

Three further examples of externalising conversations

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The presentation below was filmed during a workshop Michael White conducted in Hong Kong, in 2001. The workshop was hosted by Baptist University and organised by Angela Tsun on-Kee.

I'll give you another example of an externalising conversation. I'm meeting this family and they have a boy called James and there seems to be a correlation between the name James and Larry and ADHD. If you have a James or a Larry, there's more chance that child will have ADHD (laughter). A lot of children I see are called James or Larry, with ADHD.

And so, they come into my room and James is about, I guess, nine years of age, eight or nine years of age, and he's... suddenly my room is a mess, chaos reigns and things have been turned upside down. I sit down and I talk to the parents as James is like a tornado, no a typhoon, you have typhoons, don't you? Like a typhoon flying around my room. And I say, well it's interesting to meet you, and so I'm trying to concentrate with all this clapping and banging going on and you know, I get to hear the family have come to see me because they're concerned about James and they tell me that James has ADHD, that he's taking some medication, but it's not enough. Surely there's more that can be done.

I say, well how did you find out he had ADHD? And they said, well a paediatrician told us, this was confirmed by a psychologist and so he's definitely got ADHD, so at least we know what the problem is. I said, that must be a relief, to know what the problem is. They say well yes but we now have to know what to do about it. So my chair starts going up and down, like I'm on a bucking horse. And I look down, there is James. Now I'm feeling precarious, you know, like ... so I say to James, James could you be a camel instead, because I like riding on camels, have you ever ridden on a camel? It's majestic and it's cruisy, it's wonderful. So he tries to be a camel, so I'm going like this (laughter).

And I'm saying to the parents ... it's very dreamy, it's lovely actually, I say it's like being in a trance state. I say, well what sort of ADHD has James got? What type is it? You have to know what type it is if we're going to treat it. And then James stops, thank heavens, and goes off and does something else. And they say, what do you mean, what type of ADHD it is? Well, there are different types of ADHD like everything else, which type is it? They look at each other and they think about their paediatrician and they say, with indignation, well, he didn't tell us that. [They're] quite indignant about not being given this information. And I said, well I don't know what we can do if we don't know what type of ADHD it is, and they say, well maybe you can tell us. And I say, well I don't have diagnostic acumen so you need to see someone with diagnostic acumen. Does anyone here have that? Diagnostic acumen? No? Anyway, I don't have diagnostic acumen, so I can't do that.

I said, but maybe we can figure it out, okay? Maybe James could help us. James, do you know that you've got ADHD? He nods his head and then goes on doing what he's doing. What sort of ADHD have you got James? He pays no attention. And I said to the parents, has James ever seen his ADHD? I mean, it could be anything. It could be like a green martian for all I know. And so I turn to James, what colour is your ADHD? (laughter) I get his attention, okay, he says, I don't know. I say, haven't you ever seen your ADHD? He said, no. He knows he's got ADHD but he's never seen it.

Well how do you know you've got it if you haven't seen it? He thinks that's a very good question, okay, how does he know he's got ADHD if he's never seen his ADHD? And the parents think that's a bit strange ... is this second opinion a good thing to be doing, you know? (laughter) And so I say, look, I think I know what sort of ADHD James has got, I think I know now, and they look relieved. Okay, well give us the diagnosis. And I say, well I saw a little boy two weeks ago, his name was Freddy. James's ADHD looks just like Freddy's ADHD. The parents think, well this is promising, we're getting on track now. And then I say, well ... I think that James's ADHD is a twin brother to Freddy's ADHD, they're twin brothers. The parents think, you know, they thought we were getting somewhere so I say, well, um, James, have you got a brother? I already knew he had a brother. He said yes. Is he your twin brother? James knew that he wasn't, children are fascinated by twins, so he knew what a twin was. And so I say, well um, tell me, did you know that your ADHD's got a twin brother? Now he's really excited, his ADHD's got a twin brother. And I say, do you want to know what it looks like? He wants to know. I look at the parents, they want to know. Now the parents are getting interested because this is a fun, light-hearted approach to a deadly serious situation. They can see the new possibilities because James is getting engaged, so they come on side with me.

So I go into my office and I come back with a painting of Freddy's ADHD, Freddy gave me a copy, because I have these archives of therapeutic materials I share with others, I do this a lot, it's very helpful. So I come in and I say, here's Freddy's ADHD. Do you think yours looks like this ADHD? We all study it and his parents say, yeah I recognise this ADHD, this looks familiar (laughter). And so there's a general consensus that James's ADHD is a twin to Freddy's ADHD. I say, well how will we confirm this? We have to know for sure before we take action and so, the parents say to me, well how did Freddy know what his ADHD looked like? I said, oh Freddy was very clever. One night, he woke himself up in the middle of the night without any warning and his ADHD was off duty, lazing around the place and Freddy caught him napping. Before he could jump back in Freddy's life, Freddy took a picture of him with his mind (laughter). And the next morning, he painted ADHD. And so I didn't know how James could find out what his ADHD looks like, I don't know what would work for him.

So we all talk about it for a while and no one seems to know and suddenly James has an idea. He says, I could wake myself up in the middle of the night. Now that's a good idea James ... and take a picture of my ADHD. So the parents say, look um okay, so this is the plan. We then go home and James is going to do this so that we've got ADHD's number so we can then figure out what ADHD's up to because what ADHD does will be true to ADHD's character, is that clear? So we get to understand ADHD, we can figure out how to out-trick ADHD.

So I say, well, the parents say, well what should *we* do? Because they've always had this homework, you know, behavioural management and all this sort of stuff and so, pretty heavy stuff, and I'd say, look, the best thing for you to do, wait for it, they begin priming themselves, hoping it won't be too much of a burden ... do nothing. I want you to do nothing. Well maybe we could remind James to do this before he goes to sleep. I'd say, no no no, ADHD will get wind of it, you know, it'll be giving him a warning. Say nothing. But in the morning, when James wakes up, every morning for the next week, say to him, did you do it James? When you see him down at breakfast, both of you say together in unison, and you can practise here to get the lines, did you do it James? Okay, practise, they practise, James did you hear that? When you hear that James, Mum and Dad'll be asking you about ADHD. And they won't say anything more, they'll just say, did you do it James? If you ask, what, they won't tell you. Anyway so they went home with this plan, right, and ... when they came back to the next meeting, I heard about the story.

On the first evening, in the morning when James was sitting at breakfast, they said in unison, did you do it James? He said, do what? You know, thinks they're crazy. Oh never mind, they say. The second morning at breakfast, they say, did you do it James? This time he knows what it's about but he hasn't done it. On the third morning, when they go to say, did you ... he says, I've done it, okay, he woke up and he took a picture of ADHD with his mind and he painted it that morning. He brought this in to the next meeting with him and you should have seen this ADHD, it was terrifying, it was a mutant ninja version. It was a twin of Freddy's but it was a mutant ninja version, mutated version with much more power. And I could understand why James's life was so much out of control. And so we put ADHD over here and we got into a conversation about what his ADHD was up to. It was wrecking James's friendships with his teachers, it was throwing a spanner in the works in his friendships with his parents and so on, we got to explore how ADHD was affecting his life, okay, That's another example of externalising conversations.

I'll give you one last example, two more examples, I've got millions of them! I meet a boy who's seven years of age who's soiling his pants, okay. He's soiled his pants for all of his life, there've been many investigations and treatments to no avail, he's still soiling his pants. His name is Shaun. And I say to Shaun, well, I say to the family, I meet them all and they tell me that Shaun has encopresis, which is the professional name for soiling, okay, and he knows he's got encopresis.

And so I say, well, tell me more about this encopresis, you know, what's it like living under the reign/rain of encopresis? I can't help myself with throwing some of these metaphors in, how is encopresis raining down on the family? What's it like living under the rain of encopresis? The mother gets the joke, she grins, she says, well it's pretty slippery (laughter). And then says, and it's messy too. And I say, well what would you say about the character of someone who went around the place, messing up their lives without being invited to do that, without invitation? And the mother said, I'd say they were up to mischief. Ten minutes later, Shaun is calling the problem 'Mr Mischief', okay, now I'm starting to figure out what Mr Mischief was doing to his life, okay. I want to know what it's like for Shaun. He turns out to be very unhappy about it and then I want to know why he's unhappy about it.

The mother says, surely you know Michael. I say my name's not Shirley ... no I don't really say this. She says, surely you know Michael, and I just remembered a ridiculous movie I once saw called 'Flying High' and every time something goes wrong, the flight attendant says to the captain, surely you know this and the captain says, my name is not Shirley! It's a ridiculous movie ... anyway, so surely you know Michael? You know ... I'd say, well, I don't know, some people seem to be rather attracted to messes, messes can be attractive you know, he doesn't want his life a mess do you Shaun? And Shaun says no. For the first time, Shaun takes a position on the problem.

Until then, he'd been a passenger. Everybody else has taken a position on the soiling, other kids don't want to play with him, they take a position on it. Professionals treat it, they take a position on it. Parents get into management programs, they take a position on it. Shaun's a passenger, but for the first time, he takes a position on it.

Another example. I have a longstanding interest in schizophrenia, I've worked in this area, in psychiatric services, mental health since 1973 and I have a longstanding interest in working with what's described as schizophrenia. So I meet a lot of people with this diagnosis. Now I'm going to just emphasise the fact that in this conversation about externalising, I'm not ... I don't have an anti-medicine position, is that clear? I'm not anti-medicine. I'm not even for or against labels. I don't give people labels myself but some people consult me and they have a name for the problem, like

schizophrenia, and I'm interested in what that label brings to them in terms of possibilities, as well as what are the hazards and limitations on them, is that clear? I'm not for or against labels. For some people, having a diagnosis like schizophrenia is a relief. It's certainly a relief for some relatives who have felt really guilty and, you know, felt very much like somehow they're responsible. This takes all these complications out of their relationship sometimes, with their son or daughter. So I'm not for or against labels. But I do know ... and I'm not for or against medication, okay? I'm interested in what is enabling for the people who consult me, what works for them.

Now I meet a lot of people with schizophrenia, with this diagnosis. Now I know that schizophrenia is a word that replaced dementia praecox, okay, and I know there are some politics around that, you know, dementia praecox couldn't be so easily rendered into an adjective, for example, he couldn't be a 'dementia praecox' person, he could be a schizophrenic person, so I think maybe then dementia praecox is a superior name in some ways, because it cannot be so easily rendered into an adjective. But I'm not against schizophrenia at all, okay? But I know that when people consult me with schizophrenia, it's not the schizophrenia that's the problem to them, okay.

I meet with families, they bring along a son or daughter who's been at home hiding under the bed or in a hospital ward, they're on medication but they're very withdrawn, they're having a lot of auditory hallucinations, sometimes visual hallucinations, and they're terrified. And we sit down together and they cry and they're quite distressed and I know that it's not schizophrenia that's the problem to them, I'm not sure what it's going to be but sometimes it turns out to be the hostile voices. Now it's not the friendly voices, it's the hostile ones, the negative ones, the evaluative ones, the disqualifying voices that are the problem to them. So I begin to have conversations with them about these hostile voices. Lots of these people wouldn't want to be without the friendly voices, they'd feel alone, so we begin to explore what these voices are up to, you know, what they're doing to the person's life, how they set themselves up as an authority on other people's motives. And they seem to provoke a lot of suspicion when they do that, they convince the person that they're an authority on other people's motives or intentions, they make the person suspicious. Why would they be making you suspicious of other people? Well maybe they're jealous, maybe they want me for themselves or something, is that clear? So it's like a personifying of the voice and so, and they speak in very powerful ways these voices.

Have you ever been at work, someone in a superior position knows what you would be doing if you were doing what you should be doing? You know that sort of voice of authority? They know what you would be doing if you were doing what you should be doing, it can be really disempowering, can't it? Okay. They have authoritative ways of speaking. So well do the voices of schizophrenia, they speak with authority. We can unpack that authority. I can say, well, let's try and interview these voices about what they've dreamed up for your life. Then we can understand why they're trying to talk you into what they're trying to talk you into. If you were at work, and you had the option of saying to that person who spoke with authority, I understand what I'd be doing if I was doing what you believe I should be doing, I understand that. Tell me, how does this fit with your plans for my life? If you had some dreams for my future, how does this fit with your dreams for my future or ... you'd be actually encouraging them to situate their opinion in the context of their agenda so that it's no longer given an objective status, is that clear? It would diminish the power of the statement, so we can do a lot of this in our work with people who hear voices.