



Michael White's particularist ethics in a biological age*

by Philippa Byers



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Abstract

This paper offers a reading of Michael White's ethics of narrative therapy as a form of ethical particularism that seeks particularity rather than generalities or rules of thought, speech, behaviour or action. The paper draws on insights from British novelist and philosopher Iris Murdoch, and others, to characterise an approach to practice which does not privilege theory (which reaches in the direction of generality) but is a restrained form of moral attention and receptivity to discovery in the words, phrases, stories and story fragments that are offered in therapeutic conversations. The paper suggests that a hallmark of the ethics of practice that Michael White offered in his writing is that personal and philosophical questions and interpretations are left open for discovery. For this reason, the paper suggests caution about introducing terms and concepts from brain and neurological sciences, and the implicit philosophical assumptions that come with that introduction, into narrative therapy and practice.

Key words: *narrative therapy; neuroscience; ethics; moral philosophy; Michael White; Iris Murdoch*

* The term 'biological age' is a reference to the work of Nicolas Rose and Joelle Abi-Rashed (2012) and Nicolas Rose (2013), which will be discussed later in the paper.

Introduction

I didn't meet Michael White and am not a practising therapist, counsellor or community worker, but I have recently become a reader of White's written work. I was initially prompted by the intuition that reading about narrative therapy would help me reflect on differences between social work and other practices within the Australian mental health and human services sectors. But as I continued reading his work, I also discovered a distinctive philosophical voice.

Narrative therapy practitioners and other readers of Michael White will be familiar with his engagement with ideas from philosophy and elsewhere; for example, ideas about power and self-regulation from Michel Foucault, Jerome Bruner's work on the narrative constructions of meaning, and so on.¹ But speaking personally, when I read Michael White, I read an ethics which is sometimes referred to within moral philosophy as particularism or as an anti-theory approach to ethics, though I note that Michael White did not use these terms himself.² For me, what is distinctive in Michael White's written work is the 'quiet authority' of a particularist philosophical voice that is grounded in an orientation to practice, rather than to theory.³ As I read his work, I don't believe I'm reading a theorist, but rather a living account of what he himself said and did, and also refrained from, within his therapeutic practice, given a moral responsibility he suggested cannot be sidestepped once the 'real effects' of meaning-making within therapeutic conversations are taken seriously (1995, pp. 14–15). These effects are the constitutive results of meaning-making that occur in and shape the lives of individual people and their ways of living.

The first half of this paper describes Michael White's particularist ethics, and the second half reflects on the use of neuroscience findings within therapeutic settings. This reflection is prompted by recently articulated views that narrative therapy can be augmented, or better understood, or given stand-alone evidence of therapeutic efficacy, with the help of neuroscientific investigations of the natural processes and systems that underlie, or cause (in some sense of this word), or correlate with thoughts, feelings and emotions.⁴ I will propose that the use and appeal to neuroscience findings within narrative therapy is at odds with Michael White's particularist ethics of practice.

I begin by briefly describing ethical particularism, and link this to Michael White's emphasis on practice and skills more so than knowledge or theory despite his thirst for ideas. I draw on several ideas from British

novelist and philosopher Iris Murdoch to describe a 'receptivity to discovery' in Michael White's inclination to focus on the local and particular in lives, and to refrain from using language that is removed from the ordinary languages of conversation.⁵ I offer observations about the use and relevance of neuroscience findings in therapeutic and other contexts. And I conclude with a proposal for a cautious distrust of what one is *for* if one is *for* introducing neuroscience findings within or as part of narrative therapy, or as explanation for narrative therapy's therapeutic efficacy.

A particularist orientation

Ethical particularism is a 'broad church' that includes aspects of the moral philosophies of Simone Weil, Iris Murdoch, Knud Løgstrup and Australians Raimond Gaita and Christopher Cordner. It includes themes in Martin Buber's work on 'I–thou' relatedness and in Emmanuel Levinas's work on the unlimited ethical demand encountered (quite literally) in the face of another person as other than 'me'.⁶ A key implication of ethical particularism is that encounters of one person with another are regarded as incommensurable with one another.⁷ Or, to put this another way, each encounter is distinct and particular, as are the parties to it. From a particularist perspective, ethics takes place in our lives with one another, not in sub-personal motivational structures, nor in reasoned abstractions that are applied to life as rules for action. For this reason, there is an affinity between ethical particularism and literature, which is an affinity that is pertinent to Michael White's focus on the local and particular in lives, rather than the interior psychic structure and/or biological functioning of individual people.

One of the arts of fiction writing is to render individual characters or fictional persons – and the lives they lead and worlds they inhabit – as real to us.⁸ Fictional persons become real to us in the particularity that emerges as we read the stories of their lives. And the worlds that fictional persons inhabit become real to us, as inhabited worlds that we enter into in some sense through this encounter (via storytelling) with the particularity of fictional persons and their lives. We read for all kinds of reasons, but one of them is to find reality in our encounters with fictional persons, their ways of living and with fictional worlds; a reality that then speaks to us of human truth. One of the things that literature can *do*, so to speak, is to show the particularity of individuals and of ways of living that typically elude philosophical and other forms of analysis that seek to draw generalisable conclusions.

Ethical particularism has an 'in built' scepticism about routes to human truth that involve detours or departures from the 'stuff' of living encounters with embodied persons. Hence the affinity with literature, as literature takes us towards what is particular, rather than away from it in the direction of generalities, even though the persons, lives and worlds we are drawn to in literature are imaginary ones. I think Michael White had a similar scepticism about routes to human truth via generalisable conclusions, hence his orientation to the local and particular in lives and in ways of living as disclosed in narrative. He was not drawn to philosophical or scientific generalisations, nor to generalisations about therapeutic efficacy, nor to generalisations about what is 'good for' the people who sought his assistance.

At the risk of sounding glib, what Michael White bought to therapy was an art for developing practice pathways oriented towards the discovery and expression of particularity.⁹ In the course of developing these practice pathways he became a superb writer about practice, and the ethics of practice I'm referring to here as ethical particularism.

Practice as knowledgeable action

In the essay 'Deconstruction and therapy' (2016a), Michael White mentioned that he was not an academic. I suggest that this is because he didn't read for disinterested academic purposes, nor write for select academic audiences.¹⁰ He read with the clear purpose of finding ideas for developing therapeutic practices and skills, and wrote with the clear purpose of sharing ideas so that other therapists could develop their own practices and skills. Michael White's practices and skills involved collaboration with others in the therapeutic communities that he, Cheryl White, David Epston and others were building, and collaboration with the individuals, families and communities who sought his and their assistance.¹¹ His ideas about practice were ideas for therapeutic collaboration and interaction.

It also seems that Michael White didn't seek peer review or wait on approval to check that his interpretations of ideas, drawn from his reading of Clifford Geertz, Michel Foucault, Jerome Bruner and Barbara Meyerhoff (to name some key thinkers), met with the approval of select academic reviewers.¹² I don't know whether he did or didn't care about such approval, but I speculate that a reason for not seeking

or waiting on it was that the onrush of a life's work was too immediate and pressing. He read in the midst of developing collaborative therapeutic practices, and in the midst of honing the skills that would support them. He didn't read for the sake of developing a body of theory, but for working collaboratively with others in ways that *resisted* dominant cultural stories and messages and their associated social positionings and *avoided* the hierarchical social positioning of therapists as experts in the (interiorised) psychic formations of other people. I emphasise resistance and avoidance as these are actions in practice, as I'll briefly describe.

In the interview 'On ethics and the spiritualities of the surface' (2016b), Michael White distinguishes academic or expert knowledge from the 'knowledgeableness of the therapist' (2016b, p. 208). This, from his perspective as a narrative therapist, is knowledge acquired in 'therapeutic interaction ... [as] *action ... in the world of culture*' (2016b, p. 221, *emphasis added*). *What I'm drawing attention to in bringing these two phrases together is a distinction Michael White made between knowledge acquired at a distance from practice, on one hand, and knowledge acquired and exercised in practice, on the other hand.* The latter is a mode of action in two senses. First, a narrative therapist's speech and orientation towards others within therapeutic interactions is knowledgeable action, deliberately acquired and exercised to resist and avoid hierarchical social positioning, to the extent this is possible. And second, therapeutic interaction makes meaning, which is explicitly recognised as having effects, and thus acts on and influences ways of living.

Michael White was neither a theory-builder nor a gatekeeper. The community that he and others built has been a community of therapists and practitioners interested in developing ideas for practice as knowledgeable action in the way just described, rather than developing a body of expert knowledge that is either removed from practice or is taken to practice in ways that position therapists as experts who possess knowledge and an accompanying insight that a person seeking assistance lacks.

Receptivity to discovery

Michael White took care not to dictate a set of limits or criteria for determining what narrative therapy could and couldn't be, and thereby foreclose on narrative therapy's continuing development. When his own practice, teaching and writing came to an end in 2008, he left narrative therapy with an open rather than a closed future and didn't leave a set of prescriptions for

ethical practice. Although he didn't write about ethics in a prescriptive way by appeal to rules or duties, nor view ethics as a form of specialised knowledge, he was certainly not lacking in moral conviction or ethical commitment, or so I believe.

For example, Michael White described what I see as an ethical commitment to self-restraint within his practice, and this self-restraint arose in large part from his views about the potentially negative effects of dominant cultural stories and messages, and from the norms that each of us instantiate and communicate in our words, our ways of seeing and our ways of being with others. In the following passage, the latter is characterised as an unavoidable *being for* all kinds of things, which he suggested he deliberately distrusted, and placed a restraint upon, as an exercise in taking responsibility for their effects. He wrote:

because the impossibility of neutrality means that I cannot avoid being 'for' something, I take the responsibility to distrust what I am for – that is, my ways of life and my ways of thought – and I can do this in many ways. For example, I can distrust what I am for with regard to the appropriateness of this to the lives of others. I can distrust what I am for in the sense that what I am for has the potential to reproduce the very things I oppose in my relations with others. I can distrust what I am for to the extent that what I am for has a distinct location in the worlds of gender, class, race, culture, sexual preference, etc. And so on.
(M. White, 2016b, pp. 201–202)

This passage, and others like it, describe a politics of practice in the sense I've mentioned above with reference to the effects of dominant cultural stories and messages, and I don't dispute or seek to dilute this.

What I'm aiming to highlight is the particularist orientation included in the self-restraint Michael White described. A few words from David Epston are instructive as he described Michael White's investigations of ideas:

[I] suggest ... grand terms ... with some reserve, to indicate your vision, even if you restricted yourself to the local and particular about life.
(Epston, 2011, p. xxv)

In this passage, David Epston was writing in the 'I–you' form of a letter which invoked the specificity of their relationship.¹³ He also appealed to the metaphor of vision while noting Michael White's deliberately restricted focus on the local and particular in lives, and this points to a rich paradox: between the metaphor of vision, on

the one hand, with sight issuing from a singular point in potentially open-ended and unlimited ways, and, on the other hand, a deliberately restricted and focused attention to the local and particular in people's lives and ways of living. The paradox is that a deliberately restricted attention allows more to be 'seen', and, moreover, for it to be seen in potentially open-ended and unlimited ways, rather than limited or circumscribed ways.

By suggesting Michael White's ethics of practice is a form of ethical particularism, I'm suggesting that knowledgeable action in narrative therapy – in the practices and skills he developed with others and then wrote about with care – includes 'seeing' in potentially open-ended and unlimited ways, by restricting attention to the local and particular in the words and phrases that people use, and in openings to alternative and preferred stories and story fragments of their lives. This involves a receptivity to discovery which I'll briefly describe by drawing on several ideas from Iris Murdoch.

Murdoch gave an example, in a now well-known story, of a mother-in-law who viewed her daughter-in-law as 'unpolished', 'lacking in dignity and refinement', 'brusque' and 'tiresomely juvenile': 'my poor son has married a silly vulgar girl'. Murdoch described the mother-in-law as 'imprisoned' by a cliqued view of social status. However, as Murdoch went on to describe, the mother-in-law was also aware of her own class snobbery and her jealousy regarding her son, so she decided to 'look again' and in so doing her vision altered and the mother-in-law '*discovered*' that her daughter-in-law was 'spontaneous', 'gay', 'delightfully youthful', and so on (1997, pp. 312–313, emphasis added).

In the brief story, Murdoch describes an untruthful 'seeing' that changes to a more truthful one. The second 'seeing' is a response to the daughter-in-law as she shows herself in the absence of an untruthful and inattentive gaze, when the woman's 'vision alters' and she allows herself to see her daughter-in-law more truthfully. And what she sees is a discovery.

Iris Murdoch describes the condition for such a discovery as a 'just and loving gaze directed upon an individual *reality*' (1997, p. 327, emphasis added). This notion of love does not concern being in love with or emotionally committed to, and the notion of justice is not one of equality or rights. The 'just and loving' in this phrase concern truthfulness. And 'reality' here is not a pre-existing 'something' that could be known of via means other than this attentive, truthful gaze. Truthfulness in this sense is not premised on a metaphysical

understanding of truth. It is not premised on an understanding of truth as correspondence between what a person judges to be true and a pre-existing and objectively determinable reality. It is a moral truthfulness 'seen' by attending to the particularity of another person. This can be contrasted with seeing another person at a remove, via snobbery or other forms of social positioning. It can also be contrasted with seeing another person as an instance of a type, as one among others who fall under a general category, and for whom a generalisable conclusion applies.

A gaze that is 'morally truthful' in Iris Murdoch's sense is not a moralistic gaze, nor one that only takes in moral qualities that are the standard fare of moral language, nor one that casts a rose-tinted glow over others. It is simply a gaze that is receptive to the 'individual reality' of another person. As Melbourne philosopher Christopher Corder (2016) has described, Iris Murdoch's 'gaze' is a form of attention, which is not the unearthing of facts, but a *discovery* in the sense of an impression upon the one who is attentive. Corder has noted that there are a range of interpretations of Iris Murdoch's phrase 'a just and loving gaze directed upon an individual reality' and her view of moral attention. He is particularly illuminating when describing what the latter is not:

[it is] not a 'particularizing conceptual refinement' ... nor is it simply ... 'seeking and getting more accurate information about ...' 'getting the facts right about...' 'acquiring knowledge about...' [who or whatever is an] ... object of attention. (Corder, 2016, pp. 203–204)

He continues:

Murdochian attention is not seeing something *about* another – seeing her more truly because one has come to register more truths about her. It is, instead, an orientation to her. (Corder, 2016, p. 208, emphasis added)

Murdochian attention, according to Corder, 'is not actually acquiring more information or setting oneself to acquire it' (2016, p. 216). Rather, it is '*attention* as a kind of *receptiveness*, and as accompanying, being present at or to, *waiting-on*, serving, answering to' (2016, p. 208, emphasis added). Christopher Corder is describing a 'receptivity to discovery' that is not fully conjured with visual metaphors. David Epston's observation addressed to Michael White that 'you restricted yourself to the local and particular about life' (2011, p. xxv) invokes it, as does Michael White's account of his deliberate distrust of

what he is *for*. In this vein, I note that the notion of 'gift' was significant for Michael White, as the receipt of a gift connotes both receptivity and the discovery of something unexpected.

At the risk of offering a truncated and thereby trivialising summary, Michael White's particularist ethics of practice is a receptivity to discovery in the words, phrases, story openings, stories and story fragments of the people he met with, which involved restricting his attention to the local and particular within conversational languages and the neologisms that enter into them. These discoveries are not discoveries about objectively verifiable truths or facts. Nor are these discoveries justified or made more 'real' by appeal to sources of truth or fact other than the words and phrases that are offered.

I suggest that Michael White believed the discoveries that emerge in the words, phrases and openings to alternative and preferred stories and story fragments are discoveries that elude the grasp of 'conceptual refinements', elude the empirically-derived findings of psychological sciences, and elude the dominant stories that shape expectations about how people ought to live and how they ought to feel about their lives and ipso facto themselves. And here we come to a question raised by recent suggestions that findings from brain research and neurological investigations (neuroscience, for short) can enter into and inform the practices and ideas of narrative therapists. Would Michael White have thought that the discoveries that emerge in the words, phrases and openings to alternative and preferred stories are ones that also elude conclusions about thought, affect, emotion and experience that are derived from neuroscience? Although I can't know this with certainty, I nonetheless suspect he would.

Michael White's particularism and neuroscience

Science is a discipline that seeks to generalise from specific observations and investigations to larger groups, and the replicability of findings is a hallmark of the application of scientific methods and procedures. Science is explanatory, not descriptive. It seeks to explain how it is that phenomena occurring now will occur again, and again, and so on. And, insofar as science is successful in this, its explanations are truthful (though fallible). In contrast, literature is descriptive, and the mark of truthfulness in literature is not replicability but particularity or specificity. Literature can reveal

particularity in character, lives and worlds, as described above. It can also identify something general or generally known in new or in previously unheard ways.¹⁴ Although Michael White was concerned with the reality of people's lives, not with fictional and imagined ones, he was concerned with how particularity is revealed in these two senses. He was concerned with the particularity that is revealed in descriptions of specific lives and ways of living, not in explanatory investigations that are 'true' insofar as they are replicable.

Generalisations in specific domains can be valuable, and this includes generalisations that are emerging from neuroscience. Neuroscience findings are generalisations about how our brains and neurological systems function. This is not a criticism and does not mean the generalisations are simply crude or of no value. But here I propose a philosophical position that I think Michael White took seriously: particularity in lives and in ways of living elude *all* kinds of generalisations, as there is always 'yet more' which is not predictable, and not a repetition of what has come before it.

In non-research contexts – that is, in life – there are cases in which 'the exception proves the rule', as the saying goes. We observe patterns all the time and base our expectations on them, and noticing irregularities here and there does not lead us to give up our expectations. But I believe that Michael White had a gift for developing practice pathways that elicit exceptions to rules and generalisations. These are exceptions that neither prove, nor disprove rules and generalisations. Discoveries of particularity in lives and in ways of living elude the rules of dominant stories, of psychological types, of moralised generalisations and so forth. They don't disprove them, they just elude them.

My sense of Michael White's ethics of practice, as a form of ethical particularism, is that he sought particularities that elude generalisations and regularities. I suspect he would not have been inclined to introduce generalisations and regularities as a means to interpret the particularities that emerge in therapeutic conversations. If correct, this suggests (to me) that he would not have been drawn to including generalisations from neuroscience within his narrative practice. This is not to say he would have thought that such generalisations were untrue, but rather that he sought something very different.

From the perspective of ethical particularism, ethical life consists in our meeting with one another as individuals, not in rules or abstractions or in intra-psychic formations. I will draw a parallel here and make a proposal. From

Michael White's perspective, ordinary languages within conversation were adequate to the task of expressing particularity in lives and in ways of living – the particularities that elude generalisations as just described. He did not turn to sub-personal or supra-personal structures (be they biological, intra-psychic, cultural or neurological) to justify or support this position. This would be 'seeking or getting more information about' why a person's words are either adequate to the task of speaking to the particularity of their lives and ways of living, or, alternatively, why they are inadequate to the task. Turning to sub-personal or supra-personal structures would be seeking information about why the people he met with said what they said from sources other than their saying it. He developed practices in order to refrain from this very thing, hence his restricted focus on the local and particular in lives, and his restriction to the ordinary languages of conversation. I suggest that for Michael White, turning from conversational words to neuroscience, and then back again, would be a detour from the local and particular in lives as revealed in the words and phrases that people use when they speak of their lives.

I've described 'receptivity to discovery' with reference to Iris Murdoch (and Christopher Cordner's elaboration of her ideas), and thus have drawn on moral philosophers. In so doing, I haven't sought to elevate narrative therapy as a moral therapy via appeal to moral philosophy, nor suggested that narrative therapists have moral insight that others lack. If I did so, I'd be suggesting that narrative therapists have moral expertise. In suggesting this, I'd be suggesting the kind of thing that I believe Michael White strongly opposed: I'd be positioning narrative therapists as experts in the complex warp and weft of the ethical lives of others. In describing Michael White's particularist ethics of practice – as receptivity to discovery – I've not described a theory, but rather a practice orientation. And, as I've hoped to explain, this orientation includes restraint. In Michael White's case this was a restricted focus on the local and particular in lives, and a restriction to the ordinary languages of conversation. I believe he thought that for the purposes of therapy, such languages were more than enough, and would agree that

every language existing today is fantastically expressive. It would be a miracle, except that it is utterly commonplace, a fact shared not only by all languages but by all the humans who use them. (Lane, 2018)

I believe that Michael White held the modest view that people mean what they say and that what people say

contains the seeds of difference, which I've referred to in this paper as particularity. I've taken the latter point, about difference or particularity, as one of the insights he drew from postmodern and poststructuralist sources.

There is a directness in narrative practice, which comes from avoiding positions that substitute the authority of speakers with other forms of authority, including scientific authority. This can make narrative therapy seem like an incredulous approach to therapy on first acquaintance.¹⁵ I believe that Michael White assumed that people know what they are talking about when they speak of their own lives and experiences, and this incredulity is the unavoidable price of eschewing authoritative positions with respect to meanings that are given. Another price is to exercise caution about drawing conclusions that concern individual lives on the basis of empirically-derived generalisations and neuroscience findings.

Reflections on neuroscience findings in therapeutic contexts

I've recently completed a social work qualification, prompted by a desire to work differently in the future. In my two student placements, I noticed that social workers and others sometimes show schematic representations of the human brain as they work with individuals within mental health settings. A common purpose is to point out that areas in the brain 'flare-up' during panic attacks. I suspect that this is used as a means to assist with explaining the aversiveness of such experiences. There are popular YouTube clips in which neuro-psychologist Dan Siegel demonstrates a model of the brain with his hand, using a flaring four-finger motion to represent the reactions that occur in the brain during 'fight or flight' responses (see for example Siegel, 2012). I've noticed this hand model and gesture re-enacted to communicate the message that rapidly occurring neural processes are involved in certain highly 'charged' experiences. Or, to put this another way, when a person feels something strongly, there is associated brain activity that (in some way) accounts for expressible reactions and feelings and other deeply-felt phenomena, such as a racing heart or a sweat that comes on suddenly.

During the two placements, I noticed that providing introductory-level information about neuroscience is now an accepted therapeutic intervention referred to as psycho-education; although those who educate others about neuroscience are typically not trained in it

themselves. I also noticed some potentially unreflective ways in which brains, selves and persons are referred to within psycho-education sessions, in comments such as 'your brain is making mistakes', 'your brain is doing X', 'your brain responds by X'ing'.

I have subsequently wondered about the extent of reflection by social workers and others on the double reference involved in such phrases. For example, in phrases that refer to a 'you' that is 'your' brain and refer to another 'you' who is impacted by what the brain is either doing or what is occurring in it.¹⁶ In addition to the double reference, I've wondered about the extent of reflection on the ambiguity between what is said to occur in the brain, and hence is a physiological event, and what the brain does. Here I'm pointing to ambiguity between what is an *act* (with the corresponding question of *who* acts? is it 'me' or 'my' brain?) and what is merely an *event* (with the corresponding question, am 'I' doing something or is this just an event in 'my' brain?).

I've wondered about the possible therapeutic implications of this kind of double reference and ambiguity. For example, how this double reference differs from other forms of double reference: how the double reference in the phrases above differs from the more subtle double reference when a person says of her friend, 'she's grieving, and she told me her heart really aches'. This expression invokes a grieving self and an observing self: 'I'm upset, and I notice a pain right here in my chest.'

Reflecting on these differences raises questions. For example, do certain forms of speech and certain sources of scientific information implicitly reify some 'selves' or 'agents' more so than others? If so, does implicit reification suggest an objectivity that less reified selves or agents lack? And if this is the case, what are we to conclude about such objectivity? Does talking about the brain and neurological actions/reactions/events within psycho-educational conversations implicitly deprioritise questions about the meaningfulness of experiences? In what way is the mind-body dualism that is implicit in many forms of speech affirmed in phrases, such as those above, which include reference to the brain? Is this dualism unavoidable? If so, what are its effects in terms of how personal agency is conceived?

These questions are both personal and philosophical, and they are questions that brain science does not answer, and, as science, does not need to answer. But they are entirely pertinent to the issue of how forms of speech and the authority that is often implied in them have impacts within therapy and then beyond it.

A personal reflection

I've had cause to reflect on brain research through a more personal connection.¹⁷ In 2015 my father was diagnosed with Alzheimer's dementia, which is a neuro-degenerative condition. He is currently doing well and is content with his day-to-day life, despite knowing he has dementia and being aware of his forgetfulness. The effects on his autobiographical memory are striking. He wonders about his work life and regularly turns to me and says, 'I used to do stuff, didn't I?' To which I reply, 'you certainly did'. The next part of this regular exchange is his comment, 'oh well, it's lucky I don't have to sit any more organic chemistry exams'. He still remembers, or says he remembers, the ordeal of a final chemistry exam when he was 21, although he cannot directly recall much of what has happened since then. Despite this, a range of skills acquired along the way is still available to him. He remembers the bass part to Handel's Messiah and can sight-read the score well enough to start singing his part at the right time, and on the right note. He sang a cut-down version of the Messiah perfectly well in a community choir last Christmas, according to my brother who sang alongside him. He used to speak French as a second language and a large vocabulary remains. His mental arithmetic skills are sharper than mine. However, he doesn't know the day of the week, and checks that I am in fact his daughter. Once this is established, he asks who my mother was. As I mention her name, he tilts his head skyward and blows her a kiss, despite their having parted ways in the mid-1970s with a good deal of pain and acrimony.

I've read about the progressive impact of Alzheimer's and can name some parts of the brain that are involved in my father's autobiographical memory deficits and his skills retention. On a micro-level, I know a little bit about the beta-amyloid plaques and neurofibrillary tangles that are interfering with his neuronal functioning. It probably won't assist my father, but I think that brain research on neuro-degenerative conditions is very important. I also think basic brain research with no immediate practical application is important.

But the outcomes of brain research are of no assistance in my concern that my father be recognised and responded to as a full member of the community he lives in; that he not be spoken down to, patronised, ill-treated or turned away from on account of the deficits I've described. This is not simply because I love him; it's a moral concern about his standing with others. This is not a concern about his brain, but a concern for the whole person he is and for the life he still leads despite cognitive impairment. On several occasions, I've noticed

staff in the residential care facility where he lives speak to him, or of him, in ways they wouldn't if he possessed his former charisma and presence. But he has changed and so has the way he is occasionally spoken to or about.

I know that little training is offered to staff on the neuroscience of Alzheimer's and other dementias. Some neuroscience education might foster more insight, for example that people with dementia have not willed it on themselves, that they were not always forgetful, that restlessness and agitation in the late afternoon is not a moral failing and so forth. But what happens on occasion, due to overwork or straightforward moral inattention, is that my father, in common with others who live with neuro-degenerative conditions, is not seen by a 'gaze directed upon an individual reality'. These days, there are occasions when he is less real to others than I would like. This is not to do with knowledge, but with the attentiveness of others to him.

In care contexts, where people like my father are dependent on others, failures to see the reality of those who are dependent has direct moral implications. In therapeutic contexts, such failures have similar moral implications as they can underlie abuse and other failures of respect. But the receptivity to discovery I've sought to describe in Michael White's particularist ethics of practice is not simply a corrective or check against moral failure. This is included of course, as narrative therapy seeks to be a 'respectful, non-blaming approach' (Morgan, 2000, p. 2) to therapy. But Michael White's receptivity to discovery is more subtle than simply maintaining forms of distance and developing attitudes that are a corrective or put a break on failures of respect. It includes a subtlety that instantiates and communicates a respect for particularity. It includes a subtlety that keeps open the questions I raised above, about the nature of any possible subject of self-reference and the nature of personal agency. It includes a subtlety that does not foreclose on or answer these questions in advance. It is a subtlety that leaves open the question of what findings and models from science, and resulting ideas and metaphors, are of interest to people and how they themselves may choose to make sense of them.

Writing off neuroscience?

Michael White didn't write about narrative therapy as a closed, copyrighted or theoretically-bounded system. The narrative community he was part of developing hasn't become a closed society that affords itself the

prerogative of closing its doors to new ideas, new members or new ways of practising. Since the time that Michael White's work came to an end and he left the gate open for others to take narrative therapy forward, an aspect of the culture(s) in which the therapy world is embedded is shifting.¹⁸ This raises questions about how open to cultural shifts and changes narrative therapy either is or should be.

In brief, and here I am drawing on accounts by Nikolas Rose (2013) and Rose and Joelle Abi-Rashed (2012), we are in the midst of a (possible) passing of one age of the sciences of the human psyche to another age. We are passing from what Nicholas Rose have referred to as the dominance of the 'psy sciences' to a new dominance of biological or life sciences. This substitutes the brain for the mind as the 'seat' of the human soul, and this substitution is already having effects; a few of which I noticed on my student placements as mentioned above.

Nicolas Rose and Joelle Abi-Rached outline the history of critique and at times antagonism on the part of the human sciences to what are sometimes reductionist and functionalist conclusions of biological or life sciences. However, they suggest that there are now possibilities for a more fruitful relationship between these disciplines, one that would allow for new ways of considering the relationships between nature and culture; that is, for considering the relationship between our natural being and our collective lives as meaning-makers. These authors are right to suggest that there has been antagonism towards science and give some acute descriptions of the reasons why the antagonism has, at times, been justified.

I'm not arguing for further antagonism or wanting to rehearse existing antagonism towards science and then direct this towards neuroscience. But I do suggest that emerging models and metaphors will have effects, just as previous ones have. They will reinforce, unpack and/or create new assumptions about the split between meaning and matter, and assumptions about the split between living and non-living matter and 'where' or how meaning sits between them. I suggest that the proposal I've offered in this paper, that the particularities that Michael White sought are those that elude generalisations of all kinds, is by no means off the table with the introduction of neuroscience findings as a possible adjunct to narrative therapy. I'm not writing off neuroscience, nor lamenting the shift Nicolas Rose and Joelle Abi-Rached have identified. Nor am I suggesting that narrative therapists should be against neuroscience, as a science. But I am proposing (after Michael White) that those who are enthusiastically *for neuroscience*

within narrative therapy consider observing his deliberate distrust as an exercise in responsibility for the effects of their being for it. I am proposing a cautious distrust of any attempt to answer philosophical and personal questions on behalf of others by appeal to neuroscience. The genius of Michael White was to leave personal and philosophical questions open for discovery, and not use therapy or any of the sciences to answer them in advance for others.

Notes

- ¹ Here are several key references for each thinker: Foucault (1973, 1979); (Bruner 1986, 1990).
- ² Writing about Michael White's ethics of practice is not to engage in hagiography. I'm not discussing or seeking to elevate Michael White's own moral qualities, nor seeking to suggest that narrative therapists are more or less ethical than anyone else. However, I do think that the careful practice of narrative therapy does involve a distinctive ethical orientation to those who seek assistance. For the purposes of this paper, I use the terms 'ethical' and 'moral' interchangeably with no intended difference of sense.
- ³ I've borrowed the phrase 'quiet authority' from narrative therapist David Newman. In conversation about practice he has used the phrase to describe the authority that accompanies the words of young people when speaking of their own experience (he also uses this term in Byers and Newman, 2019).
- ⁴ The works I have in mind are Zimmerman (2018), Hutto and Gallagher (2017) and a collection on neurobiology and therapy edited by Marie-Nathalie Beaudoin and Jim Duvall (2017).
- ⁵ I'm using the expression 'ordinary languages of conversation' in the plural to suggest that there is no privileged conversational, spoken language, e.g. English rather than Greek, and to acknowledge that ordinary, spoken languages shift and alter over time, and hence no living language is an unchanging entity.
- ⁶ Here is a key reference for each thinker: Simone Weil (2002); Iris Murdoch (1992); Knud Løgstrup (1997); Raimond Gaita (1999); Christopher Cordner (2002); Buber (1970); Levinas (1969).
- ⁷ Please note that in this context, I do not intend the terms 'individual' and 'particular' to invoke individualistic conceptions of selfhood, nor to connote isolation of persons from one another.
- ⁸ Drawing on Australian literature, there is an orientation to place, landscape and the formation of imagination developed in Gerald Murnane's (1982, 2009) work that is distinctively particularist. A different kind of example is Raimond Gaita's account of the never-to-be-repeated ethical lives of his father and his father's friend Hora in *Romulus, my father* (1998).
- ⁹ He did more than this, and I'm not suggesting his approach to therapy can be summarised in one phrase.
- ¹⁰ See Cheryl White's account of Michael White's 'independent scholarly approach' (2011, p. 162).
- ¹¹ See Cheryl White's (2009) account of the early, ongoing and anticipated collaboration between Michael White and David Epston.

- ¹² Here is key reference for thinkers not previously cited: Geertz (1973); Meyerhoff (1992).
- ¹³ Given the context of the passage, the 'I-you' appositely invokes Michael White's work with people experiencing grief, see 'Saying hullo again: The incorporation of the lost relationship' (2016c).
- ¹⁴ For example, Bob Dylan was awarded a Nobel Prize for literature for speaking to a generation of experiences that were known to them in a voice that had not been heard before, and for using a folk tradition to speak in new ways.
- ¹⁵ That is, 'are you really saying that people know what they mean, even though they don't know what their brains are doing or making them do?' To which the answer is 'yes'.
- ¹⁶ David Newman and I have described the simultaneous personal and impersonal quality of such phrases (2019). The present discussion makes a different, though related point.
- ¹⁷ I'm currently working on a dementia research project, but the thoughts shared here are more personal than professional.
- ¹⁸ I can only comment on the anglophone cultures that I am familiar with.

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