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Keeping Faith with Keeping Faith: Conversations About A Conversation with Michael White

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This interview took place in May of 2007. Our intention was to hold a conversation two years after the passing of Michael White, based on the interview published in JST in 2009 (Duvall & Young, 2009). In keeping with the narrative tradition of telling, re-tellings, and re-tellings of re-tellings, we held three conversations on that day. The first conversation involved Jim, a faculty member in the doctoral program in family therapy at Nova Southeastern University, Paul, also a faculty member, and Marcela, who is completing her doctoral work and who has published and presented internationally on narrative issues. Witnessing this conversation, and subsequently reflecting on it, were Michelle, a doctoral student working on her dissertation about narrative approaches with families of perpetrators of crimes, Corinne, who is completing her dissertation on outsider witness practices with adolescent girls in a school setting, and Olivia, a doctoral student who is approaching the dissertation phase. The first group then responded briefly to this reflection.

The introduction to the conversation with Duvall, Young, and White concludes with: “We were particularly interested in Michael’s notion of keeping faith, staying true to those important sentiments, learnings, and circumstances in life that clarify what is important that we give value to” (p. 1). The idea of keeping faith forms the primary path for this conversation. But, as with most conversations, many excursions were made down unexpected side-paths. We are sure that if we held
this conversation again, that it would not take the same form as this one. In fact, prompted by this conversation and in hopes of enjoying more and different ones, we have begun scheduling more opportunities for conversations like this one, both online and in person. We hope this conversation might spark others.

Jim: So, does anybody want to start? What caught your attention?
Marcela: Well, many things. I guess the word faith. I was really curious to read what the word faith meant. I come from a Catholic country and have my own notions of what faith is within that context. And this is certainly not the Catholic kind of faith that Michael was talking about in the article at all. But, it fit very nicely with what I have come to understand as my own keeping faith with what is very important to me, what led me to be interested in learning about narrative. The article took me back to how I make sense about what narrative is. Faith is a very interesting word for me to explore and to just develop more, not only myself as a therapist but in my work with people.

Paul: On the first page, ‘. . . keeping faith, staying true to those important sentiments . . .’ (p. 1). What were those important sentiments that he was speaking of; a sustained truth to certain principles? Is that your understanding of what he was saying about keeping faith?
Marcela: Yes.
Paul: What were the principles?
Marcela: Principles of Michael’s?
Paul: Yeah, yeah.
Marcela: I understood when he talked about relationships of power that this was something that was important to him. I understood that this was one of the important foundations of narrative, the politics of narrative and how it addressed itself in the politics of power. I thought it was very interesting to see. It was more transparent to learn about Michael’s work, learning about his own upbringing, his own experiences working with keeping peoples’ story alive in Australia, learning about abuse, and being surrounded by abusive men all over the place. It makes sense how those sentiments of addressing inequalities of power are reflected in his work.

Jim: There are elements in this whole idea of faith that caught my attention too, early on in a bunch of different ways. I was thinking that Michael White’s passing was just over two years ago. And so these ideas of what it means to ‘keep faith with,’ has to do with what is it that we got from Michael that we’re trying to hang on to and be faithful to. So the idea of being aware of power relationships and the effects that it has on everybody, ourselves, and everybody that we talk to is an important one. I know that what popped up for me early in the article had to do with when Michael was talking about a teacher. The teacher who ‘was genuinely interested’ (p. 2). And that idea of being genuinely interested for me is a key article of faith in narrative. Being genuinely interested in everything about the person that we’re talking to. There are some other articles of faith
that go along with that, that maybe we’ll talk about later, but it’s the faith that
the person has experience, or has knowledge, or has beliefs, or has preferences
that can take them where they want to go. That it doesn’t have to come through
me. So there’s this idea of being genuinely interested, and being genuinely
interested in learning about where this person has gone and where they would
prefer to go in their life and everything that’s involved in that. And going slow
enough to listen for that.

Paul: Going slow enough.

Jim: Going slow enough.

Paul: Yeah. That came to me as I was reading this. And thinking how everybody
should have opportunities to watch Michael work now on video since we can’t
see him live. But it’s his work and his ability to go slow and just stay what he
says is ‘experience near,’ so close to peoples’ experience. I have never seen
anybody do it in the way that Michael does it. And you have to see it to appre-
ciate it. You can read about it, but the absolute slowness of his work is rather
profound. But anyway, I had an image of him in this article that made me feel
quite sad. But the other piece about this article, and I really liked the article,
was that there is some very, very clear teaching in this article, about scaffolding
and how to do the work, step by step. He said in a couple of places that it’s a
step by step process (pp. 6–7). And I thought it was so clearly teaching; how
can you do this and how important this is to do. Those are the two affects that
reading it had on me first off.

Marcela: I think that attached to the sadness is the joy of reading this, that these
ideas are very much alive and continue. The sense I that got in reading this paper
was, it was very close to what he was teaching at the end of his life. At the last
workshop that I attended in the training at the Dulwich, these were some of
the ideas that he talked about. So it was very exciting to see these in writing,
because the writing is what allows his life to continue in a different way. That
was very exciting to reconnect. So there was a little bit of sadness but there
was also excitement. And along with the part about scaffolding that he talked
about, another notion that was very revealing for me was that narrative is not a
task-oriented framework, but is concept-development oriented. This connects
very much with my work, with my orientation about language, and the genuine
interest he has in people to contribute to the development of a vocabulary for
people to understand their lives differently, keeping faith with those sentiments
that are very much neglected in most therapy approaches, therapies that are task
oriented, goal oriented, result oriented, treatment plan, that whole thing. Sent-
iments that do not contribute to people keeping faith with their lives.

Jim: So these must be part of the underlying principles that you (Paul) were talking
about. They are ideas that I know I have taken away from watching Michael’s
actions and reading his work. What catches my attention is this business of
getting to know the person as being able to distance from these very powerful
discourses that talk about what people should be and who they ought to be. And
this helps me to slow down too and to listen differently. And that’s very different. I was taken by that early on in Michael’s work, by how different it is, going not with the idea of helping or assisting, but going with the idea of listening and attending to and bringing forward. So the sadness for me is to not hear what was going to come next. In Miami, Jim Duvall introduced Michael. And his introduction was, that for him, having Michael White come back and give his next set of lectures was like waiting for the next Beatles album, because you knew it wasn’t going to sound like the Beatles album that came before it, it was going to be something completely different, even though it was still going to be a Beatles album. So my sadness is not knowing what the next album would have been, though it really is nice to see his more recent stuff written down.

Marcela: I remember you told us in one of your classes that it was now up to us to build up what the next step is going to be.

Jim: That’s my hope. One of the nice things about teaching is that I can quit teaching and the next group of people will keep the faith and turn it into something more than what it would have been. That the next Beatles album will come from you guys.

Marcela: Yeah.

Jim: But for me, that’s partly why this issue of keeping the faith is important too, which is, we don’t know what it’s going to become. Are there fundamental aspects of narrative that we hold close so that we become different but still be faithful to the ideas of narrative? The idea that it’s about action, it’s about performing, but it’s about performing values, beliefs, and preferences. It’s not about behaviors, it’s about going slow and listening. But for me it does raise those questions about where narrative will go, what will happen.

Paul: Just following on what you just said. There’s something at the end. He makes a comment where he says it’s about ethics.

Marcela: Yeah.

Paul: He says it’s about ethics; it’s not about problem solving (p.16). I just thought about that as you were speaking.

Marcela: I’m not sure if this is relevant to this conversation, but I was curious about this because he says it’s not about having faith about my work. It has more to do with ethics. It has more to do with keeping faith. So I was trying to understand, I’m not sure if this is like a definition about what it is to keep faith—what it is to have faith? He’s talking about two different things. Having faith in something isn’t believing? I’m not sure . . .

Jim: There was a ’60s term, for those of us who were around in the ’60s . . .

Marcela: Ah. Ok.

Jim: It’s a phrase that popped up all the time. Your fist would go up in the air and you’d go ‘Keep the faith, baby.’ And keeping the faith wasn’t about religion. It was never really clear what it was about. Except that it was a commitment. There’s a term he used . . . ‘discontinuity’ (p. 3). So keeping the faith was about keeping faith with discourse and whatever was on the other side of discourse. I
Keeping Faith With Keeping Faith

don’t know if this was true for you Paul, but when I grew up in the ’50s, early ’60s it was about, you wanted to fit in. You wanted to be faithful to this idea about what a guy was supposed to be, and how you were supposed to dress, and how you were supposed to proceed through life. And all of a sudden the ’60s came along and ‘keeping the faith baby’ was about keeping faith with the idea that there are many alternative ways to be. So I kind of resonated . . . I think that idea that there was a discontinuity between how you were supposed to be and these alternative ways of thinking, that for me was a personal kind of a seed that laid the ground when these ideas from narrative came around. Kind of ‘I remember having this feeling before and liking it.’ So I think it’s that kind of thinking about faith, of keeping the faith to ideas about openness.

Marcela: Ah. So that’s very much different, I think, than the Colombian version. I met with a Colombian family and the young boy was saying ‘I grew up in my faith and I have faith that everything is going to be ok. My faith being that everything is going to be fine and it’s God’s wish that things are going to resolve.’ Which is very different from what you were describing about what ‘keeping faith’ is about.

Paul: In this article, Michael said that for him ‘the ’60s was an opportunity to raise questions about everything that would be otherwise routinely accepted or taken for granted’ (p. 3). I wonder if that’s what he meant about ‘keeping the faith,’ that one of the principles is to keep questioning? Because that’s his work. Some of you were at Michael’s workshop six months before he died, in Coco Beach. I transcribed some of his early few minutes of his talk. And he very clearly said ‘My work is rich story development.’ ‘My work is rich story development.’ And then he talked about developing subordinate story lines. He said ‘That is my work.’ And somehow that seems connected to the idea of keeping the faith; questioning those taken-for-granted ideas of self. He said it was particularly important for people who had suffered trauma, and how the ideas that come out of that experience need to be questioned; ideas of self. At least that’s my sense of it. But he was very strong about that, he said: ‘My work is rich story development.’ He made a declaration.

And for me that connects with another point that he made. We were asking him about the different inputs, about people who influenced his work, where he went to. And he said Foucault was the major influence in his work. He spoke about the relationship of power and his learning from Foucault about looking at the structures of power and questioning those.

Marcela: Yes, Absolutely.

Paul: And for the work that he believes in, there seems to be a nice consistency with what he was saying throughout the article: keeping faith with the idea of questioning taken-for-granted ideas, where we are, who we are.

Marcela: I’m not sure what both your experiences are, but my theme has been that. Having met people from all around the world in this training, it is that precisely. That notion of questioning discourse is what draws people to narrative therapy.
The idea that draws us to these workshops, what it is about narrative therapy that resonates for us, that’s a common theme. It’s from my personal experience of challenging the dominant discourses in Colombia; social class, and privilege, and elitism. Just resisting that, it makes sense why narrative therapy is so resonant. I remember in working on my dissertation that Douglas (Flemons) made the distinction that narrative is very theoretical but is profoundly personal. These are the kinds of personal experiences that drew me to narrative therapy.

**Jim:** Should we talk a little bit more about that? Because another thing that I really liked about this article is that both of the interviewers asked different kinds of questions, but they all had a chance to talk with Michael about not just the theoretical, but ‘Why is it . . . ?’ Why is it that other people were able to stand away from social inequities, but you would not? Other people do not listen for the kinds of things that you listen for, but you do? And that story got thickened in terms Michaels’s own background. So for you (Marcela), you talked about and have been writing about how growing up in Colombia as a woman and the experiences you had in your family put you in a position to question.

**Marcela:** Yes, Absolutely.

**Jim:** And it was acceptable to question.

**Marcela:** Yes. And that was something that was completely buried in my life when I left Colombia. I left all of that behind. And it has been through my work with narrative therapy that these personal stories were resurrected, so I have been able to reconnect with that. It has made narrative very personal for me, learning from my father and my commitment to questioning those dominant discourses that have been so oppressive for me growing up.

**Jim:** I wonder if that is true for lots of people who have been taken by narrative, that it’s not just theoretical, that it’s personal. I think it’s true for me, and that’s why I resonate to Michael’s story about the teacher. In class we do a piece about re-authoring. We’ll have the students interview me, because these conversations can get pretty personal and I want to keep it a safe place. Almost every time they interview me about the unique outcome, the unique outcome being the fact that I’m a professor standing up in front of a class, which would not have been predicted by my early story, there is a teacher who comes up, a couple of them actually. So what makes it personal for me, is having grown up as a kind of person who learns differently from other kids. In dominant discourse there were some labels for that. There are still labels for that, there are different labels, but lots of labels for kids who learn differently. So narrative is a therapy which is—there’s a word that Michael used one time in a conversation—that narrative is the inverse of other therapies, in that it’s not about the therapist fixing other people, it’s about the person seeking consultation coming to see what they already have to offer, what they can bring forward, what they are already expressing about what’s important to them. So like the teacher who listened with genuine interest to Michael, there were some teachers who listened with
genuine interest to me, and just the fact of being listened to with interest started me taking on a different path that led to this unique outcome, eventually. So on a personal level, every time I’m in with a client and try to listen with genuine interest to who they are, that goes all the way back to that experience. There’s all this theory that’s supportive of how to do that, that I try to be faithful to, but also keeping faith to this idea about having faith in people.

I think Michael talked about that in the article. Michael talked about, ‘Know that if we establish the right circumstances, then we will witness this transport’ (p. 16). It’s not that we cause this transport, it’s that we create a context, with genuine interest and all these maps and all the things that we have to ‘practice, practice, practice,’ that put me as a therapist in a place of having the privilege of witnessing all these things come forward. And so for me that’s intensely personal and I’m thankful to those teachers who listened, and it’s one of those bricks in the road. But I have the sense that for a lot of people who come to narrative, that it’s intensely personal.

Marcela: Well we as your students are grateful to your teacher (Laugh). We should write to that teacher (Laugh).

Jim: I tried to and I can’t track him down. But maybe that has to do with why what catches our intention catches our attention.

Paul: Jim (Duvall) kept asking him (Michael) for examples of his life, and about the impact that his growing up had on the development his ideas. I read into the article that he was reluctant to do that. He did speak to how important his mother was to him in terms of helping him to be a sensitive boy, and how his mother taught him those skills and I thought that was so significant. But I just thought that in the article, Michael kept rebounding back to the work that needs to be done. I don’t know if anyone else had that sense. But he kept coming back: But here’s the work. How do we create those circumstances? How do we ask the kind of questions, or the need to ask those kinds of questions that move people from one place to another? I thought he kept coming back to wanting to teach us. That’s my sense of him, is that he was so passionate about his work that he worked tirelessly. Even though he apparently had recreational things that he did, he flew planes and other kinds of things. But my memory of him is that he was all over the world teaching ideas that other people have said are the most important ideas about Psychotherapy in this past generation. People like Karl Tomm and other people have said, this is extremely important; it’s different like no other. I have a sense of Michael in this article reminding us to get back to the work. He did talk, and I thought he was reluctant, that was my reading of it, in the bringing out of his own personal stuff. I don’t know if any of you, when you’ve spoken with Michael, within a second, it turns back on you. And that’s who he is. It’s almost like that’s the position, that’s the work. How do you stay . . . what’s the term? What’s his ethical posture . . .

Jim: Decentered?
Paul: That’s the term. He lived it.

Marcela: You reminded me about a distinction he made one time. The notion of what Michael White is. He said that there’s not such thing as a ‘Michael White.’ ‘Michael White’ is a discourse that doesn’t exist. He just talked about Michael, that’s his work. He was critical of the discourse that, what ‘Michael White’ is, creates narrative as something that is not teachable. That only Michael White does it. The breaking up of that discourse makes the ideas available to people to think about and play with and try to develop them, encapsulates who Michael was, challenging that there’s not such a thing.

Paul: I’m curious, what it’s been like for you two and for me in terms of putting these ideas into practice? I’m thinking of myself. How hard is it for us? How hard is it for you, to stay in the position of being influential but decentered? Of staying right there with the person and not moving ahead? I mean, I’ve been practicing these ideas for 20 years and I still jump ahead. How is it for you? For me it’s so . . . it requires ‘practice, practice, practice.’ Those were his words at many conferences where he would say ‘practice, practice, practice.’

Jim: I think that in some ways, this is the hardest therapy I’ve ever tried to do. For some reason, and maybe you guys are more clear about this than me, when I look at people and when I look at events, I’m automatically drawing distinctions. And those distinctions are automatically about what’s right and what’s wrong. I don’t know if I was born that way, or if I was raised that way, of that’s just part of being an organism. But I’m constantly drawing distinctions about how things are, how they should be, what’s right, what’s wrong. And it’s taken me a tremendous amount of training to go with my preferences, which is to not be bound by these ideas about how things ought to be. Part of who I’d like to be is somebody who steps outside of discourse, who honors individuals and who honors all these different ways of doing things.

And yet, to put it into practice means stepping outside of this almost automatic dividing things up into the way things should be, compared to the way they are. When I teach and when I supervise, the initial reaction of almost everybody who’s watching a case from behind the mirror is to pick out what the problem is, where the problem came from, what needs to be done about it. So I think what’s made this a difficult therapy to practice, is practicing those skills that Michael was so clear and wonderful about elucidating, about what steps you can take to be more consistent with being decentered but influential in helping people bring their own preferences forward. But it does, it takes a lot of practice.

And it’s easy for me to regress. It’s easy when things get tough in the therapy room, to start imagining what’s wrong. There’s a quote from Michael at the end of this article, one of the very last things he says. He says ‘. . . we [the therapist] have this responsibility, if we were to see someone and have some therapeutic conversations with them, and then somehow we experience them as failing to proceed to address the predicaments of their life, we can say they lack insight, or they are vested in the problem and we can pathologize them . . .’ (p. 17). There’s
always that pull for me. Then he says: ‘This is what I call copping out . . . or we can look at how we have come up against the limit of our skills . . .’ (p. 17). And that’s one of the things that I try to keep faith with too. There come moments when I feel that I’m just not a nice enough guy to see people this way, or I’m just not skilled enough. But having that reminder in this article that I am always coming up against the limit of my skills. And the best way I can tell that I’ve come up against them is when I start dichotomizing my clients; that this is how they are and this is how they should be. That’s a red flag that I’ve come up against the limits of my skills. Then I can go back to some of these things that I have to do, that I have to practice, practice, practice.

Marcela: I have to go back to the idea of keeping faith. Because I think that I have found in my training in the program, it is very difficult to practice different theories that I have learned; solution focused, MRI, natural systems. Narrative is complex in terms of new language, and very difficult topics that are theoretical that require us not just to learn certain techniques but to learn the philosophy about it. This makes it very complex and very difficult to practice. But within that difficulty, there has been the exploration of how personal this is to me. And keeping faith is what makes it easier, as difficult as it is, because it allows me to see that I’m not just practicing a job, or that I’m just going into it to do my job, but it’s a larger commitment to the notion of social justice. That it’s so personal that it makes it easier for me to use these ideas, to organize these ideas and views about narrative language, to practice something that I believe in, that I’ve been believing in for so long. And it’s finally how now narrative has provided me the context to put those ideas into practice that makes it a little bit easier.

But the difficulty is that I work in a context as well where I am often pulled aside or recruited by the problem. When I have to, for example, face situations about suicide, I have to adopt, my work requires me to put myself into a position of social control, which is one of the ideas that I want to challenge. But I get pulled back into that again. It makes it difficult for me to reconnect back to the narrative ideas. So it’s been a little bit of both, the notion of keeping faith is what allows me to stay there, to practice being influential, not only in that person’s life, but in the larger ideas of social justice. And it requires constant reading and practice.

Paul: As I was listening to you and Jim, I was thinking, is one of the principles that Michael says we must keep faith to is, that the problem is the problem?

Marcela: Yes.

Jim: Yeah.

Paul: That’s not complex. It’s profound, but it’s not complex. But putting it into action, I guess, is the difficult part. But is that one of the principles? Because you were talking about what happens, when you fall back into looking at the problem as something about the person, that they weren’t ready or they are not motivated or that kind of language. Losing faith in the idea or the principle that it’s the problem that’s the problem.
Jim: Or just running short on skills to put it into action.
Marcela: Yeah.
Paul: Yeah.
Jim: But I’ve seen in your work, it looks easy to me when I watch your work. It looks like you find it easy to go slow.
Paul: And for me, I still fail at that lots of times. But as I gain confidence, I think there’s a real advantage to ‘practice, practice, practice,’ and starting 20 years ago. And just having the good fortune of having gone to his workshop, not knowing who he was. Of going to see Karl Tomm, at the AAMFT conference in 1987 when he was co-presenting with Michael. And so I was just lucky to have the opportunity to get in touch with these ideas. And then, shortly after that to be working at an agency where I would literally write the questions down and bring them into the room on a clipboard and ask them. It felt so like a different language. ‘This problem that you speak of . . .’ I can hear myself voicing those kinds of attempts to externalize. And it felt so, not phony, but not comfortable. But I think it was being so impressed by him as a person and his ideas that I think allowed me to persevere. And for me, the ideas fit with how I was as a person in terms of my influences. Not seeing people as ill but as having problems that come into their lives was such a profound idea that made sense.

So, thank you for the compliment, but I watch my tapes all the time and, I just say ‘My god, I wish I could have done that better.’ It never ends. It never ends. I think that’s part of what I think Michael tried to speak to us about so many times. Two things I think, and he kept saying it right till the end. One is; practice, practice, practice. And the other was; let people look at your work. He said that over and over. And that came through terms of how important it was that we have a certain responsibility to teach them in a certain way. And Michael said that the best way to learn is to keep practicing these skills, but also to expose yourself, and get feedback, and get comfortable. And watch your own work. I know that he said that many times in different places.

Jim: I wonder if that’s an article of faith too. Coming from some earlier kinds of training as a clinician, if other people saw your work it was to critique it. And this is a different kind of frame in which to do your work. And it’s not just the opposite of critiquing, which would be sort of universal ‘Isn’t that wonderful . . .’ praise and applause. It’s about talking about just what you were saying: Ok, here’s what my intentions were. Here’s where I was hoping to go. Here’s what might have made it go better. It’s about bringing forward the intentions in a different way. Sort of self-supervision. But different from other kinds of supervision in the same way that narrative therapy is different from other kinds of therapy.

Marcela: And I think about the distinction you pointed out earlier that Michael does; knowing the limits of our skills rather than comparing ourselves against a norm and putting ourselves in the position of giving ourselves a hard time. It is using what you said: if I have clarity about the intentions behind my work, it’s easy for me to understand what are the limits of my skills, so that I can
stretch them with my training and my reading and not think ‘Oh my god, I’m not good at this. I should quit therapy and I should switch and do something else.’ But if I’m connected to my intentions it helps me keep persistent, rather than that feeling of: I ended up a session and ‘Oh my gosh, what did I do?’ Or: ‘This didn’t go well at all. I wish I could have done something different.’ It’s paying attention to the limitations of my skills and continuing to learn from them, like watching tapes.

Jim: Michael was saying: ‘Usually it’s a mixed experience when I run up against the limits of my skills... I’m frustrated with myself, but this is also an opportunity for me. Those limits become visible and it’s like a flash of lightning to me’ (p. 17).

Paul: I wonder if it was hard for Michael to keep faith to his own principles. I remember being at an AAMFT conference in 1989. He presented to a large group of people the tape, the fire-setter. In his presentation and in the questions after, he was challenged. He was presenting ideas that didn’t fit most of us who were in the room. And there were people there who just outwardly challenged him in terms of; this doesn’t fit with what makes sense. And he persisted. I wonder if it was hard for him, or if it took a lot of courage to face that kind of criticism? And he got lots of it. Maybe no different than Murray Bowen who was a psychiatrist forty or fifty years ago introducing the idea of family work in psychiatry, and having to withstand great criticism, much like Michael.

Jim: I suspect that this is how we wound up with him (Michael) entering family therapy, though his theoretical bases were way different from most family therapists. There’s some Bateson that pops up, but, mostly his influences were way outside of family therapy. I don’t know if you were attracted to family therapy for this reason too, but it was always the home of the outsider. Family therapists always thought differently from mainstream therapists. So if he had an idea that’s the inverse of therapy, that’s on the outside of therapy, it makes sense that Michael would have found a more comfortable home among the family therapists. Though what was his fit with other family therapy models too? His ideas and thinking were different from most other family therapy models, as far as that goes, I think.

Marcela: I would say to what you said Paul, when you said that it must require courage to deal with such criticism, to come to present his work in a country where the mainstream is completely, very different. I also suspect that if Michael was to hear that idea about having courage that he would not just buy it, or go with it, talking about himself as very courageous. I don’t think that would be something that he would do. But I would imagine it would require a lot of courage to invent something completely different.

Paul: I agree with you. I think he would turn it in a second away from himself.

Marcela: (laughing) Yeah.

Paul: Then again to me that’s the work.

Marcela: Yeah.
Paul: How he’s able to let go of the other voices, and this is my judgment, of the other voices in his head when he is with someone. He is able to stay within. When Sallie Ann Roth was here we agreed that, and she made this comment: Michael White was the best collaborative therapist, is the best collaborative therapist, meaning the ability to stay in the moment. In those principles from collaborative therapy, the ability to create something, not from a question from somewhere else, but what just came out of the words of the client. To stay that near. So when you talk about, he wouldn’t probably acknowledge himself right? He would immediately turn to the other.

Marcela: Yes, yes.

Paul: His ability to do that, for me that’s fundamental. As a supervisor I’m finding that I spend semesters in supervision talking nothing but the ability to listen, nothing but. If there’s anything more, it’s the absent but the implicit. It’s the hardest work, from my experience of being a supervisor. How do you teach that without being an outside force that’s oppressive?

Jim: Right.

Paul: Just teaching, when that goes against the principle of learning from the other. So how do you do that? That’s sort of the art as a supervisor.

Jim: That’s one of the interesting things we have been doing in our supervision too, is spending most of our time on listening. And also thinking about Michael’s idea of the editorial. That when Michael would provide an editorial, it would be a summary of things he had heard. But if you go back and look at the transcript, there were so many things that were said that did not get included in the editorial.

Paul: Yeah.

Jim: That Michael was listening through his practices, but also, I think, through what was important to him. And those two lenses of what was important through the model, and what he was able to bring forward, would then get condensed into these editorials that would be summaries. In practicum, when we go around and ask each person what they would have editorialized, what they would have selected out, it’s just remarkable how different each of the editorials are, but also how on target each one of them is. So it’s not just that there is only one correct editorial, one correct thing to select. I suspect Michael was picking up not just what he heard, but what he thought would be meaningful in the context of what he was hearing; what would thicken the context to create other things. There are so many correct editorials, so many things that can be heard, and on that level is where it gets personal. We are selecting out what is important for the person seeking consultation, and we try to hold ourselves out of that, but also it’s impossible to not be included in that. For example, we’ve all selected things out of this article that have caught our attention for particular, personal reasons.

Marcela: Right.

Jim: So I think that for me, that’s the balance; instead of saying, whatever I am is distorting what the person is saying, while that may be true in a way, but really it’s seeking a resonance between me and the person that’s seeking consultation.
There are things that I am resonating to. And because of the maps and these techniques, I can select out of those things that I resonate to, those things that are going to help the person move in small steps from what’s known and familiar to them towards what could be known. And we sort of take that journey together, I think, through these editorials and through the listening. I think you are right, the listening is essential and takes a tremendous amount of skill to do that, without completely negating who I am as a listener, but also without having my own discourses and everything that I drag along be in the center of it.

Paul: Right.

Jim: Maybe that is part of why it takes so long and so much practice in doing this as beautifully as Michael did.

Paul: I’m just wondering if there is a way of making a transition to the other members of the group. I wrote a note to myself about what effect that reading this article had on me. I was thinking, it was just like hearing Michael’s voice . . .

Jim: Yeah.

Marcela: Yeah.

Paul: Such a clear reminder of, here’s the work, here are the steps. I thought it was very clear, taking the book and making it into a couple of pages. Here is the work. The book is complex, with great story maps, but he brought it into just a few pieces here. Here are the principles, and here are the ethics associated with it, and here are the steps. Scaffolding, building, and his description of a concept of creating the circumstances, which includes asking questions that lead people from here to here. It was just such a nice basic reminder; here is what the work is, in case you have forgotten. His voice in the work. It was nice. I am really glad to have this assignment because it is a great article for that.

Marcela: Yeah, absolutely.

Jim: Should we do that, should we transition from us to everyone else.

Paul: Are you all open to that?

Corinne: I have tons of questions.

Paul: So, should we ask them: What was it like for them to listen in on our conversation?

Jim: Why don’t you do that?

Paul: Any particular things that struck a chord or anywhere else you would like to go?

Jim: Go for it.

Paul: There it is. So what was that like for you to have to, not have to, but listen in?

Corinne: I found it very interesting to hear about people’s histories and how this philosophy has affected them. And how it affected them differently. One word that kept coming up for me in listening to people but yet nobody mentioned, well actually it was mentioned two or three times, was this idea of failure. I can go into that more. I had a lot of questions about that idea. I guess I am really talking to my group over here (to Michelle and Olivia).

Paul: Yup, yup.
Corinne: So I’ll start talking to you guys. I couldn’t stop writing. So many words stuck out for me. Dr. Hibel talking about coming up against the limits of our skills, and that at times he might judge: I am not kind enough to do this work, or I am not skilled enough. But I would question what the expectations are that he is measuring that against. What expectations or influences that decision or outcome? And then how that effects his work, how that effects his idea of who he is as a therapist, how it effects his life.

Michelle: And for me hearing that same statement, I also caught the idea of this unconscious feeling, ‘Wow I could be doing this wrong.’ Because there is Michael White and then there is us. Not as skilled as him, or couldn’t even compare trying to do what it is that he does. This fear of walking on a tight rope, this fear of doing it wrong, or putting out the wrong information. And there was a little bit of comfort in that.

Corinne: Yes.

Michelle: Because as a novice, attempting to learn all that is narrative, to hear others who had so many years of experience, and that ‘practice, practice, practice’ component, still having those thoughts in their head, gave me hope that, ok, you could probably keep the faith and trudge through this. One of the things that I wrote down was that you don’t get to ‘get’ narrative, you know. There is no end to learning it. This is a constant; this is something that you have to be vigilant about, trying to learn the craft. That made me feel comfortable that I don’t get to get it. Twenty years later I’m still going to have these questions. There was a safety in that, because I think there is fear that, if you think you got it, then there is nothing else for you to take in, no new information for you to learn. So I thought that was kind of comforting.

Olivia: I agree. The idea of failure kept coming up for me too, when he (Michael) was talking about the responsibility of a therapist. But the interesting part to me was the beginning of seeing where these ideas came from from him. And his personal experiences, his experience with his teacher growing up in that historical time. I was like, ‘Wow, I didn’t have that experience.’ But it made sense how he was going into scaffolding, how he came up with this conceptual development. I thought it was really, really interesting.

Michelle: And just speaking on that point, I was listening to them, and I had the opportunity of hearing Cheryl White talk about the early times of when they first started coming up with these ideas. They met at the rally, and all that was in this article, talking about how the ’60s made sense to him, and why that made sense to him. I could see her and hear her, telling this amazing story about how, this is just who he was. It made sense that the ’60s was the discourse and everything that was going on, would bring about something in him. It pushed me back to there. I kept thinking that knowing a little bit about his history, and his childhood, and his parents, I thought that was just very evident in the discussion there.
Olivia: Right, yeah. I don’t know anything about his personal life, but to get like a little glimpse in this article was fascinating, so I was so happy I was a part of this because it just was nice to get that side of him.

Corinne: For me it changed the whole context of learning; the pressure I put on my own self, and the expectations I put on my own self. This completely opened up another way to be in a relationship to this training program. I think my personal goals; are they really in line with where I am right now? How does that fit for me right now in my development? It was so freeing actually, to have that opportunity to really question what affect this program is going to have on me as a person. And that it’s almost impossible to emulate him because I come from such a different generation and background that I’m obviously going to hear different things.

Michelle: Uh huh, uh huh.

Corinne: And, so that led me to a reflection on myself as a therapist. He doesn’t like to talk about himself so much, but I think that is a crucial aspect in owning what it is that you bring to the room. It’s like who are we.

Michelle: Right.

Corinne: We need to reflect on that as well.

Olivia: Which I did in this article, because it really made me think of; why do I like narrative therapy, what is it about this that draws me to this kind of therapy? We were talking about being genuinely interested. When I read this kind of work, that’s what really comes out. It was funny because I am just writing my philosophy of treatment statement for the clinical portfolio and I was trying to write about this thing that I struggle with. It was so clear about slowing down and staying in the moment. This scaffolding was so clear, like what I was trying to explain, what I struggle with.

Michelle: The good thing about this article and what came out for me, is that he doesn’t want us to emulate him. That’s why it’s so personal. This is what I do; here is the information and the skills. You have to personalize it for yourself. Like you just said, we didn’t experience, the same background. Not everyone was around during the ’60s and the changes that were occurring during that time. I think that point alone can cause some people to believe that they can’t have this experience, because I’ve never experienced the ’60s or I wasn’t around when there was all this that was going on. But the point is, that you do bring your own experiences to the room and to what you do, and how you are going to practice narrative. I think you do bring those experiences too.

Corinne: So then I become a little confused about this idea of failure. If you are taking these ideas and incorporating who you are into them, then what are you measuring your therapy against? Do you know what I mean?

Michelle: Yeah. Because I think there is still this Michael White piece that, we want to be him. (laughing) You know what I mean? We are so drawn to what it is that he does and his ideas, that there’s this ultimate fear of, I’m not doing
this right. One of the discussion points that came up is this language piece. I struggle with the language piece and being able to find new ways of languaging. I don’t want to totalize people, calling them victims or putting labels on them and things like that, but learning how to attend to people without using that language when we are having this fear of doing it right and doing it wrong. First of all we are already saying there is a right and a wrong.

Corinne: Um hmm.
Michelle: We are already in this idea that, we are not in correct view. So I think that there is this unconscious measuring stick that we have here, and woops it’s not that way.

Olivia: For me it’s no so much of like trying to be like him. For me, it’s just such a different way of thinking that it’s not hard to think this way when you are here in this context, when you are here in school. You are in therapy and then you step out and you immediately fall into your regular discourse of your life. It’s so different to have to adapt from one place to the other. I immediately can see myself sometimes slipping into a different way of thinking and that’s been a struggle.

Michelle: I think that’s especially when you are in the therapeutic room. When you are there with a client and all of a sudden you get stuck, because this is all I know, you know (laughing)? This is all I know. The client presents an issue and you are not sure. I found that extremely interesting, that part about the measuring the skills and I’ve met the limit of my skills.

Olivia: Right. That goes back into the responsibility that we talked about.
Michelle: Um hum, um hum.
Olivia: Because it’s so easy to pathologize your clients, or come up with some reason why, basically blaming it on the client. But I think there is a huge responsibility that the therapist has to, I mean not that he has to do, but that there is a sense of responsibility that we have to take as therapists. I feel that sometimes puts pressure on myself, or where I get the idea of being a failure. When clients come in being a failure, and you don’t want them to leave with that same sense.

Michelle: So, one of the questions came up to me then: How does a novice therapist do narrative?
Corinne: Um hum.
Michelle: Because there is a sense of practice, practice, practice. You (Olivia) were just talking about this sense of responsibility that gets placed on the therapist to maintain your skills. But you finish your program and how do you, as this novice therapist, then feel confident in what you are doing, so you client doesn’t leave as a failure? You don’t have the twenty years of going to workshops and studying and all these different things.

Olivia: Right. For me, it’s going back to the basics. Dr. Hibel was saying it’s really just listening. I think that’s such a huge part of it, is really listening, and what are you listening for? And Dr. Gallant was saying, slowing down. I see how easy it is to go past that. That is just like the most important thing, I think.
Corinne: I think that as a therapist, it is up to us to continually work on your skills,
and practice them, and bring them into the room to the best of our ability. But I don’t think we are responsible for what the clients choose to take from that. And so there needs to be more of a clear understanding that, we can’t control what they are going to hear or how that’s going to effect and influence them. We can only bring the best of who we are at that point in time into the room. I think that if we’re attached to this idea of where we want the client to go, it will take us out of the present moment, and we’ll be more attached to our expectations of what we want to see, versus where the client is.

Michelle: So we step out of that genuine interest piece that everyone was discussing?

Corinne: So why can’t therapists scaffold themselves when we reach a point where we can’t answer a question? He’s (Michael) talking about when a client can’t answer it, you go back down to categorize it. So why can’t we give ourselves permission to do the same thing; to take what we know and then what is possible to know because of that interaction with that particular person?

Michelle: I like that idea. I also like what Paul was saying earlier; the importance not only for the therapist reviewing their tapes and reflecting on what they do, but also to share those with others. I think that part of that is creating a learning community. There is also this genuineness. I think Marcela brought it up earlier. And I recall also listening to Cheryl White; she talked about the genuineness and feedback in that. I think that creates an environment where you are able to go back and look. It’s sometimes very difficult, at least for me, in the moment to go, ‘Ok, we might be a little off center.’ It’s easy to figure out that you’re off center, but sometimes it’s difficult to get back on the right road. So the idea about sharing our work and creating environments where we’re always reflecting on what it is that we are doing, I think that adds to your thought (Olivia) about constantly learning.

Corinne: Maybe that goes back to the identifying what your intentions are and what your preferences are, and are you keeping faith with what’s important to you when you go into the room.

Olivia: I think that’s where it’s so important to really reflect on yourself and who you are as a person, and what draws you to these ideas. With this article, especially in the beginning when he talks about his personal experiences, I did that to myself and it really helped me understand more about who I am or who I want to be as a therapist.

Michelle: You said ‘who you are and who you wanted to be.’ Jim was talking about ‘preference.’ I think that went along with the conversation about how we would prefer to be, and how sometimes we are. I wrote, ‘Not to be bound by these ideas of how things should be, but how I would like to be.’ For me, when I am how I would like to be in the room, it’s the most comfortable for me. It seems like things flow a lot easier when I’m working within the frame that I want to be in. When my skills are matched, if someone brings something and I don’t believe I am skillful to handle that situation, all of a sudden things become a little more
difficult, because I am now working outside of the frame that I want to be in. I think once you start learning the language and learning how to be, it is almost like you are going against it. So that is, for me at least a little struggle there.

**Corinne:** Yeah, I wrote down the same exact thing: ‘not to be bound by constraints about how things should be.’ That made me think of this story about therapy, that we expect to see certain things from our clients to tell us that we are being successful. And can we let go of that story of them being happy at the end of therapy or of them being in a better place as a measurement of who we are. I think Bill O’Hanlon had that idea, that we are invested in certain stories even about the therapeutic process, and can we step outside of those constraints and limitations.

**Michelle:** That almost sounds like we are more focused on the outcome then the actual process, because if we are measuring ourselves in the outcome, we are looking at the outcome because we want to have our esteem, that we’re great therapists. So we are working from that frame that this is what we need to occur so that I leave here feeling ‘x.’

**Corinne:** Yes, exactly. The whole gist of it is to just listen. You can’t ever perceive where that’s going to take you.

**Olivia:** Exactly.

**Corinne:** But yet we are still attached to this idea of having an outcome.

**Michelle:** I think when you do that, it takes you to places you never thought it would take you.

**Michelle:** And I think that goes back to that confidence that Jim spoke about. I think that it’s less difficult to allow yourself to be there as we gain confidence because as you just said, we have no clue where it is going to take us. But as we gain confidence in our abilities, in our skills, and we constantly reflect, I think we are more apt to go ‘ok take me, let’s go, where are we going?’

**Olivia:** Right. I think that is also what is all about, when they say what is known and familiar, to find out what is unknown and what is possible. That is why you are having these kinds of conversations, very different than other conversations.

**Corinne:** One question that came up for me that Marcela was talking about this idea that when she left Colombia her personal stories were able to be resurrected. I was wondering if she could have done that in the context of being in Colombia, or was distancing from that a requirement?

**Michelle:** Right, that caught my attention too, I was wondering, what was it that leaving it provided you?

**Corinne:** Because not all clients are going to be able to leave their context to find other stories, so I wondered how powerful that was, the effect of leaving.

**Michelle:** And I also wrote down one of the things someone asked about Michael White keeping the faith, and how easy or difficult it was for him. I recall again, Cheryl White spoke of the early days when Michael and David Epston and herself would go out to these different workshops. She talked about how they each went to the other’s workshop because they were in these environments where that wasn’t the frame of thought. I think people didn’t think from their way of
viewing. I think for many of us, I know I often hear some of my colleagues talk about being in these environments. Whether it’s because of your job, what frame you’re in. Marcela was talking about how where she works and her environment, sometimes she has to slip out of her frame that she’s in to fit with one that deals with suicide and things like that, and the struggle she has. I often hear about some of our colleagues who struggle because, when they go into these environments, this is not necessarily the language that is used. And the difficulties they face in trying to fit this environment with the frame of thoughts they have.

Olivia: That’s a huge part that is very difficult for people. Here, a lot of people think the same way you do and share the same ideas, and you go somewhere else and it’s completely different. It’s like finding that balance of how you . . .

Michelle: How do you keep true to who you are in your beliefs and work in these outside environments where these other systems do not necessarily hold the same views?

Olivia: And it’s so easy to slip. I think that was what Marcela was saying; how it’s practice, practice, practice. And Dr. Gallant, that you constantly have to read about it and practice.

Michelle: I think without the practice, practice, practice, being introduced into all these different systems where you have to conform to that way of thinking, if you don’t practice, practice, practice it will be very easy to unlearn the new language you have learned. You will find yourself, I imagine, struggling to come up with the way of thinking, the way of speaking, because now you have kind of gone back.

Olivia: Right.

Corinne: So in some ways that connects us to Michael White’s experience in leaving Australia to share his ideas with other people who may not fit with that idea that was criticized. And the things that we might fall back on. Like they said, maybe it was courage, but I don’t know if that’s the word that fits for me. It’s being able to go in different environments and stay true to my own ideas or what works for me.

Michelle: Um hum.

Corrine: So I would have to think about what that word might be. Courage would definitely be part of it, but I don’t think that’s what would help me in sustaining my ideas completely in a different environment.

Michelle: I think it’s a toss up with how important is it to stay true to myself. That may be very difficult when you have bills and you want to get in these environments and you have to live life on life’s terms. That might be a very difficult thing to hold onto, ‘Well this is who I am and this is how I work and that’s it.’ That may be very difficult. So, I think there’s the idea of courage, there’s the idea of staying true to yourself, and there’s the idea of the larger context of the world that we choose to function in, have to function in. So either you find others who think like you do, you create your own environment, or you conform to the larger role.
Corinne: I think that’s the challenge or the constraints that our clients face. We need to be aware of those and honor them, because they too have to go back and make a choice about who they’re going to be in their environment.

Michelle: I love that you just said that. What it made me think of, was that we talk to our clients and we help those who want to, become comfortable in these new environments so it’s back to that scaffolding. How can therapists scaffold themselves? How can we support ourselves if we choose to stay true to our ideals, and how we think and how we view the world? How do we support ourselves so that we can walk through that process that tends to be very difficult?

Corinne: To be authentic and genuine and then be genuine when listening, because we share an experience.

Corinne: Yeah (laughing)
Michelle: (laughing) sounds wonderful!
Corinne: (laughing) Idyllic!
Michelle: (laughing) Right, sounds idyllic!
Paul: Is that pretty well it? You got some more?
Michelle: Yeah.

Corinne: There’s always more but . . .
Jim: So (to Paul) that was pretty good with one question. Got a second question?
Paul: Yeah (laughing).

(Please laugh)

Paul: Could the three of us reflect on the reflection quickly? Anything that struck a chord for you as you were listening to the three reflectors? For me, just one really quick thing was, I sitting here and having a sense of, in my two and a half years here this was the first time I have been in a narrative community. I’ve had one to one conversations with people, but I’ve never been in a community of people. And this conversation, it just felt great. I thought, god, we have to come back together. We need to create a context. We can look at video, anybody who has something they want to show, we can have conversations. Anyway I was thinking about, this is such a nice feeling I was experiencing of having a group of people who share some real interest in these ideas. Anyway, that was my one thought, one reaction to the conversation. How about Jim and Marcela?

Jim: I’d pick up on that. One of the other things that we’ve learned from Michael and other people from the Dulwich Center is that an antidote to a sense of failure is a sense of community. And, if we all struggle with trying to be the narrative therapist that we would prefer to be, and always run up against the limits of our skills, that could lead us to a place of making negative conclusions about ourselves. But being part of a community where you can share your work, and where you can share your intentions, and share these ideas might be part of an antidote to that. So yeah, I was thinking the same thing, how nice it is to be able to come together. I was also interested; it’s, Marcela’s more at the beginning of her career, Paul and I are not exactly at the end . . . (laughing)
Paul: In the middle, (laughing) in the middle.
Jim: (laughing) And so I was interested in ideas about failure, about wanting to be the best narrative therapist you could be and what standards you hold yourselves to. It wasn’t in the article but I know Michael spoke on almost every occasion he had a chance to about how appalling it would be if people used him as the standard for being a narrative therapist. That it not be about who’s the Michael-est therapist any more than I think David Epston would think that people should now try to be the David Epston-est therapist they can be.
Marcela: Right, right.
Paul: Ah, but Michael, more than once, at least three or four times I heard him say, quoted Lionel Trilling was it? People would ask or make comments, ‘How could I be like you?’ but the comment was, it’s the copying that originates. So trying to emulate Michael, trying to be like Michael because you love his work, it’s not about being like him, it’s about developing your skills.
Jim: It’s about keeping faith to the principles.
Paul: Yeah.
Marcela: Yeah.
Jim: And taking it further, all these ideas, it’s about having a map. We’ve been lucky enough to be provided with maps. I was thinking about the courage that it took to for Michael, or David, or anybody who is at the beginning stages of narrative to go into the world, and present these ideas that are the inverse of therapy to therapists. But the only way you can do that, I think is with a map.
Marcela: Um-hum.
Jim: And so you go out and you practice and you follow your map and it’s not about trying to convert anyone else, I don’t think, as much it is just following a map that you have. Hoping for the best. And recognizing that as, Jill Friedman reminded me one time, that all contexts are not created equal. There are contexts where it is easier to follow your map and some where it can be quite difficult, and that creates challenges too. So yeah, I was wanting more about where would this take you? Talking about transport, where will this take you from here? And the challenges that you face when you go out into the world with these ideas? What principles guide you, and what provides you with faith, what faith you keep as you go? So I’d love to talk more about that.
Marcela: I think also the notion of how, I think Corinne mentioned the word freeing, that it was freeing or it was liberating to not have that standard, that notion of how we have to practice narrative therapy a la Michael White or David Epston, but as more of about our own personal intentions. And how do we take these ideas and recreate them, reinvent them, but keeping faith with the spirit and soul of narrative therapy? So it’s a sense of community but the diversity within that community is just so rich and so interesting. To understand how each one of us are responding differently to what we are reading. And of course that speaks to, what is our own personal background? How our own histories make sense of how we are taking all these ideas differently. So that was very exciting
to hear. And I would love to have this space here at Nova that we could meet to talk about these kinds of things.

**Paul:** Yeah, we can make that happen.

**Marcela:** Oh, that would be awesome, that would be just incredible.

**Corinne:** It might take a few months to make it happen (laughing)

(GroupName laughing)

**Paul:** Jim, I think that you have broken ground here. It just reminds me of how much work there is, and how few of us there are, who actually have embraced these ideas, you know, so . . .

**Jim:** And look at what a nice community, you know, there is two of us old guys, four young people, that’s twice as many right there. (laughing)

(GroupName laughing)

**Paul:** I met a guy the other day, he was a month younger than me and I looked at him and I said, ‘You are so . . .’ I thought, ‘You are so old!’ (laughing) He’s so old, really.

(GroupName laughing)

**Paul:** Yeah, I really just don’t connect with your thought of us being old.

(GroupName laughing)

**Jim:** Are we in a place to call it for today?

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**REFERENCE**