if this is as good as it gets?

Reflection

Kathy Weingarten^{‡‡}

Despite Carmel Flaskas’ effort at ‘setting the scene’, I feel as if I have shown up at a meeting of friends and colleagues a day after the gathering began. There are experiences each of the first four contributors has had with regard to Michael White, Dulwich Centre, Dulwich Centre Publications, therapists who identify as narrative therapists—at a minimum—that are immanent, but not often explicit, in the text.

This produces dilemmas for me. There is a new adult ‘toy’ in North America called the Zen Board on which one draws with water and watches the image fade over time. Besides being fun, the board makes visible how fruitless it is to hold on to the ephemeral. I draw an analogy. Of what use can highlighting the not-quite-said tensions in these texts be?

Well, I do think it is important to distinguish that which is not-spoken from silence and from that which is silenced. These three categories of experience have very different real effects on peoples’ lives. These papers as a whole seem to be grappling with the effects of these experiences in relation to narrative ideas, narrative practices and the production of both. I am definitely in favor of making these distinctions clearer.

Why? I’ll use my own question as an opportunity to speak autobiographically. I am a clinical psychologist who began training as a family therapist in the early 1970s after I was already active in the women’s health movement, as both a feminist and a therapist. My engagement with theory, intense as it is, has always had a political dimension to it: that is, I have used my life to illuminate theory, to show (as a political act) that theory illuminates life. I try to do this in a writerly way, and I always hope that the way I do my work, making the personal professional and political, won’t be trivialised as ‘just’ women’s work. These comments reflect this approach and my abiding concern with voice.

I do not know any of the four people whose contributions to this symposium I have read. Judging only by their papers, I do not feel a complete theoretical affinity

with any of these writers. However, I draw similar conclusions to those of Carmel Flaskas. Our conclusions are gendered. I have now mentioned Carmel Flaskas by her first and last name three times. In doing so, this paper shares a characteristic with hers. Hers is the only one of the four papers that mentions a woman by her full name. This observation is not the nitpicking obsession of a rabid feminist but rather a step in a discourse analysis. What does it mean that contributions of women to the evolution of narrative theory and practice are erased from the three papers of the men but acknowledged by the single female participant in the dialogue? As I thought about the papers written by Bruce Hart, Brian Stagoll and Glenn Larner, I came to the same conclusion as Carmel Flaskas. She writes: ‘And the second plea is to keep some proportion here and remember that this debate is happening in a very small part of the world’.

I am familiar with this rhetorical turn in myself. When I say this sentence to myself, I hear a particular tone. It is one that I have used only with my children. It translates in family-language to, ‘Oh, come on. Surely you have better things to be doing’. The tone is at once maternal and patronising. I am happy that I had it in my repertoire as a mother (to my now grown children) and I try to avoid it as a teacher and writer because it always reveals an impatience I usually wish to conceal. I applaud Carmel Flaskas’ willingness to write this sentence, even as I, of course, know I have no way of knowing whether its meaning to her is its meaning to me. That is, I have no idea whether it functions in her language repertoire as it does in mine. In mine, it is a definitively-gendered sentence. If I were to write her sentence, which I will not, it would mean ‘Come on, guys’.

But why would I think or say such a thing? Why would this come up at all? As I read these papers, unfortunately, I am wondering to what extent the dialogue, as represented by the men’s papers, is really a personal interactional conflict cast in the discourse of theory? Brian Stagoll puts it straight out: ‘Why does he [Michael White]

not respond or enter into conversations with Australian family therapists?’

As a North American female, not involved in ‘[this] local playing out of these kinds of competitive dynamics’, I have to say I am disappointed in the papers. The terms of engagement with, or dialogue about, narrative therapy seems riddled with *ad hominem* accusation disguised as theory. I had hoped that the dialogue would be about the oppressive potentials of the narrative metaphor in therapy. Instead I read these papers as focusing more on the practices of power of those who circulate and promote narrative theory than on the practice of narrative therapy.

To me there is a critical distinction between doing therapy and talking about it. As a teacher of family therapy for 25 years, I have found it consistently challenging to create congruence between my epistemology and my pedagogy. I often fail my aspirations. There are some ways, however, in which I think I succeed. I treat those who pay to learn from me respectfully. I am not rude. I do not disparage that which they bring from other contexts. In fact, early in our narrative training program, my colleague Sallyann Roth and I use an exercise in which we create a metaphorical trunk and ask students to place those ideas of value which they are bringing with them into the trunk for safekeeping. We ask that they name each idea and tell us why it is valuable and worth safekeeping. It is possible that Sallyann and I like this exercise more than our students since we are aware of the wider context within which we were moved to design this exercise, namely to counter the impression many students of narrative therapy have that they must forsake all other forms of practice in order to practise narrative therapy the ‘right’ way.

I care about how people do narrative therapy. I think it would be great if those who present, teach, and write about narrative were always to do so in ways that were internally consistent with the theory, but I have been humbled by the inadequacy of my own attempts to do so, despite trying hard. I assume that those who work on the world stage have pressures on them beyond any I have experienced. I assume that Michael White and his colleagues—who-go-nameless but who are a felt presence in these papers have evolved their style over many years in relation to interactions they have had with the family therapy communities of which they are a part locally, nationally and internationally.

Let’s take Michael White as an example. When I work with him in North America, whether I see him at large conferences or small workshops, I see a person passionately engaged with ideas whose position in relation to them is radically different from mine. As a primary, but far from solo, developer of narrative ideas, he takes a ‘purist’ position which, frankly, allows me greater theoretical flexibility than I would otherwise have. By placing himself in the paradoxical position of presenting the Grand Narrative of narrative ideas, he takes the rap for not practising what he preaches, freeing me up to practise what he preaches. My response is gratitude, not gotcha. For these reasons, the inconsistencies between theory and practice in the production of narrative ideas and practices is not fascinating to me. I care about the work itself.

In the many pages of these papers, only a few points are made which specifically address the limits of narrative theory as a clinical practice.

Bruce Hart suggests that narrative therapists would do better to manage the uncertainty of our age by taking their *theory lightly* [italics in text]. I don’t know. There is a lot of evidence suggesting that specific approaches and their techniques are responsible for no more than 15% of clients’ improvement. Far more significant is what clients bring into the room and what influences their lives outside of it. Factors like persistence, openness, faith, access to a supportive person, or sense of personal responsibility are ones that seem to make a difference as to whether or not clients improve. The next most significant factor is the therapist–client relationship.

Accepting this to be so, I assess which therapies are more likely than others to enhance the ameliorative factors that clients bring into the room and which therapies are more likely than others to enhance therapists’ empathy. On both counts, I think narrative therapy scores high and taking the theory seriously is probably relevant to making this contribution. However, outside of the therapy room, I agree that there are reasons to take the theory lightly. For many people, but not all, it contributes to being respectful of colleagues who work differently. Others can take theory (what is the opposite of lightly?) passionately and still be respectful.

Another reason to take theory lightly is so that you can converse with colleagues about it in ways that help them understand what you mean. I like to put narrative ideas into clear prose in all contexts—clinical, teaching, writing, speaking. I disagree with Michael White that to do so plops the ideas into ‘the taken for granted terms of the culture of counselling and/or psychotherapy’, and I understand why Brian Stagoll was left ‘puzzled or irritated’ after reading the theory chapters in the book *Narratives of Therapists’ Lives*. But what did he think of the interviews that make up the bulk of White’s book? He doesn’t say. Puzzling. I think they are riveting accounts of good clinical work that I would feel comfortable giving to anyone who reads English, as their entrée into narrative ideas and practice. The interviews open up space for conversation among my colleagues and students. We do not experience them as ‘imposing yet another kind of discursive violence’ on us as Glenn Lerner proposes may be happening. The interviews, whether witnessed in person, viewed on videotape or read, stimulate lots of reactions. People whom I know don’t seem to feel silenced by them.

I notice that some people like to connect narrative work to that which has come before it (lumpers) and some people like to point out its distinctness (splitters). To me, it is the responsibility of a theory to be interesting enough, compelling enough, good enough, useful enough to give rise to lots of talk: re-membering talk, agreement talk and disagreement talk, at all levels of its enterprise. In the case of narrative, there are many levels of its enterprise, as these papers clearly demonstrate, and many kinds of talk. I’m satisfied. Finally, another reason to take theory lightly is so that it continually evolves. Narrative theory

and practice have changed a lot over time. I feel I have changed it and I benefit from the changes many other women and men make to it.

To conclude, I know that my reactions to these papers are gendered because I have some trepidation about entering

such direct reflections to the symposium. Apparently, I fear intellectual reprisal. However, the narrative therapy I know and practise is not much represented by these papers and I must stand up for it. Let's talk about the work ... and that means the work that lots of us are doing.

Who's Afraid of Walking on Water? Reflections on the Papers from Australia and New Zealand

Wolfgang Loth[‡]

It's done, the first lap of reading the initial papers from Australia and New Zealand has happened, some roller-coaster-experiences are still reverberating. How can I reflect such a skilful, extensive, thoughtful, inspired, and even punning multiverse of ideas (on the one hand) and such a focus (on the other)? My first impulse was to do as advised by Kratylos, a Greek philosopher in the tradition of Heraklitus. When asked to answer questions, he was said simply to move a finger to and fro. What could be the grounds from which I could feel sure enough to say something about the concerns with which Glenn, Carmel, Bruce, and Brian are dealing? Aren't they my concerns, too? Of course they are, but I'm not sure whether I'm concerned from the same points of view.

Well, the first impression that struck me was the extent to which differentiations between 'narrative' and 'systemic' were conceived as a problem. There must be some specific background in the Australian and New Zealand scene which I'm not familiar with. Maybe due to some cultural or geographical reasons, or even purely accidental?

I agreed heartily when reading Glenn's statement: 'There is a desperate need for radical voices of difference in today's economic and political climate of managed and evidence-based care in psychotherapy'. But I hesitated as I read the next sentence: 'However a systemic family therapy (...) is not inconsistent with this sentiment'. Why 'however'? 'Radical voices of difference' had always seemed to me to be a central part of my self-image as a systemic therapist! This shock was cushioned by the impression that I understood what Glenn wrote about Derrida's ideas on deconstruction. So, this was what I had been doing all the time, but just didn't know? I think it was some character of Molière⁷ who finally realised with incredulous astonishment that he had been talking prose all his life! I had called what I was doing 'looking for space to move', or 'intrepid respecting' (Jürgen Hargens' term). In general I was in no doubt that I could agree with Glenn's positions if I focused on his emphasis on a liberating and respectful kind of professional psychosocial help, but I would feel irritated if I focused instead on his concern about a systemic–narrative-gap.

In Carmel's contribution, I soon found some of my reflections already 'prereflected', as she was talking about 'narrative therapies', reflecting a much broader field than White County, and the fact that the scene in Australia and New Zealand may be an exception rather than the rule.

Could I add anything to her statement: 'I'm not really a narrative therapist, but I'm interested in the ideas and use some of them'? Then she mentions something that sharpens my attention, the question of authenticity. She asks 'As a client myself, would I have preferred an externalising rather than an integrating frame?' Well that's the sort of question I'm increasingly interested in. Let me say it this way: I wouldn't believe any therapist who didn't give me an impression of how s/he deals with the inevitable gaps between his or her daily experience and his or her theory. 'Practice itself can be very messy': it certainly is, Carmel! Daring to deal with that honestly may allow the courage to dispense with 'a desire for foundational commitment' and focus instead on 'a particular framework'. And does that mean we are getting into contact with Mr. or Mrs. Smith instead of 'clients', 'patients' or 'customers'? And would Mrs. Smith's opportunity to 'reauthor' her story be the difference that makes a difference, in contrast to *clients'* chance to do that? I read Carmel's ideas about the 'relationship of narrative to progressive politics' with great interest.

Mr. and Mrs. Smith remind me of the topic of autonomy and thus of another roller-coaster-experience. Maybe I should mention some of my ideas about what is crucial for respectful professional help. Clients' autonomy is a basic premise of such an approach as I see it. Autonomy not as a goal, but as a starting point. This is expressed by the therapist's readiness for 'intrepid respecting' and 'respecting relationships' as Jürgen Hargens pointed out (1995, 1997). However, in reading Brian's vivid review of White's book *Therapists' Lives*, I find 'autonomous' placed in opposition to 'accountable', Jeez! 'I Kant believe it'. Brian, which should I prefer to amputate—my left or my right leg? Perhaps my irritation has happened because I have a big White hole on my map. Maybe words are not all we have, in spite of Brian's statement in his paper. I confess that I was very pleased with Brian's stunning punning, and maybe it is my affinity to that which makes me watchful as I read 'Words are all we have!', especially when Brian writes 'Moving on with the right words' a short time later. In his matchless style, Brian mocks White's statement about the 'expert culture of psychotherapy'. Of course, I smiled. On the other hand I felt a little bit taken aback. White's words were exactly those I might have used to describe the situation here in Germany after the introduction of the new Psychotherapists' Law, which is founded upon, and cements into place, an extremely undemocratic and

hierarchical version of professionalism. It's a horror for clients and for colleagues, and as Mr. Smith, I'd pray not to get into a situation where I might be dependent on it.

It's Brian's text as a whole, i.e. as a context, that leads me to the clear impression that Brian's position and mine are closely allied. I don't think it is helpful to decide whether the idea of the importance of context(s) is part of a systemic or a narrative heritage. Do we need to label it 'narrative' or 'systemic' in order to remind ourselves that words without a context of talking, listening, trying to understand, asking, answering, being silent and waiting, are like a move that doesn't move, some sort of 'post-it-modernism'?

So I come to Bruce's 'Embracing Uncertainty'. This seems to me a very valid metaphor, not only because of its thoughtful discussion of socioeconomic developments and their implications for professional help. There is a direct link to Hubble, Duncan and Miller's statement of 'a great battle of the brands' (1999). And from that to the search for heroes, the 'hero myths of the discipline' as Bruce stated. Needless to say, looking for heroes within the professional pool is likely to end in resignation, a free-for-all fight, or some splendid isolation, isn't it? Miller, Duncan and Hubble (1997, Hubble et al., 1999) underline an increasing amount of data which highlight clients as 'unsung heroes' of psychotherapy. So we have to deal with another edge of the uncertainty-narrative. If the clients are the heroes of change, the contributions of professional helpers to that change come into a different focus. It seems to disqualify the argument for 'evidence-based practice' that differences between therapeutic schools don't have as much an impact on outcomes as some core qualities which all therapies share.

I have no idea how we could ever *avoid* differences, or diversity. Instead I'd prefer the chance to become 'multi-lingual', as Glenn said. I agree with, and like, the Dulwich Centre statement on their website:

Narrative therapy has particular links with Family Therapy and those therapies which have a common ethos of respect for the client, and an acknowledgement of the importance of context, interaction, and the social construction of meaning.

That's what I mean: let us get to know, take into account, and use all those different ideas. Not as a must but as a pool of possibilities. The heart of it should be the common ethos of respect.

Let me add a personal and a hemispheric remark. The personal one: I think we have to take into account personal experience, as Carmel reminded us, not because personal experience is sufficient to define the world, but because it makes a very valuable contribution to it. From my own previous experience, I think it would diminish my personal possibilities of being part of the helping process, if I had to sit 'in [my] uncertainty and slowly create together a new discourse of understanding', as Bruce said. It was inspiring for me to read Kogan and Gale's (1997) paper 'Decentering Therapy', analysing a Narrative Therapy session with White as therapist. I agreed with

their conclusion: 'postmodern therapy is not and cannot be "non-interventive" or without an agenda'. However, they continued:

It is important not to view these practices as techniques for 'doing' postmodern therapy. Techniques imply a centered therapist who is doing something to the clients. A post-modern intervention attempts to acknowledge and act from a participant status. The therapist is active, but activity is generated from an insider position to the interaction (123).

How could we talk about autonomy for the client and take into account the therapist's specific tasks as well, given that collaboration is the central aspect of what happens in therapy? The importance of this question varies with the kind of payment, I suppose. If you are an employee, it would be better if you could make clear what you think you are paid for. You could call it luck if officials would accept collaboration as a sufficient answer! So I looked for a term that would fit both sides. I came to use the word 'copiloting' (in German: *Beisteuern*). Copiloting refers to the joint venture of two (or more) experts coming to an understanding about direction, goals, and means of some change. Copiloting isn't the same as 'piloting'. However, it isn't the same, either, as simply sitting beside someone. Copiloting means the competence to participate in widening perspectives and open up new possibilities. Furthermore it means being able to do that in a perceptible, responsible, and joining manner, building upon the premise that it is not possible to do it unilaterally or by one's own exclusive decision.

My part of 'copiloting' focuses on developing clinical contracts. I offer questions and suggestions, helping to distinguish between the problems that drive clients to ask for help and the change the client actually wants. This is followed by different offers to concretise goals, exceptions, and criteria for checking out actual or future reaching of goals. Orienting myself to clients' commissions is one basis, honestly respecting my own boundaries as a helper is the other. This is not meant as a cookbook-style of how-to-advice. It resembles what John Walter called 'Personal consultation' (Loth and Walter, 1998).

To guide myself, I translated ideas about fundamental systemic attitudes into questions:

Is the collaborative work oriented to the wishes and requests of those who look for help?

Are the goals and directions of change respectfully based on the competencies of those who look for help?

Does the collaborative work, consequently, orient itself to the concept of resources?

Mr. and Mrs. Smith are the ones to decide when they have reached their goal; my task is to open up a frame allowing focus on possibilities. This reminds me of how Stanley Kubrick was said to define art by its ability to concentrate experiences in a way that opens up space or possibilities for getting new perspectives. According to this, art would never come to an end. Of course, professional psychosocial help is designed to come to an end; moreover it

works hard to reach this point as soon as possible. But the successful conclusion of therapy is not the same as regaining Paradise. Life goes on, so do problems, so do solutions, so do narratives of meaning and membership. So *we* can go on, including the possibility of saying ‘Good-bye, thanks a lot(h)!’

German sociologist Niklas Luhmann coined the term ‘unity of difference’. This term seems to allow good orientation in dialogues of diversity and leads me to some hemispheric issues. I’m living in the European Community. Eleven languages are spoken, and each session of the European parliament, each contract has to be translated into each of the languages. This leads to interesting,

sometimes dramatic experiences. We only have words, but words are not the same in different contexts, different languages. Members of the European Parliament share their impression that there is more interaction between MPs of the same language than between those of the same party with different languages. Because only few are really experts in the increasingly common *lingua franca*, English, MPs tend to focus on the technical aspects of topics. So maybe I’d have to confess that eventually I’m some kind of German speaking therapist rather than systemic, narrative or ...? (And as an author, my primary reflecting team consists of me and my dictionary?). I have to think it over.

The Narrative Metaphor: A Report of Experience

Mark Hayward[†]

I’m not sure whether I’m the only contributor to this symposium who positions her/himself as a ‘becoming’ narrative therapist, but, given this possible and lonely position I struggled to know how to contribute. I wasn’t even sure I had anything to say. I read the other contributions but (as Carmel suspected) this debate isn’t one that’s current in the UK scene. Here, narrative therapy has a smaller foothold in therapeutic practice and systemic therapists do not, I believe, experience a divide.

What would be an interesting way (for all of us) for me to respond? I couldn’t find much energy for an academic contribution; but just telling my story might not seem academic enough. So I made a list of some possible ways to contribute:

Speculate about the hopes behind the systemic or systemic–narrative authors’ contributions. Were they wanting dialogue? If so why? Did they wish to learn more about narrative ideas? Did they wish to understand why a systemic therapist might choose a narrative path for her/himself? Did they hope to warn off other therapists from the dangers of such a commitment? Were they fearful of the dangers to all of us if separate interests evolve?

Speculate why it’s apparently been so hard to enlist contributions from narrative therapists to the symposium. I even contacted The Dulwich Centre, where they were aware of the symposium but not aware of anyone wishing to participate. What could this mean? Would participation suggest bravery, naiveté or what? And why would I want to participate?

Make a list of the criticisms levelled against narrative therapy, narrative therapists and Michael White and address them individually.

Explain why I have set myself in this direction and the advantages that I have experienced in my professional life, my clients’ lives and my personal life.

Compare my feelings now about narrative vs. systemic metaphors with my feelings fifteen years ago (after I had abandoned a structural model for a Milan model) and my lack of interest then in debating Structural vs Milan.

Make some neat remarks like ‘Therapists choose models to suit themselves, not clients’; or ‘No-one ever changed their model because of an outcome study’; or ‘There’s been too much reading between the (narrative) lines and not enough reading the lines’.

Mount a counter-critique about systemic therapy’s reluctance to respond to developing ideas that might require a shift in comfortable old positions and practices, and how the old revolutionaries in family therapy risk becoming the new establishment.

As, in my opinion, choice of working style is more to do with the fit with the therapist than anything else, I’ll tell you about what has seemed to fit for me rather than the other options.

When I abandoned trying to develop a structural style in 1984, it was more than a change in therapeutic style and more than a changed attitude to work: it was a wholesale change in the way I viewed the world and the structure I used to interpret and relate to the world. Reading *Paradox and Counterparadox* (Selvini-Palazzoli, Prata, Boscolo and Cecchin, 1978) led to a discovery that there existed a style that fitted better with my views, my experiences of life, and my preferences for action. Equally importantly, I preferred Milan ethics. I learned that it was possible to help others with their dilemmas without acting so prescriptively or with a preferred outcome, without so much pushing or pulling. I had experienced how unhelpful prescriptive actions had been in relation to my own life. Milan ideas felt more respectful of others’ ideas and knowledge and less reverent of cultural or therapist norms about how people should behave (others may interpret Milan and Structural ideas differently but that’s not the point).

I felt better about how I was working, and excited about the potential for more respectful kinds of action. And I had little interest in debating theory or practice issues with those who had remained loyal to structural ideas. Why should I want to? Do structural therapists debate with behavioural therapists? I had no interest in converting others, nor discussing issues from a perspective I was trying to move away from. Such discussions seemed to offer me little, perhaps they would even reduce my concentration on learning the new things I wished to learn. Yes, I think I even feared I might be tempted back by the structural model's authority and clarity, and the lure of the familiar.

So now, having moved on again, I'm not surprised that many narrative therapists seem to have little energy for contributing to this symposium. I'm not interested in trying to promote narrative therapy as more effective, more ethical, more exciting or more or less anything than systemic therapy. I'm just interested in doing it better. And I have no interest in contributing to dividing or joining the family therapy movement. This is simply not my agenda.

My regard for the usefulness of purely systemic ideas hasn't changed, but these ideas alone aren't helping me move in my preferred direction, build the kind of identity I seek, or learn the practices that fit with narrative ways. (Of course I could try and be very narrative AND very systemic, but this sounds like a different direction and one of those integrations that involve giving up as much as you take on. To get the most from the ideas, I need to explore them through commitment, not compromise.)

Of course the post-Milan, second order cybernetic and postmodern style that I was trying to work to (Hayward, 1996) was an advance for me on 1980s Milan ideas (and probably an easier approach to move to a narrative practice from) but there were still problems for me that a narrative approach seemed to help with:

Working with a single client. I had had persistent difficulties in sustaining my interest in conversation with individual clients. I never really got the hang of working systemically with individuals. With a narrative hat on, I experienced how exciting conversation with individuals could be for me. And I was interested in how interested I was. Narrative ideas and practices had opened up some new territory to me.

Neutrality and the clinical stance. After many years hard work and self-discipline I had become reasonably competent at being even-handed with *people*, but I could never feel the same even-handedness about different *ideas* and my own actions inevitably gave away the ideas I valued. My postmodern commitment to transparency did have me using reflecting teams but I never felt very transparent and often felt less 'present' than transparency implies. Of course, even-handedness remains important and I'm grateful to my Milan training for its emphasis on this and on curiosity, but I don't think or talk 'neutrality' which is a relief for me (and for some of my colleagues!) And I'm content to retain my previous fascination with circular questioning which reflects

the decentred respectfulness and close attention to feedback that both sets of ideas hold important.

Politics and positioning. I was getting bored with trying to leave politics to the politicians. Feeling more confident in my views (or perhaps less concerned about what others thought) I wanted to feel I could openly commit myself to politics and positions I supported. Perhaps unlike Cecchin, I wanted to be a therapist and, in a small way, a political activist. The politics I read into narrative therapy suited me well and helped me become much clearer about my views. I learned so much about what I thought and believed in from reading about what others believed in. One colleague said 'I've waited so long for these [narrative] ideas' and another said 'I've waited all my life for these ideas to come along'. Many of us are discovering ourselves through discovering narrative ideas. Milan politics (or lack of them) had given rise to an awkwardness with some colleagues who, lacking a Milan persuasion, saw this position as immoral rather than amoral (the latter being preferred). Narrative politics and principles seem more acceptable to colleagues, even if adopting the practices that these principles require is a harder shift.

With clients (what a dreadful word) I find myself much more sympathetic to their situations, much more appreciative of their successes, and interested in friendship as well as therapy. The old clinical (dis)stance has gone.

Narrative ideas have also had an effect on my *professional relationships*. With some colleagues I experience a new collaborative partnership, with others a closeness that is much more personal. These changes have come directly from how narrative ideas invited me to see and relate with others. Old distinctions and boundaries have fallen away, my professional and personal personas are merging.

Narrative ideas have taught me to *notice different things*, e.g. ways people have of standing up for what they believe in, protesting against injustice, and keeping close to important people from the present and the past, that my previous training never let me see. I can also see the attempts I have made to stand up for what I believe in, protest against injustice I have witnessed, and keep close to important people from my present and past.

No change this big comes easily, though, and doubts and challenges have included:

Can I learn how to engage families and not just individuals in a narrative conversation? Especially at the beginning, I struggled to retain a narrative frame with just one person. As happens when you're learning, it becomes easier over time. Later it began to seem possible to hold a narrative frame and more than one person in mind.

Are my questions (which are more likely to be suggestive than previously) undermining people's options to choose their own paths? Are these questions over-influencing of possible meanings? This possibility

conflicted head-on with my postmodern principles and caused me serious doubts. Only after repeatedly experiencing the appreciation of people consulting me who knew just how these ideas made sense of their experiences did I feel this was a justifiable loss of 'neutrality'. 'Neutrality' had been getting in the way of usefulness.

Can I become a student again and return to not-knowing-and-not-having-an-idea-in-my-head? Do I want to give up hard won confidence to re-experience fumbling and incompetence? Certainly I got back in touch with aspects of student experience and re-appreciated some student dilemmas. And having a colleague who continues to share this narrative therapy foray meant I was, at least, supported through the most traumatic time!

Well, I think I've told my story, or at least some of it. It would have been interesting if I could have compared 'usefulness' of styles but we'd probably share concerns about the 'science' of such 'measures', even if they were readily available.

This exercise has made me more aware of the risks of a 'divide' growing in this other corner of the world and the possible ways I might work to avoid it happening. I now intend to talk more about the systemic ideas that my practice values, the systemic training and experience that made access to narrative ideas easier, and the ways all our styles share the promotion of choice in lifestyle, identity, problem-solving and meaning-making. And I want to thank Amanda Redstone for her partnership in exploring the narrative metaphor.

Tall Therapy

David Pocock^{†††}

Family therapy loves narrative therapy but narrative therapy is indifferent: an ancient tale of unrequited love which, as some have found, can get painful and turn to envy—a destructive hatred of the good. Narrative therapy is not answering the letters or returning the phone calls so what's next for family therapy—stalking, kidnapping? I've given away my psychoanalytic interests already with my reference to envy but at least that means that those of you who know family systems theory can be safely shelved with hopelessly structuralist psychoanalysis need read no further. I've saved you ten minutes.

For the rest, I have two more confessions. First, there is part of me I'm not proud of which is quite glad that narrative therapy is dismissive of family systems therapy. Narrative therapy is doing to systems therapy what systems therapy did to psychoanalysis and what something else will probably do to narrative therapy some time in the future—reduce it and misrepresent it in order to establish some nesting space in the squawking colony of psychotherapies. When I finally plucked up the courage to take my misery to an analytic psychotherapist she was so unlike the straw woman that mid-1980s systemic chic required her to be that for months I seriously doubted she was cut out for the job. So this uncharitable part of me says to the pure tendency in family systems therapy: 'Well ... now you know how it feels.'

Second, Glenn, Carmel and Bruce (and, by the look of his piece, Brian too) are people I find myself in broad sympathy with for much of the time so it's hard not to simply agree with much of what has already been said. One point bears repeating. For narrative therapy to be sure of an analysis (that systemic therapies can be comfortably bracketed in a structural frame as part of a larger therapy monoculture) is to stand on a structuralist soapbox while dressed in poststructural clothes. Glenn's contribution to our literature is to show that there is nothing

unusual in such paradoxes in therapy. Social constructionism can only reach our eyes and ears through a realist discourse and it is some achievement to acquire sufficient knowledge not to know. But like a fierce undertow in a calm sea, such paradoxes can easily become unmanageable at the very point we fail to remember them. A narrative therapist whose working identity is tightly woven out of this poststructuralist discourse will not be able to step out of the narrative frame without it being a regressive cultural betrayal. Narrative therapy seems good but it will have to be very good indeed for such a committed identity never to deprive its consumers of what I still think of as the other rich variations of the talking cure.

But there is something else at work here that I don't understand and prefer not to speculate on, which might be peculiar to the Australian and New Zealand scene. I don't know Mark well so we have no especial bond to overcome potential conflicts but reading his contribution reminds me that it would be inconceivable to me that, should we bump into each other at a conference, we would not be able to have an interesting and mutually respectful dialogue. It is no surprise to me that he is bravely willing to participate in this symposium. As Carmel says, a narrative vs systemic split is simply not a sustainable idea in the UK at present. Why is it that these same ideas are taken up differently at a distance of 9,000 miles from their origins?

I now want to stand even further back and ask this question. Who does the narrative-systemic distinction matter to? Well, systemic therapists and maybe a few narrative ones. It's hardly an earth shaking answer. In my experience most patients, clients, users or consumers are much more interested in another kind of question: whether or not we can help. As much as I would love to overhear clients saying, as they leave a session, 'What an interesting eclectic mix. I especially like the Lyotardian

influence', experience to date tells me that they are far more likely to say 'Isn't he tall'.

The world we create is a world of a few distinctions routinely privileged over others. I wonder, for example, if instead of the enormous task of ending oppression it might be better to go for the more modest aim of spreading it around. We could have a year of not wanting our offspring to marry anyone left-handed, of allowing only those with body piercings to stand for parliament and arranging for all employees with pointed knees to mysteriously hit a glass ceiling. You get the idea. When I read the transcripts of Michael White's work and try to imagine myself in the shoes of the clients, the experience I identify with is one of enormous, perhaps even tenacious, affirmation. The narrative approach seems to clear the way to this variety of therapeutic love quicker than any I have seen. It is for this affirming/non-affirming distinction that I owe Michael my main debt of gratitude. For me there are other varieties of this loving experience such as feeling understood (Pocock, 1997) so while narrative has a lasting place in the sediment of my accumulated experience, this debt is unlikely to turn into allegiance.

I want to take up Bruce's point about certainty. Therapy like other forms of existence is, I think, pretty scary unless we can establish some firmish ground. Hence, models and movements are something to hold onto when we tremble. The problem here is how we seek legitimacy for what we do. I want to bring in Lyotard's (1979) definition of modern as any field of knowledge that legitimates itself by reference to a metanarrative. When our hands shake, the temptation is to fit the experience in front of us into that which we already think we know. In this way we can see that the postmodern (provisional, small scale, locally determined way of knowing) comes before the modern. Modernism in this definition is what happens when the postmodern becomes self-referential and institutionalised. All models and movements are, I think, running against this ossifying process.

Lyotard offers a different kind of legitimation; one that eschews both the premodern reliance on priests and the

modernist reliance on foundations. His vision is a legitimation through paralogy (Lyotard, 1979; Shawver, 1998; Pocock, 1999). I've no space to describe it here so an analogy for a paralogical encounter will have to suffice. In the Tai Chi exercise called Push Hands two protagonists face each other and, taking up the fighting stance, gently bring into contact with each other the leading edge of their open forward hand. Beginners to the exercise can enjoy the challenge of trying to push their opponent off balance. Each tests the capacity of the other to retain their balance regardless of where the touching hands go. But after a while, some more profound experience takes over. The gentle point of contact between the hands itself becomes a third force which begins to take the participants on an unpredictable series of slow sweeping movements which can explore all the possible space between them. It is no longer clear to either who pushes and who gives way. It is maintaining the contact itself which determines the movements of the pair. It is flexibility which allows this satisfying contact.

I'm not finished with modernism and anyone who thinks they are is, in my view, likely to be swimming headlong into it. Each model or movement, including systemic therapy and narrative therapy, is, in the scheme of things that I find useful, a modernist labyrinth. A modernist eclecticism offers a thread to retrace one's steps and head back down the next cave entrance. In a post-modern eclecticism a sharp tug on the thread reveals that the modernist labyrinth was not just given but made (Pocock, 1996). The walls lose their opacity and at that deconstructive moment several parallel labyrinths are glimpsed some of which may intersect with the willingness to explore of those who have sought help. Of course, all parties may need to find the courage to make and explore passages appropriate only to their encounter and this is the nutshell description of paralogy: a negotiated willingness to leave familiar ground and find unique meanings together. On the way I can do some narrative but if I'm pushing too hard I want both to be able to follow and to have some other places to lead.

Final Comments on the Symposium Papers: Promoting Democratic, Intimate Meaning-making

Kathy Weingarten^{†††}

Twenty-seven years ago, I began an initial interview with a family of a young man diagnosed with schizophrenia, his two adult brothers and his police officer father. All four men were hefty and well over six feet tall. Soon, my supervisor handed me the instruction to change the seating of the father. The father had been speaking in an impassioned voice, very close to his son's ear, and I saw, as my senior, male supervisor did, that the son was distressed by his father's speaking. I couldn't make the change. Two more times I was passed a note, and two more times I 'failed' to move the father. Finally, my supervisor came

into the room, and told the father to change his chair, which he did. After the session, my supervisor asked me why I had 'clutched?' A feminist then too, I said, I hadn't, but that the meaning to a large, middle-aged police officer of being told to stop what he was doing by a young, slim woman was different from what it was to be told by a man more his peer. I never practised structural family therapy again.

Years later, I wrote two papers and a book on intimacy. In them, I explained why discourses of meaning are more useful to me in thinking about intimacy than discourses

that derive from systems theory or psychodynamic theory, whether discourses of communication or relationship or capacity. I can explain my aversion to the event at the state mental hospital years ago with this distinction and I can discuss my responses to the eight papers I have read for this symposium with reference to the same distinction.

For me, intimate interaction is best thought of as occurring when people share or co-create meaning, perhaps like David Pocock's metaphor of the Tai Chi exercise called Push Hands. Meaning can be shared through writing, speech, gesture and symbol. Non-intimate interactions occur when people refrain from meaning-making, provide, impose, reject or misunderstand another's meaning. Many of the encounters, situations and dilemmas that have been raised by the authors in this symposium are ones that derive from people wittingly or unwittingly acting in ways that have produced non-intimate interaction. For instance, Robert Doan reports a painful experience he had at a narrative conference in which a book he had co-authored was labeled as not 'really narrative'. His efforts at sharing meaning were redefined for him at that moment and he experienced both imposition of meaning and also rejection of meaning-making, both non-intimate interactions.

Mark Hayward takes from these papers that he now intends to 'talk more about the systemic ideas that my practice values'. Within my framework, I would say that

he has decided to create opportunities for intimate interaction by articulating areas of shared meaning-making with his systemic colleagues. Throughout my career as a therapist, I have been committed to minimising the imposition of meaning on others. As a young apprentice, I objected to it when I was told to do something in the room that I believed would have been experienced as impositional and I object to it when I see a senior narrative therapist ask 'brilliant' narrative questions during an interview in a way that I experience as imposing meaning on the client. Any form of therapy can be distorted to produce imposition of meaning and any form of therapy can be practised to produce genuine sharing or co-creation of meaning.

I have a strong preference for practising a postmodern, feminist, narrative therapy despite the paradoxes that are involved at the theoretical level in trying to do so. Like Wolfgang Loth, I was inspired by Steven Kogan and Jerry Gale's paper and their clear articulation of how a post-modern narrative therapist translates theory into practice by making the 'meaning-making process democratic'. I am trying to do my work, in all my relationships, clinical and personal, collegial and familial, in ways that promote a democratic, intimate, meaning-making experience for all participants. Naturally, I will fail. But I have faith that undertaking repair creates significant opportunities for the restoration of meaningful connection.

Uncertainty in a Unity of Differences: A Reply

Bruce Hart[†]

Many years ago I read *If you Meet the Buddha on the Road Kill Him* by Sheldon Kopp. The title was taken from a old Buddhist saying. Many philosophers and theologians have warned about those who offer us 'the answer'. I have a history of making the mould and then breaking it. I challenge the new orthodoxy that has emerged. This has been the history of my role in own family. Their images of maleness and men were not ones I aspired to. This is part of my own initial unspoken reasons for being attracted to therapy.

As I read the papers in this symposium, I found it hard to put myself in a model or school. When I get asked by people 'What type of therapy do you practise?' I find myself stuck. I wonder if I am a family therapist any more or what that means. I am too psychodynamic for some family therapists and too systemic for the psychodynamic therapists. I work from a position of irreverence (as suggested by Cecchin) never too closely aligned with one or another for too long. Life is too rich and complex to be explained away by one approach or another. One psychology student observing my practice was confused as to what therapy I did. She saw five different sessions in a day and saw five different types of therapy: behavioural, psychodynamic, Milan, Narrative (well, you talked about different emerging stories) and solution focused. I told her that I had five different people and each needed a

different response. Perhaps I am doing a type of 'Currawong Therapy'. I remember as child going out each morning to collect the milk that had been delivered (in glass bottles with silver tops). The currawongs (Australian birds) had flown down the street picking the silver tops off the bottles, drinking the cream, and leaving their droppings behind. They got the best of each bottle.

I can identify when I found a particular type of therapy: solution focused, White's externalising (it was not called narrative therapy then) and Milan. I became emphatic at the time about each as being the best way to work. Then, something began to connect. I think I had always known inside myself, but was not ready to acknowledge and use the ideas and experiences, that there was a more sophisticated way of relating to the world (and my clients). This is part of the challenge of the feminist thinking and practice, which has been influential on me—being able to hold onto opposites in our thinking and feeling as we work. Neat theoretical frameworks do not enable us to do this. In fact, the opposite: they hinder us from holding onto the fluid dynamics of people's experience. I have enjoyed the self reflexivity of this process I discovered.

In contrast, I have been in conferences, training institutes and organisations where one therapy or another is the only way to work. It becomes the gospel: an absolute truth to be obeyed. This is a patriarchal approach to

knowledge. When in London with one training organisation, I remember discussions about whether certain approaches or ideas were sufficiently 'systemic'. If not, they were not considered seriously. I resonate with Robert Doan's feelings about being labelled as 'not sufficiently narrative'. I have students whose supervisors have taught them that if you are not doing narrative therapy, you are not doing therapy. Before we sit back in our complacency we need to remember that we all are guilty of this. David Pocock observes how family therapy had ritualistically attacked psychoanalysis even though our *whakapapa*⁸ goes back to this tradition. Like those who lose their heritage and history, we lose a sense of who we are and of our directions.

Any therapy can become an instrument of power over people: it depends on the person using it and ways they cultivate the relationship with the client. I disagree with Kathy Weingarten that narrative therapy inherently (as she implies) scores highly on using therapy lightly. It depends on the person and the group. I have been in analytic, solution focused, narrative and systemic groups in Australia, New Zealand and the UK whose members have all been dogmatic about their therapy (i.e. not using theory lightly). For me, this has been an uncomfortable experience.

I presented the same paper twice at the Australian family therapy conference in Sydney in September 1999. The first occasion was at the Dialogues about Diversity forum—a preliminary digest of the papers prepared for this published Symposium. The frame of that forum was pitting systemic against narrative. My paper in that context was seen by some as an attack on narrative therapy. Interestingly, I only mentioned narrative therapy once in the whole paper and then only in a footnote! The second presentation brought forth interesting discussions on family therapy in the context of the participants' experiences in the organisations they work for and in relation to the professional rivalries that occur. The narrative/systemic debate seemed less relevant or even irrelevant in these contexts. The problems of organisational stress and managed care approaches seemed to be stronger issues.

As I have shown this paper to others outside the family therapy arena, I have been told that I could substitute for the term 'family therapy' the name of this or that social welfare service or professional group. My article is more broadly focused than the narrative-systemic debate and I hope it can help us examine wider issues in the therapeutic process. I am most interested in how we can focus on what really works in therapy with clients. Kathy

quoted the outcome research that demonstrates how different models account for only 15% of the outcome. The therapeutic relationship, however, accounts for an average of 50% of the outcome depending on the study.

I am most interested in the person of the therapist, the inner narratives that we bring and how they connect to the story of therapy/ies that each of us adopts as interim working models. What is it in Michael White's experience that brings forward such playful and creative solutions with children? Or in David Epston's life that gets him with such effectiveness inside the experiences of clients with anorexia? Different variations of this question may get asked for each of us in this dialogue as we share what it is that brings us to our different positions. This puts us in a different place of listening, understanding and learning from our differences as well as our commonalities, creating an intimate interaction as discussed by Kathy Weingarten. As we are able to *be with* each other's stories and experiences we can engage at a more profound level in our relationships, engaging and respecting our frailties as therapists (and people)—a process we hope will mirror what is most effective in our work with clients.

I realised that as I trained in family therapy, I was handed on a tradition from my (female) mentors. It was an unspoken tradition not articulated in word or in theories. They showed me how to use myself more fully in the process with the client. This was the feminine side of my work as a family therapist, one denied validity in the masculine theory process. Interestingly, these women had been handed this by their mentors (mostly male) who had been trained in psychodynamic approaches. I had to own my *whakapapa* as a therapist to give it words and shape so I can use it with my clients more clearly and pass it on to the trainees I supervise.

I have experienced fragmentation and divisiveness between therapists of different persuasions (and not just with family therapists). I am reminded by my supervisor (who is analytically trained) that the history of psychotherapy is characterised by such processes. We are in good company! I appreciate the uncertainties and tensions that this dialogue (or debate) has raised. Initially I had some reservations about some of the contributions. As I read them again I celebrated the grappling with the issues, the daring to disagree and the bringing together of our differences. I am working to create a process of self reflexivity—an analysis of the ways we make theories, how we create a community of therapists able to support and inspire each other with 'a unity of differences'.

Symposium Postscript

Glenn Lerner***

In this brief conclusion, rather than refer to the various papers, which really speak for themselves, I want to share some thoughts about the Symposium's aim to open a dialogue between systemic and narrative therapy.

In February, 2000 I was privileged to attend and present at the narrative therapy conference in Adelaide and was able to make some connections with various people associated with the Dulwich Centre a month or

so beforehand. I forwarded a copy of the Symposium text (containing the papers printed above, in substantially similar form) and even offered up this Journal space if anyone wished to comment. Of course their participation was not possible, though I did receive some generous and valuable feedback on the symposium itself.

While these conversations were private, I don't think confidence would be betrayed by sharing this commentary in general terms. I was led to understand that at a theoretical level, the relationship between systemic and narrative therapy was a topic worthy of discussion and debate. However the terms for the debate, in particular, the more personal spaces entered by some of the Symposium authors made the participation of narrative therapists, at least in this country, impossible.

I think the Symposium has performed a cathartic function by providing a forum for systemic family therapists to express personal and intellectual frustration with what was perceived to be the exclusive politics of the narrative position in the therapy field in Australia. Nonetheless it may have provoked, along with other debates in the literature overseas, a more hopeful outcome in terms of the relations between narrative therapy and the wider family therapy community. Indeed I think we can sum up much of what the symposium was trying to say with a succinct statement from a Dulwich Centre handout, *The Conference Times*, distributed at the conference itself.

The leaflet addressed the Symposium topic of the relation between systemic family and narrative therapy directly under the heading: 'How does narrative therapy fit within broader family therapy traditions?' And the answer:

The family therapy field has shown a genuine interest in narrative therapy ideas, opening space for narrative therapy discussion, keynote addresses, workshops and publications. *Narrative therapy is just one of the various schools of family therapy ...* (4, my italics).

As I understand it this generous statement very much leaves open the possibility of future dialogue even though a formal response within this symposium was not possible. As the conference pamphlet puts it in answer to the question as to whether there is only one form of narrative therapy: 'There seems a vibrant diversity of thought and practice' (4). Now that is precisely the theme of this symposium in its movement toward dialogues of diversity in therapy.

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Notes

1. For a flavour of narrative within psychology, see the edited collection by Kvale, 1992. Sample work within psychoanalysis would be Barratt, 1993; Schafer, 1992; and Spence, 1982.
2. The sense that narrative therapy has moved away from family therapy and maybe even 'disowned it' is maybe particularly an ANZ phenomenon. There was a recent debate in the US *Journal of Marital and Family Therapy*, sparked by Salvador Minuchin's querying where the family is in narrative therapy (Minuchin, 1998). A number of narrative therapists replied (Combs and Freedman, 1998; Tomm, 1998; Sluzki, 1998; Anderson, 1999) emphasising their understandings of the continuing relationship of narrative and family therapy. The momentum for separation in this example came from 'family therapy', and the desire to hold the connection was shown by narrative therapists. We can see a similar inclusiveness in Lynn Hoffman's argument for setting aside the 'model' in embracing narrative, while still keeping a place for family therapy's 'biggest hits' (Hoffman, 1998).
3. See Amundson 1996 for a recent discussion on pragmatism and therapy.
4. Originally written as one side of an email correspondence to Brian Cade, who through surfeit of commitments, did not respond.
5. Thank you to the trainees at NZ Institute for Human Development and Training and Youthline for their open and generous contributions on this topic.
6. See the recent debate in the literature which highlights the tension that exists between the narrative approach and others in family therapy (Schwartz, 1999; Minuchin, 1998; Combs and Freedman, 1998; Tomm, 1998; Sluzki, 1998; Doan, 1998; Gibney 1996; Hart 1995; Pocock, 1997). The concern for family therapy is that the field in Australia and New Zealand could become divided with narrative therapy in one corner and the 'others' in the opposing corner. Each will be feeling alienated by the other. This issue was raised in at the Australian Family Therapy conference in Brisbane in 1988.
7. Molière's *Le Bourgeois Gentilhomme*.
8. A Maori term for our lineage and ancestors. Without our lineage we lose our identity—who we are and where we belong.