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Externalizing Conversations

Many people who seek therapy believe that the problems of their lives are a reflection of their own identity, or the identity of others, or a reflection of the identity of their relationships. This sort of understanding shapes their efforts to resolve problems, and unfortunately these efforts invariably have the effect of exacerbating the problems. In turn, this leads people to even more solidly believe that the problems of their lives are a reflection of certain "truths" about their nature and their character, about the nature and character of others, or about the nature and character of their relationships. In short, people come to believe that their problems are internal to their self or the selves of others—that they or others are in fact, the problem. And this belief only sinks them further into the problems they are attempting to resolve.

Externalizing conversations can provide an antidote to these internal understandings by objectifying the problem. They employ practices of objectification of the problem against cultural practices of objectification of people. This makes it possible for people to experience an identity that is separate from the problem; the problem becomes the problem, not the person. In the context of externalizing conversations, the problem ceases to represent the "truth" about people's identities, and options for successful problem resolution suddenly become visible and accessible.

Jeffrey

As I walked down the stairs with a couple I'd been meeting with, I became aware of a commotion in the waiting room. In the midst of this, I heard the reassuring voice of our receptionist. The commotion subsided, and I assumed that whatever this had been about, it was now being taken care of. The couple booked another appointment, and I consulted my datebook about my next consultation. This was to be a meeting with a family, Beth, Andrew, and their son Jeffrey. It was their first visit. I entered the waiting room but found no one present.

I was then aware of the sound of raised voices coming from the street, and I decided to investigate. As I was about to step out into the street, I was nearly flattened by a woman rushing in the opposite direction. "Oh, I'm sorry. I'm sorry!" she blurted out. "Are you Michael White?" I hesitated for a moment, a fraction concerned about the potential consequences of acknowledging this, and then answered that yes, I was. The woman quickly explained that her son, Jeffrey had taken off down the street with the rocking horse from our waiting room. Somehow Jeffrey had known that there was a horse-racing track at the end of this street, and he had obviously wanted to try it out. Beth, Andrew, and eventually our receptionist had taken off after him, attempting to convince him that this wasn't a good time to embark on an adventure like this. The situation had then deteriorated into a wrestling match, but Beth assured me that everything was now under control, and that the rest of the party would be along soon.

Sure enough, we were soon all seated in my interviewing room—Beth and Andrew on chairs, and Jeffrey on the rocking horse which had grown an extra pair of legs and that had apparently become short sighted, for it was crashing into virtually everything there was to crash into. I found this curious, but managed to turn my attention to Andrew and Beth to inquire about the purposes of their visit. In response to my question, Andrew suddenly launched himself out of his chair and leapt at me—at first I though he'd leapt at me and missed, assuming that he was perhaps also a bit short-sighted. Fortunately, it turned out that this maneuver was not one of malice but rather an attempt to save the whiteboard behind my chair from

crashing onto me. Although feeling a fraction unsettled by this event, I was grateful for his efforts. After a few minutes Andrew and Beth's attempts to establish some order in the room were moderately successful, and I took this as an opportunity to again inquire as to the purposes of their visit.

Andrew: I thought that you would quickly figure that out.

M: Not shortsightedness?

Andrew: What?

M: Nothing really. I think it would be best if I had your words on this.

Andrew: Okay. As I'm sure you've guessed, we've been having a really hard time with Jeffrey. He's got ADHD. This has now been confirmed by two pediatricians and an educational psychologist.

Beth: Yeah, it has been pretty full-on for most of Jeffrey's life, and we haven't really known what we were dealing with until recently. We're only just learning about ADHD.

M: So the diagnosis is pretty recent?

Beth: We've known for sure since the start of this year—that's about 8 or 9 months. But we have suspected it for a long while.

M: What's it been like to have this diagnosis?

Beth: It's been quite a relief, hasn't it Andrew?

Andrew: Yeah, we are both relieved to at least have a name for it.

M: So, where do I fit in?

Andrew: We've just seen another pediatrician about some concerns we've had about the medication, and he suggested we make an appointment with you. He said that

you'd seen lots of kids like Jeffrey, and that you could have some things to offer.

M: What are your concerns about the medication?

Beth: It's certainly much easier for us and lots of other people when he's on this medication, but there are changes to his personality that we are both worried about, aren't we Andrew?

Andrew: Yeah. We were worried that we were losing something, so we've backed off a bit on this. And the other thing is that we just felt that we hadn't exhausted all of the avenues. So that's why we're here.

M: Does Jeffrey know he has ADHD?

Beth: Yeah. We've told him as much a we know. We think it's important for him to know because it's about his life.

M: You said that you feel that you haven't exhausted all of the avenues?

Andrew: We have tried lots of things, including what's called "behavioral methods." We've come to see you because we hoped there d be something more.

Beth: Or that maybe you could get through to Jeffrey somehow.

M: Okay.

Jeffrey was now under my chair, bumping the underside of it with his back, pretending to be a rodeo horse. I was concerned about the possibility of his injuring his back, and also about my precarious position in this scenario. So I took some time out of my conversation with his parents to encourage Jeffrey to be a camel, which I hoped would have a more desirable outcome. While I was doing this, I asked Jeffrey if it was true that he had ADHD. He didn't answer this question, but he did seem to want to know more about what he would be doing if

he were a camel. Then Andrew asked, "So what are we going to do?"

M: *(turning back to Beth and Andrew)* Right now, I don't really know what can be done.

Andrew: What else can we tell you that would be of help? What else do you want to know? We just have to find a way forward here, and we heard that you see lots of kids like Jeffrey.

M: Well, for a start, it would be helpful for me to know what sort of ADHD he has.

Beth: What sort of ADHD he's got? Do you mean that there a different sorts of . . . .

M: Yeah. There are lots of them, and until we figure out what sort of ADHD Jeffrey has, we won't be able to do much. We'll just be barking up the wrong tree.

Beth: *(turning to Andrew, looking quite indignant)* They never told us this! Not once did anyone say anything about this!

Andrew: Well, maybe Michael can tell us . . .

M: Making diagnoses is not my specialty.

Andrew: But surely you have seen a lot of this, and you'd be able to . . .

M: Yes, I have seen a lot of children who have been diagnosed with ADHD. But my work with them has not involved me making this diagnosis.

Andrew: Are you serious? Are you really serious? *(turning to Beth)* So just what are we going to do next?

M: I do have an idea about how we might find out what sort of ADHD is giving you all such a difficult time.

Beth: *{with a "this looks promising" expression on her face)* Okay, let's hear it.

M: *(turning to Jeffrey, who has just upended a box of crayons)* Jeffrey, what sort of ADHD have you got?

Jeffrey shrugs his shoulders.

M: All right then Jeffrey, tell me this. Just tell me this one thing. What color is your ADHD?

Jeffrey: *(momentarily bewildered and turning to his parents, who both shrug; then turning back to me)* Dunno.

M: Ah-hah! I knew it! Now I know why Jeffrey's ADHD is just free to run around upsetting everything. How could Jeffrey do anything to stop this if he doesn't even know what his ADHD looks like? Jeffrey, how could you do anything about what your ADHD is up to?

Jeffrey gives me a puzzled look, and Andrew and Beth exchange glances that register silent questions about whether they have come to the right place for consultation. Then Beth shrugs as if to say, "Oh well, we are here now, and we might as well play along to see where this goes."

M: Actually, I do think that I recognize something. It's looking more familiar to me. Yes, I think I do know what sort of ADHD Jeffrey's got! I am sure I have seen it before.

Andrew: Good, good. This is encouraging. What is it?

Jeffrey looks expectant.

M: Jeffrey, you have a younger brother, don't you?

Jeffrey nods.

M: What's his name?

Jeffrey: Christian.

M: I haven't met your brother Christian. But just like you have a brother, I think your ADHD has a brother, and I have met him. Do you want to know who he is?

Jeffrey: Tell me, tell me.

M: Do you know about twins?

Jeffrey: Yup.

M: Well, I think that your ADHD has a twin too, and I've met him. Yes, I met him right here in this room just a few weeks ago. This twin was doing just what your ADHD's been doing. Up to exactly the same tricks, crashing into everything, knocking the whiteboard over, pretending to be a horse and tipping things all over the place. That's how I recognized your ADHD. I've seen it before!

Jeffrey is now clearly engaged. Beth and Andrew are both smiling, looking relieved, and nodding for me to continue.

M: Do you want to see a picture of your ADHD's twin brother?

Jeffrey, at a loss for words, nods.

M: Okay. I met a boy who had a name a bit like yours. His name was Jerry. And Jerry had this ADHD in his life that was upsetting everyone and making a mess of everything. Jerry didn't know what his ADHD looked like either. So he was really stuck with his ADHD doing whatever it liked. Anyway, one night Jerry decided to get a picture of his ADHD. Do you know what he did?

Jeffrey: What?

M: Jerry had this great idea. He woke himself up in the middle of the night and got a good look at this ADHD. His ADHD was just lazing around with his feet up smoking a cigarette, figuring out new tricks to play on Jerry and waiting for Jerry to wake up so he could get going with them. Anyway, before this ADHD could jump back inside him, Jerry took a picture of it with his mind. And the next morning he painted it. I can show you what Jerry's ADHD looks

like because he also painted a copy for me. Wait here and I'll go and get it.

Jeffrey: *(eyes now open very wide)* Show me! Show me! Show me!

Beth: Wait, wait. Michael will have to go and get it.

M: *(exits the interviewing room for his office and returns with a large painting of Jerry'ADHD, which looks awesome)* Look at this, will you!

Jeffrey seizes the painting.

M: Careful! Be careful! Hold onto it tight! Who knows what would happen if this ADHD got free. If your ADHD and Jerry's ADHD were on the loose together and teamed up with each other, who knows what would happen to this whole building, or to this whole neighborhood!

Andrew: We'd all have to run away.

Beth: So hold onto it tight, Jeffrey. Here, I'll help.

Jeffrey firmly holds the painting while studying it wide-eyed.

M: But Jeffrey, I am not exactly sure that this is your ADHD's twin brother. And we have to know for sure if we are going to do anything about it.

Beth: How could we find out?

Jeffrey: *(with enthusiasm)* Yeah, yeah! How can we find out?

M: I don't know. I was going to ask you and your mum and dad about this.

Andrew and Beth took the lead in speculating about what might be done to confirm this twinship. Although Jeffrey flatly rejected all of their proposals, I was quite drawn to several of them and asked permission to make a note of them for later reference in my work with other families. Then, suddenly, Jeffrey had an idea of his own:

Jeffrey: I know! I know!

M: What?

Jeffrey: I will wake myself up in the middle of the night and take a picture of my AHD before it jumps back into me! I will. I'll do it. *(At this point I discovered that Jeffrey always dropped a D out of this description. He didn't have ADHD after all, but AHD.)*

Beth: That's a great idea, Jeffrey! And then you could paint a picture of it in the morning and bring it back here for Michael to see.

Andrew: Yeah. That's a great idea. When will you do it?

Jeffrey: I'll do it tonight. Wake up all of a sudden and get a picture of AHD. It doesn't matter how fast AHD is, I'm going to be faster.

M: Sounds like a good plan.

Andrew: What can we do to help out? Should we remind Jeffrey about this plan before he goes to sleep tonight?

M: I'd recommend that you say nothing. Don't mention it. AHD could get wind of this and try to outsmart Jeffrey. We don't want to give AHD any warning about Jeffrey's plans. AHDs can be pretty tricky, can't they Jeffrey?

Jeffrey: Sure can!

Andrew: Well, that's a relief, really. Do you mean we can just sit back and . . .

M: What you could do is this. At breakfast you and Beth could simply say to Jeffrey, "Did you do it?" If Jeffrey says yes, you could then celebrate this in some way, and help him to paint his AHD. If he says, "Did I do what?" you could say, "Never mind. It's nothing." And you could do this each morning until Jeffrey has followed through with his plan.

Andrew: That's easy.

M: Not entirely, because it would be good if you and Beth could harmonize on this. You could even practice before you leave this room.

Beth and Andrew both laugh.

Three weeks later we met again, this time under very different circumstances. All was quiet in the waiting room, and I wondered if this family was late for the appointment. But no, Jeffrey, Andrew, and Beth were present, all looking rather expectant. Jeffrey was holding something behind his back that was making a crinkling sound. We walked up to my interviewing room, Jeffrey holding back slightly. Beth, Andrew, and I were seated before Jeffrey's entrance. I was facing the door, and to my horror suddenly there appeared an incredibly gruesome AHD that at first appeared to be on the loose.

M: *(leaping off my chair in surf rise)* Oh no, what's this?! Help! Help! Everybody help! There's an AHD loose in my room!

Beth: Oh no! Jeffrey! Help us!

Jeffrey: *(suddenly appearing from behind his -painting, a large grin on his face)* Tricked you!

M: Oh, what a relief! It's you, Jeffrey! You sure did trick me. But hold onto that thing. Don't let it go.

Jeffrey: I've got it. It's okay, I've got it.

Together we studied Jeffrey's AHD, and carefully compared it to Jerry's ADHD. We all agreed that it was a twin to Jerry's ADHD, but that Jeffrey's was a mutated version of Jerry's—a "mutant ninja" version, and therefore even more difficult to deal with. Jeffrey was quite animated during this time, telling stories about some of the tricky things that his AHD had got up to, and about how he had managed to intercede in order to save the day. This provided an opportunity for me to ask questions about some of the consequences of AHD's activities:

M: Now we know who your AHD is, let's figure out what he's been doing to your life. Where should we start with this?

Beth: Well, where do we start is a good question. There's so much to say about it. In lots of ways AHD has ruled our lives.

Andrew: AHD has been getting in the way of Jeffrey at school. It's got Jeffrey into all sorts of trouble. AHD has been making trouble for you at school, hasn't it Jeffrey?

Jeffrey: (occupied in painting yet another picture of his AHD) Sure has.

Andrew: It's also been giving some of his teachers a bit of a headache, hasn't it Jeffrey?

Jeffrey: Sure has.

Beth: AHD has also been messing things up a bit with other kids, and getting Jeffrey into some fights, hasn't it Jeffrey?

Jeffrey: Sure has.

M: Messing things up with other kids in what sort of way, Jeffrey?

Jeffrey: They just want me to go away by myself.

M: What about your mum and dad, Jeffrey? Has AHD been getting in between you and your mum and dad? Has it been giving you and them problems?

Jeffrey: Sure has.

M: What sort of problems?

Jeffrey: It gives you headaches, too, doesn't it mum?

Beth: Yeah, that's right. And it tires me out.

M: What about your dad?

Jeffrey: Ah . . . well, it gets him all grouchy, doesn't it Dad?

Andrew: That's true. And I don't feel very happy with myself about this.

M: AHD is messing things up between Jeffrey and his teachers, and between him and other kids, and between him and the two of you. What does this tell you about AHD? What does this say about AHD?

Andrew: Maybe that it's a bit mean.

M: Jeffrey, do you think that your dad is right, that AHD is mean?

Jeffrey: Yeah, it's mean. And it's naughty too.

M: You said that AHD was tricky. Tell me more about its tricks.

In the ensuing discussion, the tactics and strategies employed by AHD were described in terms that were relevant to Jeffrey, and some of the consequences of these tactics and strategies were drawn out in more detail. This provided a foundation for a closer examination of the plans that AHD had for Jeffrey's life. I then consulted Jeffrey and his parents about their position on the consequences of AHD's actions and on the plans that AHD had for his life.

M: I am getting a clearer picture about what AHD's been up to. It's been messing things up between Jeffrey and his mum and dad, between Jeffrey and other kids, and between Jeffrey and his teachers. And about how it's been making Jeffrey feel funny in his tummy. And it has also been upsetting Jeffrey's mum and dad. I've also got a clearer picture of the plans that AHD has for Jeffrey' future. AHD wants to be Jeffrey's only play friend, to keep Jeffrey to himself.

Andrew: This is the first time that we've taken stock of all of the trouble that AHD has been causing us. Jeffrey, isn't this the first time that we've got a good picture of what AHD has been up to?

Jeffrey: Sure is.

M: So what's this like for all of your I mean, is what AHD's up to okay with everyone?

Beth: No way. I am not at all happy with this.

Andrew: Me neither. We want to get our family back from AHD, don't we Jeffrey?

Jeffrey: Yeah. We want our family back, don't we dad?

M: And what about the plans that AHD has for Jeffrey's life? The plans that AHD has to be Jeffrey's only play-friend. Jeffrey, are you happy to go along with these plans?

Jeffrey: No way.

Beth: These plans would give Jeffrey a miserable life, and he wouldn't want that, would you Jeffrey?

Jeffrey: No way. No way.

M: Okay, so there's no one in this room who's happy about what AHD has been up to?

Jeffrey: Yes, there is.

M: Who?

Jeffrey: AHD's happy about it. *(Jeffrey, Beth, Andrew, and I all laugh.)*

M: All right. I understand that apart from AHD, there's no one in this room who's happy about what AHD's been up to, and there is no one who's happy to go along with AHD's plans.

Beth: That's right.

Jeffrey: No way.

M: Okay, that's established. Now I'd like to know anything that you can tell me that would help me understand why what AHD's been up to isn't okay for you. And about why AHD's plans are not okay for you.

As our discussion continued, I learned about the relationships that Jeffrey and his parents wanted with each other but that AHD was interfering with; the connections that Jeffrey wanted with other children and teachers that AHD was inhibiting; and some of the plans that Jeffrey had for his own life that didn't fit with what AHD had dreamed up for his future. In the course of this conversation, Andrew and Beth remarked that this was the first time they'd heard Jeffrey put into words some of the ideas that he had for his own life.

At the end of this second meeting we were engaged in a conversation about the sort of initiatives that might be available to Jeffrey and his parents for subverting AHD's activities. These were initiatives that would fit with some of the intentions they'd defined in this review of their dissatisfaction with AHD's influence. Jeffrey contributed seven proposals for such initiatives, and he was quite clear about his intention to put AHD in its proper place—he wanted to keep AHD as a special friend, but he didn't want to just stand back and let AHD rule his life.

At the third meeting I learned that Jeffrey had experienced some success in following through on a couple of the initiatives he had proposed. I interviewed the family about these initiatives, and some of the knowledges and skills Jeffrey had demonstrated became more visible to everyone. Jeffrey clearly experienced pride in the identification of these knowledge and these skills, as well as in how he'd put these to work in following up on his plans for his own life. Beth and Andrew had contributed to these initiatives by arranging circumstances that were favorable to them. They also had experienced some success in following up on their own proposals for the further development of the sort of relationships they wanted with each other and with Jeffrey.

I met with this family for another six meetings over a 3-month period, and during this time Jeffrey and his parents further developed the ability to curtail AHD's activities. They also became more adept in shaping their own actions according to what was important to them. Beth and Andrew had met with Jeffrey's primary school teacher to explain their new approach to AHD's activities, and she played a significant role in establishing conditions favorable to the success of this approach within the school context.

At follow-up I learned that everything was going according to plan. Although at times AHD could still be a handful, there was good progress in Jeffrey's ability to respond to his parents' efforts to assist him through these crises, and Jeffrey was better able to foresee the consequences of his own actions. He was getting along much better with other children, and his teacher was reporting positive developments in his capacity to concentrate on educational tasks and in his cooperation in the class room.

Looking Back: The Genesis of My Research on Externalizing Conversations

It has now been more than 20 years since I wrote my first piece on externalising conversations (White, 1984). In the period leading up to the writing of this piece I had been exploring the relevance of externalizing conversations in my work with many families of young children. These were children who had been referred to me for a range of problems that were considered chronic and intractable. I had found these explorations of externalizing conversations enthralling and the responses of these children and families highly reinforcing and rewarding. In deciding to commit these explorations to print, I chose encopresis (soiling) as my first subject, as it routinely sponsors a sense of failure, shame, hopelessness, and defeat, and because significant conflict, frustration, and exhaustion invariably surround it. I wanted to illustrate the potential of externalizing conversations to provide a context in which family members who had been cut off from each other could come together to undertake shared and collaborative ini-

tiatives to address their problems. I wanted to illustrate the potential of externalizing conversations to contribute to the development of an interactional definition of and solution to these problems. And I wanted to illustrate how problems that were not only considered intractable and chronic but also unpleasant and serious in their social consequences could be approached in playful, lighthearted, and joyful ways.

I could not have predicted the high level of interest that this article on encopresis aroused in the professional community. This encouraged me to further my explorations of externalizing conversations with different problems and in a range of contexts, and to commit more of these explorations to print. At this time, many other therapists also began to explore externalizing practices in their work with children, young people, and adults, in individual, couple, family, and group therapy settings. Before long, numerous practitioners were contributing to a burgeoning literature on this subject, providing accounts of wonderful innovations.

In this chapter I have four main purposes. First, I will provide a summary of some of the ideas that have informed the development of externalizing conversations. Second, I will discuss the therapist posture that is usually associated with externalising conversations. Third, I will review the metaphors that are sponsored in supporting people's efforts to address the problems of their lives. And fourth, I will provide a map that represents externalizing conversations in terms of four categories of inquiry.

Ideas Informing the Development of Externalizing Conversations

As noted earlier, many of the people who seek therapy believe that the problems in their lives are a reflection of their own identity or the identity of others. When this is the case, their efforts to resolve problems usually have the effect of exacerbating them instead. This leads people to even more solidly believe that the problems of their lives are a reflection of certain "truths" about their nature and their character,

or about the nature and character of others—that these problems are internal to their self or the selves of others.

There is an irony to this, for it is often the case that these very internalizing understandings (and the actions that are shaped by these understandings) are principally implicated in the development of these problems in the first place. Because the habit of thought that constructs these internal understandings of peoples lives is significantly a cultural phenomenon, many of the problems that people consult therapists about are cultural in nature. The history of this cultural phenomenon has been traced by a number of historians of thought, including Michel Foucault (1965, 1973). It is not my intention in this chapter to provide an extended account of Foucault's contribution to an understanding of the development of this phenomenon, which I have done elsewhere. Here, just a few comments about his contribution will have to suffice.

Foucault traced the origin of these internal understandings of life and identity back to the mid-17th century in Western culture. He proposed that this was, in part, the outcome of developments in:

- "Dividing practices" that separated, through the *ascription* or *assignment* of a spoiled identity, the homeless, poor, mad, and infirm from the general population
- The objectification of people's bodies through the location of, and classification of, disorders within these bodies
- "Normalizing judgment" as a mechanism of social control that incites people to measure their own and each other's actions and thoughts against norms about life and devel opment that are constructed within the professional disci plines

The development of these dividing practices, of this scientific classification, and of this mechanism of normalizing judgment fostered the objectification of people's identity. In this objectification of identity, many of the problems that people encounter in life come to represent the "truth" of their identity. For example, in the context of the professional disciplines, it is not uncommon for therapists to refer to

a person as "disordered" or "dysfunctional," and in wider culture it is not uncommon for people to consider themselves or others "incompetent" or "inadequate" by nature.

Externalizing conversations in which the problem becomes the problem, not the person, can be considered counter-practices to those that objectify people's identities. Externalizing conversations employ practices of objectification of the problem against cultural practices of objectification of people.

When the problem becomes an entity that is separate from the person, and when people are not tied to restricting "truths" about their identity and negative "certainties" about their lives, new options for taking action to address the predicaments of their lives become available. This separation of the person's identity from the identity of the problem does not relinquish people from a responsibility to address the problems that they are encountering. Rather, it makes it more possible for people to assume this responsibility. If the person is the problem there is very little that can be done outside of taking action that is self-destructive. But if a person's relationship with the problem becomes more clearly defined, as it does in externalizing conversations, a range of possibilities become available to revise this relationship.

Unravelling Negative Identity Conclusions

Externalizing conversations also make it possible for people to unravel some of the negative conclusions they have usually reached about their identity under the influence of the problem. For example, I was consulted by a young woman named Sarah, who had a history of cutting and depression who strongly believed that she was "hateful," and who hated herself on account of this. This "self-hate" was a dominant feature of her experience. We were soon engaged in an inquiry into what self-hate had persuaded Sarah to believe about her identity ("1 am worthless and useless and I deserve my lot in life"), about what it required her to do to her body ("treat my body in rejecting and punitive ways"), about its agenda for her relationship with others ("to isolate me from others"), and so on.

This opened an opportunity for the further characterization of self-

hate: I solicited an account of what self-hate's activities reflected about the sort of attitudes it had toward Sarah's life and an account of the way in which self-hate would speak if it were a voice that was actually out there in the world. This stronger characterization *ot* self-hate provided the foundation for an inquiry that traced the echoes of these attitudes and this voice into Sarah's history. This allowed Sarah to, for the first time, link her experience of self-hate with the attitudes and voices of people who had perpetrated tyranny on her during childhood. The externalizing conversation that facilitated the unravelling of these conclusions about hatefulness also created space for the development of a re-authoring conversation (see Chapter 2). The development of these conversations was associated with a rapid diminution of the cutting and of the depression that had maintained such a strong presence in Sarah's life.

It is quite common for this unravelling process to reveal the history of the "politics" of the problems that bring people to therapy. This is a history of the power relations that people have been subject to and that have shaped their negative conclusions about their life and their identity. This unravelling deprives these conclusions of a "truth" status and calls them into question. As an outcome, people find that their lives are no longer tied to these negative conclusions and this puts them in a position to explore other territories of their lives. In these explorations they invariably arrive at more positive conclusions about their identity. I have found this sort of unravelling or decon-struction of people's negative conclusions about life to be a very helpful aspect of externalizing conversations.

Therapist Posture

The form of inquiry that is employed during externalizing conversations can be likened to investigative reporting. The primary goal of investigative reporting is to develop an expose on the corruption associated with abuses of power and privilege. Although investigative reporters are not politically neutral, the activities of their inquiry do not take them into the domains of problem-solving, of enacting

reform, or of engaging in direct power struggles with those who might be perpetrating abuses of power and privilege. Investigative reporters are not usually "hotly" engaged with the subjects of their investigations. Rather, their actions usually reflect a relatively "cool" engagement.

In response to the investigative questions posed by the therapist, the people in therapy also assume an investigative-reporter-like position. In this way they contribute to building an expose of the character of the problem, its operations and activities, and the purposes that inform these operations and activities. At this time, people are not encouraged to focus on efforts to resolve the problem, reform the problem, or engage in a direct struggle with the problem.

For example, a therapist might be consulted by a person who has a diagnosis of schizophrenia and is considered to be chronically ill. At the outset of the first meeting, an account of what is of greatest concern to the person is elicited. Such concerns are usually voiced in terms of the more pressing experiences of daily life; they are very rarely stated in terms like "schizophrenia." These concerns may be expressed as particular quality of life issues, as a sense of personal failure and inadequacy, or as experiences of tyranny that are perpetrated by the "hostile voices" (auditory hallucinations). For example, I met with Harold, who expressed a primary concern about the harassment that the hostile voices were subjecting him to. The externalizing conversation that developed in relationship to this did not encourage a hot engagement with these voices. It did not encourage Harold to confront the voices, discipline them, or wrestle with them in any way. Rather, Harold was encouraged to characterize these voices by typifying the way that they spoke, by describing the tactics of power they used to establish dominance, by identifying the strategies that they employed to establish themselves as an authority on the motives of others, and by determining the agendas and the purposes that were expressed in all of this.

Many aspects of this sort of expose will contribute to the reduction of the felt influence of such voices. For example, the development of an account of the tactics and strategies of power employed by the voices has the effect of reducing their power. And as the highly parti-

san nature of their pronouncements becomes more visible, these pronouncements are dispossessed of the previously unquestioned "truth" status given to them. This expose also paves the way for people to identify the other purposes they have for their lives and the things they hold precious that contradict the agenda of the hostile voices.

There is then space for these other purposes and values to become more richly known, for the history of the purposes and values to be drawn out, and for the development of action plans that are in harmony with these purposes and values. At times this development also provides the opportunity for people to identify voices that might be supportive of these other purposes and values, or voices that have been nonpartisan and can be recruited as "invisible friends." It is my experience that the successful revision of a person's relationship to auditory hallucinations invariably has a significantly positive effect on the person's quality of life and reduces the vulnerability to psychotic experience. This was certainly the case for Harold, who considered the revision of his relationship to the voices of schizophrenia a turning point in his life.

In emphasizing the importance of a "cool" engagement with the problems and concerns that people bring to therapy, I am not suggesting that therapeutic conversations should be unemotional or should disengage people from their experience of these problems and concerns. To the contrary, I find that externalizing conversations routinely assist people to give expression to a range of experiences of life that they previously have not had the opportunity to express.

In the "cool" engagement characteristic of the early phases of externalizing conversations, the person has the opportunity to transcend the "playing field" of the problem—that is, address the problem in a territory that is not the home territory of the problem. In so doing, people usually experience a reduction in their sense of vulnerability to the problems of their lives and begin to feel less stressed by their circumstances. This outcome is nowhere more important than in situations where there is a significant stress element to the problems that people consult therapists about. For example, with regard to schizophrenia, there is a clearly established correlation between stress and psychotic episodes. It stands to reason that any therapeutic conversa-

tion that encourages a "hot" engagement with the voices of schizophrenia—that promotes a direct confrontation with these voices—will render people with this diagnosis more vulnerable to psychotic experience.

At a certain point in the development of these externalizing investigative-reporter conversations—when people are experiencing a degree of separation from the problem definitions of their identity, and when they are beginning to give voice to intentions and values that contradict those associated with the problems—a second posture in relation to the problem is usually taken up, often in alternation or conjunction with the investigative-reporter posture. This is a posture in which people initiate action to diminish the influence of the problem and to pursue what they have identified as important to them.

This second-phase posture, and the actions that follow from it, are significantly shaped by the metaphors that are employed to characterize the influence of these problems. For example, if people characterize this influence as oppressive, the posture assumed will be opposi-tional and people will take action to "liberate" their lives from the problem. If people characterize this influence as unjust, the posture assumed will be a moral one, and the action taken will provide redress to this injustice. If people characterize this influence to be uninformed, a teaching posture will be assumed, and action will be taken to educate the problem about what is in the best interest of the people's lives.

Despite the diversity of metaphors that people employ to represent the problem's influence in their lives, at times in the literature it is assumed that these metaphors are principally those that encourage people to engage in "contests" or "battles" with their problems in order to "defeat" or "vanquish" them. Critiques of externalizing conversations are often based on the perception that this is what is proposed for externalizing conversations; that is the routine employment of adversarial metaphors. These critiques argue that such metaphors reproduce patriarchal discourses of life and identity, prompt highly individual and autonomous accounts of identity to the detriment of relational understandings of life, foster the development of dualistic, either/or conceptions of human action, and obscure the context of

people's experiences. Although the concerns raised in critiques like these are grounded in a misperception of what I have proposed for externalizing conversation, I believe it is still important to consider them. As therapists, we are responsible for the consequences of what we do, say, and think. We have a special responsibility to consider the ways in which we may have unwittingly reproduced assumptions about life and identity that are disqualifying of diversity in people's acts of living, and the ways in which we may have inadvertently colluded with the power relations of local culture. Continually questioning the metaphors we support in therapeutic conversations is part of this special responsibility.

Introducing or prioritizing these "contest" or "battle" metaphors can also be hazardous for reasons other than those just cited. If metaphors within externalizing conversations constrict success in terms of vanquishing or defeating the problem, and then later the person finds themself experiencing a reemergence of the problem, he or she may view this reemergence as tantamount to personal failure. This will be highly discouraging of renewed initiatives to revise one's relationship to the problem. Because of the significance of the metaphors selected in externalizing conversations, I will now explore this subject in more detail.

Metaphors

The matter of metaphor is highly significant. All metaphors that are taken up in the development of externalizing conversations are borrowed from particular discourses that invoke specific understandings of life and identity. These discourses influence the actions people take to solve their problems, and they are shaping of life in a general sense as well. In response to a perception that externalising practices routinely encourage people to engage in a contest or battle with their problems in order to defeat and vanquish them, I recently reviewed all of the articles that I'd written over the past twenty or so years on this subject. In this review I discovered that in just one of these articles I had presented battle and contest metaphors. This was in the first

piece I published on externalising conversations, and it presented these "contest" and "battle" metaphors along with others that constructed the task quite differently. In undertaking this review I listed an array of metaphors that people had taken up in defining the actions they had taken in revising their relationships with the problems of their lives, and also listed the apparent source of these metaphors. This list included:

- Walking out on the problem (from the concept of agency)
- Eclipsing the problem (from astronomical conceptions of life)
- Dispelling the problem (from magical conceptions of life)
- Going on strike against the problem (from the idea of civil action)
- Becoming deacclimated to the problem (from the concept of climate)
- Setting themselves apart from the problem (from the con cepts of separation and individuation)
- Defying the problem's requirements (from the idea of resistance)
- Disempowering the problem (from the idea of empower ment)
- Dissenting the problem's influence (from the idea of protest)
- Educating the problem (from the concept teaching)
- Escaping the problem or freeing their life of the problem (from the idea of liberation)
- Recovering or reclaiming the territory of their life from the problem (from geographical conceptions of life)
- Undermining the problem (from geological conceptions of life)
- Reducing the influence of the problem (from the concept of personal agency)
- Declining or refusing invitations to cooperate with the problem (from the concept of a civil society)
- Departing the problem's sphere (from the journey idea)

- Engaging in acts of redress against the problem (from the concept of justice)
- Coming out of the shadow cast by the problem (from the idea of light)
- Disproving the problem's claims about their identity (from the concept of objectivity)
- Reducing the problem's grip on their lives (from physiolog ical conceptions of life)
- Repossessing their lives from the problem (from commer cial understandings of life)
- Taking their lives out of the hands of the problem (from puppetry)
- Resigning from the problem's service (from the concept of employment)
- Salvaging their lives from the problem (from the maritime world)
- Commencing comebacks from problems (from the world of sports)
- Stealing their lives from the problem (from the idea of theft)
- Taming the problem (from the concept of training)
- Harnessing the problem (from the equine world)

The diversity in these metaphors is very much due to the fact that most of them were coined by people who have sought therapy. However, having said this, it is also true that I routinely play a significant role in the selection of the metaphor that is most comprehensively taken up in therapeutic conversations. It is my experience that when people are characterizing the action they aim to take or have taken in revising their relationship to the problem of their lives, only very rarely do they use just a single metaphor. It is seldom possible to pursue all of the metaphors people bring up in the context of therapeutic conversations, so some are inevitably favored over others. The favoring of some metaphors over others is based upon what seems most viable to me and upon the ethical considerations that have already been covered in this chapter. For example, a child attempting

to resolve his encopresis might invoke the metaphor of "beating Mr. Mischief (competition metaphor) with the intention of "getting my life back from Mr. Mischief" (reclamation metaphor). In such circumstances I would usually give priority to the reclamation metaphor when inviting the child to draw out and build upon these initiatives. This is because the reclamation metaphor does not represent the task as an adversarial one. Another child, attempting to resolve her fears, might speak in terms of "vanquishing" these fears, and "giving them an education." In this circumstance, I would be more likely to focus the therapeutic inquiry on the program that the child had developed to educate the fears rather than on her acts of vanquishing the fears. This selection would be based on my concern about the consequences of routinely reproducing battle and contest metaphors in the context of therapeutic conversations.

In my conversations with Jeffrey, Beth, and Andrew, when the focus turned to the sort of action that this family might initiate to revise their relationship with AHD, several metaphors were employed. One of these was about "killing off AHD. I focused instead, however, on a "reclaiming" metaphor that was also proposed, and this guided the further development of proposals for action and reflections on the consequences of these actions. It was in this context that Jeffrey became quite clear about his intention to put AHD in its proper place as a wanted and special friend but not one who would rule his life.

On the few occasions when only a single metaphor for action is apparent at the outset of the conversation, and when I have ethical concerns about the extensive employment of this metaphor, my participation with it is usually strictly provisional. As the conversation develops other metaphors for action inevitably surface. I cannot recall a therapeutic conversation in which the prioritizing of these other metaphors wasn't possible and in which this wasn't highly effective.

Totalizing

It is important for therapists to be wary of contributing to the totalizing problems—that is, defining problems in terms that are totally neg-

ative. This totalizing of the problem is founded upon the dualistic, either/or habits of thought that have become quite pervasive in Western culture, and it can require special effort on behalf of therapists to remain conscious of such thinking, and its associated hazards. This consciousness is important because totalizing can obscure the broader context of the problems that people bring to therapy and can invalidate what people give value to and what might be sustaining. The following two examples of therapeutic encounter illustrate the importance of avoiding totalizing problems.

Jeanine, a single-parent mother with a child who was physically and intellectually challenged, sought consultation over what had been determined to be unrealistic hopes that rendered her vulnerable to considerable frustration and episodes of acute disheartenment. Jeanine had been advised to seek therapy with the goal of letting go of these hopes and for the purpose of grieving their loss. However, an externalizing conversation about these hopes provided her with an opportunity to fully express her experience of both the positive and the negative consequences of these hopes. Among other things, these hopes had sustained Jeanine's efforts to ameliorate some of the hardships that her son would have otherwise faced. But these hopes had also been very hard taskmasters for Jeanine to shoulder. As the externalizing conversation proceeded, Jeanine began to develop a new clarity about the purposes to which she wished to continue to apply these hopes, including the diversion of some of them to help her develop neglected aspects of her own life.

At follow-up it was ascertained that this conversation had provided Jeanine with an opportunity to revise her relationship with these hopes. In the context of this revision, her hopes were honored but no longer tied to a singular commitment. Jeanine had become more able to monitor the allocation of hope to a range of purposes that she highly valued, and she became less vulnerable to frustration and disheartenment. If, in the context of therapy, these hopes had been totalized as a hurdle to overcome, the possibility of such an outcome would have been lost.

Martin, age 8, and his parents consulted me about his fearfulness. This tearfulness had been a feature of Martins life since he

was 4, and it was becoming increasingly pervasive in its effects. It was associated with negative physical phenomena, including headaches and stomachaches, with profound insecurity in social contexts, with insomnia, and with a range of highly preoccupying worries. Martin's parents hadn't left a stone unturned in their effort to get to the bottom of this. However, all of their investigations had been to no avail, and they now risked concluding that he was simply a fearful boy.

We were quickly underway with an externalizing conversation, and for the first time Martin openly characterized his worries. I encouraged him to name each of these worries and to clearly distinguish them from one another, to graphically describe them, to develop an expose of their activities and operations, to provide an account of the consequences of those activities and operations, and to reach some conclusions about what this all said about what these worries had planned for his life. In this way the externalizing conversations rendered the intangible tangible; boundaries or borders were assigned to a problem that had previously had an all-encompassing presence in Martin's life. As we were all becoming more familiar with the nature of these worries, I found the opportunity to inquire about the forces that might be supportive of these worries. As the worries were now richly characterized, Martin had little difficulty in relating them to the context of his life. 1 learned from him that these worries were powerfully supported by global events, including the 20O4 tsunami, the AIDS epidemic in Africa, the war in Iraq and Afghanistan, and suicide bombings in the Middle East. How had he come to be so well informed about these events? Unbeknownst to his parents, he regularly watched news of world events on television.

Martin now found himself in a conversation with his parents that validated his worries. These worries were no longer considered irrational- Not only did Martin now feel joined in his worries, but he also experienced an honoring of what he attributed value to in life, and felt his parents' pride in him over this. He was now not simply a fearful boy in their eyes, and their joining with him in conversations about these concerns and in making plans for addressing them was deeply

relieving to Martin. The negative physical consequences of these worries quickly resolved, as did his insomnia and much of his insecurity, and although he remained highly concerned about world events, this concern was no longer in the category of preoccupation that made it impossible lor him to proceed with his life. If, in the context of therapy, these worries had been construed in totally negative terms, Martin and his family might never have addressed his concerns in this way.

A Final Note About the Metaphors of Action and the Hazards of Totalizing

Although I have raised questions about the employment of adversarial metaphors and metaphors that construct totalizing descriptions of problems, I do not mean to suggest that these metaphors and totalizing descriptions are never preferred. At times I am consulted by people who have a strong sense that they are fighting for their survival. For these individuals, metaphors of battle and contest and a totalizing of the problem best fit their experience of the problem, at least at the outset of therapy. These people have often been subject to various forms of abuse and exploitation, and I am always cognizant of the fact that the development of a fight mindset, and actions that are informed by this, may have been critical to their survival.

In these circumstances I acknowledge the importance of this mindset, honor their understanding about the nature of the actions that have ensured survival, and join in explorations of further possibilities for action that are shaped by these metaphors. However, I do not *introduce* battle metaphors and do not *initiate* a totalizing of the problem. When people embrace a singular fight metaphor, I remain alert to other metaphors that might be employed in describing action or proposals for action in the revision of the person's relationship to the problem. Remaining alert to the emergence of other metaphors allows for the possibility of gradually focusing on something other than "the right." A sole focus on fight metaphors has hazards that I have already touched on, and it can contribute to an entrenched "fortress mentality" with regard to life, as well as to an increased experience of vulnerability and, over the longer term, a sense of fatigue and reduced personal agency.

Other Externalising Conversations

The primary subject of this chapter has been the use of externalizing conversations to address the problems for which people seek therapy. However, externalizing conversations can also be used more broadly in revisioning and redeveloping what is often defined as people's "strengths" and "resources." For example, in a piece I recently wrote on narrative approaches to working with children and their families, I included an example of a double externalization (White, 2006). Gerry and his family had consulted me about Gerry's eating problem. In therapy, I first supported the externalization of the eating problem as a "naughty little phobia." I then encouraged an externalization of the strength it would take to engage in valued activities that he'd been excluded from on account of his frailty. This strength was characterized as "tiger strength," and, in the context of the externalizing conversation, a description of this "tiger strength" was developed in ways that would not have been possible had this phenomenon retained the status of an internal quality. The externalization of this strength provided Gerry and his parents with a foundation to free his life from the "naughty little phobia."

The Statement of Position Map: Four Categories of Inquiry

Ten years or so ago, in response to requests to provide a map for the development of externalizing conversations, I undertook a videotape review of a series of externalizing conversations with the intention of drawing out the specific categories of inquiry that gave shape to these. As an outcome of this, I developed a "statement of position" map that I incorporated into workshop notes and began to introduce in teaching contexts. This map provides an account of externalizing conversations as four principal categories of inquiry. (Examples of this map are included at the end of this chapter.)

I have been presenting and illustrating this map in teaching contexts for many years now, and the participants of these events have

found this representation helpful in the development of their own externalizing practices. Drawing out the four categories of inquiry in this way has served to unpack externalizing practices, rendering them more transparent and more available to replication, to unique applications, and to further development.

As with all of the maps described in this book, the statement of position map can be of assistance in the guiding of therapeutic inquiry, and it is particularly relevant in situations in which people present problem-saturated accounts of their lives or have formed highly negative conclusions about their identities or the identity of their relationships. The map does not speak for all aspects of externalizing conversations, and is not essential to the development of therapeutic conversations informed by a narrative perspective.

I refer to these four categories of inquiry as a "statement of position" map because it establishes a context in which people, including young children, can be radically consulted about what is important to their lives. It is in the context of such consultation that people find opportunity to define a position on the problems of their lives and to have a stronger voice about the foundation of their concerns. This is frequently a novel experience for people, as they often have found themselves subject to the position that *others* have taken on their problems and predicaments.

This is also a statement of position map in that it is through this inquiry that the therapist's position is clearly defined. This is a decentered position in that the therapist is not the author of people's positions on the problems and predicaments of their lives. But it is also an influential position, as it is through the introduction of these categories of inquiry that the therapist provides people with an opportunity to define their own position in relation to their problems and to give voice to what underpins this position.

This decentered but influential role can be difficult to achieve, for we are often meeting with people who are expressing considerable degrees of frustration and hopelessness, who have exhausted all other known avenues, and who are desperate to achieve some relief from pressing concerns. Under these circumstances, therapists are quite susceptible to taking a position on the people's problems and to acting on

this position unilaterally through recourse to "expert knowledge" and a range of interventions. This privileges the therapist's voice in attributing meaning to people's problems, imposes the therapist's own understanding about the consequences of the problems, prompts the therapist to take a position on these consequences on behalf of the people seeking consultation, and justifies the therapist's position in terms of what he or she assumes is important to these people: "I can see that this *(problem as defined by the therapist)* is having these *(consequences as drawn out by the therapist)* in your life. This is a *(position authored by the therapist),* and we will have to do something about this because *(justification founded upon therapist's normative ideas about life).* When the therapist takes authorship in this way, the door closes on collaboration, and therapist is set up to feel burdened and exhausted while the people who are seeking consultation feel impotent.

Inquiry Category 1. Negotiating a Particular, Experience-Near Definition of the Problem

In this first stage, the therapist supports people in the negotiation of the definition of the predicaments and problems for which they are seeking therapy. In this negotiation, these predicaments and problems are richly characterized. It is through this characterization that "experience-distant" and "global" definitions are rendered "experience-near" and "particular."

An "experience-near" description of the problem is one that uses the parlance of the people seeking therapy and that is based on their understanding of life (developed in the culture of their family or community and influenced by their immediate history). In using the word *particular,* I am acknowledging the fact that no problem or predicament is perceived or received in identical ways by different people, or in identical ways at different times in a person's life. No predicament or problem is a direct replica of any other predicament or problem, and no predicament or problem of the present is a carbon copy of the predicament or problem it was in the past. In my work with Jeffrey, Beth, and Andrew, this experience-near, particular definition of ADHD was generated in various ways, including through painting. The distinctive shape of this problem became highly visible—it was

uniquely characterized to the extent that it was even differentiated from its identical twin, Jerry's ADHD. Jeffrey's ADHD was like no other ADHD, and what he knew about it was presented in the terms in which he experienced life.

Quite often, and particularly in work with children, this rich characterization is achieved through the personification of the problem. Spencer, age 7, was brought to see me by his parents, Sue and Rod, who defined his problem as "encopresis." This was a longstanding problem that had defied many efforts to resolve it. Sue and Rod spoke of their acute frustration over Spencer's total lack of enthusiasm for any initiative that might have the potential to alleviate this problem. From Spencer's general demeanour I gained the sense that he felt resigned to the fact that he was the problem and that there was nothing that he could do to change this. In response to my questions about his comprehension of encopresis, Spencer confirmed that he understood this term, but it was clearly apparent that this global definition of his soiling was one that was experience-distant to him. I then initiated an inquiry that I hoped would assist the family in characterizing this phenomenon in ways that were particular and experience-near:

> **M:** Okay, so tell me, what's it like for all of you to be living under the reign of this encopresis?
>
> **Sue:** *(smiling in recognition of the pun)* It comes down in torrents at times, and it sure is messy.
>
> **Rod:** *(also amused)* Sometimes we are up to our knees in it. It gets very slippery. We wind up going in all sorts of weird directions, scooting all over the place. That's a pretty fair summary, isn't it?
>
> **Sue:** Yeah. Things sure do get out of control, and it makes it hard to get things done, doesn't it Spencer?
>
> **Spencer:** *(looking a little less uptight)* Yep.
>
> **M:** What would you say about the nature or the character

of an encopresis that went around messing up people's lives when it wasn't invited to do so? What would you say about an encopresis that caused these sort of slip-ups and made it difficult to get things done?

Sue: Well, I'd say it was an encopresis who was up to mischief.

Rod: I'd say that too.

M: What would you say, Spencer?

Spencer: Let's see. Yep, I'd say that.

M: What would you say, Spencer?

Spencer: It's Mr. Mischief.

M: Okay, so it is Mr. Mischief! It is really good to know this!

Spencer: Sure is!

I proceeded to interview Spencer and his parents about their experience of Mr. Mischief, and this helped them more richly characterize the problem. For example, the operations and activities that Mr. Mischief engaged in when messing up people's lives, including the tactics and strategies that he employed, were defined, and what this said about the plans that Mr. Mischief had for Spencer's life were drawn out. The more that this problem was defined in particular and experience-near terms, the more animated and knowledgeable Spencer became. It turned out that he didn't know how to treat encopresis, but he did know how to out-trick Mr. Mischief. With his parent's assistance, Spencer went on to use this knowledge to "get his life back" from Mr. Mischief.

In this example, the "professional" description of the problem as encopresis was displaced by one that was more local to Spencer's life—Mr. Mischief. In presenting this example I am not proposing that we convert all professional diagnoses into descriptions drawn from popular culture, but I do believe that through rich characterization, any description can be rendered experience-near and particular. For exam-

pie, in my externalizing conversation with Jeffrey, Beth, and Andrew, a version of the professional term *ADHD* was richly characterized.

It is in the rich characterization of problems that people's unique knowledges and skills become relevant and central to taking action to address their concerns. During this process, people become aware of the fact that they do possess a certain know-how that can be further developed and used to guide them in their effort to address their problems and predicaments.

Inquiry Category 2. Mapping the Effects of the Problem

This second stage in the development of externalizing conversations features an inquiry into the effects/influence of the problem in the various domains of living in which complications are identified. This can include:

- Home, workplace, school, peer contexts
- Familial relationships, one's relationship with oneself, friendships
- Identity, including the effects of the problem on one's pur poses, hopes, dreams, aspirations, and values
- One's future possibilities and life horizons

This inquiry does not have to be exhaustive, but it should include some account of the principal consequences of the problem's activities and operations. For example, in my conversations with Jeffrey, Beth, and Andrew, considerable attention was paid to the consequences of AHD's activities with regard to familial relationships and Jeffrey's relationship with his teacher and peers. Attention was also given to the consequences of the problem in terms of Beth's physical experience and Andrew's moods. With Sarah, the young woman who had a long history of cutting and depression, my conversations rocused on the consequences of self-hate's activities with regard to her relationship with her own body and her connections with others.

This inquiry into the effects or influence of the problem places the externalizing conversation on a firm footing, and at this point.the transition from the more commonplace internalizing conversations is

highly evident. For example, at the outset of my meetings with Sarah, she informed me that she was, among other things, "worthless" and "useless" and that she "deserved her lot in life." She also informed me that others had tried to talk her out of these conclusions, and that she took this as a sign of either their insincerity or a lack of understanding. This had an alienating effect in her relationships with others, and Sarah was open about the fact that she predicted that I would "try the same stunt." This I managed to avoid. However, before long, Sarah was responding to my questions about what the self-hate had been persuading her to think about herself—that she was "worthless," "useless," and "deserved her lot in life." These are the terms that were strongly featured in Sarah's internal dialogue and in her internalizing conversations with others, but now they were being expressed in an externalizing conversation that was opening a space between Sarah's identity and her negative conclusions about her identity. I did not attempt to challenge these negative conclusions when they were presented as the "truths" of Sarah's identity. Rather, the externalizing conversation had the effect of dispossessing these conclusions of a truth status and provided an opportunity for them to be unravelled.

Inquiry Category 3. Evaluating the Effects of the Problem's Activities

In this third stage, the therapist supports people in evaluating the operations and activities of the problem, as well as its principal effects on their lives. This evaluation is usually initiated with questions like: Are these activities okay with you? How do you feel about these developments? How are these developments for you? Where do you stand on these outcomes? What is your position on what is unfolding here? Is this development positive or negative—or both, or neither, or something in between? If this were served up to you as a fate in life, would you have any questions about it?

These questions and others like them invite people to pause and reflect on specific developments of their lives. For many this is a novel experience, for it is very often the case that this sort of evaluation has been mostly undertaken by others. For example, I couldn't count the number of young people I've met who have not had a voice in the evaluation of the consequences of the predicaments of their lives. Instead,

this evaluation has been voiced by their parents, schoolteachers, therapists, social service workers, the police, and so on.

Because being consulted about this subject can be such a novel experience, it is usually important for the therapist to preface these evaluation questions with a brief summary of some of the principal effects of the problem that were drawn out in the second stage of the externalizing conversation. I often refer to these summaries as editorials, and they provide people with a surface upon which to reflect when responding to the evaluation questions. For example, in my conversation with Virginia, age 16, and her parents, Russell and Verity, it was clear that she had been more or less a passenger in the process of evaluating some significant complications in her life. In seeking her position, I first gave a brief summary of what I understood as one of the principal consequences of these complications:

> **M:** Virginia, I understand that, apart from other things, your parents' concerns about these complications lead them to be somewhat preoccupied with what is happening in your life. And that this preoccupation means that they are attending much more closely to aspects of your life. You said that this has the effect of closing things down for you.
>
> **Virginia:** Yes. That's exactly it.
>
> **M:** Okay. Well, what is this like for you?
>
> **Virginia:** What's this like for me?
>
> **M:** Yes. How is this for you? What's your position on this?
>
> **Virginia:** I don't like it. It feels like I am always being supervised. I don't like it and it doesn't help. It's incredibly frustrating.
>
> **M:** You don't like it? You don't like this supervision?
>
> **Virginia:** No, **I** don't like it and it doesn't help. It makes things worse, and it's incredibly frustrating.
>
> **M:** Say a bit more about your experience of this. What

other words would you use to **describe this** discomfort and frustration?

Virginia: Well, its like this . . .

After Virginia had given a fuller account of her experience of this consequence, I interviewed both Russell and Verity about their experience of this preoccupation with what was happening in Virginia's life. Until now, it hadn't been possible for the family to be open to one another's perceptions about the predicament they'd been struggling with. This inquiry made it possible for them to develop some mutual understandings about their experiences of the consequences of the predicament.

In my conversation with Jeffrey, Beth, and Andrew, I also prefaced my evaluation questions with an editorial: "I am getting a clearer picture about what AHD's been up to. It's been messing things up between Jeffrey and his mum and dad, between Jeffrey and other kids, and between Jeffrey and his teachers. And about how it's been making Jeffrey feel funny in his tummy. And it has also been upsetting Jeffrey's mum and dad. I've also got a clearer picture of the plans that AHD has for Jeffrey's future. AHD wants to be Jeffrey's only play friend, to keep Jeffrey to himself." This editorial provided a reflecting surface that assisted all the family members in speaking about their experiences of AHD's activities and about their position on the consequences of these activities.

At this time care is also taken to ensure that people have the opportunity to articulate all the complexities of their position on the effects of the problem. Therapists often fall into the trap of assuming that people would evaluate the consequences as wholly negative. They then prematurely bring closure to this inquiry and proceed to develop the therapeutic conversation on this assumption. However, people's positions on the problem and its consequences are often complex and mixed. For example, one of the principal consequences of the operations of self-hate in Sarah's life was cutting, and I was aware of how important it was for me not to make assumptions about her experience of this:

M: Sarah, I'm just wondering whether it would be okay to

change tack for a bit. I've been getting a pretty good idea of what self-hate demands of you, and I'd like to ask some questions about how this is for you.

Sarah: That's fine. Go ahead.

M: Okay. Would it be okay to start with the cutting?

Sarah: Sure, sure. It's no secret.

M: When we were talking about how the self-hate had your treating your own body, you said that it required you to cut. I wanted to know what this was about, and you said that it was partly about disciplining your body. So my question is, what's this like for you?

Sarah: Well, it's . . . I don't know how to answer your question, because it is just how it is. Cutting is just how it is.

M: So it is something that is okay by you?

Sarah: Michael, I am really surprised that you are asking this question.

M: Why?

Sarah: Because most people just try to talk me out of it.

M: That's not on my agenda.

Sarah: Good! Because the truth is that when I see my blood running, it's about the only time that I feel relief. It's probably about the only time that I feel anything at all.

M: So you don't have any questions about it?

Sarah: What? No, I don't think so.

M: I'm not trying to talk you out of cutting. But if cutting were a fate that was served up to you at birth—if cutting were a destiny that was allocated to you, when other destinies were allocated to other infants—you wouldn't have any questions about it?

Sarah: I didn't say that.

M: Sorry . . .

Sarah: I guess if my life started all over again, I suppose I'd have a question or two about the cutting.

M: Okay. I'm just wanting to get some idea of where you stand on this cutting. Am I right in understanding that this is something that you are mostly for, something that brings relief, but also something that you have a small question about?

Sarah: That's a pretty good summary of the situation.

The complexity of people's position on these consequences is also evident in variations in their evaluations. For example, a person might be favorably disposed toward some of the consequences but not others.

Inquiry Category 4. Justifying the Evaluation

This fourth stage features an inquiry into the "why" of people's evaluations. This inquiry is usually initiated with questions like: Why is/isn't this okay for you? Why do you feel this way about this development? Why are you taking this stand/position on this development?

However, this inquiry can be initiated in other ways, too. At times it is more appropriate to call for a story that will provide an account of the "why": Would you tell me a story about your life that would help me to understand why you would take this position on this development? What stories about your history might your father share to throw some light on why you are so unhappy about this development? It was this version of the "why" question that I pursued in my conversation with Jeffrey, Beth, and Andrew: "Okay . . . now I'd like to know anything that you can tell me that would help me understand why what AHD's been up to isn't okay for you. And about why AHD's plans are not okay for you." As with the evaluation questions, these justification questions are usually prefaced by editorials.

Justification ("why") questions have had a history of bad press in the counseling and psychotherapy fields. I can recall attending train-

ing events in the early 1970s where we were counseled never to ask why questions, but to restrict our inquiries to "how" and "what" questions. This seemed unacceptable to me. When I asked the leaders of these events, "Why this discrimination against the mind?" they responded by throwing up their hands in exasperation. This prejudice against "why" questions may be partly due to the way in which the word has been employed in the wider culture. In this context, "why" questions have often served as a form of moral interrogation, which is diminishing and demeaning of others: Why did you do this? Why are you such a problem? Why would you think such a thing?

The class of "why" questions that I am promoting, however, is not associated with moral judgment of this sort. These "why" questions play a profoundly significant role in helping people to give voice to and further develop important conceptions of living, including their intentional understanding about life (for example, understanding their purposes, aspirations, goals, quests, and commitments), their understanding about what they value in life, their knowledge about life and life skills, and their prized learnings and realizations. Over the years I have continued to ask "why" questions, even in my work with young children. People's responses to these questions have powerfully reinforced this practice.

Another benefit of "why" questions is that they help people develop more positive identity conclusions that displace those associated with the problem definitions of their lives. For example, upon encouraging Sarah to evaluate her cutting as a requirement of self-hate, I learned that she would have a question about this if her life were beginning anew and if cutting was a fate that was assigned to her future:

> **M:** I am interested in the fact that you would have a small question about this. I'd like to know what the question would be. And I would also like to understand why you would have a question about cutting as a destiny that was served up to you.
>
> **Sarah:** About why I would have a question about this?
>
> **M:** Yeah.

Sarah: I can't believe that you are asking me this.

M: Why?

Sarah: Well, everybody else questions the **cutting. But** you're asking me why I would question it?

M: Yes, that's what I am asking.

Sarah: Surely you'd know. Of all people, surely you'd know. Aren't you supposed to be doing something about this cutting? Isn't that your job?

M: I know the inside of my life, not the inside of your life. I know what questions I might have, but not the questions that you might have. So, what's this question about cutting all about?

Sarah: Surely you'd think that I was entitled to a little something in life!

M: Entitled to a little something! So this question has something to do with what you might be entitled to, even in some small way?

Sarah: I'm a bit surprised to hear myself saying this, but I guess so.

M: These are important words. These words about a sense or an idea of being "entitled to a little something in life." Would it be okay if I ask some more questions about this, as I'm curious about the history of this idea? About the history of this sense in your life?

Sarah: Yeah, that'd be fine.

M: Okay. Is there any story about your history that you could tell me that would give me some understanding of why you can relate to this idea of being entitled to a little something?

During this conversation, Sarah gave voice to a conclusion about her life that contradicted all of the negative conclusions about her identity that were associated with self-hate—that she was "useless," "worthless," and "deserved what she got." I did not point out this contradiction, as it is not my intention to directly challenge these negative conclusions. To some extent, these negative conclusions had already been unpacked in the context of the expose that was developed in the early part of the externalizing conversation. At this point, as Sarah gave voice to the conclusion about being entitled to something in life, I initiated the first of a series of conversations that developed a relational and historical account of this conclusion. These conversations were structured according to the re-authoring conversations map that is presented in Chapter 2. Among other things, these re-authoring conversations gave rise to a range of understandings about what Sarah intended for her life and about what she held precious.

It is in this way that externalizing conversations open gateways to rich story development. As in my work with Sarah, it is usually the case that the intentional understandings—understandings that life is shaped by specific intentions that people actively and willfully engage and embrace in their acts of living—and the understandings about what people give value to, are defined at this point in the development of externalizing conversations, and provide an excellent point of entry to re-authoring conversations. This was also clearly illustrated in my work with Virginia and her parents:

M: Virginia, you said that you didn't like this supervision. That it doesn't help. And that it is frustrating.

Virginia: Yeah.

M: Would you say a little about why you don't like it?

Virginia: Why I don't like it?! It's not just that I don't like it. I don't need it!

M: Why don't you need it?

Virginia: I'm perfectly capable of looking after my own life.

M: Has this always been true?

Virginia: No, of course not! Not when I was just a kid.

M: Okay. What is it about your life that you are looking after now that you wouldn't have been so capable of looking after when you were younger?

Virginia: Well, for a start, I know how to look after my own safety now.

M: All right. This suggests two things to me. First that there are aspects of your life that you are valuing. Second, that you have developed some skills in maintaining your safety. Does this fit?

Virginia: Yeah, that's it. Of course.

M: Could I ask you some questions that would help me to understand these developments?

Virginia: Sure, go ahead.

As the conversation evolved, with the assistance of further questions from me, Virginia provided an account of what she was now valuing about her life and of the skills she had developed in looking out for her own safety. Her parents, Verity and Russell, were surprised and reassured to hear this. This account of what Virginia was valuing about her life, and of her skills in maintaining her own safety, provided a point of entry to a re-authoring conversation in which these developments were more richly described. In this re-authoring conversation some of the themes of Virginia's life became linked to some of the significant themes of Verity and Russell's life. This provided a foundation for Virginia to take further initiatives in caring for her life and to refine these initiatives in the maintenance of personal safety. This was an antidote to the preoccupation that had been shaping of Verity and Russell's responses to their daughter.

In making a strong case for the resurrection of the "why" question, I want to acknowledge that I do not expect an immediate response to these questions. The internal understandings of human action that are the vogue of contemporary Western culture have displaced the intentional understandings that are so important in challenging negative conclusions people have formed ahout their lives, in redefining people s identity, and in rich story development. When human action is assumed to be a manifestation of some element or essence of a self that is determined by human nature, or by a distortion oi human nature, it is rare for people to be invited to reflect on their lives in a way that allows them to determine what certain events might say about what is important to them. Because of this, "why" questions can be very unfamiliar to people, and an "I don't know" response to them can often be expected. When faced with these responses, therapists can provide more support to people in their effort to answer so that they have an experience of being knowledged about these matters.

This support can be given in many ways. I have already mentioned the importance of prefacing "why" questions with an editorial account of the principal effects of the predicaments and problems of people's lives, and of the evaluations that have been made about them. Another option in responding to an "I don't know" is to invite people to extend the review of the principal effects of their problems and predicaments, and of their evaluation of these effects, so that there is a more solid foundation for reflection in relation to the "why" questions that have been introduced.

Yet another option is for the therapist to provide an account of how others have responded to similar "why" questions: "A couple of weeks ago I was meeting with a guy who was facing a similar situation, and who was also very dissatisfied with similar developments in his life. When I asked why he was so dissatisfied, he said that _____ . Would this fit with any conclusions that you might have, or would your response be entirely different?" These accounts of the responses of others usually contribute to a foundation for people to be knowledged about the "why" of their own position on developments in their lives; another person's "why" account often makes it possible for people to distinguish their own position.

When young children give an "I don't know" response to "why" questions, the introduction of a guessing game can be helpful. A child's parents and siblings can be invited to make guesses about why the child is concerned about certain developments. The therapist can also contribute to this stock of guesses. The child can then be interviewed about whether any of these guesses came close to the mark, and if so, about what words the child would use to develop this "why." If the child determines that these guesses have not come close, he or she can be interviewed about how he or she knows this. This usually helps the child put words to his or her own "why."

The "statement of position map" provides a foundation for the charting of externalizing conversations. This map was implicit in my early work with externalizing conversations, and others have found it helpful in the development of their own work. I recommend using the map to chart externalizing conversations as a skills-development exercise, and I have provided examples of this on the following pages. Figures 1.1 and 1.2 represent the charting of my first two meetings with Jeffrey and his parents; Figure 1.3 represents the charting of my first meeting with Sarah; and Figure 1.4 represents the charting of my initial consultation with Virginia and her parents.

Although the map presents a linear account of the progression of these conversations, in actual practice, a strictly linear progression is rarely seen and clarifications of people's responses at one level of inquiry can bring about revisions in, or the embroidering of, responses at another level of inquiry. For example, at the outset of my conversation with Spencer and his parents, encopresis was characterized in terms that were particular and experience-near. Then the effects of this problem on the lives and relationships of family members were briefly explored, and this provided a foundation for the further characterization of the problem in terms of what this might say about Mr. Mischief's intentions for Spencer's life and future. This back-and-forth development is usually evident at all levels of inquiry.

Figure 1.1 Charting Externalizing Conversations (Jeffrey, First Session)

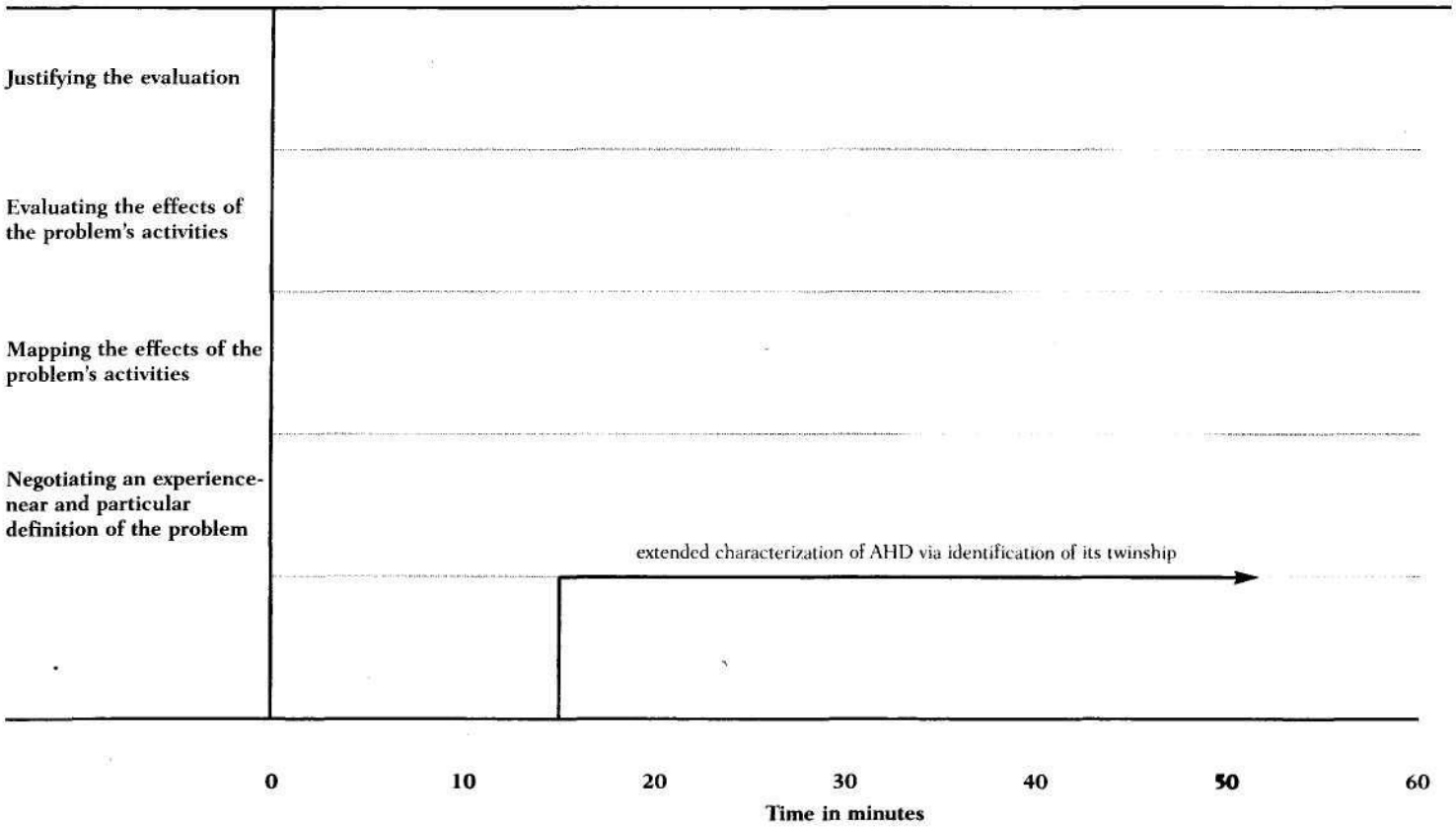


Figure 1.2 Charting Externalizing Conversations (Jeffrey, Second Session)

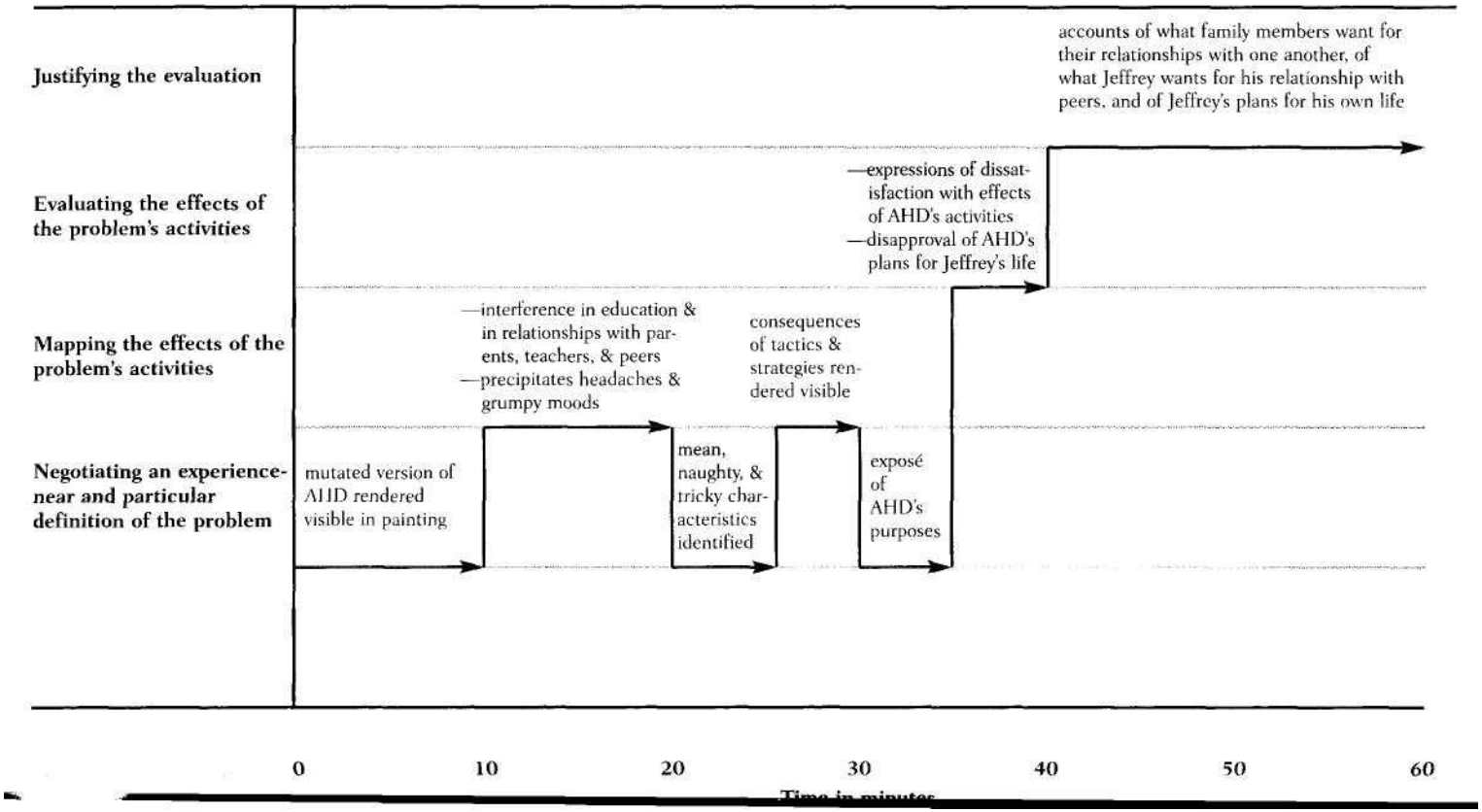


Figure 1.3 Charting Externalizing Conversations (Sarah)

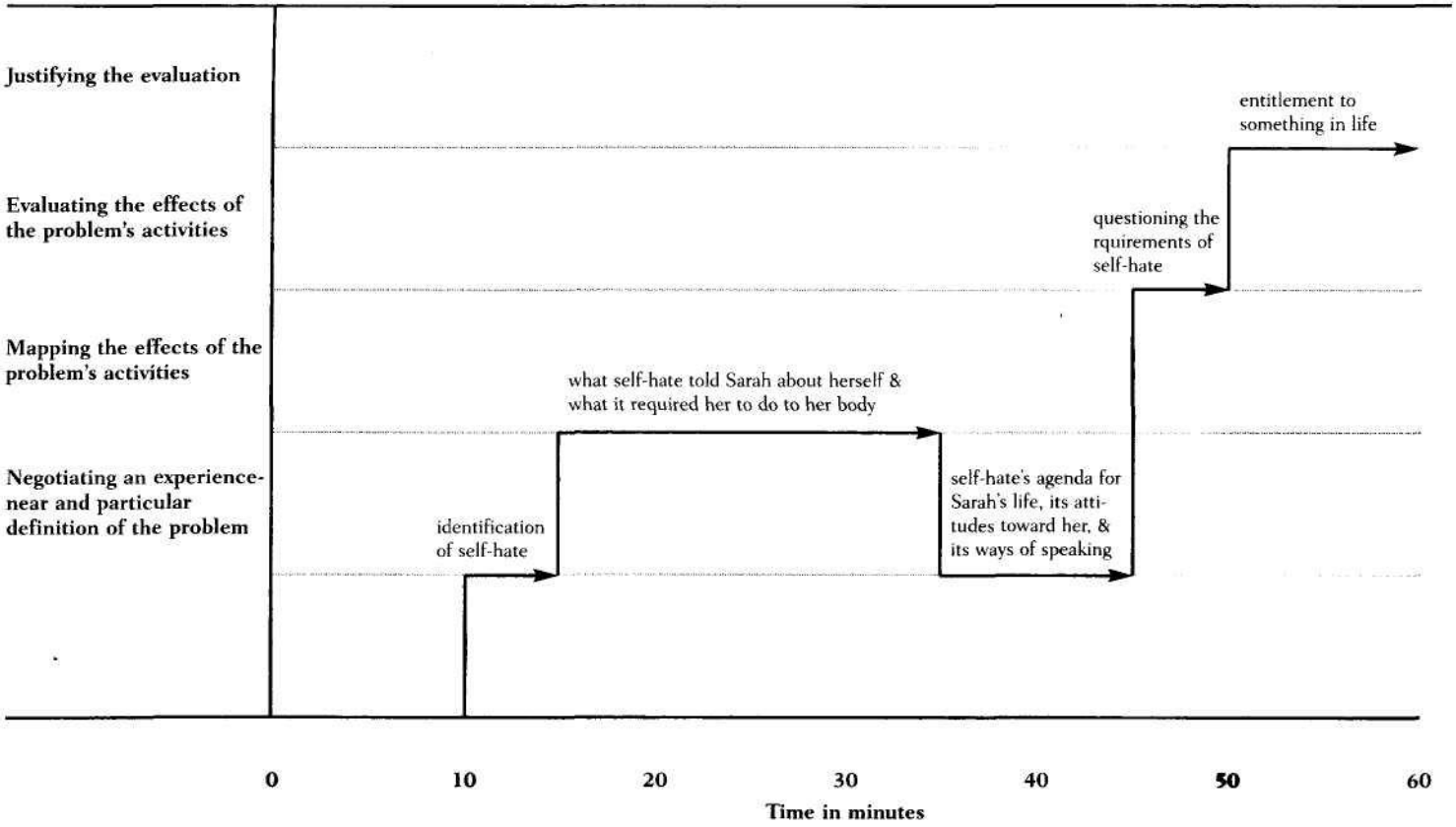
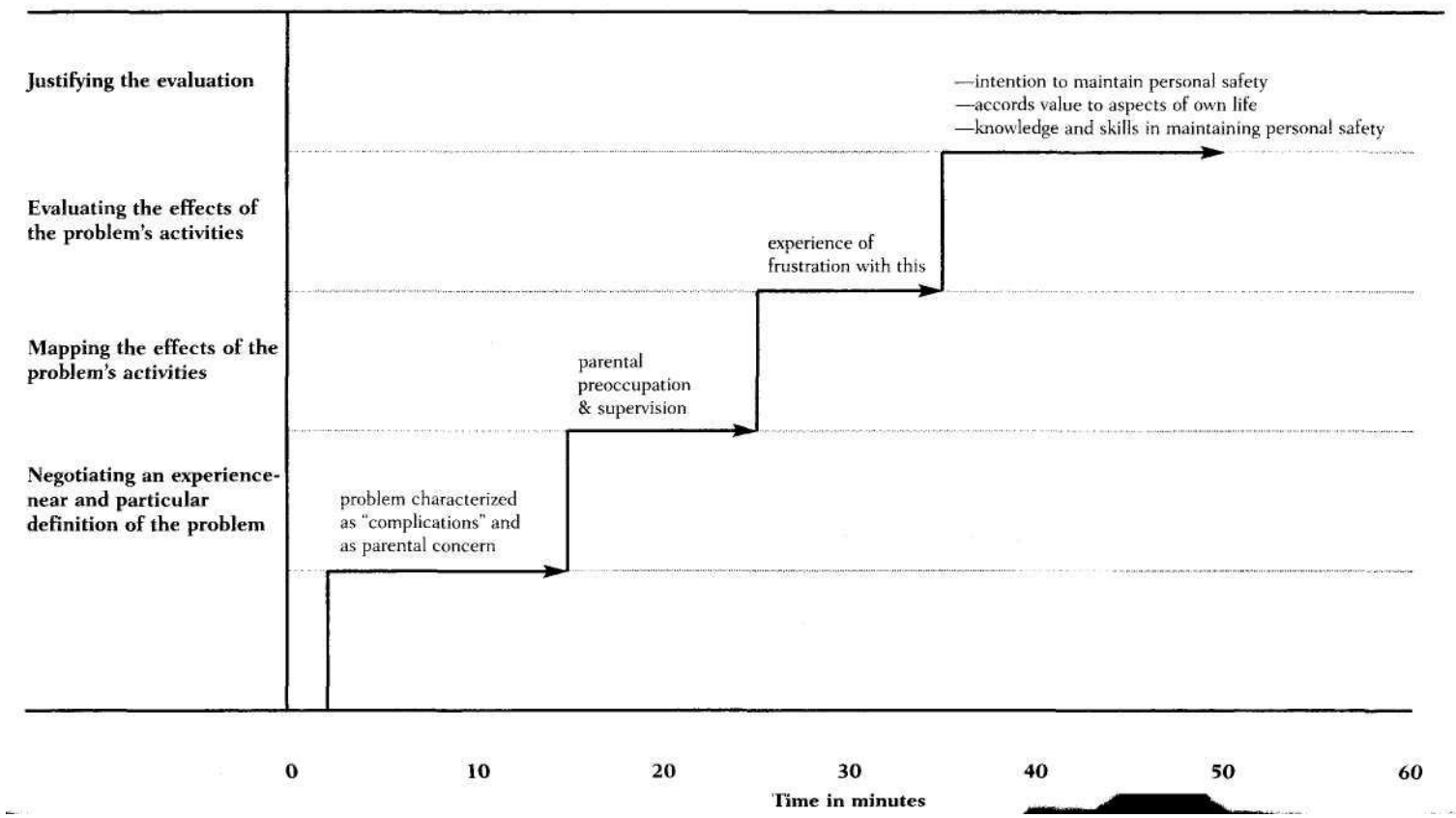


Figure 1.4 Charting Externalizing Conversations (Virginia)



Conclusion

This chapter provided an overview of externalizing conversations. It was not my intention to include all that might be said about externalizing conversations, for this would take more than a book. Rather, I wanted to provide a "living" account of some of the possibilities associated with these conversations by illustrating all of the ideas discussed with examples of actual practice.

It has at times been assumed that externalizing conversations are complicit with a trend toward constructing people as autonomous units of thought and action. It is my hope that I have given sufficient illustration of the practices of externalizing conversations to dispel this assumption. These practices make it possible for people not only to redefine their relationship with the problems of their lives, but also to redefine their relationships with each other in ways that acknowledge each other's voices in the development of their sense of identity. This type of redefinition fosters a more relational sense of identity.

I do not introduce externalizing conversations in all of my consultations. There are many occasions upon which I meet with people whose identities are not defined by the problems that they are seeking consultation over, and upon which a point of entry to rich story development is immediately apparent. However, the option for externalizing conversations is one that I am ever conscious of and one that I will continue to develop.

There is a sense in which I regard the practice of externalizing to be a faithful friend. Over many years, this practice has assisted me to find ways forward with people who are in situations that were considered hopeless. In these situations, externalizing conversations have opened many possibilities for people to redefine their identities, to experience their lives anew, and to pursue what is precious to them.