Some Historical Conditions of Narrative Work

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Written to honor the immense contribution of Michael White as a leader in the development of narrative therapy, this historical essay contrasts the origins of psychoanalysis, family therapy and narrative therapy. Changes in the understanding of therapeutic strategies, methods of training and supervision, styles of leadership, the involvement of audiences in the therapeutic and training processes, and conceptions of the nature of the mind are described. A style of direct demonstration of methods, especially of the formulation of questions, is important in narrative work. The central master-role of the therapist in analysis and family therapy is replaced in narrative work by eliciting local knowledge, and the recruitment of audiences to the work. This is consistent with narrative therapy's "de-centered" image of the therapist.

Keywords: History; Narrative; Training; Michael White

From the introduction to *Experience, Contradiction, Narrative, & Imagination*:

> So far, at least, our work seems to have defied any consistent classification. Although others have presented us with many simple and apparently conclusive descriptions of it, most of these descriptions have been widely disparate, and none of them have been wholly satisfying to us . . . .
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> . . . . We have been steadfast in our refusal to name our work in any consistent manner. We do not identify with any particular "school" of family therapy, and are strongly opposed to the idea of our own contribution being named as a school. We believe that such a naming would only subtract from our freedom to further explore various ideas and practices, and that it would make it difficult for others to recognize their own unique contributions to developments in this work, which we regard to be an "open book." We are drawing attention to the fact that one of the aspects associated with this work that is of central importance to us is the spirit of adventure. Most of the "discoveries" that have played a significant part in the development of our practices have been made after the fact (in response to unique outcomes in our work with families) with theoretical considerations assisting us to explore and to extend the limits of these practices. (Epston & White, 1992)

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With these words, David Epston and Michael White distanced themselves from the center of the new movement that has since been named and become known as Narrative Therapy. ''De-centering'' of the therapist, the expert, the teacher, in the interest of making way for others to take over, is a theme that will recur in this history. I refer to it later as the ''centrifugal'' tendency of leadership in the field, and it is one of several such images that I think help us to understand what has made this movement uniquely influential.

This essay traces some of the origins of narrative therapy in the family therapy culture of the middle of the last century. It is a reflection on the field now mourning the death of Michael White, to whom many have looked for what we perceived as an indispensable leadership. After telling this history as I experienced it, I will ask a question that Michael's passing raises for me about the nature of leadership in narrative work.

As a witness to this history (Beels, 2001), I have been particularly impressed by the importance of practices and of institutions created by narrative workers, while others have been more interested in the originality and power of the ideas this movement has brought forward and adapted. So this will be mainly a history of practices, written with the assumption that ideas, especially theoretical ideas, follow in their train. For an excellent history of narrative work as an outcome of ideas and concepts that originated in postmodern criticisms of literature and philosophy, see Harlene Anderson's chapter in the *Handbook of Family Therapy* (Anderson, 2003). Mark Furlong (2008) has written an analysis of White's work that examines both the theory and practice backgrounds in an interesting and critical way, and my (Beels, 2002) historical note on family therapy's origins puts it and other ''innovations'' in yet another context. Most recently, David Denborough (2009) has written a detailed analysis of White's early work.

This is only one man's history, with no claim to objectivity. It is limited by my experience as someone who went to medical school in 1955 in order (I thought) to become a psychoanalyst, and by the fact that I've spent my work life in the limited worlds of New York and Washington, DC. Others will have other perspectives from other experiences.

My experience of psychotherapy began in the modernist complacency of the American academy of the 1950s, and I think of this history in three phases: (1) the reign of psychoanalysis then, and the succeeding waves of (2) family and (3) narrative therapy that followed. From this perspective we can look back and see that psychoanalysis in mid-century America promoted a settled view of the workings of the mind and the emotions, and a ''gold standard'' procedure of treatment. This was reinforced by the largely admiring attitude of academia, especially the academics who incorporated psychoanalytic thought into cultural and literary criticism. Family therapy, among other innovations, broke the hold of that orthodoxy, but it only went so far. The ideal of the master therapist still prevailed in the family therapy schools; the family therapy institutes still required residency and certification; and in the family interview, the power of defining and interpreting the problem continued to reside in the therapist.

Narrative work took this change a crucial step further. It aimed to shift power from the expert professional therapist or teacher toward the beneficiaries of the process, thus changing the character of both therapy and training. Integrating practices and insights from anthropology, narrative work changed the definition of the process from ''therapy'' performed by a master director–dramaturge, and interpreter, to a form of consultation focusing on the client's initiative. I will be considering changes in both

therapy and training in this history, as well as in the related processes of recruitment and certification.

Finally I should say before starting that this will not be a chronological sequence—rather, it is an account in which the arc from analysis to family therapy to narrative work will be retraced repeatedly as we move through different areas. It will follow an outward spiral of images setting the scene for the therapeutic work, from the inner workings of the conscious and the unconscious, to the interactions of the family members, to the pilgrimage of each person across the landscape of experience. This is one of the many "de-centering" or centrifugal movements in the history. I hope to show that it is from this perspective that the historic achievement of Michael White and his colleagues can be fully appreciated.

FAMILY THERAPY, 1970

Family therapy and the hypnotherapy of Milton Erickson (Erickson & Rossi, 1980; Haley, 1973) were the great pieces of news for my generation of therapists during the 1970s when we were in our forties. New summer workshops in family therapy appeared on Cape Cod and at Big Sur, where we learned from figures like Virginia Satir. Eclectic groups such as Orthopsychiatry were suddenly more important than traditional disciplines. All this showed that something was emerging quite outside academic disciplines or professional certification. Many of us in different disciplines decided to call ourselves family therapists rather than psychiatrists, psychologists, and social workers. *Family Process* had appeared a decade earlier in 1962, and between that welcoming forum and the workshops and meetings, we had places to develop our craft and our fellowship. The departments, hospitals, and clinics where we worked tolerated us as village atheists, and we very much needed to talk to each other.

But almost immediately, family therapy began to splinter into schools. The division between public service (taking care of the addicted and severely mentally ill) and private practice, and the struggles between the different "systems" schools, such as the structuralists, the paradoxical people, and the Bowenians, led to much banding together and repudiation of competing schools. It was sadly reminiscent of the old analytic squabbles between strict Freudians and Sullivanians.

Social constructionists (Gergen, 1985; Hoffman, 1981) had for some time been opening the field of family therapy to other perspectives, and the feminist critique of the school orthodoxies (Walters, Carter, Papp, & Silverstein, 1988). Into this fractious scene appeared many new figures, including Michael White and David Epston, family therapists who began doing summer workshops on Cape Cod and elsewhere.

MICHAEL WHITE AND DAVID EPSTON

What was it about these two social workers from Down Under that caught my attention, and set me immediately to work to become their student? The answers in no strict order are

(1) They were free of arguing about psychoanalysis, general systems theory, or any other theory. In fact, they came from a part of the world where the ideas of psychoanalysis hardly mattered.
(2) They were uninterested in defining themselves as a school.

    (3) They had written the most amazing book (White & Epston, 1990) about how to talk with kids in families, and how to write letters to clients. They wrote it together and they no longer knew nor cared whose ideas were whose.

    (4) They were concerned about all kinds of families, including those with life-threatening problems, such as anorexia and out-of-control asthma (White & Epston, 1990, 192).

    (5) If they had a theory, it came from a broad reading of contemporary interpretive anthropology. They also admired the philosophy of Michel Foucault (1980). Like him, they were interested in the ethics of power on a small scale that included families and other local groups.

    (6) One of them, Epston, who was clearly a master hypnotist, was comfortable with Erickson's ideas. He also had a degree in anthropology, and had studied community development in Scotland. White also had experience as a community organizer of mental health patients in Australia. Their idea of social work was much more ''social'' than that in America, where the emphasis in practice and training alike privileged psychoanalysis.

    (7) They had a way of consulting with communities that was active and focused, like anthropologists trying to be helpful to the village in whatever way they could. Their community consultations were quite unlike the professional-bureaucratic muddle of what had been called ''community psychiatry'' in America of the 1970s (Grob, 1991).

When I met Michael White in 1982, he was the first editor of the newly founded *Australian and New Zealand Journal of Family Therapy* (*ANZJFT*). He and David Epston participated in the 1991 Tulsa, OK, and the 1993 Reston, VA, Conferences on Therapeutic Conversations, where the word ''narrative'' was tried out in international forums, and settled on by a motley international group of Ericksonian hypnotherapists, brief therapists, family therapists, paradoxical and solution-focused therapists, and other mavericks who were trying to decide what to call themselves (Beels, 2001, pp. 167–169). It was clear at that early point that narrative work, although it came out of the experience of family therapy, was not just another way of working with families. It was a new way of consulting with clients in a variety of contexts, including their families and their communities. It was a new way of defining these relationships as naturally in search of collaboration, of common purpose.

White's term as editor of the *ANZJFT* ended in 1984, and already the work of the Dulwich Centre in Adelaide, which he and his partner Cheryl founded in 1983, had begun to shift toward practices different from the work of the ''schools'' of family therapy. Cheryl White began publishing the *Dulwich Centre Newsletter* in 1984, and this publication, called ''a journal for therapists at the front line'' began to attract reports of work influenced by narrative practice and ideas. A quick sample of projects begun during the next 15 years and reported in Dulwich publications will give a sense of the consistency of this work.

(1) The Whites and their colleagues consulted with aboriginal communities; in response to the deaths-in-custody of members of those communities who had been arrested by the police. These consultations, which were requested by the community leaders, led to innovations that are described by Combs and Freedman in this issue (Aboriginal Health Council of South Australia and Dulwich Centre, 1994).

(2) Epston, working with anorexia, established an archive of documents written for fellow victims by women and family members whose recovery he had assisted. This included the founding of the Anti-Anorexia League, which soon operated a Web site (http://www.narrativeapproaches.com/antianorexia folder) as a shared resource for this new community, a place where veterans of this conflict could read each other's stories (Epston, 1998).

(3) White, consulting with people in the community suffering from schizophrenia, helped them to design documents describing the practices they had found most useful in dealing with the experience of hearing voices (White, 1997; Brigitte, Sue, Mem, & Veronika, 1998, p. 207; Sue, 1999). The groups had identified the voices as their most serious problem. In both this and the Anti-Anorexia League, White and Epston defined themselves as the scribes, librarians, and editors of the projects, whose real authors were the original clients.

(4) A New Zealand group consulted in schools to help students to organize against harassment. Students wrote and performed satirical theatre pieces that externalized hazing as an unwelcome element in their community (Lewis and Cheshire, 1998).

(5) Domestic violence was an important focus of the work of many people including Alan Jenkins (1990). This included work with individual men and men's groups. To this, White (1992, p. 119) added the idea of the ''community of concern,'' formed of family members and neighbors, who met to support the couple, both of whom were seen as needing help in their ''escape from secrecy.'' The men were encouraged in a search for different ways of being men, and the shame and secrecy of the violence was externalized, as well as the injury itself, as a threat to what each partner valued in the marriage.

All of these are examples of a central concept and practice, announced in the paper on ''consulting your consultants'' (White, 1992). This outlines a different notion not only of therapy but of training therapists. It proposes that supervision should return power to the trainee in a process of discovering skills that have already been learned without being named or identified. It is explicitly based on the ideas of anthropologists Turner, Maus, and Geertz, and especially a paper by Geertz (1976) about looking at culture ''from the native's point of view.''

The process of helping someone to name, describe, and therefore possess new knowledge is the beginning of narrative work. It is brought about by asking questions of the client (or the trainee). These questions, framed with great precision by the consultant, produce in the interview a climate of encouragement and congeniality, sometimes inspiration, by an appeal to the recipient's own inventiveness and ingenuity. The discipline of formulating these questions is the art and science of narrative work.

STRATEGIES AGAINST RESISTANCE

From this atmosphere of collaboration in the narrative interview, we can look back and appreciate a fundamental change that White and Epston contributed to in the evolution of psychotherapy—a change of approach to the problem that at the beginning of this history had been described as ''resistance.''

Classical psychoanalysis had invented a strategy—the ''transference neurosis''—for diverting attention from the patient's account of a troubled life with other people to focus instead on the trouble the patient was having with the analyst. By

meeting frequently and maintaining a silent abstinence, the analyst was able to make the relationship problematic, in order to comment on it from a close-up first-person position. The analysis of the transference neurosis was thus the ultimate strategy for overcoming the analytic patient's resistance to expert interpretation.

At Palo Alto in the 1950s, which was one of the early intellectual centers of family therapy, Gregory Bateson's group had a different way of thinking about resistance to change. They saw it as supporting the equilibrium of social and communicative systems. In the famous ''double bind'' hypothesis of schizophrenia (Bateson, Jackson, Haley, & Weakland, 1956), the symptoms themselves were strategies for restoring family equilibrium, which was threatened by the prospect of change. Many of the ideas this group brought into family therapy were inspired by a series of discussions that Bateson set up with Milton Erickson, hoping to bring together the psychoanalytic knowledge of Don Jackson and Erickson's thinking about hypnosis. Jay Haley, in many ways the radical adventurer of this group, was moved to write a book about hypnosis as a strategy for overcoming resistance, ''Uncommon Therapy: The Psychiatric Techniques of Milton Erickson, M.D.'' (Haley, 1973), and a gloss on the Gospels called ''The Power Tactics of Jesus Christ'' (Haley, 1969). His most important contribution was ''Strategies of Psychotherapy'' (Haley, 1963), a compendium of ways of being an expert player in the power games that therapists must play in order to overcome resistance. One chapter was a tongue-in-cheek homage to psychoanalysis as a strategic therapy. Bateson, for his part, wrote in his last book (Bateson & Bateson, 1987) that he had been wearied by this relentless concern with strategies of power, and was glad to leave the project to study dolphins. Haley went on to help found the Mental Research Institute with Don Jackson, and later joined Salvador Minuchin's Philadelphia Child Guidance Center, where structural-strategic methods were further refined and developed.

These ideas about strategies for overcoming resistance had far-reaching consequences in family therapy (e.g., Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978; Papp, 1980). As an editor of *ANZJFT*, and in his early papers, White struggled with the ''paradoxical'' ideas of the systems strategists, as we all did. He and Epston emerged from the struggle with a plan for a radically different view of strategy and resistance. They decided to assist people who consulted them to find their own way to overcoming difficulty in life, without their resistance to change becoming the center of attention, either for analysis or for paradoxical ''encouragement.'' Their questions were aimed at finding a narrative space essentially free of resistance to change, but on the contrary based in a different resistance, *a refusal to be dominated by the problem*. This is the resistance described by Foucault (1980), and joined in by the narrative therapist. From that place, however small, but supported by the ''scaffolding'' of the questions (White, 2001), clients built narratives, performances, and communities that overcame externalized rather than internalized obstacles to their pilgrimage.

In this formulation, White and Epston's achievement paralleled Erickson's vision of hypnosis as a deep collaboration with the subject's implicit resources, the *yin* view of hypnosis, opposite to Haley's *yang* notions of strategic power. The ancillary rather than strategic role of the therapist in narrative work was similar to the ''not knowing'' conversational approach described by Harlene Anderson (2003). Emphasizing the role of curiosity, this led to a somewhat different way of asking questions. The theme we will be following is the determination of these ''social constructionist'' therapies to find a way of putting the client in charge of strategy.

CONFERENCES

The international conference was an important part of the organization of this new way of working, often combined with smaller organizations such as workshops. This was where practitioners of many different levels of experience gathered to learn narrative practices from each other. They began to be held annually in Vancouver, BC, under the auspices of Stephen Madigan's group, and from 1992 to 1996 they attracted an increasingly numerous and diverse group of people from all over the world. The first conference I attended was organized in 1999 by the Dulwich Center in Adelaide. Called the International Narrative Therapy and Community Work Conference, it was organized by Michael and Cheryl White, with their organizational and editorial partner, David Denborough.

What was different about this kind of gathering could be sensed immediately. First, there was an elaborate welcoming ritual intended to make everyone feel at home, and to make clear whose home it was. The aboriginal Australians were asked for permission to meet on their territory. This seemed very strange to Americans but it was becoming a familiar Australian practice, learned from Australian Aboriginal people and the New Zealand Maori. It also reflected the narrative people's interest in asking who has not been consulted—to ask what some of the taken-for-granted assumptions of privilege might be.

Second, presentations of work were greeted with only respectful questions of interest. I remember in one of the workshops, I was coming up with the kind of penetrating " 'good questions'—implicitly critical—that I would have raised at Grand Rounds in my Department of Psychiatry, and I was quietly—and kindly—told just to pay attention to what the speaker was trying to get at." In other words, see where it leads, what it is for, not what is wrong with it.

Third, there was plenty of videotape of actual work, and what was not on tape was told as personal experience and transcriptions of dialogue.

Fourth, titles were out. No one wanted to know where you were in a hierarchy, only what community you were from. I learned a great deal at this conference, and subsequent ones, not only about how to do therapy and consultation, but also about how to keep broadening my perspective by spending attentive time in unexpected contexts. Some of the tea breaks were intentionally longer than the presentations.

Conferences of this kind are performances of a style of teaching and learning that assumes a sort of journeyman collegiality between the members. The presenters are saying, "Watch what I do and see if you can use this in your work—and let us leave plenty of time to talk."

Dulwich Center Publications, with its flagship journal (now renamed *The International Journal of Narrative Therapy and Community Work*), began publishing books as well, and has been an international success under Cheryl's editorial ingenuity, and the work of David Denborough and Jane Hales. It has significantly contributed to propagating and fostering the uses of narrative work.

THE LIBERATION METAPHOR

One of White's consistent themes in all his teaching and writing was the need to attend to discourses of power. By this he meant not only the official power of large institutions, but also the insidious power of more local groups, families, schools, and neighbors. One consequence and symptom of power is the pervasiveness of culturally

transmitted ideas of privilege. This kind of power has been one of the traditional subjects of anthropological and sociological analysis. References by White and Epston to the writings of anthropologists and psychologists Clifford Geertz (1976), Victor Turner (1969), Barbara Myerhoff (1992), and Jerome Bruner (1990) document that connection, but their principal philosophical mentor is Michel Foucault (1980).

Following Foucault, White and Epston developed a language and practice that were in part tools of inquiry for searching out taken-for-granted consequences of the heedless assertions of power in our personal lives. Thus narrative is not really a dedicated family or individual therapy, but is something much more general. White and Epston have used language that makes it sound hardly like a ''therapy'' at all, at least in the old analytic sense of an operation that called upon the therapist's knowledge of a professional *magisterium*, such as the art of interpretation. Narrative work is an open and transparent ''consultation.'' The person who requests guidance is assisted by the consultant's questions to define the problem, and knowing how to ask those questions is the consultant's primary expertise. White has a modest word for the consultant's goal—it is to be ''influential'' (White, 2000).

THE BREAK BETWEEN ANALYTIC THEORY AND FAMILY THEORY

Most of the early family therapy leaders were trained in psychoanalysis, and there was an early tendency to address family problems using similar language and concepts.[1] It was as if the early family therapists felt that anything as complex as family relations must require additional levels of explanation beyond the individual psyche. And so family therapists felt the need for theories of family function and dysfunction at least as apt for interpretation and intervention as the analytic ideas that preceded them.

But the working context of family therapy broke that mould. There were too many people in the room. When problems are seen in their family context, they involve many stories, and these stories potentially have as many meanings as there are family members. Most of the enduring tactical inventions of the family therapists, when stripped of their theoretical dressing, are ways of focusing on common agreement and action in a room where two or more people feel passionate disagreement about the meaning of their experience. This experience taught that the truth that makes us free must be an upward and outward construction of a common purpose and possibility rather than a downward and inward analysis of hidden motives and secret hurts. The focus is on consequences rather than single truth, wishes beliefs and aspirations rather than motives, effects rather than causes, ethics rather than ''science.'' Coherence is achieved by looking forward rather than within.

White and Epston, in developing narrative practice, went straight to this point. With their emphasis on externalizing discourse rather than delving into psychology, they expressed this shift from inner to outer complexity with a straightforward clarity that is one of their signal contributions.

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[1] I am thinking of Bowen's (1978) ''undifferentiated family ego mass,'' and the structural diagrams of Haley, Minuchin, and Don Jackson, in which relationships across generational power gradients were seen as problems to be rectified. Haley (1967) thought this was the basis for the Oedipus complex. Dicks (1967) had a theory of the reasons for marital conflict based on the reciprocal reinforcement of unconscious conflicts in each member. Sander (1979) and others continue to develop these ideas.

THE AUDIENCE

In psychoanalysis, the analyst plays all the parts, and in the transference becomes all the possible audiences the patient might imagine or encounter. The focus of family therapy is not only on the story—it is also on the audience of family members, whose participation expands and enriches the story, often giving it multiple meanings. The family members are witnesses, auditors for one another.

Narrative work built on this by asking a further question—Apart from family, who should or could be in that audience, and how might they enrich the story? The idea of choosing an audience for the story highlights the idea of *membership* as an essential ingredient in therapy. Of what group should the teller be a member in order to get the most fruitful hearing? The family? A group of families? A group of others with similar afflictions? A group that is an audience to the therapy conversation itself? Or perhaps someone who is remembered as one who understood. Or an absent person who misunderstood, and might be called on for a renewed conversation.

This view of therapy makes the search for the right audience as important as the search for the right story. Once this creative search is started, it can go in any direction, and the transforming effect is on all the members of the consultation. The therapist's art is to examine and enlarge the creativity of the client's memory. The questions awaken the client's memory of other auditors and other experiences and help the client to construct a new narrative, a different story, one that's closer to the heart's desire. This is the narrative *ars magna,* the intensifying focus of White's papers and books. His last book, *Maps of Narrative Practice* (White, 2008), is a splendidly clear description of this art and craft, a secure legacy.

VIDEOTAPE AND THE ONE-WAY MIRROR

Family therapy brought two technical changes in the form of psychotherapy training that were later important for the development of narrative work because they contributed to the de-centering of the teacher, eventually turning training itself into a ritual to which students and clients contributed their inventions.

Psychoanalytic training involved a personal analysis and a training analysis, experiences that resulted in the introjection of one's magisterial teachers. Family therapy made a crucial change by insisting that students learn by watching the master work with an actual family on the other side of the one-way mirror. It was still an incorporation of sorts, but the students in the dark could think their own thoughts and bring them out in the discussion afterwards. When came their time to work on the bright side of the mirror, they were developing a malleable art that was a common property, and up for discussion. It was still magisterial—the teacher would come in to straighten you out if you were getting into trouble—but often there was a collaborative spirit of invention and experiment, especially when there were two teachers with different points of view on opposite sides of the mirror, a common practice in family therapy institutes.

Early in the evolution of family therapy, a movie camera was mounted in the observation room. Nathan Ackerman was the first to circulate movies of his sessions in the 1950s. By 1965 Albert Scheflen, then at Eastern Pennsylvania Psychiatric Institute, had made the Hillcrest Films, showing the four leaders of the field at that time, Nathan Ackerman, Don Jackson, Carl Whitaker, and Murray Bowen, each interviewing the same family in the same room only hours or a day apart. Each man paid

attention to different things, had a different style, and made different recommendations to the therapist seeing the family in the clinic. This made it clear as nothing else could that there was no ''right'' way to do a family interview. By the 1970s, the common availability of (mostly American) videotapes of the work of (again mostly American) family therapists was important in the early experience of both White and Epston. Epston once said to me ''As students, we watched those tapes over and over—After all, that was what we wanted to do when we grew up.'' The ability to watch videotape with a group of colleagues, rather than be supervised by the master in person, provides a crucial distance. A style develops that is not a dogmatic imitation of the original, but comes more from the inventiveness of the students.

As narrative work was developing, there was an appreciation of the therapeutic possibilities of this training exercise for all participants, a realization that it could be a transforming rite, rather than a rather scary exposure and intrusion into the privacy of the clients. This came about partly because of the anthropological sophistication of the narrative workers, who were aware of the writings of Harold Garfinkle (1956) concerning healing ceremonies as rites of passage. White and Epston in their first book (1990) wrote about how to turn a clinic or hospital discharge or therapy termination into a ''re-grading rather than degrading'' ritual with graduation certificates, testimonials, and a cake. Their work with children often involved rituals of promotion to a new stage of accomplishment, with appropriate certificates and tokens of transition.

Later, as White looked at the scene in the mirrored room where he often found himself meeting a new family, and sometimes new students, for a one-time consultation as a visiting teacher, he realized that if this was to become a healing ceremony, it had to be reorganized. Drawing on the ideas of Tom Andersen (1987), he laid out a ritual format for the relationships between consultant, family, and student observers. If the students were to be helpful ''outsider witnesses'' to the family consultation, they had to take their turn on the bright side of the mirror, and they had to think and behave, not as ''good students'' or smart experts with some advice to impart, but rather as members themselves of a healing ceremony, saying what they had learned and sharing how they personally responded to the conversation. By the end of the ritual, the alternation between perspectives of viewer and speaker produced a different experience for everyone, a sense of surprise and discovery. As White put it, the participants and observers all ''find themselves talking about or thinking about their own lives in different ways, ways that contribute to an entirely new appreciation of some of the events in their lives'' (White, 1995, pp. 196–8).

Some family therapy tapes are heavily edited to point out the details the alert and expert therapist will observe and use to build an interpretation and intervention. White and Epston's tapes were usually presented in full. The students of these tapes were invited to be anthropologists looking at a newly discovered culture, entering with curiosity and respect, always aware that they were there by invitation, and that this conveyed to them a unique privilege and obligation. Students were often told that their comments would be conveyed to the subjects of the tapes, which created a thoughtful and respectful context.

LEADERSHIP

We may at this point be ready to ask the question I mentioned at the beginning about the nature of leadership in the promotion of narrative work, or, put another

way, how should we understand its spread and success? Has it depended on the initiative of charismatic leaders, in particular, Michael White? There are no sure answers to these questions, but some thoughts about them are suggested by a review of the ways in which the propagation of psychotherapy has changed through this history. There has been a change not only in training institutions and their founders, but also in the audience of trainees that has responded to them—a change not only of leaders but of followers. The audience has become large and diverse, experienced and searching, in ways that could not have been imagined in 1950, and this variety of demands has had an effect on the propagation of narrative work.

Psychoanalytic training in the United States from 1911 on was exclusive, expensive, and elite. In academia, Freud, like Marx, had a ready place in the late 19th to mid-20th century as the bearer of seminal ideas that supplanted the suddenly disappeared consolations of religion, dispatched by that other grizzled old academic, Darwin. Along with their new public responsibilities as psychiatrists in medical and state institutions, a new priesthood of psychoanalysts assumed the role that religion left behind, the care and cure of souls. It hardly had to be promoted by its leadership because it was the only contender, and it had the medical seal of approval.

But the influence of analysis on the open market began to fade as other forms of therapeutic practice (Gestalt, Reichian, Sullivanian, Jungian, etc.) began to multiply in mid-century and provided competition for the growing numbers of people seeking help. Many of these disciplines had resident institutes, and all admitted nonpsychiatrists.

Those early family therapists in the Hillcrest films each had psychoanalytic training and a university psychiatry appointment, but in the world of institutions, the most they could do was found family therapy institutes, disconnected from the ''scientific'' aura of professions, and from academia. Thus, family therapy was born in outsider leadership. Two of them, Ackerman and Jackson, founded *Family Process* in 1962, and they installed Jay Haley, a nonacademic, as the first editor, establishing an independent outsider institution unique for its time. This was an early sign of things to come.

The Family Therapy Institutes that were founded by Ackerman, Jackson, Bowen, Minuchin, and others in the 1960s–1970s generally involved 2- or 3-year training programs with certain requirements of residency and supervision, open to holders of one of the terminal degrees, by now including education, nursing, and divinity degrees. Over the years, community and hospital workers were included (after informal vetting) and by the time narrative work began in the 1980s, there were also undergraduate and graduate programs that led to certification in family therapy under standards set by the AAMFT. It is important to this history that the AAMFT program was the subject of a vigorous debate, in which many leaders of family therapy took the position that defining family therapy by professional standards would stifle its development. A centrifugal, anti-institutional spirit had been identified that also animated narrative work.

Among the many changes within family therapy was the change from all-male to generally female leadership. Change was going on everywhere, but it was easiest for me to see in the leadership and the choice of emphasis at the annual meetings of AFTA. The men who were in charge of the ideas that dominated the early growth of family therapy were replaced by women, some of whom had learned their postmodern ideas in academia, and many of whom were ready to challenge institutional canons of psychotherapy. Many of them had had experiences challenging the operation of Power during their participation in the civil rights movement. Those women, and

like-minded men, were elected by the working rank and file (mostly women) who represented front-line experience in the world of therapy.

Not only were clinic jobs and numbers of candidates growing, but a new generation of teachers and supervisors was looking for opportunities to pass on their experience, usually in what they saw as a new and improved form, different from what they had learned as trainees. Conferences, workshops, and demonstration videos began to proliferate.

Perhaps nothing reflected this spirit so much as the evolution of the *Family Therapy Networker*, which over the years from its founding in 1982 by Richard Simon changed from an intimate, informal newsletter of the family therapy world to an enormous annual conference in Washington, DC, called The Networker where one could learn almost anything pertaining to therapy at an intensive 1- or 2-day workshop. The journal continued as the *Psychotherapy Networker* (no longer confined to "family") and famously provided the first publication for *Eye Movement Desensitization and Reprogramming* (EMDR) after Francine Shapiro's papers had been rejected by more official journals. The genie of psychotherapy's development outside institutions was definitely out of the bottle.

All of us were conditioned by the changes in training I have described to expect new and useful ideas to appear in the form of books and workshops, to appear in other places besides the bi-coastal American establishment, to appear in the open-air marketplace, and to be learned in less time than it took to graduate from an Institute. We had graduated already, and were looking for ways to practice that were better than the tools and precepts we had learned as trainees.

APPROACHES TO COMPETITION: VALIDATION, TEACHING, AND EXAMPLE

What is the meaning of the word "better" in that last sentence? How did we recognize an improvement? Three developments seem to me important to record as affecting the competition for acceptance going on in this marketplace, from which we might identify characteristics of leadership.

Outcome Research

I mention this first because it is important, even though the subject is too large to be taken up here. Some new therapy methods, such as Dialectical Behavior Therapy, multifamily psychoeducational group therapy, and EMDR, have identified specific target diagnostic conditions, and measured the effectiveness of their approaches by comparing them with the effects of other treatments. Their methods are copyrighted or manualized, or both, the teaching methods include continuing support groups, and the outcome research follows the methods of epidemiology. Narrative work, so far, has taken a different path, toward collaborative qualitative (rather than comparative quantitative) research (see Crockett, 2008). However, many narrative theoreticians and practitioners are understanding the importance of working toward creating an evidence base for a narrative approach to therapy.

Teaching

White and Epston, like other narrative workers, have approached the competition of the marketplace by trying to ensure that workers everywhere have a chance to learn by direct observation. They have traveled tirelessly, leaving an impressive video

library of their consultations to be studied. The experienced (as well as inexperienced) viewer watches and asks, ''Could I work that way?'' It is a question of an empathic ''fit'' between one experience and another, and it does not depend on presentation. It depends rather on coming to grips with a clear methodology—the design of questions—applicable in a variety of situations, a congenial—some would say inspiring—ethical outlook, and a challenging appeal to the therapist's own inventiveness and ingenuity. Attracting attention to this approach may once have been aided by White's unquestionably charismatic style, but now that the internationally dispersed ''institute without walls'' that I have described has been established by him and many others, presentation is much less important.

Open Dialogue

More important is the continuation of an approach to the competition of approaches exemplified by White's discussions with Minuchin at two workshops during the 2003 Networker Conference (White & Minuchin, 2003), a discussion that brought two separate parts of this arc of history together. It would be hard to imagine anything more different than White and Epston's work with anorexia, and Minuchin's. Many of us recall the tape of Minuchin convincing a father that he could not influence his daughter's eating, paradoxically—by challenging him to force her to eat a hot dog. By 2003 these differences in style, as well as the changes in each man's ideas over the course of time, could be the subject of a discussion that Bruner (1990) would certainly call ''a performance of meaning''—that is, a respectful and productive exploration of their differences. Minuchin spoke movingly of the importance of his immigrant history, of working in a foreign language, of practicing psychoanalysis, of the impact of his early work with Harlem families (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967). White invited Pat Minuchin to join the discussion, which led to an exploration of the place of patriarchy in the development of Minuchin'e conceptualizations. Both men showed tapes, and after White talked about the contribution the unique experience of clients had made to both bodies of work, Minuchin described what was important for him in White's work. Making room for disagreement has always been a part of the announced values of narrative, as well as other, therapeutic systems, but in the struggle to innovate it sometimes gets lost. White's example—and Minuchin's—of fruitful exploration of difference at this conference is one we will need to keep in mind as our work matures over the years.

CONCLUSION

Science and the Image of Truth

Major changes were unfolding throughout this history in the biological and behavioral sciences. We have today different ways of imagining what is fundamental to mind and relationships. Freudian psychology adhered to the requirements of science in the late nineteenth century, the age of the great systematizers, and it imitated developments in bacteriology, paleontology, and physics. Freud assumed that a search for unifying concepts of *cause*, located at the core, would be fruitful. He was in his early career as a neurologist just such a scientist, and he tried to make his psychology a science of masterful unity based on the discovery of core processes, like Pasteur's bacteriology and Darwin's Origin of Species (Beels, 2001, pp. 7–10).

Today, we have a very different, de-centered, model of mind. Family therapists of my generation remember the seismic shift under our feet that came with Bateson's re-location of mind in a system of interactions between communicating organisms rather than inside the brain (Bateson, 1972; Beels, 2001, pp. 140–255; Stagoll, 2005). Today, neuroscientists such as Michael Gazzaniga (1985) are deconstructing the brain's functions into increasingly independent modules, presided over by another independent module, an after-the-fact "editor" or "interpreter," whose hasty improvisations are at the very center of consciousness. Unitary principles of explanation—answers to the question, "Who's in charge?"—are very hard to find in this model of the mind. But the brain's editor-interpreter that is responsible for planning, which we believe is ourselves, and which at least "thinks" it is in charge, is clearly speaking the language of narrative—linking perceptions and memories in sequences of agency.

And from within the social sciences, the model of anthropology has become increasingly "centrifugal" rather than unitary. That is to say, it seeks explanations in terms of diverse local experiences, "local knowledge," of groups, and relies on the subjects themselves to do the interpreting. Anthropologists lead with their own transparency as stranger-visitors, and in reporting that focuses on effects rather than causes e.g., (Garrison, 1982; Myerhoff, 1992). In this climate, Great Systems of the kind personified by Freud have for many become anathema.

I began this essay with a long quotation from White, describing a de-centered role for leaders of narrative work, in which he invites us to make our own contributions to its development. That was the invitation for exploration to which we responded, and it is one reason why it still continues, with his passing. The quest has kept its centrifugal liberating flight from the confinement of official definitions, and it has continued to insist that the purpose of theory is not to describe a central hidden reality, but to explore and extend the limits of practice.

Michael always made his leadership personal. My own experience of him as someone I would like to follow and learn from felt from the beginning as if it were a personal connection. He had an intelligence, a sense of humor, and a curiosity, an eagerness for discussion and new experience that always felt like a personal conversation. This was not because we were friends. I think just about everyone who learned from him felt that way. And I notice that many of us have brought forward that personal part of ourselves, partly encouraged by his example. He would not have expected this emulation, but for me he has moved into the panoply of those figures on the video screen that we remember when trying to do our work, and there, as everywhere, he is a sparkling exception.

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