DEAR READER

The following is an extract from Kelsi Semeschuk's PhD thesis:

The Michael White Archive: New learnings from White's therapeutic practice in the realms of abuse and trauma

4. NARRATIVE PRACTICE AT TIMES WHEN THE THERAPIST IS MORE CENTRED

Domain I: Narrative practice at times when the therapist is more centred

This chapter focuses on what there is to learn from those moments in Michael White's therapeutic conversations when he was relatively more centred and influential? I am using the words 'centred' and 'influential' in relation to the therapeutic stance of being 'decentred and yet influential', as described by White (2005). Michael White (2005) depicted this 'therapeutic posture' in Figure 3 below, which is from his teaching notes.

THERAPEUTIC POSTURE

	De-centred	**Centred**
Influential	De-centred and influential (potentially invigorating of therapist)	Centred and influential (potentially burdening of therapist)
Non-influential	De-centred and non-influential (potentially invalidating of therapist)	Centred and non-influential (potentially exhausting of therapist)

Figure 3. Therapeutic posture

White elaborated on what it means to be in a 'decentred but influential' position in the following quote:

> 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 (M. White, 2007, p. 233)

Brief history

The concept of remaining 'decentred but influential' (M. White, 2005, 1997b, 2007) is regularly drawn on in the narrative field today; however, 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' (2007, 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, Boscolo, Cecchin & Prata, 1980; Tomm, 2016; M. White, 1998, 2005, 1997b, 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 from 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. (as cited in Duvall, Beres, & Beaudoin, 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, Beres & Beaudoin, 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. (M. White, 2000a, 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 video 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, and 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 to be especially helpful and illuminating. In a paper that Hayward (2003) 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 (White, 2000) 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, in the following sections I have provided extracts of transcript from Michael White's video archive that I believe demonstrate moments of more *centred* practice. I have also included some reflections on the extracts as a way of situating my interest and hopefully inviting you to make your own links and connections to your life and practice.

White overtly challenging and naming practices of abuse and 'power tactics': Julie

The following exchanges are from White's work in the early 1990s with a young woman named Julie (pseudonym). I am not sure of the broader context of White's work with Julie, as I have not come across any writings that link to this conversation and there is only one video clip from this meeting with Julie. However, what is clear is that Julie was consulting White about experiences of manipulation, control and physical violence from her partner, Jason (pseudonym).

Julie (J): But what usually happened was when I went out with my own friends, Jason would usually make sure that it would be at the same place [as him].

MW: He'd make sure it would be at the same place, so it was still somewhat controlling of you?

J: Yeah.

MW: Okay.

J: Which really shouldn't bother me.

MW: Yeah.

J: Because—

MW: Why shouldn't it bother you?

J: Well... we both have the same circle of friends.

MW: To me it makes sense that it would bother you, if you were trying to reclaim some of your own power, some of your own territory in life, to see him occupying it ... (J - yeah) I don't understand why it wouldn't bother you ... It would bother anybody else.

J: I guess I just see it as he can go wherever he wants to ... and if he's at the same place as I am, well... I should be able to [inaudible]

MW: So, you have all these shoulds operating on you, huh?

J: Yeah.

'When did you make a decision that your hair was your own?'

MW: Okay, alright, so I'm just trying to get a sense of what developments there have been in the last four months. So ... you've started to reclaim your own life with friends, and also, if you wanted to go, you would just go, is that right? [J nods; MW is writing] Okay.

J: And I used to have blonde hair until Monday, and [laughs] I knew that he wouldn't like it so I probably went and did this to my hair [laughs]

MW: Right, okay, so you had blonde hair and ... okay, so you decided that this would be your hair and not his hair? [J: yeah – laughing] Is that right?

J: Yup.

MW: So, you made a decision that your hair was your own?

J: Umhmmm. [nods]

MW: When did you make a decision that your hair was your own?

J: On Monday.

MW: on Monday?!

J: Yup.

MW: [MW pauses while he's writing] Okay.

J: And he keeps making little comments about it: 'it's not the Julie that I love' or 'it's my friends talked me into it', or... he's taken the decision...

MW: He won't acknowledge the fact that it was your decision.

J: Umhmm. [nods]

MW: Well, this is really exciting, and so you took your hair back in a sense.

J: [laughs]

MW: 'This is my hair...'

J: Yup.

MW: So, I'd like to just come back at this point to get some idea of the effects of this abuse on you as a person. You said that it's, um..., it's undermined your strength and your assertiveness ... is that correct?

J: Yeah.

MW: Who has it isolated you from?

J: One of my best friends.

MW: How has it isolated you from one of your best friends?

J: We don't see each other anymore ... she just can't be bothered picking up the pieces all the time.

MW Right [MW is writing] And it's, it's um...

J: It's probably because of her own insecurities with me as well…

MW: So, it's provoked a lot of insecurity, it's isolated you from your best friend, it's undermined your strength.

J: Umhm. [nods]

MW: And fourthly, it's um ... it's interfered with your happiness. [MW is writing] Okay, is that a reasonable summary of the effects that this verbal and emotional abuse and emotional blackmail, verbal and physical and emotional blackmail has had on you as person?

J: Yeah.

MW: Is that a reasonable summary?

J: Yeah.

MW: It is? Okay... I guess I'm interested in ... I have a sense that you've been in a couple of relationships where the man has tried to get power over you? Is that, does that sound? [J: nods] and physical abuse, and emotional blackmail, and verbal abuse are a way of trying to achieve that I guess ... I guess they're like ... I wonder if we could sometime, somehow, name these power tactics, you know? Or these techniques of trying to control you a bit more ...

White sharing knowledge about abusive practices being 'hard to spot' when someone has not experienced abuse/violence in their family of origin

J: But I don't understand though, because in my family situation none of this happens [MW: yeah, yeah] and ...

MW: Well, I guess maybe, maybe, it's something you haven't seen in your family, and so I guess it's a bit hard for you to spot it, you know, when it's happening? Have you found it's a bit hard for you to see it when it's happening?

J: I get caught in it.

MW: you get caught in it? Okay... I'll write that down…

These exchanges between Julie and Michael White stood out as significant to me because they seemed to challenge dominant ideas about how and why many women end up in multiple abusive relationships. Also, White's comment about abusive practices being 'hard to spot' because Julie wasn't exposed to them in her family of origin caught my attention and made me stop and think. That is, I imagined myself being Julie in this situation, and then hearing White say this, and I found myself thinking: 'Right, that makes a lot of sense because I wouldn't even think to expect that someone would be trying to control, manipulate or abuse me because I never had to look out for this growing up – it simply didn't cross my mind.' This comment from White also seems to simultaneously challenge multiple ideas at once, such as: the idea that control and manipulation are 'okay' or 'normal' practices that everyone should be able to spot; that Julie is somehow 'foolish' for not being able to pick up on these practices of manipulation; that these 'power tactics' from Jason are accidental.

This is a 'well- known game of abuse … this is a game that disadvantages you'

MW: So, let's look at these power tactics ... that have undermined your strength and assertiveness, and interfered with your happiness, provoked insecurity [J: yeah] and isolated you from your best friend. Let's look at these power tactics … Um, the first one is just the physical violence, that's a power tactic. Intimidation [MW is writing and looking up at J] Intimidation?

J: Yeah.

MW: Okay, second tactic you mentioned was verbal abuse ... Does this diminish you a bit, this abuse? That disqualifies you and diminishes you in ways? [J nods] Diminishing and disqualifying [MW repeats these words as he writes them down] ... Okay, does it have you sort of rejecting yourself a bit, instead of... [J nods] It has you rejecting yourself? [MW is writing] Tell me ... is it a bit inconsistent? Is it hard for you to know when you're going to be abused and when you're not?

J: I can't predict it ...

MW: You can't predict it ahead of time?

J: [Shakes her head no]

MW: Okay, so ...

J: Because he'll tell me he hates me and then …

MW: He hates you, and then what … ?

J: Five minutes later he'll say that he loves me and that he didn't mean to say what he said ...

MW: Okay, later, 'I love you' [MW reads aloud as he's writing]. Now, do you think that, um, this inconsistent message makes you more vulnerable…?

J: Yes.

MW: And more uncertain and more insecure?

J: Yeah.

MW: Yeah ... because if you got a consistent message, you'd be able to deal with it, wouldn't you?

J: Yeah, I think that he said that .... [inaudible – Julie seems to stop talking]

MW: Did you know that inconsistency is like a tactic of control and power?

J: [Nods] He said once ... he said, 'I really do love you'. But I said, 'Well, will you come back?' 'No, I like this game.'

MW: Okay ... 'This game', this is a game that disadvantages you, right?

J: Yeah.

MW: So ... this is a pretty well-known game that is often used particularly by men to colonise women, to dominate them and so on. This inconsistency is a pretty well-known game … If you go on being subject to these power tactics, what effect is that going to have on your friendship network? You know, is it going to isolate you further?

J: If I....

MW: If you remain a [J: a victim] … a victim of these power tactics, will it have a further effect on ... eventually, in terms of isolating you from...?

J: Mhmmm [nods]

MW: Okay, okay ... I mean, isolation ... If you really want to dominate someone then you find a way of isolating them, you know?

J: He's done that. His friends ... his best friend and I used to get along really well, but he—

MW: He split you off from his best friend, so he's isolated you from his best friend?

J: Yeah.

MW: Okay ... and from his best friend [MW repeats aloud as he reads] So, these power tactics could have you isolated from your friendship network. Would that contribute to a further reduction in your own power and confidence? Or...?

J: Yeah.

Examples from post-session discussion

The following comments from Michael White occurred in the context of a 'post-session discussion' after his meeting with Julie. In these reflections, White discussed the concept of 'neutrality' in relation to his therapeutic practice, and described the broader effects of 'privatisation' on practices of abuse and violence. It is also important to note that Julie was present in this 'post-session discussion', and thus, was included in the ongoing reflection of the group of practitioners.

Not being neutral about abuse

MW: I'm not neutral about very much at all, and I'm certainly not neutral about abuse. I think that sometimes young women stay in situations with this hope that somehow things will get better. When in fact they have a feeling that maybe somehow the abuse relates to them. Well it doesn't. It has nothing to do with Julie, this abuse…

Julie (J): Yeah, I've thought that at some points.

MW: I'm sure you have. Most people in abusive situations wind up taking responsibility for it, even though they've been the victim of it … Jason is making decisions to abuse Julie, and unless he takes responsibility for that and makes some decisions to do something about it, then it's not going to change. It's more than likely going to get worse...

'Privatisation': linking practices of abuse to the broader sociopolitical context

MW: I'm quite sure that abuse only survived because of privatisation. Which brings us to another issue. And I think privatisation is a good metaphor when working with these families ... that if it wasn't for privatisation, it's very unlikely that these events could take place in the way that they take place. We have privatisation of family life, particularly in this twentieth century, since ... along with the industrial revolution has come the privatisation of family life, and privatisation of family life is something else that we can externalise and we can oppose privatisation … so in fact, I get men who actually might've been involved some sexual abuse ... and if I'm working in a training situation, what I have done, is that instead of having the team behind the screen, they'll come into the room and ask the man questions about, you know, his lifestyle, the secrecy lifestyle, and the effect of that on him ... his difficulty in exposing his responsibility for the event, what it was like to confront himself as an oppressor and exploiter, and what it was then to start to pit himself against some of those values and what effect that's had on his life in the future ... These things are very important and I would tend to think of that as a bit of a metaphor: that the more public this becomes, you know, the more likely it is there will be some long-term changes.

The Domain concluded with a series of questions for participants in focus groups to consider (see Appendix II).

Domain-specific findings on
Narrative practice at times when the therapist is more centred

This section highlights significant learnings that occurred as a result of the focus group practitioners' engagements with the Domain: 'Narrative practice at times when the therapist is more centred'.

The following themes were generated:

1. Giving value to a non-impositional therapy

2. Creating alternatives to the idea of taking a 'decentred position'

    2.1. Beyond a binary of 'decentred' and 'centred' and towards a continuum

    2.2. A dialectic of decentred/influential

    2.3. Focusing on client influence and therapist influence

2.4. Discerning between ‘more imposing’ and ‘less imposing’ acts in therapy

3. Seeing ‘decentred and influential’ only in relationship with other key ethical commitments

3.1. How decentred practice relates with an ethic of undermining dominant discourses

3.2. How decentred practice relates to a commitment to lessening the power imbalance between therapist and client

3.3. How decentred practice relates to a social justice commitment to name abuse

4. Specific examples of differently centred practice

4.1. When sharing insider knowledge between people

4.2. When you are an insider therapist to a particular community

4.3. Pre-negotiated centredness

4.4. Being differently influential at a time of crisis or turmoil

5. Transparency as a strategy of care when being more centred

6. Ideas for the future: Think more about ways of discerning between ‘more imposing’ and ‘less imposing’ acts in therapy.

THEME 1: Giving value to a non-impositional therapy

Practitioners throughout the focus groups spoke of the value they gave to what is known as ‘decentred practice’:

> For me, it’s had to do with how people at the centre of the conversation are experiencing it … so what matters is whether we’re talking about what they want to talk about, because they’re the ones making the evaluations if something’s helpful or not, if they want to explore something or not. (Jill Freedman)

> It’s a collaborative relationship and that people are the primary authors of their own stories, I think that's really important and it characterises narrative therapy,

> and so I don't want to be involved in trying to move somebody into a different position than the one that is preferred to them … So, if it isn't harmful to somebody else, or create big inequities, I want to support them, even though I might have a different idea about them. (Jill Freedman)

> I'm thinking about when I used to do therapy before [learning about narrative ideas] … For example, one of the things I learned in learning family therapy was this image of like what a 'good family' would look like, how differentiated people should be, like hierarchical, you know? And I really don't want to be – and I don't think I am – guided by images of how things should be, discourses, or norms or anything like that ... so if I were to be centred in that way, um, I think I'd want to guard against that. (Jill Freedman)

Other practitioners spoke of how 'not giving advice' and not imposing one's own opinions were cornerstones of the narrative approach:

> The biggest risk, I think, is that people wouldn't do it enough [be decentred enough]. That's the biggest risk, I would say. (Mark Hayward)

THEME 2: Creating alternatives to the idea of taking a 'decentred position'

Practitioners spoke of the need to enhance understandings about what a 'decentred and influential' position looks like in practice:

> I'm just wondering if maybe we should be updating that description in some way … this conversation is making me wonder whether we would be better off with a more nuanced description instead of 'decentred and influential'. (Jill Freedman)

Some practitioners questioned the idea that it's even possible to 'adopt' or 'take' a 'decentred and yet influential position' as narrative practitioner and offered the following alternatives.

2.1. Beyond a binary of 'decentred' and 'centred' and towards a continuum

Some practitioners spoke of how valorising an ethic of decentred practice makes less visible the political influences of some narrative practices:

> Like introducing the language of 'tactics of abuse', which is obviously such a political act, and so essential in this work. (Zan Maeder)

> I guess I often feel like the binary of decentred and centred doesn't serve me, and that it feels more useful to think of it as a continuum or as something that I'm moving along as I respond to certain things ... so, you know, decentredness being

> something that I'm moving further away from at times and then getting closer to at other times. (Zan Maeder)

2.2. A dialectic of decentred/influential

Rather than adopting a 'decentred and yet influential position', Manja Visschedijk preferred to see conceptualise a dialectic relationship between decentred and influential:

Manja Visschedijk: For me, it's not something that you just achieve; it's a dialectic: I move from being [Sekneh: yeah, yeah ... constantly] influential to non-influential ... When I'm unaware of my privilege, I'm moving into centred spaces without noticing it ... even though my aspirations and intentions of reflexivity are always engaged with that positioning, that it really is a fluid thing ... it's not like at some point I can say, 'I'm a decentred therapist' because it's a place of discovery and it's a place of movement.

Kelsi: Do you think that's something that is well understood in the narrative therapy field? That concept of being in constant flux in relation to the 'decentred and influential' quadrant[24]?

[Manja and Sekneh shake their heads]

Manja: This is something that I've only started to really think about clearly since you've started this project, Kelsi. So, it's come out of this research for me.

2.3. Focusing on client influence and therapist influence

One practitioner questioned the notion of ever being decentred as a therapist and whether it was helpful to aspire to this. Sekneh Hamoud-Beckett proposed a focus on both therapist influence and client influence:

> The other thing that I really let percolate in my thoughts was this idea that 'I don't know whether we're ever decentred as a therapist'. I wonder if we're influential and the client is influential too, and what we're working with is the space in-between? Because I can't decentre my values … Every question I ask is really shaped by what's important to me, so that sat with me quite a bit too since our first conversation ... Yes, we are decentring our stories, but every question that I ask that is influential is very much centred with what's piqued my curiosity or what discourse I'm speaking to ... and I wonder again whether it's just semantics, but I don't think I'm ever decentred. But I also don't think I'm at the centre either ... I know that there is an influence there that's happening constantly ... in the way that I'm shaping the conversation or bringing this knowledge as a space of discovery. (Sekneh Hammoud-Beckett])

[24] See Figure 3 in the Domain for the quadrant from White's (2005) teaching notes

2.4. Discerning between 'more imposing' and 'less imposing' acts in therapy

Rather than aspiring to becoming increasingly decentred in any generalised way, some practitioners spoke of wanting to become increasingly discerning about 'more imposing' and 'less imposing' practices. This was related to a particular quote from Michael White in the Domain:

> 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. (M. White, 2000b, p. 100)

Marnie Sather spoke of wanting to reflect more on which of her therapeutic practice acts 'are more imposing from those that are less imposing' and that this is only possible in relationship with those with whom she works:

> It's about not blurring distinctions between practices that are more or less imposing ... Like in my therapeutic practice, it's about working that out with the person. It's acknowledging and naming the power relations and working out with the person what stance they want you to take, the positionality they want you to take at different times, and I think it's so much of a relational thing. I'm sometimes invited to be centred. (Marnie Sather)

3. Seeing 'decentred and influential' only in relationship with other key ethical commitments

One of the key findings from the focus groups was a determination by a number of practitioners not to elevate (or separate) decentred practice from other key narrative practice ethical commitments. Some practitioners considered the possibility of there being risks or hazards associated with being 'too decentred' or positioning a decentred stance as a higher value than other ethical considerations. Although all the practitioners involved in these focus group discussions agreed that decentred but influential practice was a foundational ethos of narrative practice, and one they wished to continue to strive

for in their work, there was also a determination to see 'decentredness' in relation to multiple ethical commitments.

As Mark Hayward's quote in the Domain states:

> And now, as a narrative therapist, I stand for transparency, for accountability, for social justice and for reducing hierarchy. These are not small matters and my commitments have never been small commitments. (Hayward, 2003, p. 184)

The question then identified by some practitioners in the focus groups was: How does a decentred and influential stance relate to other commitments such as transparency, accountability, social justice, reducing hierarchy that different practitioners may prioritise?

Three particular intersections of ethical commitments were discussed in some detail:

- How decentred practice relates with an ethic of undermining dominant discourses
- How decentred practice relates to a commitment to lessening the power imbalance between therapist and client
- How decentred practice relates to a social justice commitment to naming abuse.

3.1 How decentred practice relates with an ethic of undermining dominant discourses

Carla Galaz drew attention to the ways in which Michael White was 'de-acclimatising' or bringing 'consciousness to the room' in conversations; that if he noticed a dominant discourse 'taking the space, he would question that … he would offer maybe a different word, like "would this resonate with you?" Or [he'd ask] "Where do you think this idea has come from?" He would trace where this idea came from'.

Carla described that in her work with women who have been subjected to sexual abuse, she would never assume to know *their* experience, even if she herself had been through a similar experience. Her questions would be framed with genuine curiosity. And yet, at the same time, she spoke of the importance of

> Not ignoring that there is a broader context and there are dominant discourses in our society that place an important impact on … experience. (Carla Galaz)

In ensuring that she is influential in relation to dominant discourse, Carla spoke of how she would not assume that a woman had experienced mother-blaming or slut-shaming just because she is a woman, but she would ask at times:

> 'A lot of women that I have seen have been through this [sexual abuse], and they have also experienced [mother-blaming or slut-shaming]. Would this make sense to you? Is that something that you have experienced?' (Carla Galaz)

This commitment to making visible and undermining dominant discourses and how this relates to decentred practice was taken up by another practitioner:

> Today, a woman I met with … was talking about how she responded in anger to something that had happened, and so I asked her a little bit about what she meant by that. And then, I asked her, 'Given what you had told me and the circumstances surrounding that, was that kind of okay with you that she responded in that way? Or was it not okay? Would you see that as a reasonable experience to feel anger in relation to that?' And she was thoughtful, and she said, 'What do you think?' ... And I was willing to tell her what I thought, in this instance, I think because … I guess part of what she's been up against is a real diminished sense of entitlement in her own life, to be able to, sort of, speak and have her own say about things, and to be treated well, among other things ... And so, this was another example where she wasn't treated well, and if she responded with what she called 'anger' and was hesitating to the reasonableness of this ... then I wanted to tell her that I thought it was reasonable … I guess I was also thinking a bit about an article that I haven't read in a while by Chris Wever [2015] where she is talking about our responsibility to undermine discourses that are problematic or diminishing of people's lives … She talks about being really explicit around our intentions around why we might be asking questions, or giving a bit of a spiel about our broader intentions for our work – that kind of thing – but I guess I just felt, for me to say something about what I thought, might've just supported her more emerging sense of entitlement for her being able to speak. (Chris Dolman)

These two examples were offered by practitioners about balancing an ethic of decentredness with an ethic of making visible and undermining dominant discourses that are problematic or diminishing of people's lives.

3.2. How decentred practice relates to a commitment to lessening the power imbalance between therapist and client

Two practitioners spoke about the complexity of maintaining a decentred position when clients ask direct questions of the therapist.

> I'm now thinking about my own experiences consulting narrative practitioners [in therapy], and of experiences that I've heard from some of my friends who have consulted narrative practitioners … where, there have been times – when there is already a power imbalance with the narrative practitioner I am speaking with – when I've felt really disquieted by their not sharing anything [in response to my direct question] because it actually feels like it almost enhances the power imbalance, and I'm left exposed, because I'm sharing my experiences, my opinions, etc. and they are not *giving me* anything back. (Zan Maeder)

A second practitioner concurred with this:

David Newman: What can we do when people ask us a direct question … and how can or does this align with being decentred? You know … over the years as I've been so resistant to this dominant psychological idea that we don't offer anything – we reflect it back on the person and what that says about something or other ... I've been so anti that idea … I think it's respectful to answer a question that we've been asked … one thing I know is I feel like it's a respectful response if someone's very curious, sometimes desperate for us to respond … I think it's important that we don't just stay remote ... To keep even more of ourselves out of the conversation is to contribute more to a power relationship ... is that partly what you're saying?

Zan Maeder: Yes, I think so … I'm also conscious of that experience for folks that come in and meet with me, when I'm the one in the more powerful position (as a practitioner). So, I often say to people things like, "Well, I ask you a lot of questions, so it seems only fair that you can ask me some questions". Having said that, there's obviously lots of complicated thinking that goes behind how you respond to the question ... [but offering a response] feels aligned with transparency.

A number of practitioners wanted to think more about ways of responding to direct questions from clients and ensuring that a commitment to remaining decentred is not experienced as being *remote* or *disembodied* when people are really asking for us to give them some sense of what we think. There was a commitment from some practitioners to consider decentred practice alongside an ethics of transparency and ensuring that a practitioner's hesitancy to express an opinion (in order to remain decentred) is not replicating the opaqueness and disembodied speech acts of psychodynamic models of practice, nor contributing to the client revealing all and the therapist revealing nothing of their own values and experiences.

Another practitioner, Marnie Sather, echoed these sentiments:

> If someone asks us a question, I honestly think that that's someone wanting company with the problem ... And it's about how do [we make sure] people feel joined and not isolated? So, if we're a blank screen and we turn it back on to 'oh,

> how does that make you feel?' or 'what is it about you asking me what I think?' ... that makes people feel isolated and alone… To get myself out of that bind, sometimes I'll go, 'some women or some men have said this'. I'll think of it like a bit of an archive, and say 'I don't know if that's helpful?' ... If a client asks me a question, I'll think 'what other stories have I heard?' and 'is there anything from my life that could be helpful?' ... and I always say, 'look, this might not be resonant …' [But I want to ensure they] feel like they've got company. (Marnie Sather)

3.3. How decentred practice relates to a social justice commitment to naming abuse

A number of practitioners spoke about the complexities of decentred practice when it comes to naming abuse in a culture in which abuse is so often minimised, obscured and mystified.

One practitioner in the group [who will remain unnamed to protect the identity of their client] spoke about work with a woman survivor of long-term childhood sexual abuse from a parent. During their therapeutic conversations, the woman consulting this therapist was also trying to make sense of other unwanted sexual experiences that occurred with an older teenage sibling when she was a child. The practitioner described some of the complexities that can come along with naming these experiences, such as their responsibilities as a therapist in this naming or in leaving space for the experience to be named by the person whose story it was. In the initial conversations, neither practitioner nor client had used the language of 'sexual assault', 'abuse' or 'rape' to describe what happened between siblings of a significant age gap and gender difference, as the practitioner was avoiding imposing language not used by the woman to describe her experience.

As conversations progressed, the woman explained that these experiences had contributed to the strength of 'the idea that she's at fault and that she should've said "no" etc.' in relation to all the abuse she'd experienced. The practitioner elaborated on their conversation:

> I had a strong sense of what a grip 'Fault' had on her and her life and … she talked about wanting to do something, so I asked her, 'What would you want to do?' and she said she was not really sure what that would look like, but she said that she wouldn't seek any sort of public justice … I can't remember whether I introduced the word 'rape' or not, but I asked, 'Well, what difference would it make [if it was named as rape]?' And she said, 'I don't name it as that' … And I said, 'Would you want to? Would you not want to? What difference would it make if you did?' And

> she named that she thought that it would make a difference, especially in relation to her sense that she was at fault.
>
> We got to pretty much the end of the conversation, and then she said, 'What do you think it was?'… and I decided to say, 'Well, I think that it was rape. I think that children can't consent to sex' … I had also asked, 'What would you think if this was another teenage boy and a child who was a girl?' … Because of the way that she had responded to my question about what effect the naming of rape might have, I felt more confident to be really transparent, and I also felt like it would be remiss of me to be ambiguous in any way or not to name it in that way in a situation that was so clear cut.

This was an example of practice where the practitioner felt they had been differently centred in the conversation because of the politics of naming of abuse.

Two other participants spoke about this theme. Jill Freedman relayed an account of a consultation in which Michael White articulated his responsibility and accountability to attend to the power relations of abuse, including abuse being named in therapeutic conversations:

> I'm remembering a consultation that Michael White did here, where there was some abusive content that was being talked about. I don't remember the work, but I remember the conversation afterwards in which he [White] said, 'When there's that kind of thing [abuse/ violence] going on, there's a line, and the line comes straight to me'. He said, 'As a man who's been privileged in these ways and who's in these kinds of positions, I am accountable for responding to this'… I think we can see that here, in these transcripts, that he felt like it was his responsibility in a way, to name some of these tactics. (Jill Freedman)

This responsibility to ensure certain tactics of abuse are named within therapeutic conversations is a particular influence within the positioning of 'decentred and influential'. Marnie Sather told a personal story in relation to the significance of this:

> I was in therapy at the time [when the videos in the archive were recorded], in the early 90s, as I was trying to separate from some abusive practices that I was experiencing. At that time, though, I didn't know about narrative practice, and so my therapist was training me in assertiveness training … So, I was being trained to… like, to get *into the ring* with my husband – this was the metaphor my therapist was using at the time. She was telling me to 'get in there and stand up for yourself'. Well, that actually didn't end up going that well for me. So, in reading this transcript between Michael and Julie, I was thinking about how, in the early 90s, this type of therapy that Michael was doing would have been revolutionary for me, and it might've even changed the course of my life. You know, to hear a man

> [therapist] saying ‘no, this is abuse’, like to hear a man name this would’ve made a big difference … Michael’s approach was so radical at the time … at that time, there were other modalities that were more dominant, where it was really about not looking at power relations at all, but instead, encouraging you to be assertive and to ‘get in the ring’ [laughs] and that was actually dangerous for me … So, this has helped me historically to think about how radical that was, and what difference that could’ve made to other women’s lives and including my own. (Marnie Sather)

4. Specific examples of differently centred practice

In addition to the differing responsibilities associated with ensuring tactics of abuse are made visible in therapeutic conversations, practitioners in the focus groups spoke of four other examples of differently centred practice:

- when sharing insider knowledge between people
- when you are an insider therapist to a particular community
- pre-negotiated centredness
- being differently influential at a time of crisis or turmoil.

4.1. When sharing insider knowledge between people

One practitioner spoke of being freed up in a way from the first focus group discussion in relation to sharing insider or collective knowledge as part of narrative practice:

> Probably one of the differences I’ve noticed in my practice since our first focus group, and since reading your chapter/Domain, is that … when I offer something, some sort of insider or collective knowledge, I’m not … doing this internal kind of apology, or something, or some complicated dance in my mind [thinking I am failing at decentred practice] ... It’s a funny reflection, but there’s more flow to my practice ... I mean, decentred practice is an ethic I want to keep to, I think it’s a real key distinctive piece of narrative practice, but just to know that to be a bit centred, to share insider knowledges, that this is something that we can do … [and since initial focus group] I’ve been doing it a bit more strongly. (David Newman)

Another practitioner built on this:

> When we offer up collective insider knowledge, that might be seen as centred ... but how we gauge whether they’re open to that idea is I think when we become decentred and influential, you know? I check out if that sort of fits for them, or if that language fits for them ... all those evaluative questions about ‘Are they open to that idea?’ Or, ‘What does hearing that idea do?’ (Carolyn Markey)

For this practitioner, alongside an ethic of decentred practice sat a parallel ethical obligation:

> We have an absolute ethical obligation to share the stories of other people's lives that are agentic that may be helpful. (Carolyn Markey)

4.2. When you are an insider therapist to a particular community

Being decentred and influential can have different implications when you are an insider therapist to a particular community:

> One of the realms where I feel quite murky a lot of the time in my practice is when I'm working as a practitioner with insider knowledge or when there's a shared experience. For example, I work with a lot of queer folks, and as a queer person myself, there have been many times when folks who are in the process of reconciling with a diverse or an expansive sexuality or gender ask me questions about what different words mean, and that's always a really challenging moment, because on the one hand, I want to be transparent, and I don't want to leave people hanging ... and also, I'm really conscious of not aligning myself with rigid restrictive ideas about identity when it comes to 'LGBTIQ', because they're hazardous. So, I often kind of give lengthy responses to those questions with a lot of 'well, some people experience this, and other people experience that' and so on... And probably they end up more confused than they started! (Zan Maeder)

This practitioner didn't have any 'concrete answers' for these contexts, but was clear that the focus group discussions had made them 'think more about this' in their practice.

4.3. Pre-negotiated centredness

When working with people concerned that they may harm others, Marnie Sather shared a practice story in relation to pre-negotiated centredness with a young man in a rehabilitation setting:

> Recently, Nathan [pseudonym] said to me: 'Marnie, I need your judgement, I need you to challenge my thinking'... He was inviting me into being centred, but before we entered into that conversation, we negotiated what that would look like. I asked questions about what's important to him about being challenged about some of these thoughts... What would that look like? What type of things would he want me to say? And once he tells me what he wants me to challenge, would there be room that we can negotiate? (Marnie Sather)

This young man shared that he had thoughts of wanting to harm other residents in the rehabilitation centre:

> When he gets in that state he said he wants someone to say 'that's not right'. When he's not in that state, he knows it's not right … So we got a negotiation that if he's thinking those things, he's going to call me, and then he wants me to say 'no, you don't want to do that, that's not right... because you think it's not right' ... So it was kind of like a negotiation to be centred.

Marnie clarified that she had also scaffolded why not harming others was important to this young man and he had said that:

> 'My mother taught me that violence was wrong. I know violence is wrong. I don't want to be that kind of man. They are things I've done before, I've served prison time.' (Marnie Sather)

The reason Marnie was sharing this story in the focus group was to describe a time when a client had invited her into being centred in particular ways to help them hold a position that she knew was important to them.

Related to this are times when a man court-ordered to attend a drug treatment program was saying he is about to leave, and this would trigger a punitive response from the carceral system:

> A lot of my clients are court-ordered … When the risks are high, and a guy is just about to take-off, I'll go, 'Are you sure you really want to do that? Because we've talked so much about how your daughter is important to you, and you want to be there for her birthday in two weeks, and you've bought all these presents, and you've wrapped them and they're upstairs ... are you sure?' There have been times where I have said, 'You cannot do that. You'll end up going back to prison, and then your children won't have a father'... I have been that specific, and the men have really thanked me later, because ... it's all stuff we've scaffolded. This is all stuff we've talked about, we've written it, and so it's all been pre-negotiated. But it's in that moment … I'm being very, I'd say centred, influential. (Marnie Sather)

4.4. Being differently influential at a time of crisis or turmoil

Jill Freedman spoke about the ways in which she could sometimes find herself in a more centred and influential position when people were in harm's way and she had to make a decision about how to respond to this harm/risk.

> There are certain kinds of things that I really worry about in my therapeutic work … like getting certain kinds of government agents of social control involved in things [when risk is present], because it can go really badly. And also, it can harm people's reputation and the possibilities for their lives for a long time, you know. Like, there will be records about it, etc. So, for example, in one family therapy

> context where there was a father who had been violent towards his teenage daughter when she came home really late at night ... instead of calling family services … we [team of therapists] offered this idea of getting extended family to come live in their house, so that the two of them were not alone while he continued in therapy ... The family was really happy about that. The family didn't want to split up; they were sort of worried about talking about this, but there was this issue of safety … They did have a couple of extended family members who could come and be there for an extended time while we continued in therapy until everybody thought it was a safe environment. The family members agreed to be sure that the father and daughter were never alone during this time. So, I think in some ways, that's an example of being influential or centred even … as this isn't how we always respond in these sorts of situations… [But] it was an isolated event, this child, this daughter, was moving into being a young woman. The father was totally freaked about it ... and it just felt like he made a massive mistake ... and nobody in the family wanted him taken out of the home ... and so, this was the collective decision we made together; it wasn't something that I decided on my own. (Jill Freedman)

David Newman spoke about how his language use was sometimes differently centred when working in an in-patient psychiatric unit with young people, but only in relation to people's preferred identities:

> I'm pretty immersed in mental health work at the moment, so I'm thinking about [decentred practice] … in relationship to mental health, not so much about abuse and violence … When there is to some extent a … turmoil of … difficult mental health experiences and suffering, sometimes something like the subjunctive mode, or the tentativeness can be just a bit feeble or something … Sometimes I might say, 'You're like a comic', you know ... and that's very centred and that's a totalising alternative story, which is not what narrative therapy's about. Or, 'You're a writer!' or something. (David Newman)

Here, David Newman was describing how using the subjunctive mode is related to remaining decentred and influential, and yet when alternative meaning is difficult to hold on to in times of mental health turmoil, he at times speaks in more definitive terms about aspects of preferred or alternative identities of the young people.

Related to this, the same practitioner spoke about speaking is less tentative ways when there is a risk of harm or obscuring responsibility. When meeting with someone who is engaging in harmful practices and there is a concern re an abdication of responsibility:

> At the end of a session, rather than say, 'What *might* you do in response to some of these conversations, some of the things we've been sharing today?' I would say something more like, 'What *will* you commit to over the next few days?' … I guess

> that's me being a bit centred, like not, 'What do you hope to do' or 'What might you do'. (David Newman)

There was interest from practitioners in considering being differently influential with questions when the stakes are high.

5. Transparency as a strategy of care when being more centred

In a number of discussions, practitioners spoke about transparency as a critical companion in relation to decentred political practice. This was seen as a strategy of care whenever one is being more centred or more influential in a conversation.

> When I'm trying to make visible a broader context or when I'm trying to bring into therapy a political dimension of the problem [or] … when I'm trying to deconstruct dominant discourses that I can spot [and] my questions become more influential … I try to make sure that I am being transparent about why I might be doing that. So, when I see that I am being more influential, I work to make it transparent to the woman consulting me where I'm going, and why I am asking these questions to make transparent the way I'm thinking. (Carla Galaz)

Mark Hayward told a story of Michael White's transparent declaration of when he was moving out of a therapeutic position into one of giving a suggestion to a family:

> When we move away from a decentred position, we're moving away from the therapist's position, really, which isn't necessarily less helpful or more helpful. But do we want to be doing that? Can we do it well enough? And then move back again to a therapy position? … I heard Michael talking once to a family and he said near the end, he said, 'Okay, I'm going to move away from decentred position now, and I'm moving away from being a therapist with you, and I'm just going to be something else for a few minutes, because I want to give you an idea that might work for your family'. And then he went on to talk about this idea about what they could do. It was a brilliant idea, fantastic, and the family, they got straight into it. But he was being very clear that this was not a therapist's role, this was something else. (Mark Hayward)

6. Ideas for the future: Think more about ways of discerning between 'more imposing' and 'less imposing' acts in therapy

Finally, some practitioners wanted to think more about ways of discerning between 'more imposing' and 'less imposing' acts in therapy. For instance, Michael White introducing a term like 'tactics of abuse' and clearly asking about the tactics of abuse and manipulation that Julie was experiencing were influential acts, but White was not

imposing ideas about what Julie should do with her life. He was not in any way suggesting that ‘she should leave this guy’. Inviting Julie to deconstruct what the effects of abuse were on her life and being influential in relation to what terms were introduced into a conversation at most, was of a different order than imposing an idea of what Julie ought to do.

In order to gain greater clarity about the influence they have in therapeutic conversations, a number of practitioners wanted to try to develop a richer vocabulary in relation to ‘more imposing’ and ‘less imposing’ practices within narrative therapy conversations in contexts of abuse and violence. If there were greater clarity about this then there would also be greater possibilities ‘to find ways of making what we do more accountable to the people who consult us’ (M. White, 2000b, p. 100).

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