

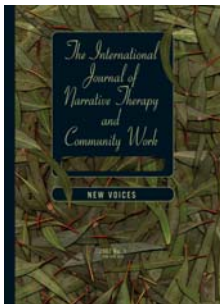


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## **PART III**

### **The Ethic of Collaboration and Decentred Practice**

# Introduction

In the first two parts of this book I discussed and illustrated some of the options in the conception and the practice of therapeutic lives that can provide therapists with an antidote to burnout and to fatigue - engaging in remembering conversations, the convening of definitional ceremonies, identifying the two-way nature of the therapeutic interaction and expressing this in taking-it-back practices, constructing supervision as a re-authoring conversation, and envisioning training as collaborative research. The experience of despair in this work can be taken as a signal for therapists to review these conceptions, to take steps to renew their engagement in these practices, and to enter into explorations that question the known limits of these practices in a quest to exceed the boundaries of them.

In part three of this book I take up a more general discussion of the ethic that informs the conceptions and practices proposed thus far. This is begun through further explorations of what it is that therapist despair 'speaks' to, and through a review of the notions of effective action that are associated with this despair. The discussion will then take us into the practice considerations of the 'ethic of collaboration' - practice considerations that assist therapists to break from despair, and that are reinvigorating of their work and their lives.

This review of the ethic that informs this work then turns to the hazards of the privileging of the micro-world of therapy over the macro-contexts of persons' lives. This privileging of the micro-world of therapy is the outcome of therapist-centredness, and it contributes significantly to experiences of burden, fatigue, and exhaustion. Therapist-centredness also establishes the conditions

for a vulnerability to burn-out. Some of the decentred practices of narrative therapy are then discussed. These are practices that not only assist therapists to avoid the negative outcomes that are associated with therapist-centredness, but are also powerfully sustaining and provide opportunities for therapists to think outside of what they would otherwise have thought.

# 9

## The Ethic of Collaboration

I am here going to discuss further responses that are available to therapists in addressing the experience of despair, responses that take them into a more general exploration of the ethic that informs the conceptions and practices proposed thus far in this book. But before doing so, I again want to emphasise that the considerations addressed in this book are not the only ones relevant when it comes to matters that relate to therapists' experiences of despair. The emphasis on these considerations here does not constitute a denial of the extent to which therapists' experiences of despair can also significantly be an outcome of the politics and the economics of service delivery; of the unsatisfactory level at which service delivery is resourced, and of the extent to which this reproduces disadvantage in the lives of persons and groups of persons who are already struggling with inequalities in the distribution of resources in our communities; of the extent to which this places extraordinary demands on therapists because of their consciousness of the fact that the persons who are seeking services have few, if any, other options to turn to; of the extent to which agency structures, requirements, and priorities, often render them relatively unsupportive to therapists in their work.

The question of to what else it is that despair speaks to is a complex one. There are many despairs. There is the despair that is experienced on the way to

despondency, one that is an outcome of a longstanding consciousness of injustice, disadvantage and inequality - a consciousness that is not matched with a wider acknowledgement of this. There is a despair that is experienced on the way to resignation, one that is the outcome of a critique of injustice, disadvantage and inequality, and a non-acceptance of these circumstances - a critique that is not matched and joined by others in solidarity. There is a despair that is experienced on the way to capitulation, one that is the outcome of a history of acts of resistance to injustice, disadvantage, and inequality - action that is not supported by others. There is a despair that is experienced on the way to hopelessness, one that speaks to a history of a longing for and a desiring of a different world - a longing and a desiring that have gone unacknowledged and unsustainable. There is a despair that is experienced on the way to depression, one that speaks to the preciousness of long-held dreams and visions - dreams and visions that are becoming lost to dishonour and to disqualification.

It is through active re-engagements with history that what it is that these despairs speak to can be identified. And it is through re-remembering conversations and definitional ceremonies that what it is that these despairs speak to can be honoured. In regard to the realms of injustice, disadvantage, and inequality, it is through this re-engagement with history, and through these re-remembering conversations and definitional ceremonies that therapists can be confirmed in their consciousness, joined in their critique, and acknowledged in their actions. And it is through these re-remembering conversations and definitional ceremonies that therapists' longings, desires, dreams and visions can be powerfully authenticated. These practices that are identifying of what it is that the despairs speak to, and that establish forums that are acknowledging of this, provide an antidote to these despairs. This not only checks the drift into despondency, resignation, capitulation, hopelessness and depression, but rejuvenates so much that is on the other side of these despairs. This is as true for therapists as it is for the persons who consult them.

And yet there is a further consideration of the context of despair<sup>1</sup>, one that overlaps and is interlaced with those referred to above. There is a despair that is an outcome of a deep frustration and a sense of personal failure that is experienced by many workers in their efforts to bring about changes in persons' lives. This is a despair that is significantly a product of living with taken-for-granted privilege and with its promise - of having access to the resources, to the

opportunities, and to positions in structures of power that make it possible, in at least some domains of life, for therapists to achieve sought-after ends in a specified and usually brief period of time through singular and independent action. This is the notion of effective action that is associated with the ethic of control. Although many of the ideas and practices that shape therapeutic interactions are informed by this notion of effective action - workers are encouraged to speak of themselves as 'case managers', to construct their efforts to assist others in terms of 'engaging in interventions', to think of the shaping of 'service delivery' as 'targeting groups' and 'implementing strategies', and so on - rarely are the contexts of therapy ones that are at all favourable or amenable to accounts of effective action that are informed by this ethic of control.

For example, the excesses of power that are required to achieve sought-after ends through singular and independent action are generally not available to therapists - their work settings are generally under-resourced, they are subject to various organisational constraints to action, and, as front-line workers, they are not generally well placed in regard to positions of influence. As well, therapists often find themselves being consulted by persons whose circumstances of disadvantage render it impossible for them to relate to therapists' conceptions of action when these are informed by the ethic of control - their disadvantage denies them access to solutions of the sort that are informed by this ethic. Further, it is very often the case that it is these very circumstances of disadvantage that are significantly generative of, or complicating of, the problems for which persons seek therapy. Thus, therapist action that is informed by this ethic of control renders invisible the nature and the significance of the task that persons are undertaking in pursuing their determination for things to be different in their lives. This makes it more difficult, not less, for all parties to the therapeutic conversation to acknowledge all of the sparkling events of persons' lives, and of the therapeutic conversation itself, that might not directly speak to the known and sought-after ends, or that might not fit the criteria of what counts when measured against a specified time-frame for the achievement of these sought-after ends. As well, therapist action that is informed by this ethic of control is action that is accountable to 'global' norms and 'universal' principles, and not to the feedback of the persons who are seeking consultation. In regard to these considerations, for

therapists to propose action based on the presupposition of privilege is to render all parties to the therapeutic conversation vulnerable to a sense of personal failure, and to the experience of despair.

An experience of despair that relates to a deep frustration in their efforts to bring about changes in the lives of the persons who consult them, and a sense of personal failure over the outcome of these efforts, can serve to alert therapists to their participation in the reproduction of the ethic of control. This experience of despair can provoke therapists to review, to question and to break from those notions of effective action that are informed by this ethic, and to engage in explorations of options for action that are informed by an alternative ethic - one that I will here refer to as the ethic of collaboration<sup>2</sup>. This ethic brings with it a different account of effective action. Effective action is recast. Rather than singular and independent action that is delivered into persons' lives, the ethic of collaboration recasts effective action as that which is determined and taken in partnership with others. And, rather than action that is measured by its success in the achievement of sought-after ends in a time-frame that is specified ahead of the initiation of this action, the ethic of collaboration recasts effective action as those actions that consist of the steps that contribute to the establishment of a foundation of possibility in persons' lives in the time that is required to take these steps.

This reading of despair and recasting of effective action provides for a reinvigoration of therapists' work. It contributes to possibilities for therapists to refuse the incitement that they experience to think about what they do in terms that are informed by the ethic of control, in terms that are expressions of the taken-for-granted privilege that is associated with this ethic. In joining collaboratively with persons in multiple actions that contribute to the foundations of possibility in persons' lives, therapists become relatively decentred in this work, and less likely to experience burden. In this recasting of effective action, many events of persons' lives that would otherwise be irrelevant, that would not otherwise 'measure up', are attributed a special significance. In this attribution, these events contribute to the foundations of possibility in persons' lives. In breaking from global principles and universal norms, it becomes possible for therapists to become more accountable to the persons seeking consultation in developing an understanding of the task at hand, in developing a consciousness of the contexts of persons' lives, and in

developing an appreciation of what it is that constitutes the preferred real effects of the therapeutic conversation. All of this is an antidote to the despair experienced by therapists that is the outcome of action that is informed by the ethic of control.

### **Notes**

1. This discussion of despair in the context of taken-for-granted privilege is substantially influenced by Sharon Welch's *A Feminist Ethic of Risk* (1990).
2. Sharon Welch (1990), deconstructs the notion of responsible action that is informed by the ethic of control, and proposes an alternative notion of responsible action that is informed by an 'ethic of risk'. I found her discussion of these accounts of responsible action to be very helpful; this discussion was informative, and provided me with a 'double description'.

# 10

## Decentred Practice

In therapeutic practice, there is always the potential for the therapeutic context to become a micro-world that is split off from the contexts of persons' everyday lives. When this is the case, there is the risk that the particularities of what it is that is taking place in persons' day-to-day lives, in the macro-contexts of their everyday existence, will cease to have relevance to the therapeutic conversation, and in regard to feedback about the consequences of these conversations. This condition restricts the opportunities available for therapists to exercise any commitment they might have to identify and take responsibility for the real effects of their work on the lives and the relationships of the persons who consult them. Rather, their work becomes increasingly accountable to theories and principles that are considered to have universal relevance.

When the therapeutic context becomes a micro-world that is privileged over the macro-contexts of persons' lives, there is also a very considerable risk that the power relations that are significantly shaping of persons' lives - those that are structured around knowledge, gender, class, culture, race, age, and so on - will be rendered invisible in these therapeutic conversations. This contributes to a general diminishment of consciousness of these power relations, and to a reduction in the options for addressing them. This is so not only for the power relations of everyday life, but also for those that are reproduced in the therapeutic context. The privileging of the micro-world of

therapy is invariably associated with an assumption that the therapist is somehow exempt from participating in the reproduction of these power relations in the therapeutic context.

Apart from these implications, the privileging of the micro-world of therapy has the effect of centring the therapist in this work - because of the power relation of therapy itself, when the micro-world of therapy is privileged over the macro-contexts of persons' lives, there is a significantly increased likelihood that the knowledges and the consciousness of the therapist will occupy the focal point of therapeutic conversations. In these circumstances, the knowledges and the consciousness of the therapist become exclusive, and the knowledges and the consciousness of power relations that are generated in the history and in the everyday contexts of persons' lives become marginal to the therapeutic endeavour.

Needless to say, developments of this sort are hazardous to persons seeking consultation. But they are also hazardous to therapists. For example, as therapy becomes less accountable to the everyday developments in persons' lives, and as it increasingly becomes a context for the reproduction of what is 'known' by therapists, it fails to provide opportunities for therapists to think outside of what they might otherwise have thought. This, over time, contributes to the therapist's knowledges and skills being more thinly described, and to a growing experience of monotony. As well, when this work becomes therapist-centred, the therapist is more at risk of finding it burdensome, and more likely to experience fatigue, exhaustion and burnout. Apart from these consequences, the privileging of the micro-world of therapy is isolating of therapists.

How are these negative consequences of the therapeutic endeavour to be avoided? Much of the forgoing discussion in this book has been devoted to the exploration of decentred practice, and it is these practices that diminish the potential for the therapeutic context to become a micro-world that is split off from the contexts of everyday life. This decentring provides opportunities for therapists to:

1. Exercise a commitment to identify and take responsibility for the real effects of their work on the lives and the relationships of the persons who consult them.
2. Contribute to an acknowledgement of the power relations of everyday life that provide the context for the problems that persons bring to therapy.

3. Contribute to an acknowledgement of the power relations of therapy itself, and to steps that will provide opportunities for the monitoring of this power relation.
4. Establish therapy as a context in which the consciousness and the knowledges of the persons seeking consultation are at its centre.

## Practices

I will now briefly review the practices that I have already discussed in this book that are decentring of the therapist. Following this, I will focus again on the practices of 'accountability' that are expressed in narrative work. I do this because, of all decentring practices, these are the ones around which there is the greatest potential for misinterpretation.

The practices of narrative work that are decentring of therapists and that have been discussed in this book, include:

- (a) Re-membering conversations, which bring to the centre of this work the knowledges and skills that have been generated in the significant memberships of persons' lives through their histories, and that identify options for new memberships that are potentially generative of yet other knowledges and skills of living.
- (b) The telling and re-telling of the stories of persons' lives that contributes to the multiple contextualisation of the actions and the events of life, that links the stories of persons' lives to shared purposes, values and themes, and that is generative of thick description.
- (c) The structuring of forums of acknowledgement which engage outsider-witness groups in these tellings and re-tellings, and in the authentication of the preferred claims of persons' lives.
- (d) Taking-it-back practices in which therapists embrace an ethical responsibility to identify the ways in which these therapeutic conversations are shaping of their work and lives, and in which they acknowledge the contributions of the persons who consult them to this.
- (e) Practices of acknowledgement that do not reproduce the tradition of the applause, and that do not centre the therapist through acts of judgement in

matters that relate to persons' lives.

- (f) Practices of 'transparency' that engage therapists in situating their expressions by rendering visible, to persons seeking consultation, the different contexts of these expressions, including those of culture, race, gender, and class, and that encourage therapists to embody their speech acts by acknowledging the purposes and the lived-experience that shape these acts.

This list of decentring practices is by no means exhaustive, and many of the regular practices that inform the re-authoring conversations of narrative therapy also contribute significantly to the decentring of the therapist. These include: (1) the focus on the unique outcomes of persons' lives, (2) the acts of meaning-making that persons are invited to enter into in relation to these, including those that contribute to the naming of the counter-plots of their lives, and to the determination of new identity descriptions, and (3) those conversations that contribute to the rich description of the knowledges and skills of living that are associated with these counter-plots, and that these identity descriptions are emblems for.

### **Accountability**

In decentred practice, the knowledges and consciousness of the therapist - and, for that matter, the knowledges and the consciousness of groups and associations of therapists - is not primary in providing a basis for a review of the real effects of the therapeutic conversation on the lives and the relationships of persons seeking consultation. Instead, it is the knowledges and consciousness of the persons consulting therapists that is primary to, and privileged in, these considerations.

This provides for a version of accountability that is bottom-up rather than top-down. Considerable attention has been given to the development of structures and processes that establish contexts for this version of accountability, much of which has been inspired by the folks of The Family Centre, in Lower Hutt, New Zealand. For example, structures and processes of accountability have been derived for therapists working in partnership with others across various interfaces, including those of race and culture (Tamasese

& Waldegrave 1994) and gender (Hall 1994). Perhaps accountability is an unsuitable word for describing the initiatives that have been taken in the development of these structures and processes, for it often conjures images of top-down hierarchical processes that are evaluative and judging of persons. Rob Hall and Dallas Colley have referred to 'partnership accountability' (Hall 1994), and perhaps the bringing together of these terms goes some way in addressing this concern about this term.

This approach to accountability is not one that is associated with submission. It is not one that is accompanied by structures of top-down regulation. It is not one that is associated with practices of evaluation and judgement of the therapist. It is not one that has any connection to any form of institutional requirement. It is not one that has to do with the notion of the therapist 'not getting it right'. And it is not an added burden to the work of the therapist - it is not a hardship. Rather, it is an approach that emphasises a bottom-up accountability that is formed in collaboration with persons who consult therapists.

There are many possibilities for therapists to build in these sort of accountability processes in their work with persons who consult them. For example, I have discussed the emphasis that can be given to processes of accountability in work with men who have perpetrated abuse (White 1995a)<sup>1</sup>. In this work, attention is given to the exploration of knowledges about alternative ways of being for men, and to the development of specific proposals for action that are informed by these knowledges. Once established, feedback on these proposals is solicited from women and from children. This provides some check on the unwitting reproduction of those men's ways of being in the world that are oppressive to others. I have also discussed the development of processes of accountability in my work with women who have been subject to abuse by men (White 1995a). This accountability is often facilitated by engaging other women as consultants to the therapeutic conversations. Special attention can be given to the review of any developments in therapy that might be reproducing of the power relations of gender. These processes of accountability are decentring of the knowledges and of the consciousness of the therapist in regard to the many considerations of the real effects of this work.

As I have already stated, this approach to accountability is not burdensome, but one that is sustaining of therapists. In decentring the

consciousness of the therapist, this version of accountability provides options for rendering visible, to them, the limits of their thought. It also provides options for therapists to think past these limits, thereby extending them. For example, this approach to accountability privileges the voices of persons, who are seeking consultation, on therapists' expressions that reflect taken-for-granted privilege, and that reproduce the marginalisation of others. These circumstances provide opportunities for therapists to link these expressions to their location in the social worlds of gender, race, culture, class, sexual identity, and age. In so doing, therapists come into a fuller knowing of the limits of who they are, and find before them opportunities to go beyond these limits.

In contributing to possibilities to think outside of what they would have otherwise thought, this version of accountability brings to therapists options to be other than who they were at the outset of their conversations with the persons who consult them. And, to reiterate, this is not a hardship. These experiences are a powerful antidote to monotony - under these circumstances therapists will not find therapeutic conversations to be the 'same old thing over and over again'.

### Decentred practice and injustice

In narrative therapy, the therapist invariably explores options that structure their work in ways that are decentring of them and that contribute to the tellings and the re-tellings of the stories of persons' lives. These are not just any tellings and re-tellings, but ones that contribute to these stories being more richly described. These re-tellings contribute to powerful acknowledgements, and are authenticating of persons' preferred identity claims. When an outsider-witness group is engaged in these tellings and re-tellings, its members become conscious of their contribution to what I have referred to as, following Barbara Myerhoff, 'ceremonies of redefinition'.

Although all conversations with persons seeking consultation provide options for therapists to decentre themselves through the engagement of outsider-witnesses in these tellings and re-tellings, none require a greater privileging of this practice than do those conversations that address injustice. This is as true for therapists who are expressing the injustices of their own lives as it is true for the persons who consult therapists over injustices that they have

experienced. Let me tell you a story.

### **Aileen<sup>2</sup> and Beatrice**

Aileen attended a workshop at Dulwich Centre, and volunteered to be interviewed about her life and her work. At the outset of the interview, I inquired about the history of her presence in this workshop - asking questions about what it was about the ideas, values, and practices of narrative work that struck a chord for her, and about the history of these preferences in her own life. One of the most important resonances for Aileen was that narrative ideas offered the possibility for her to remember her mother's life, as well as her relationship with her mother, in a radically different way. Her first explorations of this possibility had been through her own writing as a student in the University of Waikato's narrative-based counselling program. Two years later, Aileen found reading the story of the Power To Our Journeys<sup>3</sup> group (Brigitte, Mem, Sue & Veronika 1996) to be profoundly moving and enabling for her.

Aileen proceeded to explain. Her mother, Beatrice, had been diagnosed with schizophrenia in the 1950s, and had been treated for this until her death in 1988. Beatrice's struggle with schizophrenia had not been easy for Aileen. Beatrice's life was centred around recurring episodes, frequent admissions to hospital, coping with the effects of different treatments, and struggles to reclaim her life and her family in-between all of this. Through this time, Aileen's relationship with Beatrice was dominated by confusion, bewilderment and a great deal of pain. At the time of Beatrice's death there was an uncomfortable distance between them. Aileen's memories of her mother were of someone inseparable from and dominated by schizophrenia. It was this that narrative ideas and the story of the Power To Our Journeys group had assisted her to challenge.

Upon reading the story of the Power To Our Journeys group, Aileen had several powerful realisations. She just knew that Beatrice could have contributed to the knowledges of this group. Beatrice would have had these insider knowledges. She also would have been able to join with the spirit of the group's work, and would have experienced joy in doing so. And Aileen also knew that this would have made a very great difference to her mother's life, and to her relationship with her mother.

Reading the story of the Power To Our Journeys group also contributed to an increased awareness of what her mother had gone through - disqualification, stigma and marginalisation. Looking back, Aileen could not recall one occasion upon which Beatrice had been acknowledged for her efforts, for her struggles, and for her desire to have a different life. And she could not recall one occasion upon which Beatrice had been seriously listened to.

Although these realisations had the effect of changing the terms of Aileen's relationship with Beatrice - and this was welcome, for it had opened possibilities for Aileen to experience the presence of Beatrice's voice in ways that contributed to her work and to her life - there was also distress associated with them. Aileen was left with a sense of some significant injustices that Beatrice had been subject to and that had never been acknowledged, let alone addressed.

In response, I said that I thought that it was never too late to acknowledge and to address injustices of the past. I located one of the documents of knowledge of the Power To Our Journeys group, and Aileen read this with the idea of determining in which parts of this Beatrice could have made a contribution - where might she hear her mother's voice expressed in the knowledges of this document? In this reading, Aileen found her mother's voice to be very present. With the approval of the Power To Our Journeys group, I have included this document here.

I then had a proposal to share with Aileen. Would it be acceptable to her for me to ask the Power To Our Journeys group to consider her mother for honorary life membership. Before receiving Aileen's response to this proposal, I was quick to inform her that I was not a member of the group - in fact I am not eligible - and that I couldn't speak to this proposal in a way that would influence the outcome. Aileen was delighted - no, joy-filled - over this proposal. The bestowing of an honorary life membership of the Power To Our Journeys Group to Beatrice would certainly be a wonderful outcome, but the fact that this was even being proposed was, of itself, an honouring of Beatrice. The proposal itself would provide Aileen with a sense that there had at last been some action that provided redress to some of the injustices that her mother had been subject to.

## Naming the Backlash for What It Is

1. *In many ways the voices are quite predictable in their actions. Whenever we take a new step in life, or subject ourselves to pressures, or whenever we are having a really great time, like playing a beautiful piece of music and feeling proud of ourselves, the voices get unsettled. In fact engaging in anything that makes us a little bigger in the world disturbs them profoundly. We upset their applecart, and they then endeavour to exercise power over our lives to turn us back.*
2. *Whenever the voices get into a slinging match, and get on to our cases, they are engaging in what best could be described as a BACKLASH. They engage in this backlash in their attempts to silence us, to make us less visible in the world, and to recruit us into hurting our own lives and into destroying our connections with others. In these efforts the voices have to talk rubbish, but they can be very convincing nonetheless.*
3. *It is very important for us to recognise a backlash for what it is. These experiences of a backlash are not experiences of failure. They speak more to how our successes shake the voices up. Backlashes are proof of our success in the steps that we are taking in life. And naming the backlash for what it is, is to steal its thunder.*
4. *We are now all developing an increasing ability to predict these backlashes, and these predictions turn out to be particularly important. If we can predict a backlash ahead of its arrival, we can prepare ourselves for it. We can organise support from friends, plan nurturing rituals, stock pleasurable things to eat and drink, and do other things that have to do with pampering ourselves some. We can also get ready by going over with others the various tactics that we predict the voices may engage in to punish us.*

5. *In fact, the prediction of the backlash is quite vital, because if we are not prepared, then the backlash is more likely to have the effect that the voices desire. And this is not good. How would you like to be subject to five blaring radios, ten television sets tuned simultaneously to four TV stations, two video recorders running continuously and half a dozen symphony orchestras powering away and not being able to tune any of these in quite well?*
6. *Although these steps that we take in life do make us vulnerable to these backlashes, we do know that they challenge and eventually shrink the voices' power, even if we don't realise this at the time. We know that 'from little things big things come' and to take the steps that we decide to take (not ones that have to do with outside expectations that a person should determine their worth by doing things like going to work or showering) is all that is important.*
7. *We've been very creative in the work that we have done together and separately to diminish the power of these backlashes. For example, one of our group has tried understanding, and developing an appreciation of the fact that these voices are like people who have hassles and take it out on others. Another member of our group used realisations that the voices really couldn't get her because they have no arms and legs. Yet another group member decided to go on the initiative, and went out looking for them, and even cooked meals for them. But they never rocked up. We all have engaged in humour as an antidote, and this has at times been very effective. Other tactics that we have developed have been included in previous documents.*
8. *We hereby declare that we have the knowledges that are necessary in handling backlashes, and we will remain committed to predicting these and naming them for what they are in our on-going work to reclaim our lives.*

At the very next Power To Our Journeys group meeting, I shared Aileen's story with the group. I first talked with the group members about Aileen's connection to their story, and the link between this and her presence in the intensive training workshop at Dulwich Centre, providing as best I could an account of how their story rippled into Aileen's relationship with her mother, and into her life and her work. I also said that Aileen wanted this proposal to be considered entirely on its merits, and that she understood that I had no voting rights on this or anything else that came before the group. I also informed them that Aileen would not have wanted it any other way, that she did not have any expectations about the group's deliberations, and that the proposal, of itself, was healing of some of the injustices that Beatrice was subject to, and was strengthening of their connection with each other - Beatrice's voice was already more available to Aileen.

The members of the Power To Our Journeys group responded in turn to Aileen's story, which had moved them all. The decision to offer Beatrice a life membership was unanimous. I asked the group members if they would be prepared to catch me up on what it was that had contributed to this decision. Their responses, as ever, were very personal. For example, one group member said that to offer Aileen's mother an honorary life membership was doing something to address the terms of her relationship with her own mother, who had died several years ago, going to the grave still believing that she had somehow caused her daughter's condition. During this conversation about the proposal to offer Beatrice an honorary membership, this group member felt that she was achieving something that had seemed just so impossible to her in the latter years of her mother's life - she was putting to rest all of the self-accusations that had so plagued her mother's life, and breaking from her own anguish over this.

Aileen's story was substantially also a re-telling of the story of the Power To Our Journeys group, a re-telling that provided the basis for yet further tellings that more richly described the work of the group, its identity, and the lives of the members. This was partly facilitated through the introduction of questions like: 'What is it like for you to experience the ripples of your work going out into the world and touching the lives of others in the way that it does?' 'How does knowing that you have contributed to changing the terms of Aileen's relationship with her mother in the way that you have

affect the image that you have of your work?' 'How does this affect your sense of who you are as people?' 'In playing this part in addressing the injustices experienced by Beatrice in this way, what does it say about the spirit of your work?' In response to these and other questions, group members derived yet new descriptions of their work and their lives.

I will include here a copy of the letter that went out from the group members to Aileen, notifying her of the unanimous decision to offer Beatrice an honorary life membership of the Power To Our Journeys group. A copy of the certificate of membership that was to be given to Aileen to hold on her mother's behalf was sent along with the letter, and I am also including a copy of this here. Aileen accepted the offer on Beatrice's behalf, and wrote to the group informing them of the significance of this:

*Dear Aileen,*

*Michael told us about your mother, Beatrice Devline, and about some of her struggles in life. We understand that for most of her life she kept trying against all odds - against disqualification, stigma, prejudice, ignorance and rejection, and against the injustices that were perpetrated in the name of treatment.*

*The fact of Beatrice's struggle is not lost to us. In hearing her story, we have become more able to speak about what it is that would otherwise be silencing of us. We draw sustenance from what we know of the story of her life.*

*We have unanimously decided to offer your mother honorary membership in the Power To Our Journeys group. Please let us know how you think Beatrice might have responded to this invitation, and what you think she might have wanted to be said about her life.*

*We look forward to hearing from you.*

*Yours sincerely,  
Power To Our Journeys group.*



*Dear Power To Our Journeys group members,*

*I was very moved to receive the honorary membership certificate to the Power To Our Journeys group on behalf of my mother. The certificate is being framed and I will hang it beside a portrait of my mother, aged nineteen, painted by her father before she left Scotland as a war bride in 1946.*

*I think my mother, too, would have framed this membership invitation and hung it in pride of place. She would have been moved to tears by your invitation as for her it would have been recognition that she was not alone in her struggles and that other people had some understanding of what she had achieved through her struggles. That would have been a very special recognition for her. I imagine she would have felt a great deal of joy in being linked to your group and would have drawn further sustenance from the special knowledges that you all have. This invitation too would have been recognition of her creativity, her courage and her knowledge; special things about her which sustained her. I have an image of my mother waving this certificate under the noses of some of those who discounted her!*

*My mother, I believe, wanted her life remembered in several ways. Foremost would be her ability to connect with and support those around her who were also disqualified and rejected by others. Her warmth and practical care spoke of a different meaning of care to the care often spoken of by some professionals. She would have liked her resilience to be remembered; the steps she took in her life to stand for herself and what she knew, which drew on both her creativity and her courage. Many failed to recognise the significance of those steps or discounted them, but she would want those steps remembered as evidence of her resilience. Sometimes these were huge steps, like taking my brother and me as young children back to her family in England when the voices first asserted their power. Sometimes the steps might be seen by others as small, like cooking a meal, but such steps were all part of her achievements.*

*This invitation has huge significance for me as well. There have been many invitations to me in the past to see my childhood and relationship with my mother in terms of deprivation and damage. But I have come to stand very strongly against such descriptions. Reading your article last year, my conversation with Michael, and this certificate all add strength to that stand. It is with pride that I wear one of your T-shirts and explain to those who ask what it means, that my mother is now an honorary*

*member of the group. With each conversation it is my hope that I am making her life and your group more visible.*

*With thanks and love,  
Aileen.*

### Notes

1. For further discussion of therapeutic responses to men who perpetrate abuse, see Alan Jenkins' (1990) *Invitations to Responsibility*.
2. Aileen Cheshire, School Counsellor, Selwyn College, Kohimaramara Road, Kohimaramara, Auckland, New Zealand.
3. From the Power To Our Journeys group:

*This is a support group for people who struggle through their lives hearing voices. It is an empowering group enabling our stories and our 'insider' knowledges to be heard and recognised. We have developed close and respectful friendships that help us through the hard times. Each step we take together is about our survival, but these also have to do with justice - because there is so much injustice around issues in the mental health field that needs to be addressed. We also pick daisies, fly kites, eat chocolates, and sponsor dolphins.*

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