



Towards a decentred, politically influential, accountable and yet uncertain narrative practice

by Kelsi Semeschuk



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Abstract

A “decentred” therapeutic stance is often seen as one of the hallmarks of narrative practice, but it is interpreted differently by different practitioners. This paper draws on theory-building, feminist and collective doctoral research with the archive of video recordings of Michael White’s teaching and therapy sessions. This research involved detailed observation of Michael White’s therapy sessions, collective research with a group of practitioners, and a systematic search all of Michael White’s published writings that relate to a “decentred” stance. This article offers one situated account of learnings that emerged through a particular engagement with this archive. I hope this can contribute to ongoing conversations about how decentred and influential practice might be more fully described in contemporary narrative therapy.

Key words: *decentred; decentered; influential; centred; Michael White; narrative therapy; narrative practice*

Semeschuk, K. (2026). Towards a decentred, politically influential, accountable and yet uncertain narrative practice. *International Journal of Narrative Therapy and Community Work*, (1), 20–27. <https://doi.org/10.4320/MEZE9137>

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Influential	De-centred and influential (potentially invigorating of therapist)	Centred and influential (potentially burdening of therapist)
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Figure 1. Therapeutic posture

This paper focuses on Michael White’s concept of the “decentred and yet influential” position of the narrative therapist. White depicted this “therapeutic posture” in his teaching notes (2005), see Figure 1.

White elaborated on what it means to be in a “decentred but influential” position in *Maps of Narrative Practice*:

This is a decentred participation in that therapists endeavour to privilege the authorship of the people seeking consultation. And it is an influential participation in the sense that the therapist brings structure to this inquiry about the developments of people’s lives that may potentially be unique outcomes. (White, 2007, p. 233)

Brief history

While the concept of remaining decentred but influential (White, 1997, 2005, 2007) is regularly drawn on in the narrative field today, the historical context in which this concept was developed is not richly articulated in White’s published writings. As Dragana Ilic (2017) noted in their dissertation on White’s decentred and influential position: “Not much is written about this position and it is usually unclear to many students of

narrative therapy what this position means and entails and how it is performed in the session” (Ilic, 2017, p. 109). However, having access to White’s early teaching videos (particularly those in which he is teaching with Karl Tomm), and discussing these early teachings with people who knew Michael and his work well (e.g., Jill Freedman, Mark Hayward, Cheryl White, David Denborough), I came to understand that the stance of decentred but influential was proposed in response to the concept of therapist “neutrality” that had been articulated by systemic family therapists (Selvini et al., 1980; Tomm, 2016; White, 1998, 1997, 2005, 2007). Karl Tomm has provided a succinct description of the history of “neutrality” in systemic and narrative practice:

One of the things that I don’t think people are aware of, is that when the Milan team popularised this notion of neutrality, it was in the context of psychiatric practice which consisted of professionals having and using authority to tell people how they ought to lead their lives. Introducing the concept of neutrality in that context, was therefore, not neutral! In fact, it was challenging the status quo in a very powerful way. People who aren’t familiar with that history think that the concept of “neutrality” was a wholly conservative notion, but it wasn’t at the time. Of course, considerations of the power differential between therapists and

clients, and between different genders, and so forth, have all questioned the notion of neutrality. But actually, it was a radical notion at the time and I think that's an aspect to the history that has been lost. The Milan team were hoping to encourage professionals within the mental health system not to impose their particular views on what people should be doing in the family, where, prior to this, it had been assumed that this was to be the role of the professional. (Tomm, 2016, p. 30)

Conversations about the concept of neutrality and therapist influence can also be found in commentaries and critiques of White's work from therapists working in systemic and family therapy traditions. For example, commenting on White's therapeutic work, Karl Tomm said the following:

We [Michael and I] used to have debates at first because he claimed that he didn't have so much influence on clients. He had a horror of dominating others but did eventually acknowledge his "decentered but influential position." He was influential because he understood the structure of narratives, unique outcomes, absent but implicit desires, future storylines, etc. (Tomm, as cited in Duvall et al., 2008, p. 4)

Karl Tomm elaborated on White's skill in being decentred but influential by referring to his ability to remain "humble" while also exuding a sense of "confidence" that things could improve:

Michael had a way of attending in such a complete, full manner to others' experiences that had a profound effect in opening possibilities. He had an unusual combination of respectful humility and absolute confidence. He was very humble with respect to the other having legitimate experiences of their own and was very attentive to them. You have to be humble to do that because if you are too full of your own ideas, you project them onto others. At the same time, he exuded confidence, a strong sense of knowing that something could be done, which created a willingness to trust' (Tomm, as cited in Duvall et al., 2008, p. 4).

Salvador Minuchin, who willingly embraced a centred and influential (some would say authoritative) position within his form of structuralist family therapy, also had certain critiques of White's work in relation to his "influence" on the people consulting him. Minuchin said the following about White's work:

I remember seeing Michael White do a very masterful session of narrative therapy, but it was like watching a sheep dog at work. He kept pushing people through a series of constructed questions into the groove of seeing their stories in the more positive way that he wanted for them. The therapist changes the old story and convinces the client that the new story is more true than the old. We all offer our patients a language, and we say, "Let's begin to see your life in this language, and I will give you solutions in this language". I do it. Everybody does it. (Minuchin, as cited in Simon, 1996, pp. 55-56)

In response to this comment by Minuchin, White said the following in an interview with Michael Hoyt and Jeff Zimmerman:

I have always admired Minuchin's questioning of therapeutic practices, and his efforts to encourage people to acknowledge and to name the power relations of therapy. And, although I don't see myself or my work in the description of Minuchin's that you quoted, I think the issue of the role and meaning of questions in therapeutic conversations is a really good one to consider. I am interested in how we can talk about this issue in ways that do not blur distinctions around different practices. This is important because if all acts of power in the name of therapy are equal – if it is not possible to differentiate between those acts that are more imposing from those that are less imposing – then we don't have anywhere to go in terms of questioning therapeutic practice, and there will be no impetus for us to find ways of making what we do more accountable to the people who consult us. (White, 2000, p. 100)

I view White's determination to discern and differentiate "acts of power in the name of

therapy” as very significant. To me, it reflects White’s unwillingness to be resigned to the fact that therapists hold a status of power and privilege in the therapy room – and that what they do to respond to this position of power, matters. I hear White saying, “we can work with this ... we can still make distinctions between acts that are more imposing from those that are less imposing, because otherwise, what are we left with?”

The efforts that White made to differentiate “acts that are more imposing” from “acts that are less imposing” is clearly evident in his video archive. Throughout the many therapeutic encounters recorded in the archive, one can see that the vast majority of White’s therapeutic work took place on the “less imposing” (decentred) but influential side of the continuum. However, there are also instances when he travelled towards the “more imposing” (centred) end of the continuum. One is left to wonder: What was influencing White at these times? What was he thinking? What might he have been resisting or attending to? What can we learn for our own practice from these moments?

Therapist positioning: A reflection of political and ethical commitments

In reflecting on the questions mentioned above about Michael White’s positioning in the therapeutic context, I found the words of Mark Hayward (2003) to be especially helpful and illuminating. In a paper that Hayward wrote in response “to some of the specific and the generalised challenges to narrative therapy from therapists of other persuasions” (2003, p. 183), he skilfully highlighted the ways in which the therapist’s position reflects quite profound political and ethical commitments. The following two quotes stood out as especially significant in linking therapeutic posture(s) to political commitments:

Family therapy models are much more than a set of connected ideas and practices. They contain a philosophy, a view of the

world and a schema for relating to it. This therapist positioning reflects attitudes that embody principles, beliefs and values. These are commitments about what’s important, how people should be treated and what’s right. It should be no surprise, then, that therapists are so committed to their models – a model might represent something as important as a commitment to justice or equality. As an early structural therapist, I stood for accessible theories, jargon-free clarity and therapeutic leadership. In my days as a Milan therapist, I stood for neutrality and self-determination. Come post-Milan, I also stood for more collaboration and a disbelief in grand theories. And now, as a narrative therapist, I stand for transparency, for accountability, for social justice and for reducing hierarchy. (Hayward, 2003, p. 184)

Hayward goes on to further articulate the political alignments related to narrative therapy:

For example, the narrative approach to reflecting teams that asks team members to situate their comments (“embodiment”) represents a particular commitment to the value of accountability. This accountability is further developed in the “Part 4” of narrative sessions where the team and family are encouraged to ask the therapist to account for their questions and/or areas of interest and/or theoretical orientation, etc. ... it is hard to imagine any new narrative practice developing that does not reflect values like transparency and collaboration or that does not make us accountable to those who consult us. (Hayward, 2003, p. 186)

Having now set a context for understanding therapeutic posture as representing certain political alignments, I want to describe a side project that I engaged with to better understand Michael White’s approach to decentred practice. It emerged from a particular conversation.

Towards a decentred, politically influential, accountable and yet uncertain practice?

As I was tussling with these different understandings about “decentred practice”, I had an interesting conversation with my PhD supervisor, David Denborough (DD).

DD spoke about how in his experience, the concept “decentred” cannot be separated from the couplet “decentred and influential”. This was how he understood Michael White’s teaching. The “influential” sphere included all sorts of ethical and political implications that could not be explained by the concept “decentred”. DD said that talking about narrative practice as a “decentred” practice (without the influential part) seemed fraught and limited to him.

This was intriguing to me, as in my training and engagement with narrative ideas, I had often heard of the imperative to practice in decentred ways, and it seemed that many believed that narrative practice equalled decentred practice, and that perhaps this was the key defining ethical orientation of narrative therapy.

As a result of our conversation, we decided that a further mini research project was required. I dove back into the electronic archive of all Michael White’s published writings to search for every instance in which he wrote about the concept “decentred”, and to determine whether or not this was linked to “influential”.

I first searched for the words *influential* and *influence*, and then I searched *decentred* and *decentered*, the different spelling, and the hyphenated versions (de-centred and de-centered), and then *centred*, *centering*, and then *decentred*: all of those words separately. When I searched for the use of the word *influential*, some of the terms that came up in relationship to it included, *authorship* or *authority*, *direction*, *discovery*, *being directive*. When I searched for *decentred* and *centred*, different concepts came up like *decentred tradition*, *a decentred form*, *decentred practice*, *decentred sharing*, *decentring of knowledges* and *consciousness of a therapist*.

I made two key discoveries.

First, that it was in White’s workshop notes (2005) that he most clearly paired “decentred” and “influential”.

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Figure 2. Therapeutic posture from White (2005)

The following is the text that accompanied this diagram in White's workshop notes:

It is the intention of the therapist to take up a "decentred and influential" posture in conversations had with the people who consult them – to develop therapeutic practices that make it possible for him/her to occupy the top-left quadrant.

The notion "decentred" does not refer to the intensity of the therapist's engagement (emotional or otherwise) with people seeking consultation, but to the therapist's achievement in according priority to the personal stories and to the knowledges and skills of these people. In regard to the personal stories of people's lives, in the context of this achievement, these people have a "primary authorship" status, and the knowledges and skills that have been generated in the history of their lives are the principal considerations.

The therapist is influential not in the sense of imposing an agenda or in the sense of delivering interventions, but in the sense of building a scaffold, through questions and reflections, that makes it possible for people to: a) more richly describe the alternative stories of their lives, b) step into and to explore some of the neglected territories of their lives, and to, c) become more significantly acquainted with the knowledges and skills of their lives that are relevant to addressing the concerns, predicaments and problems that are at hand. (White, 2005, p. 9)

This aligned with what DD was saying, but what was surprising was that in the totality of White's writings, there was only one other place in which "decentred" and "influential" were linked (in the book *Maps of Narrative Practice* in relation to statement of position map 2, p. 233). There are over 40 references to *decentred/decentered* elsewhere in White's writings that stand alone, without reference to "influential".

This was surprising to me (and to DD), but perhaps explained why the concept of decentred practice (as a stand-alone ethical imperative to define narrative practice) was espoused in a number of the focus group discussions I conducted with narrative practitioners as part of my doctoral research (Semeschuk, 2022).

Keeping decentred and (politically) influential linked

I started to realise that there is not a clear understanding or consensus about what it means to be decentred or centred, as distinct from influential and non-influential.

As part of my doctoral research, I created anonymised transcripts from the video archive of Michael White's teaching and therapy sessions. In some of these transcripts, he was clearly being influential, and I was seeking ways of learning from these moments. There were times when it seemed that White was being "influential" and also "centring" the experience of those most marginalised (particularly children's perspectives). I couldn't easily explain these through the term "decentred", but there were potentially more options when decentred was linked to "influential" or "politically influential", as was suggested by some in the focus groups.

The concept of "decentred and politically influential" practice seems attuned to a quote I came across within White's teaching tapes in which he had been talking about the narrative therapist's position as being like that of an investigative reporter. When a participant in the audience spoke about how a reporter is meant to be "neutral", White replied:

Oh no. An investigative reporter is not neutral. Bernstein and Woodward were not neutral. There is not neutrality there. They set out to expose this corruption of power. There's not neutrality. There's no neutrality in my position. (Michael White Archive, tape 198)

This also resonates for me with a description of Karl Tomm's: "As a therapist, he [White] is an applied deconstructionist activist" (Tomm, 1993, p. 174).

The "political influence" within narrative practice is not the imposition of a therapist's values on those who are consulting them, but a practice of making visible the operations of intersectional power relations, and of refusing to participate in normative judgement.

As well as the coupling of "decentred and (politically) influential", there is another coupling that seemed to emerge when I did this search of White's published works, and that relates to the concept of accountability.

Coupling decentred practice with accountabilities

One of the places in Michael White's writings where he most fully described the concept of decentred practice is in the book *Narratives of Therapists' Lives* (White, 1997). Interestingly to me, having emphasised practices that are decentring of the therapist, he then turned to practices of accountability:

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. (White, 1997, p. 202)

I think it's worth quoting what Michael White (1997) wrote about practices of accountability:

In decentred practice, the knowledges and consciousness of the therapist ... 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 ... I have discussed the emphasis that can be given to processes of accountability in work with men who have perpetrated abuse (White, 1995). 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. (White, 1997, pp. 203–204)

In the same paper, White also referred to the development of processes of accountability in his work with women who had been subject to abuse by men:

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. (White, 1997, p. 204)

In this passage, in the book in which White wrote most about decentred practice, we find an explicit linkage to accountabilities.

In learning from the practice examples I identified in the videos from White's archive, I have found it helpful to consider how a decentred ethic was at play in the context of various accountabilities. Perhaps the shape of our "politically influential decentred practice" is influenced by the accountabilities that we put in place.

Uncertainty

And yet, there is an important counterpoint.

There is a further ethical position that comes through so strongly in Michael White's teaching and writing. It is in relation to uncertainty: uncertainty about what is right for other people's lives; uncertainty about what is the preferred direction of a conversation:

I'm not actually feigning uncertainty, I am uncertain ... I am getting more and more of a sense of what might be valuable avenues for conversation as the interview develops.

... I think there are some things that we know that we learn from these conversations that we keep faith with, with others. But the uncertainty part, I think that perhaps, as the years go by, I become more intrigued about life and I guess this is reinforcing of uncertainty about other people's lives.

... When I'm talking about apprehension [or uncertainty] I'm not talking about incompetence. I believe I'm really competent about what I do, and I think people who consult me get a sense of that. But we're talking about uncertainty about other people's lives, and about where we might go in these conversations. That only becomes clearer as the conversation develops. This is not a question about competence. (Michael White Archive, tape 198)

And so, this brings me to the title of this commentary. Rather than uplifting "decentred practice" alone as a central guiding ethic of narrative practice, perhaps it is more complicated than that. Might we instead be seeking a decentred, politically influential, accountable and yet uncertain practice?

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