



Innovations in Practice
A new column hosted by David Epston

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This column is seeking short pieces of writing from narrative therapists describing micro-innovations within their work. We are particularly interested in examples of practice that cannot be explained by the existing narrative therapy literature. We hope this column will foster continuous innovation within the field. We would also request that you avoid narrative terminology and speak in your own voice so that your 'thinking' comes through loud and clear. If you have examples of practice you would like to share, please email us at dulwich@dulwichcentre.com.au

INTRODUCTION

Cheryl White's requests to me that we 'tell the history' of narrative therapy through presentations at conferences and in compiling the 'Introduction' to Michael White's 'posthumous unpublished papers/addresses' (Narrative practice: Continuing the conversations, W.W. Norton, 2011), have obliged me, at times with some difficulty, to reminisce about the 'early days' of narrative therapy before it had come to be known as such. I am speaking of the period from 1981-1989 at which time narrative therapy was still pretty much an Australasian (Australia and New Zealand) affair.

Admittedly, we had the good fortune to run into the excitement of one wave after another of European post-modern critical thought and ideas as they at long last washed ashore here, even though commentators say it peaked in Europe by 1985 and has been running out ever since. This post-modern critique came alongside other pungent critiques, e.g. feminist, post-colonial, queer, that had their sources in the political and intellectual ferment of the late 1960s. These political and intellectual concerns found their way into the academy in Women's Studies (followed by Men's Studies, Black Studies, Queer Studies, Indigenous Studies, Hispanic Studies, Subaltern/postcolonial studies, etc.). In the social sciences, there were so many 'turns' it was hard to keep up, but what most attracted our attention was the so-called 'narrative turn' and reading Jerome Bruner (who is still publishing scintillating book chapters, aged 96!). Michael often referred to me as a 'poacher' as I took considerable delight in scouring the University of Auckland library for books and journals and bringing them home and scanning them for 'ideas'. We were certainly on the lookout for 'ideas', not merely to further our critiques (we had more than our fair share of critique of the professional practices with which we both had first-hand experiences) but something quite distinctive. We were searching for ideas to 'think with' in order to develop a novel practice which would give expression to our critique. This practice became known as narrative therapy around 1990 after the reprinting of the earlier Dulwich Centre Publications' version of *Literate means to therapeutic ends* (1989) by W.W. Norton (New York) with the renamed: *Narrative means to therapeutic ends*.

Shortly before Michael's death in 2008, Michael and I determined to reunite with the agreement to 'start all over again'. Both Michael (*Maps of narrative practice*, 2007) and I, along with my co-authors (*Biting the hand that starved you: Inspiring resistance to anorexia/bulimia*, 2004) had completed projects that required us to give a great deal of time and thought to distill our respective practices in order to make it available for publication. Distillation of this sort requires what Michael used to refer to as 'systematisation' but more recently chose the metaphor of mapping. It constrains you from invention and, in fact, you undertake it for that very reason. With narrative therapy coming to its 25th year (1985-2010), however, we then thought it time to take up a promise we had made to one another in the Introduction of *Experience, contradiction, narrative and imagination* (1992), in what was the closest we ever got to a manifesto. Perhaps it could be considered more a vow:

With regard to ideas and practices, we do not believe that we are in any one place at a particular point in time, and rarely in particular places for very long. In making this observation, we

are not suggesting that developments in our work are sharply discontinuous – they are not. Nor are we suggesting that our values and our commitments are varying – they are not ... However, 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. We aim to preserve this spirit, and know that if we accomplish this our work will continue to evolve in ways that are enriching to our lives, and to the lives of those persons who seek our help.

What will be the direction of this evolution? It could be tempting to make pronouncements about this. But these would be hard to live by. And besides, our sense is that 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 extend the limits of these practices. (p. 9)

So, in 2008, I reinitiated my fishing expeditions, but this time I was loading his computer with pdfs of literary theory rather than posting him photocopies. I know I was hoping we would engage such questions as: 'What is 'rich story development'? 'How can you tell a 'rich' story from a 'poor' story?' 'Is it possible to enrich a poor story so that it achieves the status of a 'rich story'? But that was only what was on my mind at that moment having read and re-read *Maps of narrative practice*. Michael reassured me that he had much he also wanted to review and revise and 'go further' than narrative therapy had gone.

Michael's untimely death meant that 'starting all over again' never took place in the way I had imagined and anticipated. Would it have been like the proverbial 'old days'? Could we 'poach' some more ideas to invigorate re-thinking the ideas into our practice and have it lead to places we couldn't possibly have anticipated at the outset? For some time, you are just following your nose thrilled by the prospect of finding another 'good idea'. I am pretty sure that is how it would have turned out but now I will never know.

I am convinced that those therapies that persist are those that continually refresh themselves with ideas and are continually on the move. I certainly see this in some of those developments away from the heartland of narrative family therapy practice (Michael and I were first and foremost family therapists, as were most of the 'first generation' of narrative therapists). Those current innovative developments I am thinking of include:

- the 'collective narrative practices' of David Denborough, Cheryl White, Barb Wingard, Jill Freedman and their many associates around the world;
- various forms of the re-invention of narrative therapy as it crosses cultural/linguistic boundaries (most notably in the recent papers of Marcela Polanco (2010; 2011), although I am sure others are 'indigenising' narrative therapy in other cultures/languages;
- the re-invention of narrative therapy into other fields of practice (see for example 'Pratiques Narratives' and 'narrative coaching' in France, Denmark and elsewhere).

I know there are other examples but I am not trying to be exhaustive here.

Alongside these heartening innovative developments, some events were concerning. I had two papers reviewed for

publication in two separate journals and the well-intentioned comments of the reviewers gave me pause for reflection. One reviewer asked me to give cause that what I had submitted was narrative therapy and not something else. Another reviewer was far more certain and stated that my manuscript could not possibly be narrative therapy because it failed to pass a certain criterion and was rejected. Interestingly enough, I had submitted both papers with the express desire not to be narrative therapy qua narrative therapy, but rather to extend it to places that as far as I knew it had not travelled to before. So my reviewers' comments were well-founded, but what surprised me was the certainty of what 'is' or 'isn't' narrative therapy, a certainty I certainly don't share.

My interest is considering how narrative therapy can become other than what it has become so far. I see that as vital to its livelihood. And that depends on travelling beyond what has been mapped and to 'map' what now are considered unknown and unexplored. Admittedly it takes some nerve to travel to unmapped territory. The philosopher, Thomas Kuhn (1962) in 'The Structure of Scientific Revolutions', challenged the taken-for-granted regarding the pursuit of discovery in science. He said that discovery did not arise in 'normal science' which concerned itself more with fixing its 'rules and regulations', and most of its researches led to findings he referred to as 'mopping up', but instead, discoveries occur through what he considered to be 'extraordinary research':

The proliferation of competing articulations, the willingness to try anything, the expression of explicit discontent, the recourse to philosophy and to debate over fundamentals, all these are symptoms of a transition from normal to extraordinary research. (p. 91)

This new column in the *International Journal of Narrative Therapy and Community Work* hopes to open up a space for 'the willingness to try anything' irrespective if it is canonical practice or not. We would expect that most of the innovations will be outside the canon. What Kuhn found was that discoveries come about by prepared minds bumping into accidents. I have also found that 'necessity is the mother of invention': when you find yourself in a pickle and, no matter how hard you search the available literature or prevail upon colleagues and supervisors, no-one can provide you with a map, you just have to find your way or else.

This column seeks such innovations. We will willingly accept innovations hot off the press. We are not expecting them to be packaged in traditional journal article format with literature reviews. We also are only too happy to review lengths of your own preference rather than the traditional 7000 word limit. We would like to think this will be a home for those who are thrilled by thinking and doing something they have never done and, as far as they know, no-one else has either. The style in which we would prefer you to write is to indicate how you came to think/do what you did, but more importantly to show your readers in the best way you can think of how you did it. Instead of preparing an academic paper, we ask you to imagine yourself excited by the very novelty of your innovation, sitting around a coffee table at work explaining your innovation to a group of valued colleagues, dying to hear about it ...

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