



# *Ethnography, co-research and insider knowledges*

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David Epston is one of the originators of narrative therapy (along with Michael White). He has published widely on the topic. His most recent book is 'Down under and up over: Travels with narrative therapy' (2008).

This piece revisits some of the intellectual histories of narrative practice, in particular the development of an ethnographic, co-research approach to working with families. By tracing the influence of anthropological and sociological thought on the development of what has become 'narrative therapy', this piece invites current practitioners to read beyond the boundaries of any professional field in order to generate new forms of practice.

**Keywords:** *ethnography, narrative therapy, narrative practice, insider knowledge, intellectual histories*

**Key Points:**

1. Anthropological understandings and anthropological enquiry have had a significant influence on the development of narrative therapy.
2. From the very outset, David Epston and Michael White conceived of therapy as a reciprocal exchange and honoured that the 'local' knowledges of the person consulting the therapist.
3. An ethic of 'gift exchange' underwrote their thinking of what became a very obvious 'two-way street' between therapist and client.
4. By 1985, their thinking had been reinforced by the writings of Michel Foucault and the concept of 'subjugated knowledges'
5. Narrative therapy interviews can be understood as a form of 'co-research' as much 'ethnographic' as 'therapeutic'.

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## INTRODUCTION

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In considering the influence of anthropological thinking on the development of narrative practice, perhaps I should start by outlining my own intellectual beginnings. I majored in anthropology in my undergraduate degree in the mid-1960s and then finished my degree with complementary studies in sociology. Repatriating myself to New Zealand, I secured a 'Junior Lectureship in Anthropology' at the *Victoria University of Wellington*. In those days, I had a vision of an academic career spelled by bouts of fieldwork.

At the time, I viewed anthropology as a moral enterprise to counter the 'civilizing mission' of colonial powers. But I still had some unease about this, so instead of undertaking a doctorate, I intended to travel to Europe overland through India and Afghanistan as many had done before me. This was a rite of passage for many Australasians of my generation. However, when I went looking for work in Darwin in the Northern Territory of Australia, learning of my former employment, I was offered a position of anthropologist in *Aboriginal Welfare* in the Darwin office, although I was expected to travel throughout the Northern Territory.

My unease about the co-optation of anthropological 'knowledge' by colonial sponsors for colonial purposes - the ruling and regulation of colonized indigenous populations - became immediately apparent to me. In the late 1960s the participation of Aboriginal 'Welfare' in what has become known as the *Stolen Generations* was in full operation. In search of some way that anthropology could be put at the service of those it purportedly served, I started browsing wider literatures and as a result, I left anthropology behind for the more activist pursuits of social work and community development. I applied to and was accepted for a 'Postgraduate Diploma in Community Development' that had recently been set up at *Edinburgh University*.

As fate would have it, there I became engrossed with the practice of the legendary Saul Alinsky (1946, 1971). The work of Alinsky and the *Industrial Areas Foundation* in Chicago became the topic of my dissertation. I have no doubt that there is a continuing legacy from this in the forms of narrative practice that I engage in. For instance, I constantly reminded myself of Alinsky's ideas and practices about how to organize communities when I was doing something similar with the *Anti-Anorexia/Bulimia Leagues* (Maisei, Epston, & Borden, 2004).

Despite leaving formal anthropology behind when I became a social worker in 1974, I retained an interest in ethnographic research and love of the literature of anthropology.

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## A MEETING OF MINDS

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One day before I made Michael White's acquaintance at the first *Australian Family Therapy Conference* in Melbourne, 1980, I heard his plenary address. I recall being struck by something Michael asserted with, I recall, considerable confidence. He proposed that the best training for family therapists was 'anthropology'. I know I couldn't have agreed with him more, although I was not entirely

sure how he had reached such a conclusion at that time.

Our first co-authored publication was entitled 'Consulting your consultant's consultants' (Epston & White, 1985). I retrieved it not so long ago and was somewhat surprised by its contents. It begins with the heading: 'Exchange in Therapy' and a quote from the anthropologist, Marcel Mauss (1954) acknowledging that he was quoting from Maori sources:

*"To accept without returning or repaying more is to face subordination, to become a client and subservient ... while to receive something is to receive a part of someone's spiritual essence. To keep this thing is dangerous, not only because it is illicit to do so, but also because it comes morally, physically and spiritually from the person. The thing given is not inert. It is alive and often personified, and strives to bring its original clan and homeland some equivalent to take its place"* (p. xvi).

Thus it was from the very outset that we conceived of therapy as a reciprocal exchange that honoured the 'local' knowledges of the person consulting a therapist. We later dubbed these 'insider knowledges' to distinguish them as a very different order than professional knowledges. Such 'knowledges' had something of the sacrosanct about them and as such, should be given unusual respect as they were particular, local, non-identical and usually emerged out of the very vicissitudes of life in which 'necessity was the mother of their invention'. Instead of one-way 'service' to a client which would entail, as Mauss proposed, either their subordination or subservience, we conceived of a ritual exchange. Within such an exchange the person as we then described it states:

*I give you the Problem.*

*To which we reply: I repay your trust by providing the conditions for you to discover your solution.*

*S/he replies: I thank you.*

*To which we reply: I give you my thanks for informing me of how you discovered your solution.*

*S/he replies: I am more expert because of your expertise.*

*To which we reply: I have more expertise because of your wisdom.*

This ethic of 'gift exchange' underwrote our thinking of what became a very obvious 'two-way street', with 'insider knowledge' being exchanged for the 'expertise' of such an 'ethnographic' practice.

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## SUBJUGATED KNOWLEDGES

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By 1985, our thinking had also been reinforced by our readings of Foucault (1980) and in particular, by this description in which Foucault provides a political direction for his philosophical 'criticism':

*"I believe that by subjugated knowledges, one should understand something else ... namely, a whole set of knowledges that have been disqualified as inadequate to this task or insufficiently elaborated; naive knowledges located low down on the hierarchy, beneath the required level of cognition or scientificity. I also*

believe that it is through the re-emergence of these low-ranking knowledges, these unqualified, even directly disqualified knowledges ... that criticism performs its work"(p.83).

From here we began to conceive our practice as facilitating the 're-emergence' of 'disqualified' or 'subjugated' knowledges. To provide an example of such subjugated knowledges, in that first handout (Epston & White, 1985) we quoted from a joint letter I had written to the medical/nursing staff of a hospital and the family of nine-year-old Billy, over whose physical condition had developed a fierce 'competition' between the concerned parties:

*"However, both parties may have to respect the special 'knowledges' of the other at the same time as taking in to account the limitations and special advantages of each. It is taken for granted that medical and nursing staff possess 'knowledges' because they are elaborated in texts, journals, etc. Families also possess special 'knowledges' regarding their children and they acquire this through daily observation. However, this knowledge is rarely elaborated or written down and is too often disregarded because it lacks the formal characteristics of a 'scientific knowledge'. If each party were to give respect to the other's 'knowledge' in this situation, you would have the basis on which to develop a co-operative arrangement. Each party would also have to accept the limitations of their 'knowledge' and the other's 'knowledge' in this situation of Billy's comeback. There still may be frustrations as the Brown family may seek more 'knowing' than currently exists ... If this (co-operation) does not occur, it is easy for me to 'map' out the future relationship between the medical/nursing staff and the Brown family. The competition will intensify with each party seeking and gaining 'evidence' for their point of view of the insufficiency, inadequacy and incompetence of the other. The Brown Family will likely increase their demands as they feel they are not being heard; the medical/nursing staff will likely decrease their information as they will feel they are not being heard. In such a competition, the Brown Family will be at a disadvantage in that they do not possess equal authority and power in the doctor-patient relationship and their only redress is to seek redress outside the hospital" (Epston, 1989, pp. 69-70).*

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## CO-RESEARCH

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Somewhere along the line, I realized that my routine practice could justifiably be referred to as 'research' or 'co-research' (Epston, 1999). This was a consequence of Karl Tomm's visit to Michael in Adelaide and to Auckland later the same year. His comments after spending a week behind the screen watching my sessions with families was one that both surprised and intrigued me: "David, you do research all the time".

I took this to heart and realized that perhaps that was a very apt description and reflecting on transcripts, I realized that such interviews were as much 'ethnographic' as they were 'therapeutic'. And that perhaps these two domains were not as foreign as I might have previously thought (see Epston, 2001). Had I not entirely forsaken my love of my anthropological training and the moral purposes I attributed to such forms of inquiry?

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## EXOTICIZING THE DOMESTIC

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Meanwhile, Michael found his own way to ethnography through his reading of Pierre Bourdieu (1988), the ethnographic sociologist, and the literature of anthropology, which was in crisis by the mid-1980s (Turner & Bruner, 1986). Michael often quoted the ways in which Bourdieu contrasted the history of 'domesticating the exotic' in the discipline of anthropology with sociology's study of one's own world in its most familiar aspects:

*"The sociologist who chooses to study his own world in its nearest and most familiar aspects should not as the ethnologist would, domesticate the exotic but ... exoticize the domestic through a break with his initial relation of intimacy with the modes of life and thought that remain opaque to him because they are too familiar" (Bourdieu, 1988, pp. xi-xii).*

In bringing together a practice of ethnographic imagination (Epston, 2001) and a commitment to exoticize the domestic, a new form of enquiry with families gradually took shape. Overtime, this practice became known as narrative therapy or narrative practice.

Now, thirty years on ...

*"Don't you think that we in narrative therapy need to renew our reading of anthropology, cultural studies, sociology, women's studies, etc., to catch ourselves up to the world in which we live? That has always been narrative therapy's lifeblood ... I don't know yet where this will lead to, but if nothing else, it will ensure that narrative therapy does not meet the fate of other therapies that emerged at a specific place and in response to their times. There is nothing sadder for me than a school of therapy whose theory no longer is pertinent to current circumstances." (Epston, 2011, pp. xxxv – xxxvi).*

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## NOTES

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This first co-authored piece was developed as a handout for a workshop Michael and I co-presented in Sydney, September 1985, on the occasion of the 5th Australian Family Therapy Conference, Melbourne. It was included in the conference proceedings.

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