Michael White and Steve de Shazer: New directions in family therapy.

2 AUTHORS, INCLUDING:

Jeff Chang
Athabasca University

10 PUBLICATIONS **19** CITATIONS

REFERENCES

ida, J. (1978). *Writing and difference* (A. Bass, trans.). Chicago: University of Chicago Press.

ida, J. (1987). *The archeology of the frivolous* (J. P. Leavy, trans.). Lincoln, NE: University of Nebraska Press.

hazer, S. (1988). *Clues: Investigating solutions in brief therapy.* New York: Norton.

azer, S. (1991). *Putting difference to work.* New York: Norton.

lawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication.* New York: Norton.

lawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution.* New York: Norton.

enstein, L. (1961). *Tractatus logico-philosophicus* (D. F. Pears & B. F. Guinnes, trans.). London: Routledge.

enstein, L. (1968). *Philosophical investigations* (3rd Ed.) (G. E. M. Anscombe, trans.). New York: Macmillan.

5

MICHAEL WHITE AND STEVE DE SHAZER: NEW DIRECTIONS IN FAMILY THERAPY

Jeff Chang
Michele Phillips

IT WAS A BUSY DAY at the adolescent mental health agency. In room 1, a therapist was meeting with 15-year-old Kyle, his father, mother, and younger brother. Lately, Kyle had been shoplifting, hanging around malls and arcades with a "bad crowd," staying out late, and coming home drunk or stoned. After careful questioning, the therapist suggested that the whole family was "under the influence" of trouble. Trouble had influenced the family to develop a story for themselves, and for Kyle in particular, that was full of despair, helplessness, anger, and frustration. She continued to question the family members about how their lives and relationships were immersed in the tale of trouble. The family agreed that this story took hold of them about 75% of the time and that if this continued Kyle would end up in jail and the parents' relationship would be fractured.

The therapist asked: "What has been happening the other 25% of the time? What has Kyle been doing to stand up to trouble and write a new story for himself?" Kyle's parents proceeded to list examples. The therapist questioned family members about how they may have created a context for these troubles, albeit inadvertently, and they agreed that their zealous supervision of Kyle probably created a context for him to rebel even more.

To conclude the session, the therapist solemnly spoke of this being a crossroads in the family's life. They could take a stand against trouble or they could accommodate themselves to the old story. The therapist asked the family to experiment with the new story in the coming weeks to see whether they would want to continue to write it in their lives. However, she secretly believed that the experiment was academic because the family members were less blameful toward Kyle and more hopeful about standing up to trouble.

In room 2, another therapist was meeting with Teresa, also 15, and Donna, her mother, for the first time. They were fighting "like cats and dogs." Teresa had not gone to school in several weeks. Moreover, she was coming in at all hours of the night and her mother was afraid that Teresa was sexually active. After eliciting this problem description, the therapist asked Teresa and Donna what was occurring when the problems did not occur. Donna recalled that things had settled down for a stretch of about four days about two weeks earlier. Teresa had gone to school during those days, albeit for only part of the day, and the two had enjoyed pleasant conversation. Donna had even had the fleeting thought that maybe things were on the upswing. But a few days later the bottom fell out again, or so it seemed to Donna.

"What were the two of you doing," the therapist inquired, "to make these four good days happen?" They didn't know. "Well," the therapist replied, "what was different about those days?" Donna recalled that she had, for some unknown reason, felt more energetic in the morning. She had greeted Teresa with a chirpy "good morning" on each of those days. Teresa's experience of this was to believe that her mother really cared about her and was not just trying to spoil her fun and control her.

The major part of the interview was spent recounting some of the other things that each person appreciated about what the other had done. At the end of the session, the therapist did not have any novel or interesting suggestions for them. He told them that since they had been so clear about what had been helpful, they should simply do more of what works. A second session was scheduled for three weeks later, but on the way out Donna said, "I don't think we'll be needing it."

Afterwards, the two therapists ran into each other in the coffee room. In relating the stories of their interviews, they were struck by how the interview process had, in each case, brought forth solutions that their respective client families had already been enacting, albeit unknowingly. Their two interviews were miles apart stylistically, but the similarities had aroused their curiosity.

Many readers will recognize the therapeutic approaches mentioned in this account as those of Michael White and Steve de Shazer, respectively. Although this story is a fictitious one, it is symbolic of the exploration in which we have engaged individually and together over the last four years. Our attraction to these approaches and our observation of their similarities and differences led us to try and to place these two therapeutic approaches in context.*

IT'S A MATTER OF STYLE

Therapists who have seen both of these innovators at work, live or on tape, will immediately be struck, as we were, by the stylistic differences between the two approaches. We have noted a couple of stylistic distinctions.

Micro vs. Macro

One point of contrast is that White's work is "macro" while de Shazer's is "micro." White's work attends to the larger social context. For instance, in his work with couples, he will sometimes discuss the societal demands of being a "modern couple" (White, 1986b); with a young woman experiencing anorexia, he may discuss the way in which "patriarchal ideas" have influenced her life (White, 1989b). White's language has a political flavor. His description of people as being "oppressed" by problems (White, 1988) suggests that to engender change is to lead people out of their oppression. There is also a political flavor attached to his criticism of psychodiagnostic labeling. With young people experiencing schizophrenia, he "challenge[s] the subjugating effects of scientific classification" (White, 1987a). White incites clients to rebel against the oppression of the externalized problem, against problem-supporting societal beliefs, and against classification and labeling. The image suggested is one of a political revolutionary fighter.

*Recently, Kate Kowalski and Michael Durrant (1990) and Matthew Selekman (1989, 1991) have published accounts of their work reflecting the shared influence of White and de Shazer.

De Shazer maintains a "micro" focus that is pragmatic and apoliti-cal. Family-of-origin data, gender, and the larger societal context do not enter into clinical conceptualizations. Rather than use language to incite clients and raise their consciousness, de Shazer uses presupposi-tional language to create the expectancy of change. To us, a Buddhist flavor is elicited (see Nunnally et al., 1986). The image suggested is that of a curious explorer searching for solutions.

Technology vs. Art

De Shazer's work has a technological flavor, while White's approach is more aesthetic. Without being dehumanizing, de Shazer's work has focused on developing maps for therapy that are teachable: "Ever since I began to do and study brief therapy in 1969, the question from observers, 'How did you decide to use that particular intervention?' has plagued me. . . . The question continues to be asked and answering it, or at least approaching an answer, is the purpose of this book" (1985, p. 3). Toward this end, de Shazer has adopted a minimalist stance, boiling therapy down to its essentials. He has pioneered the use of expert systems (de Shazer, 1988; Gingerich and de Shazer, 1991) to map some aspects of therapist decision-making. De Shazer acknowl-edges that this kind of map development does not account for the "art" of doing therapy.

White (1989a), on the other hand, has proposed "a therapy of liter-ary merit." With David Epston, he has turned to the text analogy as the organizing metaphor for his work: "[The text analogy] . . . made it possible to conceive of the evolution of lives and relationships in terms of the reading and writing of texts, insofar as every new reading of a text is a new interpretation of it, and thus a different writing of it" (White and Epston, 1990, p. 9). Individuals have living relationships with their stories; this creates a richness that transcends being recep-tors of new information or double description.

PRECURSORS

Bateson's Influence

Bateson (1972, 1979) serves as a formative influence for both White and de Shazer. Bateson's (1972) ideas of negative explanation, re-straint, and double description provide the principal theoretical map which guides White's (1986a) therapy. De Shazer (1985) used Bateson's

(1979) idea of double description to develop a metamap for conductin therapy. When the BFTC team compared multiple descriptions of t conduct of therapy, a "bonus" (i.e., an idea which is of a different clas than the class of descriptions already used) developed out of the diffe ences. This bonus provided the foundation for an early map (de Shaze 1985) of solution-focused therapy.

Sociology and Anthropology

Other influences upon White come from anthropology (Bruner, 198 1990; Evans-Pritchard, 1976; Turner, 1969; van Gennup, 1960), t sociology of institutions (Foucault, 1975, 1979; Gellner, 1975; Gof man, 1961), and the women's movement (Orbach, 1978). For exampl White (1986c) conceptualizes his "Ritual of Inclusion," as a ritual alor the lines of Turner's (1969) description of rituals in tribal societie Inpatient or residential treatment (Menses and Durrant, 1987; Whit 1987a) are seen as rites of passage.

Critics of objectifying social practices have influenced White (Ge ner, 1975; Evans-Pritchard, 1976). In their formulation, beliefs, parti ularly beliefs about the nature of clinical problems, are implicit. Suc beliefs construct meanings through which life events are viewed ar interpreted. White has identified psychodiagnostic labels, a particula expression of these implied beliefs, as a way in which scientific classi cation objectifies persons (Foucault, 1973). Social and spatial excl sion follows (Foucault, 1975, 1979; Stewart and Nodrick, 1990; Whit 1987a). More recently, in developing the text analogy, White has d pended upon the work of Jerome Bruner, a psychologist with link to anthropology, to describe how people develop narratives to crea meaning for themselves. White also incorporates feminist thought int his work. In his work with clients displaying eating disorders (Whit 1986c), and in marital therapy, particularly with respect to marit violence (White, 1986b), he traces how patriarchal beliefs maintain th problem.

One of de Shazer's descriptions for developing cooperation with cl ents comes from the sociological theory of games. To illustrate thi de Shazer (1985) describes the work of Robert Axelrod (1984). Axelro found that in the game Prisoner's Dilemma, a cooperative strateg was ultimately the most successful. The game provided de Shazer wit a model for therapists to cooperate with clients. Consistent with th macro/micro distinction we have drawn, White's roots in the soci sciences address larger societal contexts, while de Shazer's use of gam theory reflects an interest in small-scale, usually dyadic interaction.

The Narrative Tradition

Both de Shazer and White, in their more recent work, view therapy as a process of narrative development. As noted above, White has relied upon Foucault in discussing the objectification of persons. The objectification of persons is closely connected with the subjugation of knowledge (White and Epston, 1990). In clinical applications, a new narrative, distinct from the problem-saturated story, is co-authored to combat such subjugation of knowledge. The alternative narrative has not only a present but also a history. The historicizing of the narrative is in the service of White's goal of assisting clients to redefine their lives.

De Shazer views therapy as the development of a progressive narrative, one that justifies the conclusion that people are moving toward their goals (Gergen and Gergen, 1983, 1986). The progressive narrative is focused on the present and the future and is not historicized, since de Shazer's intent is to provide new definitions of contexts.

Deconstructivism

Recently, both de Shazer (1991) and White (this volume, Chapter 2) have acknowledged their reliance on deconstructivist philosophers, particularly Jacques Derrida (1978, 1981). Deconstruction, as defined by Anderson and Goolishian (1989, p. 11), is to:

> ... take apart the interpretive assumptions of a system of meaning that you are examining ... [so that] you reveal the assumptions on which the model is based. [As] these are revealed, you open up space for alternative understanding.

White deconstructs problem-saturated narratives that dominate clients' lives by introducing evidence of alternative stories. De Shazer uses Derrida's post-structuralist ideas about the co-construction of meaning as a launching point for his discussion about the nature of therapeutic conversations.

Milton Erickson's Influence

De Shazer (1975, 1978, 1979, 1980) has been heavily influenced by the work of Milton Erickson. This is particularly evident in his methods for having clients imagine problem-free futures, in communicating the inevitability of change, and in eliciting client cooperation. De Shazer has adapted Erickson's (1954) crystal ball technique, such that a standard part of the solution-focused model is to ask: "What will things be like for you and others when the problem is solved?" He notes, "Once

the client has a picture of success, ... he can spontaneously do something different so that this vision of the future ... can become reality" (1985, p. 84).

De Shazer has been influenced by Erickson regarding the development of "fit" between therapist and clients. For instance, de Shazer (1985, 1988) assists the client to develop a "yes set" (Erickson and Rossi, 1979) by offering therapeutic compliments about what the client is already doing well.

White does not cite Milton Erickson as an influence. However, many of White's questions are similar to Erickson's trance induction procedures. For example, White uses truisms and presuppositions, as in this relative influence question: "What do you think it is about the events that you have related that tells me that you still have some influence in the life of the problem?" (White, 1989a). Many of White's questions have a confusional aspect: "Now that you are history-makers, that is, you have taken on the writing of your history from the writer of your old history, how has this history-making status changed your future from the future that has been assigned to you?" (1989b). Splitting is the hypnotic technique of using verbal juxtaposition to draw a distinction between two opposite experiences (O'Hanlon, 1987), as in this question from White: "I now have two pictures of you as a person, the old one and the new one, and I find the difference between them arresting. If you could hold these two pictures steady in your mind and compare them, what do you think you would discover about yourself?" (1987a). In fact, in referring to an old story and a new story, White is constantly using splitting to introduce multiple descriptions.

O'Hanlon and Weiner-Davis (1989) have suggested that Erickson's most important legacy is the utilization approach. Although White uses language that could be viewed as trance-inducing, he would be disinclined to utilize a problem pattern, instead inviting clients to oppose the oppression of a problem in their lives. In his early work, de Shazer (1985) developed a systematic approach to symptom utilization, in which fit was seen as a relationship between a problem pattern and a solution pattern. Thus, de Shazer's utilization orientation stands in contrast to White's against-the-problem orientation as one of the central distinctions between these approaches.*

---

*Alan Jenkins (1990), who has adapted White's approach in his work with abusive men, will ask such men whether they are "man enough" to take a stand against violence. From an Ericksonian frame, he is utilizing "patriarchy" or "macho-ness." The point is that these ideas are subject to multiple levels of analysis. Creative therapists combine models and enrich their own clinical work.

PROBLEM DEVELOPMENT AND MAINTENANCE

Problem Development

As might be expected, neither White nor de Shazer focuses much on causal explanations for specific problems. Like other constructivists, they focus on the generic processes involved in the development of clinical problems.

White's earlier ideas about etiology come from second cybernetics. Quoting Maruyama (1963), he states that problems develop when some "small and insignificant or accidental kick" triggers a process that amplifies the feedback such that the original conditions are lost. Over time the deviation is amplified, leading to the occurrence of entrenched clinical problems.

White (1984) further asserts that the search for etiological explanations leads to purposive notions that generate vicious cycles of guilt and blame, exacerbating the problem. Part of the etiology of a problem is the search for etiology. To challenge these notions, he suggests that the therapist, "after painstakingly taking a history of the problem, [announce] that s/he is sure ... that the problem has been caused by at least one out of seven identifiable chance events [which could be] narrowed down to three or four possibilities with a further 10–15 years research ..." (1984, p. 153).

Complementing these ideas are de Shazer's assumptions about how complaints develop. Assumption one is that "Complaints involve behavior brought about by the client's world view" (1985, p. 23). According to assumption two, "complaints are maintained by the clients' idea that what they decided to do about the original difficulty was the only right and logical thing to do" (1985, p. 25). De Shazer suggests that this "either/or thinking" restrains the search for solutions, resulting in the transformation of life problems ("one damn thing after another") into clinical problems ("the same damn thing over and over"). De Shazer suggests that virtually any course of action other than searching for the "correct" etiological explanation might lead to solution.

Problem Maintenance

White's (1986a) early description of how problems are maintained springs from Bateson's (1972) ideas of negative explanation. Rather than searching for a causal explanation for a problematic behavior, negative explanation focuses on what restrains people from taking alternative courses of action. Restraints, according to White, are of two kinds: those of redundancy and those of feedback. Restraints of redundancy are constraining beliefs and world views held by the client—essentially either/or thinking. Restraints of feedback are unhelpful circular patterns.

Using the text analogy to organize therapy gives another view of problem maintenance. Clients are immersed in dominant "problem-saturated" narratives. However, there are significant and vital aspects of their lived experience that contradict these dominant narratives (White, 1989a). Yet, these contradictions, or unique outcomes (Goffman, 1961) are not experienced by clients.

Neither White or de Shazer finds the concept of symptom functionality clinically useful. Approaches that embrace symptom functionality (e.g., Haley, 1976; Madanes, 1984; Minuchin, 1984; Selvini Palazzoli et al., 1980) would say that the problem is a solution (to another problem). This assertion has never made sense to White (1987b) who thinks "the problem is the problem" and sees people as oppressed by problems (White, 1988). De Shazer's work criticizes the belief in symptom functionality on the pragmatic grounds that it unnecessarily widens the problem definition: "the child's bed-wetting can be seen as if 'coming between the parents,' and thus an even bigger problem ... can evolve" (1985, p. 24).

Resistance is another construct rejected by both White and de Shazer. White does not mention the word "resistance" in his published work. De Shazer pans the idea:

> Over and over I found people sent to me by other therapists (complete with the label "resistant client") to be both desperate for change and highly cooperative.... [The] idea that [clients] are going to resist change is at least misguided. In fact, with this kind of idea in mind, the therapist can actually generate "resistance" ... or noncooperation, if not conflict. That is, the therapist's notions could generate a self-fulfilling prophecy with an unsuccessful outcome (1985, pp. 15–16).

THE CHANGE PROCESS

Readiness for Change

Related to the idea of resistance is the idea of readiness for change. For strategic therapists, readiness is an inherent state characterized by the clients' willingness to follow directives. De Shazer, however, eschews ideas of inherent readiness. Although his description of "visitors," "complainants," and "customers" is at times mistaken for a clas-

sification system of clients based on their motivation or readiness, he makes it clear that these labels are descriptive of the relationship between the therapist and client system. The interactional concept of "fit" between therapist and client system is much more clinically useful than the linear concepts of "motivation" or "readiness."

By contrast, White (1986a) refers to readiness as a condition that allows new ideas and descriptions to endure. White prepares the family to receive news of difference by introducing a "new code book," consisting of a cybernetic world view and novel premises about the problem, thus challenging the family's beliefs about the problem. This contributes to the endurance of new ideas in the client system.

Theory of Change

Turning to a more general discussion of the nature of change, Nunnally et al. (1986) trace BFTC's use of various metaphors for the change process. Maruyama's (1963) ideas of deviation-amplifying feedback and Wilden's (1980) ideas (derived from Bateson) about information in systems were found to be among the most useful to the BFTC team. The team's main dissatisfaction with them stemmed from their lack of attention to the role of the therapist/observer in the system; also, these metaphors were not prescriptive of therapist behavior. The "Buddhist view of change" suggests that change is constant and stability is an illusion. All kinds of change are occurring at the same time, a view consistent with both Erickson and Bateson (Nunnally et al., 1986). "Differences that make a difference" are contrasted with "differences that do not make a difference." Incorporating these ideas, Nunnally et al. summarize their view of change in this way: "Simply, satisfactory clinical change . . . is **constructed** by the therapist and the client out of various differences which are part of the constant process of change. . . . Whether a difference is part of making life more satisfactory is a matter of perception and interpretation, not fact" (p. 90). The BFTC team then turned its attention to the more pragmatic concern of the process of solution development.

Munro (1987), writing prior to White's publication of his use of the text analogy, notes that White's earlier theory of change was also based upon deviation-amplifying feedback. This is consistent with White's later explanations of change, based on Bateson's ideas of double description (White, 1986a). After preparing the family to receive news of difference, an alternative description of the problem situation is given. As family members receive the new description as "news," possibilities are opened for the family.

The emphasis on finding and highlighting alternative descriptio is continued in White's later published work (1988, 1989a; White a Epston, 1990). Identifying "unique outcomes" is necessary to t change process. Unique outcomes go unrecognized unless a context created for their selection. "[To] pluck the new from the random quires some sort of selective machinery to account for the ongoi persistence of the new idea" (Bateson, 1979, p. 49).

The theories of change espoused by White and de Shazer are esse tially the same. Yet, the operationalization of these ideas is quite d ferent. In the next section, we will describe the procedural aspects each approach.

PROCEDURAL DESCRIPTION

White

Following a period of joining, White obtains an account of the natu of the problem and the oppressive nature of the family's experien Then, a "new code book" is developed (White, 1986a). This proce prepares the family for the receipt of news of difference by introduci a cybernetic world view and introducing specific premises about t problem-maintaining complementarities in the family. Cybernet questions address the relationship between the family and the wor at large (e.g., "If the media successfully deceives a woman into belie ing she is only making a contribution when she is preoccupied wi food and weight . . . how could this state of deception make it difficu for [her] to experience an entitlement to her own course in life?" [1989 p. 69]). Complementary questions address the relationship betwee family members (e.g., "How does your disappearance in life invite ot ers to make a stronger appearance in your life?" "How does yo daughter's disappearance in life invite you to make a stronger appea ance in her life?" [1989b, p. 72]).

Next, the problem is externalized (White, 1988). In externalizati "cultural practices of objectification are utilized against cultural pra tices of objectification" (White, 1987a). Relative influence is then tablished by eliciting descriptions of the influence of the problem the family, and of the influence of the family on the problem. Typicall the latter is more difficult, so unique outcome questions (White, 1989 are used. These could be direct (e.g., "Can you recall an occasion whe you could have given into the problem but didn't?" [1989a, p. 41]) indirect (e.g., "What do you think it is about the events that you ha related that tells me that you still have some influence in the life

the problem?" [1989a, p. 42]). Unique outcomes are historicized, and the problem-ridden narrative is deconstructed. Collapsing time may be used to trace the future course of a problem-saturated lifestyle if it were to persist. This process combats the phenomenon of accommodation by providing a stark contrast of descriptions. Next White raises a dilemma, in which he asks whether the clients wish to pursue a radical course of action in seeking to overcome the problem, as opposed to a conservative direction of further accommodating themselves to the problem. Experiments are devised for the family to decide which course to take.

When families decide upon a radical direction, White (1984) assists them in developing concrete ways to turn the tables on the problem. Change is responded to by highlighting it, sometimes through the use of awards, certificates, and other ritualized symbols (White and Epston, 1990), by the therapist expressing surprise and astonishment (White, 1985) – he may literally fall off his chair (White, 1987b) – or through the use of unique account questions and unique possibility questions (White, 1989a). The former focus on patterns formed by a multiplicity of unique outcomes (e.g., "What do you think that this achievement, as a signpost, tells me about the nature of your new direction?"), while the latter focus on the future implications of present changes ("What difference will knowing this make to your next steps?"). Prediction of relapse as a normal part of change can be introduced by the therapist to forestall a "back to square one" belief and to invite discussion of contingency plans.

Our description provides a general account of White's procedure. Of course, each case requires modifications. Externalization, for example, may not be appropriate in all cases. Cybernetic questions lend themselves well to problems with clear societal (usually gender-based) connections such as anorexia or marital conflict, but not so well to problems such as childhood fears or encopresis.

de Shazer

Solution-focused therapy generally begins with a period of joining and rapport-building. A brief description of the presenting complaint is elicited. If the client cannot construct a complaint, clients should be given compliments only and no therapeutic task. The therapist should relate to the clients as visitor (de Shazer, 1988).

If the client can construct a complaint, then the therapist searches for exceptions. In the case where the clients have experienced exceptions to the problem, it is important to elicit a description of how the complaint situation differs from the exception. If these differences can

be elaborated clearly by the client, a direct prescription can be given to enact the described solution (Molnar and de Shazer, 1987). If exceptions have been experienced but the client cannot elaborate the difference between the problem situation and the exception, two courses of action can be taken. Tasks of observation (e.g., "Pay attention to what you do the next time you overcome the urge to [enact the problem]") can be used when clients perceive themselves as in control of the situation. Tasks of prediction (e.g., "Predict whether the next [time period] will have more instances of [exception to the problem]") can be used when clients perceive themselves not to be in control of events.

When the client cannot identify an exception, then the therapist's efforts are focused upon the development of hypothetical solutions ("How will you know when the problem is solved?"). If the solution description offered by the client is vague, then the Formula First-Session Task is delivered ("Between now and the next time we meet, we would like you to observe, so that you can describe to use next time, what happens in your family that you want to continue to have happen"). If the hypothetical solution is clear, then a direct prescription to enact it may be offered.

If the complaint pattern is part of a global frame, that is, an elaborate world view that provides the context not only for the problem but also for the client's life, then the frame needs to be deconstructed. Doubt is introduced when discrepancies in the logic of the frame are distinguished by the therapist and brought to the client's awareness (de Shazer, 1988).

The conduct of further sessions depends upon the clients' report on the effect of the intervention message in the previous session. When clients report behaviors and experiences that they want to continue, the therapist questions the family to clarify the appreciated changes. After this is clear to family members, the therapist focuses on expanding and maintaining these descriptions into the future (Lipchik and de Shazer, 1986).

When the family has followed a prescribed task in a straightforward way but no change is experienced, the problem may need to be redefined. If the family has not followed a prescribed task, then tasks of prediction or observation may fit better with the client system (de Shazer, 1988).

Use of Questions

Both White and de Shazer use questions to elicit, clarify, and enhance descriptions of times that the problem is not influential in clients' lives. White calls these "unique outcomes," while de Shazer calls them

"exceptions." White equates unique outcomes with exceptions, noting that "the idea of exceptions produces 'exceptional persons' and that of unique outcomes produces 'unique persons'" (1989a, p. 37). We think that White has taken the term "exceptions" beyond the scope of de Shazer's intended meaning. White's intent is to co-construct new descriptions of clients, while de Shazer's intent is to introduce a new definition of a context. "Unique account" questions invite families to connect a number of unique outcomes. "Unique redescription" questions invite family members to ascribe significance to the unique outcomes and unique accounts through redescription of themselves, others, and their relationships. For example: "Do you think that the new picture of you that accompanies this new direction suits your sort of person more than the old picture did? If so, why does it suit you better?" (White, 1989a, p. 43). These new descriptions go beyond "internalizing personal agency" (Tomm, 1989) to internalize new qualities, attributes, and stories. De Shazer's questioning elicits and amplifies solution patterns in order to redefine contexts (Lipchik and de Shazer, 1986).

Hypothesizing

As we have noted above, neither White nor de Shazer finds the idea of symptoms serving functions in families very useful. Nor do they use the hypothesis-testing approach of the Milan team (Selvini Palazzoli et al., 1980). They would probably agree with O'Hanlon's (1986) views on hypothesizing:

> The Milan folks are fond of saying that one shouldn't "marry" one's hypothesis, but I'm more inclined to say one shouldn't even out go on a date with one. I think hypotheses are mere distractions at best and at worst become self (or other-) fulfilling prophesies (sic). . . . [A]ll brief therapists ought to have [couches] in their offices . . . for the therapist to use whenever he gets a hypothesis – he should lie down until it goes away! (p. 33)

RELATIONSHIP TO OTHER APPROACHES

White

Munro's (1987) description and analysis of White's work contrasted it with a number of other approaches. For instance, White's work and the Milan approach operationalize Bateson's ideas quite differently. The Milan associates introduce information through circular question-

ing (Fleuridas, Nelson, and Rosenthal, 1986), which draws forth differences between and among family members with respect to belie behaviors, and relationships. White, by contrast, introduces inform tion by challenging the family's problem-saturated description w a second description, de-emphasizing differences between fam members. Munro suggests that White precedes *as if* there is an jective reality (i.e., the second description) which is to be preferr over other constructions of reality, while the Milan approach takes t position that there is no objective "truth." Moreover, while the Mil approach considers the effect of the observer on the system, Mun commenting upon an earlier description of White's work, states th he does not refer to the effect of the observer on the system. She sta that for these reasons the White approach is a first order cyberne approach.

Since the publication of Munro's article in 1987, White has elal rated his approach to reflect a second cybernetic approach. First, use of the text analogy (White, 1989a; White and Epston, 1990) su gests that he is co-authoring new stories with his clients. Second White's use of questions (White, 1989a) makes it quite clear that conceptualizes a therapist-client system. For example, the questi "What sort of journey in life do you think I am associating with t landmark?" would confirm this view. We would therefore consi White's approach, like the Milan model, to be a second cyberne approach. In considering Sluzki's (1983) description of systemic the pies, White's approach is, like the Milan model, a world-view-bas approach. This would be consistent with our view that White's the peutic intent is to introduce redefinitions of persons.

de Shazer

In terms of related approaches, the "closest cousin" of the soluti focused approach is the MRI model (Watzlawick, Weakland, a Fisch, 1974). In fact, Munro (1987) placed de Shazer and MRI togetl as first order cybernetic models. Both approaches focus narrowly interactional patterns, the problem pattern in the case of MRI, t solution pattern in the case of de Shazer. Both focus on either/or thi ing as a process through which problems are maintained. Also, bo have focused upon deviation-amplifying feedback as a model for scribing the change process. As de Shazer states: "Only a small char is necessary" (1985, p. 16).

Solution-focused approaches differ from MRI in their emphasis the fit between the therapist and client. For instance, in the M

approach the therapist "sells" a reframe as reality (Munro, 1987), while a solution-focused approach would match the cooperating style of the clients and co-construct an alternative reality with them. An MRI therapist might create an ordeal or devil's pact to increase client "motivation" for change, while a solution-focused therapist would assess whether a "visitor," "complaint," or "customer" relationship exists. Because of the emphasis on fit and the role of the therapist in the system, we see de Shazer's approach as a second order cybernetic approach. The emphasis on interactional patterns suggests that, in Sluzki's (1983) conceptualization, it would be a process-oriented expression of systemic therapy. This would be consistent with a therapeutic intent to redefine contexts.

THE EVOLUTION OF CONSTRUCTIONIST/SYSTEMIC THERAPY

Real (1990) has traced the evolution of constructionist/systemic therapies. Currently these therapies are evolving from a "Batesonian, information based phase," in which the prime metaphor for therapy is creation of "news of difference," toward a "constructionist or language-based phase." This shift reflects a move from "observed" to "observing" systems (von Foerster, 1981). The central metaphor for therapy is that of a conversation.

White's work of five years ago (e.g., White, 1986a) clearly reflects the Batesonian information-based phase. Double description was the organizing principle for his work. His more recent introduction of the text analogy (White and Epston, 1990) suggests that his work, while quite similar, has evolved toward more of a language-based mode. Co-authoring a new story seems a much more collaborative description of therapy than introducing double description.

At first glance, de Shazer's (1982, 1985, 1988) work seems to have more in common with the Batesonian, information-based tradition, through its focus on disrupting patterns of either/or thinking and on interventive interviewing (Lipchik and de Shazer, 1986). A focus on co-creation of therapeutic realities appeared strongly in 1988, when de Shazer began to conceptualize "fit" differently than before. "Fit" previously referred to "the relationship between the intervention and satisfactory positive patterns" (Molnar and de Shazer, 1987, p. 350; cf. de Shazer, 1985), but evolved to refer to the relationship between therapist and the client system:

Throughout the session, the therapist needs to be developing fit with th person or people she is interviewing. This kind of relationship . . . involve a special kind of closeness, responsiveness, or harmony. . . . Fit is a mutu process involving both therapist and the people he is conversing with du ing which they come to trust each other, pay close attention to each othe and accept each other's world view as valid, valuable, and meaningfu (1988, p. 90)

Although de Shazer's work tends to be seen as exception-based, th development of fit is an indispensable feature of the solution-focuse model. This co-constructivist slant suggests a fit with a languag based description. More recently, de Shazer (1991) has referred to ther apy as a "language game" and as a process of narrative developmen clearly reflecting his shift with the rest of the field toward a languag based description.

CONCLUSION

Although theoretically very compatible, the therapeutic approache of Michael White and Steve de Shazer are stylistically and operatior ally very different. The central distinctions are differences in thera peutic intent (redefining persons vs. redefining contexts) and stanc toward the problem (against the problem approach vs. utilization ap proach). We view these approaches as alternative second cyberneti models that function to empower clients. Their focus on strength and solutions places them at the cutting edge of a new tradition o co-constructivism in psychotherapy.

Commentary:

de Shazer & White: Vive la Différence

Steve de Shazer

CLEARLY, JEFF CHANG and Michele Phillips have done a meticulous, thorough job. My colleagues and I are quite impressed. Trying to tie together an evolving model such as ours is no easy task because, at any time, something might happen that prompts yet another shift in "style" or emphasis and thus a shift in how one reads what one reads. The authors have captured at least some of this evolution through reading the various books and papers my team and I have published between 1975 and 1991. Not only have they read widely, they have read quite well.*

I have two sorts of comments to make on this essay. The first are about the authors' view of our work and the second are about their comparison project. (I am glad to have this opportunity to look at the work of Michael White. The conference in Tulsa gave me my first opportunity to see videotapes of his work and commenting on this paper "forced" me to try to pull together my impressions.)

*In this regard, I think that they under-read what I (we) have written about our "miracle question" and thus have seen our work as more "exception-based" than it actually is.

INTRODUCTION

As I see things, as a rule-of-thumb, one theoretical statement can be expressed with about 40 clinical statements/practices/skills/techniques. So there is nothing inherently impossible about having two, or three, or even many separate, highly distinct practices being seen as based on the same or very similar theoretical expressions. In fact, it is highly likely. Importantly as I see it, however, one must be able to "reason back" to theory from direct observations of practice: the two different expressions must fit.

I think it is important to note in this context that "different" means "unlike," "not the same," "not alike," such as *2 plus 2* is different from and unlike *3 plus 1*, and both are different from and unlike *2 times 2*. All three equations are similar in that they all equal four, but "similar" does not mean "the same," and the differences between them might be said to add to the richness of our description of the concept "4." Difference has nothing whatsoever to do with value judgments such as "right," "wrong," "good," "bad," "better," "worse," "inferior," "superior." Simply, distinction and difference are what allows us to prevent everything from being the same. We use words to mark distinctions and difference. Although words mean how we use them (Wittgenstein, 1968), Humpty Dumpty was dead wrong when he said "When I use a word . . . it means just what I choose it to mean—neither more nor less." "The question is," said Alice, "whether you can make words mean so many different things." And Humpty Dumpty was quite right when he continued, "The question is . . . which is to be master—that's all" (Carroll, 1972, p. 90). And Jacques Derrida (1978, 1981) is right when he says that the answer to Humpty Dumpty's question is: It is the word that is master, not its user. A word always means both more and less than we, as users, as authors, mean it to mean.

THE FAMILY THERAPY, BRIEF THERAPY DISTINCTION

It seems to me that the sameness seen by Chang and Phillips is at least in part due to their situating both my work and White's within "family therapy." A careful look at or (mis)reading* of my works, even

*I am convinced that reading with any certainty that one has gotten at what the author meant is impossible. Therefore, I will use the term "misread" to suggest that my (mis)reading, like all (mis)readings, is only one of many possible interpretations of what has been written.

my early writing, will reveal that I do not and have not situated my work within the family therapy tradition. Rather, I have all along referred to my work as "brief therapy."*

This distinction is far from trivial. For instance, within the "family therapy tradition" the family is usually seen as the patient, while in the brief therapy tradition the "patient" (if that term can be used here only for the purpose of comparison) is seen as the problem/solution the client and therapist are working on (de Shazer, 1991).

Of course, it might be thought that this distinction inhibits or restrains me from seeing the sameness and similarities that Chang and Phillips see. However, the first of Michael White's papers that I remember reading (White, 1986a) gave me the idea that similar developments were evolving within the family therapy tradition and I eagerly looked forward to seeing how his work with clients resembled mine. (Unfortunately, it turned out that I was to have a long wait.) I was more than happy to see a certain family resemblance between his written work and mine. Subsequently, people in seminars, workshops, and trainings asked about similarities and differences in such a way that I began to get the idea that the differences might be more significant; my reading of his later papers led me in the same direction. However, I wanted to wait until I had seen his work with clients to reach any conclusion on this.

TECHNOLOGY AND SCIENCE

In regards to the "technological" aspects of our work, I think that "Technology vs. Art" is a muddle-making distinction and thus a distraction. (As far as I know/remember, I have not used the term "science" to refer to my work nor have I used the scientific term "replicable" and I do not refer to "empirical" methods. Our view is closer to Lincoln and Guba's (1985) concept of "transferability." My point of view is far simpler and far less "profound.")

As we watch a performer, whether it is a sax player or a center fielder, we are watching the culmination of a long practice. That is, in order for a performer to perform, she must master the basic techniques

---

*By necessity, I have been forced to publish in the family therapy journals since there are, as yet, no equivalent brief therapy journals. This, of course, dilutes the usefulness of the distinction between "brief therapy" and "family therapy." The original name of our institute, Brief Family Therapy Center, was a compromise developed by the brief therapists and the family therapists who comprised the original group. This did not help to keep the distinction as clear-cut as I would have liked.

---

and have absolute control over her horn. This is true in the classi[cal] music world and, perhaps more so, in the jazz world and it is certai[n] true in center field. Without a mastery of the basic skills, the "how" performance is a mystery. To some extent, the doing of therapy a[nd] the doing of jazz and baseball are very similar. At each point alo[ng] the way, the performer (therapist and/or the musician and/or cent[er] fielder) "spontaneously" decides* which of his skills are germane wit[h] the context of the endeavor. Without the basic skills, by blowing in[to] a sax he might be lucky to produce a squak (sic). A therapist witho[ut] basic skills? Well, I have observed many a session during which thin[gs] went from bad to worse.

Empiricism and positivism (and the associated term "replicate") [do] not come into it at all. The primary purpose of the so-called technolog[i]cal side of our work is to describe the basic therapist skills of solutio[n] development with some rigor so that someone can learn them.

CONSTRUCTION, DESTRUCTION, DECONSTRUCTION

> How can I say what I know with words whose signification is multiple?
>
> —*Edmond Jabès (1959, p. 41)*

Elsewhere in this volume, John H. Weakland (Chapter 6) warns u[s] about the abuse of terminology and the all too frequent resulting mud[d]les and confusions. Chang and Phillips have pointed out that White and I (seen as "constructivists" in the way "family therapy" uses the term) both use the term "deconstruction" in our writings to refer to some aspects of our clinical work. In my view, Chang and Phillips are led astray, that is, enticed or seduced into seeing false similarities by the fact that White and I both use the term "deconstruction," although each of us uses it in a very different way.

Although there is no unified definition of "deconstruction," and one would be neither possible nor desirable, nonetheless there is a certain family resemblance among deconstructivist activities (Norris, 1982, 1983). For instance, Elizabeth Grosz (1990) in her feminist study of Jacques Lacan describes "deconstruction" as involving "a very careful, patient reading of the text," involving looking at a text "from a point

---

*These "spontaneous decisions" an observer might see as illustrations of "rule-following"—hence our work with expert systems.

of view sympathetic to the text's concerns and its logic; and at the same time, reading it from the point of view of what is left out, foreclosed, or unarticulated by it but is necessary for its functioning." Thus, this mode of "reading a text from both inside and outside its terms, i.e., from its margins, must remain ambivalently an act of love and respect, and of self-assertion and critical distancing" (Grosz, 1990, p. 190).

The unit of analysis here is author and text and reader; if we carry over the framework of this activity into the therapy world, the unit of analysis is client(s) and therapist and the conversation they have together about the client's concerns. These approaches attempt to use the structure of a construction (including what is left out, foreclosed, etc.) to open up the construction itself, thus allowing space for new meanings to develop.

As I see it, this is reflected in our use of the client's own language and logic (rather than ours) to put any difference that is noticed to work in such a way that difference opens up the possibility of new meanings, behaviors, etc., developing.

While White acknowledges that his use of the term "deconstruction" is not synonymous with the academic definition, what he seems to be talking about is a radical, critical dismantling or undoing of the clients' construction of reality. Academically, this seems closer to a Heideggerian *"destrukion"* (Gasche, 1986, p. 111), a destruction of a construction *from the outside.* This seems to be reflected in White's use of what the authors call his political "code book" as a tool for challenging the family's beliefs. Although the term "deconstruction" may seem preferable within the context of "family therapy's" use of the term "constructivism," the term "destruction" is a perfectly useful, long accepted, and highly respected name for this kind of activity.

DIFFERENCE

Now to my central point: I disagree with the authors' assertion that "the theories of change espoused by White and de Shazer are essentially the same"* (p. 105). As a context in which to make clear the differences between what I see as radically distinct theories of change, I want to describe and exhibit the radical distinction between White's concept of "unique outcomes" and our concept of "exceptions" and the

*Or, as an alternative, White's practice is severely disjunct from his theory and/or his theory is disjunct from his practice.

related or consequent radical distinction between "anti-problem" and "solution."

First, I disagree with White's (1986b) statement that the term/concepts "unique outcomes" and "exceptions" are the same, are in fact interchangeable, and thus that "unique outcomes" produce "unique" persons while "exceptions" produce "exceptional" ones. The word "unique" suggests that it is a one-time event and misses the point and the word "outcome" means an end point: Exceptions are times or, better, depictions of times when the complaint is absent; the term "exceptions" always has a plural form. Exceptions to the rule of the complaint are always seen as repeatable to the point where "the exception becomes the new rule," an idea missed entirely by the term "unique outcome" which implies nonrepeatability (since an "outcome" is usually defined as an end or a result). (Furthermore, a point of rhetoric: Although I realize that White is using a trope, a figure of speech, nonetheless: Concepts cannot produce people.)

Second, I also disagree with the authors' idea that "unique outcomes" are used to redefine persons while situations are redefined via "exceptions." As far as I can see, when people are talking about the situations (contexts) they are in, then talking about that situation also involves the people in that situation. One must be careful not to abstract the people from the context or the context from the people.

As I see it, our concept of exceptions is broader than that: "Exceptions" are seen by us as signs and/or signals and/or indications and/or behavior(s) and/or thinking and/or talk that indicate that *a solution has already begun!* That is, neither is the context reified nor are the people abstracted from the situation.

So far, my comments have been based on what has been written about "exceptions" and "unique outcomes." Now I want to relate practice to theory to practice.

Based on the videotape White showed in Tulsa (which I assume was meant to illustrate current practice/theory as were the videotapes I showed there), I find it surprising and interesting that White seems to use "unique outcomes" as a tool in the battle against the power of anorexia. As I see it, what the authors call White's political "code book" is what establishes the equation "unique outcomes" equals "anti-anorexia." This sets up "pro-anorexia vs. anti-anorexia," which leaves the focus precisely on "anorexia." That is, the "anorexia" is still the focal point of life and thus "anorexia" has lost none of its "power to oppress." In fact, it now has two ways to "oppress the victim" (including the whole family), i.e., "pro-" and "anti-" ways. His behavior during the session indicates that he thinks that he has a better way: He

introduces his "code book," his cybernetic/political jargon, his world view; in short, his language is used rather than the client's language. (Another point of difference between the two practices and theories which I think is far from trivial [see above].)

Thus my view, my misreading of Michael White's practice, agrees with Munro's and disagrees with the authors': White's practice strongly suggests that he does indeed believe in an objective reality. Using his "code book," he is going to teach clients a better way (or ways) to deal with that reality. He confirms for them that anorexia is powerful and it needs continued "anti" practices to keep it in its place, i.e., under control. It is not a "both/and" practice but an "either/or" practice: Something is *either* "pro-anorexia" *or* it is "anti-anorexia."

Thus, going from theory to practice to theory confirms for me that there are crucial differences between White's concept of "unique outcomes" and our concept of "exceptions" as reflected in his practice. These differences are even more salient than I had previously believed. White draws a "pro-problem"/"anti-problem (unique outcomes)" distinction, while I draw a "problem"/"solution (exception)" distinction. It is clear to me now that his "anti," his concept of "unique outcomes" is on the "problem" side of my distinction. His clinical practice of constructing the historical predictability of the "unique outcome" undermines its *uniqueness* and emphasizes the *outcome* or the end of a long process. The "unique outcome" is now just as historical as the problem of which it becomes just one part. Since the "unique outcome" is constructed as a historically predictable event, then it is just as causally determined as the rest of the problem, rather than the turning point that I had thought he was describing. As such, it leaves the concept of "anorexia" intact.

Thus Michael White's view is a very traditional one. It is, in fact, similar to the traditional view of alcoholism that states that, even though a person has not had a drink in 20 years, he is, nonetheless, an alcoholic. Reasonably enough, this point of view leads to the development of a parallel "anti-anorexia league,"* which was much discussed (in Tulsa) by White's co-author David Epston. That is, externalizing the problem and the unique outcome, objectifies and reifies them: In practice, "anorexia" exists as a real thing.

In contrast, as I see it, "exceptions" point to the start of a new

---

*This of course means that we can look forward to the development of some new ACOA, "adult children of anorexics." And then, of course, any nonstandard treatment that works will be dismissed because the patient was not a "real anorexic."

life without the problem, i.e., with *neither* "pro-anorexia" *nor* "anti-anorexia." Thus, once exceptions have been depicted, we will begin to refer to the problem as "it" and situate it in the past. Therefore, I want to continue to draw a radical distinction between "unique outcomes" and "exceptions," which I think are vastly different concepts and part of a vastly different theory of change.

White's concept of "solution" is a classical one in which the solution is intimately connected to, dependent upon, and determined by the "problem" (both "pro" and "anti" forces). Beginning in 1982, and, I hope, with increasing clarity since then (de Shazer, 1985, 1988, 1991), we have been drawing a radical distinction between "problem" and "solution," describing what is only a nominal relationship between the two concepts.

In terms of therapeutic outcome, White's approach may well work. I don't doubt that. The "anti-anorexia" may replace the "pro-anorexia" and thus the client may well be satisfied. As I see it, it is okay that "anti-anorexia" becomes a beneficial symptom substitution as long as clients do not complain about it and are satisfied. They will probably forget about it after some time.

CONCLUSION

I want to thank Jeff Chang, Michele Phillips, Michael White, and the organizers of the Tulsa conference for giving me this opportunity to clarify my thinking about the similarities and differences between White's approach and mine. The differences between them might be said to add to the richness of our description of the concept "therapy." Now it is time to see if these differences can be put to work in some useful way.

Now I have a way to respond when I am asked by workshop participants to compare and contrast my work with that of Michael White's. (My usual response over the years has been "I cannot do it because I have never seen him work."*) Now that I have seen videotapes of his work and have misread this paper, I can at least begin to respond to these requests for comparison.

"Unique outcomes" and "exceptions" are vastly different concepts. They lead to, follow from, and are related to vastly different clinical practices and theories of change. "Unique outcomes" are used in prac-

---

*I do not know what his response has been to the request for comparison. I would not base a comparison just on written works.

tice as part of the war against the problem, while "exceptions" are used as proof that the solution has already begun.

Thus I am impressed more by the differences than I am by any similarities. In fact, the differences substantiate and reaffirm my thesis that the two approaches are members of different families (problem focused/solution focused), different traditions (family therapy/brief therapy), and are not "theoretically compatible" at all! Metaphorically, the relationship between the two theories, models, and practices is similar to the relationship between apples and pineapples. That is, the term "apples" in the names of these two very different fruits implies and suggests a similarity that is nonexistent.

Commentary: The Histories of the Present

Michael White

I WAS RATHER HESITANT about putting together a response to the Jeff Chang and Michele Phillip's chapter, and wound up leaving this task to the last minute. This hesitation wasn't to do with what Jeff and Michele had written. In fact I really admire their piece. Apart from anything else, it reflects uncommonly good scholarship. To review, in the space of one chapter, Steve de Shazer's work as well as my own, and to include an account of the development of our current ideas and practices as well as a comparison of these, is no small task. To do so, and to demonstrate an understanding of some of the more subtle nuances of the respective approaches is indeed a significant achievement.

My hesitation related more to questions that I had about what sort of response from me might contribute further to the discussion. These questions related to several factors. First, what sort of commentary on Jeff and Michele's comparison would be likely to advance the discussion? Their piece was thorough, and I agreed with many of their conclusions—at least those that pertained to my work (although the speculation that ideas from hypnotherapy may have played a significant role in the development of my work does not strike a chord).

Second, I experienced some degree of trepidation about the idea of comparing my work with Steve's if this required me to generate some characterizations of his work. I had, in a 1988 publication, commented

on what I assumed to be similarities in our respective ideas of exceptions and unique outcomes, even suggesting that the terms were interchangeable. Subsequently, Steve strongly repudiated this. In hindsight I realize that I drew this comparison without having developed anything like a reasonable familiarity with his work, and regard this repudiation to be correct—although I do not agree with the terms of it. While I do appreciate the generosity suggested in Steve's position on "(mis)reading," I am sure that a distinction can be drawn between informed (mis)reading and misinformed (mis)reading. I had assumed a familiarity with his work that I didn't have, and for this I owe him an apology.

The third factor that figured in my hesitation over this response relates to Steve's essay on the piece by Jeff and Michele, which he sent to me some time ago. Steve's account of my work, or, as he would probably prefer, his (mis)reading of my work, rendered it mostly unrecognizable to me. Despite the fact that this is an account of my work that is obviously shared in a particular community of persons, comprising Steve de Shazer, Insoo Kim Berg, Larry Hopwood, Jane Kashnig and Scott Miller, it was not "experience-near" enough for me (or experience-near enough for another community of persons) to enter into some dialogue over and to learn from.

Given this, and considering that I have only a passing acquaintance (but hopefully now a better informed one) with Steve's work, I eventually decided that I might best contribute to the discussion by elaborating more on particular aspects of my own work. However, before I proceed to do this, I would like to make just a few comments on what I perceive to be a couple of Steve de Shazer's general but important contributions to this field.

In my view, Steve de Shazer has played a key role in challenging the pathologizing and deficit-based thinking and practices that have so saturated the culture of psychotherapy. It is not possible to overestimate this contribution when one considers the fact that the invention of psychopathology is probably the most central and significant achievement of the culture of psychotherapy. He has directly challenged not only this invention, but also the very subjugating practices that are associated with it. And he goes further than this. He also eschews the structuralist and the functionalist traditions of thought that made possible, in the first place, the construction of the psychopathologies, the disorders, and the dysfunctions. Although it entirely depends on one's definition of "political," I can't help but observe a political aspect of this achievement.

Another contribution relates to the extent to which he has been prepared to spell out the actual practices—the very skills that are necessary for therapists to develop—of brief therapy, and I think that he has rendered it one of the most accessible and user-friendly competence-based approaches available today. He has complemented this by standing against obfuscation in the domain of theory and ideas, and for rigor in thought. I don't know if this would fit with Steve's definition of an exception in the field of psychotherapy, but it does fit with my definition of one.

I am not suggesting that these are Steve's only contributions, or that these overshadow other contributions, but they spring most immediately to mind when thinking about his work. He has undoubtedly been a central player in the "mega-trend" that Bill O'Hanlon has referred to.

A DISTINCTION

If these reflections on the more general contribution of Steve's work are reasonably well founded, then I do believe that my work can, to an extent, be aligned with his. This reflection enables me to entertain the idea that we might share some common purposes, and it might further explain why others have, on occasion, made the assumption that we are kindred spirits.

However, in moving away from the level of generalities, and upon developing a more informed acquaintance with the specifics of Steve's work, I have reached the conclusion that his apples/pineapples analogy is probably correct—the differences in our respective ideas and practices are far more evident and significant than the similarities. In fact, on closer examination, the differences appeared so numerous that, in attempting to draw out those that might be relevant to this current discussion, I hardly knew where to start.

After thinking this over some, I decided to concentrate here on the distinction that is to be drawn around the matter of "history." Since Steve's position on history is quite apparent in his essay, I will not attempt to represent it here. Instead I will endeavour to draw out, more completely, my interest in the "histories of the present"—in the history of the dominant present, and in the histories of the alternative present/s. Since I have a very particular appreciation of the histories of the present, it will be necessary for me to provide a context for this discussion.

My interest in the histories of the present is situated in the context of a tradition of thought that I will refer to here, for the want of a better word, as "constitutionalism," and is considerably inspired by

the work of Michel Foucault and other "critical theorists." Many of the practices of therapy that accompany this constitutionalist perspective I regard to be forms of "deconstructive method."

But before proceeding to further explore these thoughts, first a rider or two. I am not drawing out this distinction around different appreciations of history in order to argue the relative merits of Steve's and my own respective contributions. Also, in concentrating on this distinction with regard to history, I am not taking a position against a future orientation—in fact, I believe that a future orientation features very strongly in my work. I do not wish to wind up in a debate with others around what I regard to be totalizations of my work—"it is all historical." I have never been prepared to offer, to others, these sorts of totalizations, and haven't been able to relate to any totalizations of my work that have been presented to me through the interpretations of others.

CONSTITUTIONALISM

Constitutionalism brings with it the proposition that, upon entering into life in the social world, persons become engaged in particular modes of life and thought—or, according to Foucault, particular practices of power and knowledges about life that have achieved or been granted a truth status. According to this perspective, these practices and knowledges are not radically invented—the individual person does not simply "dream them up." These practices and knowledges have been negotiated over time within contexts of communities of persons and institutions that comprise culture. This social formation of communities and institutions compose relations of forces that, in engaging in various practices of power, determine which ideas, of all those possible, are acceptable—they determine what is to count as legitimate knowledge.

It is not my intention to more fully articulate these processes here, nor the intimate relationship of knowledge and power, which I have discussed elsewhere. However, I will emphasize a central proposition of this constitutionalist perspective: these modes of life and thought are actually shaping or constituting of persons' lives and of their relationships; persons' lives are made up according to these knowledges and practices, which are in fact specifying of life. For all persons living in specific cultures, these dominant modes of life and thought come to reflect the truth about human nature, about authenticity, and about identity. So these dominant modes of life and thought represent the history of a person's existence in this world.

The constitutionalist perspective that I am arguing for refutes foundationalist assumptions of objectivity, essentialism and representationalism. It proposes that an objective knowledge of the world is not possible, that knowledges are actually generated in particular discursive fields. It proposes that all essentialist notions, including those about human nature, are ruses that disguise what is really taking place, that essentialist notions are paradoxical in that they provide descriptions that are specifying of life; that these notions obscure the operations of power. And the constitutionalist perspective proposes that the descriptions that we have of life are not representations or reflections of life as lived, but are directly constitutive of life; that these descriptions do not correspond with the world, but have real effects in the shaping of life.

How does this constitutionalist perspective position us in relation to the familiar ideas and practices of our worlds? Let's review a notion that has become a taken-for-granted fact in the discipline of psychology. When studying psychology in graduate and postgraduate programs, many students are taught that Maslow's hierarchy of needs provides an objective and a universal or global truth about the nature of persons. The discussion of this hierarchy is usually accompanied by some account of what persons would be if they had the opportunity to become essentially who they really were—that is, the opportunity to be self-actualizing—and by a description of what their lives would look like under these circumstances. From a constitutionalist perspective, this hierarchy of needs is not considered to be some objective and universal truth, or to identify who we essentially are, but is viewed as a cultural production that is specifying of a highly individual version of personhood, one which is relatively unique to contemporary Western culture.

And the descriptions of life that accompany this hierarchy are not considered to be representations of life under circumstances in which persons are free to be truly who they really are, but descriptions that are specifying of life—descriptions that have real effects in terms of the constitution of life. What are some examples of the real effects of descriptions of life of this sort? With the sort of conceptions of personhood and techniques of self that accompany schemes like Maslow's hierarchy, is it at all surprising that so many psychotherapeutic practices are organized around the notions of differentiation, individuation and self-fulfillment, and are carried out on an isolated stage? With the accounts of life that are associated with such highly individual conceptions of personhood, is it all surprising that resolving grief in psychotherapeutic contexts so often has to do with assisting persons

to reach the point of accepting the loss and getting on with a life that is bereft of the lost loved one?

How might we proceed to deconstruct established truths, to render them visible as ideas and practices that are actually constitutive of our lives? One approach to this that seems relatively effective is to visit alternative cultures. Over the past 18 months I have been consulting to an Aboriginal health service in the setting-up of a counseling service by Aboriginal persons for Aboriginal persons that is relevant to the urban Aboriginal culture. It would be very difficult to do this work and not draw powerful distinctions around different knowledges and practices in different cultures, and to experience the strangeness of many of the taken-for-granted modes of life and thought in one's own culture.

How would the presentation of a rival hierarchy of needs contribute to the deconstruction of various truths about personhood that have been legitimized in one's own culture? And how would this contribute to establishing a degree of awareness of the constitutive effects of these truths? Consider these questions in relation to the following observations. From the various Aboriginal informants that I have had the opportunity to interview over the past 18 months, I have discovered a very different hierarchy of needs—a hierarchy with solidarity, affiliation, and spirituality at the pinnacle. With the conception of personhood and the techniques of self that accompany this hierarchy, is it at all surprising that the traditional healing processes in the Aboriginal community are communal? With accounts of life that are associated with this definition of what it means to be a person in Aboriginal community, is it at all surprising to find practices of grief that emphasize the development of skills in conjuring up or hallucinating (my ethnocentric description, not theirs) the lost loved ones back into their lives in a way that is generally enriching, and particularly supportive of them during times of stress or in the face of adversity?

In being non-foundationalist, the constitutionalist perspective that is being argued for here does not provide us with any basis for determining which of these two cultural perspectives on personhood is the more correct version—in fact, this is not a question that will be considered relevant or answerable. However, what will be obvious from a constitutionalist perspective is that the power relations of certain communities of persons and institutions have determined that one of these perspectives on personhood, the first, will be privileged over the other and granted a truth status. The other version has been systematically disqualified and rendered virtually invisible. It could be said that one

group's (mis)reading (to borrow a term from Steve de Shazer) is not accepted, and is therefore denied the social space required for its acknowledgment and authentication. This lack of balance might be addressed, at least to an extent, and a degree of reciprocity instated, through actions that are of a "social-justice" nature.

DECONSTRUCTION IN PRACTICE

In that some of the practices of therapy that are informed by a constitutionalist perspective encourage persons to "situate" or "embody" their experience within the modes of life and thought of the dominant present, they can be considered to be practices of deconstruction. Let's take an example.

Some young women and young men, having embraced the idea of "liberation" as a means of becoming authentically who they really are, seek therapy because, despite their best efforts to live out this idea, they continue to experience personal discomfort or a sense of disquiet. Very often these young persons interpret this discomfort as a reflection of some inadequacy or lack of courage that needs to be resolved. In order to assist such young persons to "situate" or "embody" their experience within the modes of life and thought of the dominant present, the therapist might suggest that the following questions be explored:

- What practices of life and ways of thinking stand behind this word liberation?
- What sort of operations on your life, on your body, and on your soul does this way of living and this way of thinking require you to engage in?
- What are the real effects of these ways of thinking and living? How do these ways of thinking and living shape your life, including your relationships with others?
- If you were to step further into this particular way of being, how would this further shape your life? What other real effects would you witness?
- From which other positions might you evaluate these effects? From these positions, which of these effects are preferred, and which of these effects are not preferred?
- At what point in history did the idea of liberation emerge? To what use has this idea been put? What has this idea made possible, and what has been its limitations?

- What are the specific processes by which you were recruited into the practices of life and ways of thinking that are associated with this idea of liberation?
- By what processes has the notion of liberation, in providing the grounds for an authentic way of life, been privileged over other notions, which provide different claims about such grounds?

Let's take another example. Consider the experience of those persons who have been diagnosed with schizophrenia. Very often these persons subject themselves to extraordinary pressure in their efforts to achieve a sense of moral worth. So often, they attempt to achieve this by entering their lives into the dominant present of this culture — a present that is constituted by those modes of life and thought that specify self-possession, self-containment, autonomy, independence and so on (the antithesis of many of the experiences of these persons). To assist these persons to situate or to embody their efforts within the expectations and the practices of these modes of life and thought deconstructs these truths about what constitutes a person as someone of worth. This deconstruction undermines their sense of failure, and frees them to engage in the exploration and identification of other ways of life and of thinking that do not require such extreme acts of self-torture in order to establish this sense of worth.

A therapy of exploration that is informed by questions of the sort referred to here does serve to emphasize the history of the dominant present in a very particular way. This therapy encourages persons, at least in part, to:

(a) deconstruct those truths that have been granted an objective status by bringing forth the modes of life and thought that they imply,
(b) expose the paradox that is associated with all essentialist notions,
(c) explore the specifics of the ways of life and thought that accompany these notions,
(d) develop an awareness of, evaluate, and monitor the real effects of particular ways of being and ways of thinking in the constitution of one's life,
(e) confront the moral and ethical responsibilities associated with living their life in the way that they do,
(f) locate particular modes of life and thought within the structures and processes that have provided for their legitimation and for the exclusion of other modes of life and thought,

(g) enter into some exploration of alternative modes of life and of thought.

It is important that such questions are also applied to the truths that therapists introduce into the therapeutic context. This confronts therapists with the moral and ethical responsibility for the real effects of their interaction with those persons who seek help. It rules out the option of therapists' justifying certain outcomes on the basis of foundationalist premises — "this distress has to do with the process of adjusting to the way that things should be in this family," "this pain is a necessary part of getting to the roots of the problem," and so on.

Contrary to a number of critiques of many of the post-modern developments in thought, those developments that I refer to as constitutionalist do not introduce forms of relativism that might suggest that "one description of reality is as good as any other," or that "experiences are only traumatic because reality is described in that way." Relativism of the first sort is only something that might be arrived at from a foundationalist perspective, and relativism of the second sort is only something that might be arrived at through some form of "radical constructivist" or "nominalist" perspective.

THE HISTORY OF THE DOMINANT PRESENT

I have proposed that externalizing conversations have a part to play in the deconstruction of the modes of life and thought that are constituting of persons' lives. To encourage persons to define or to reflect on the relationship that they have with their problems opens the possibility for them to experience a separation or alienation from the taken-for-granted modes of life and of thought that are associated with the problem. In this way, these modes of life and thought are rendered strange, and they no longer speak to persons of the truth of their identity — of their nature. In Chapter 2 of this book, I have likened this process to Bourdieu's proposal for the "exoticizing of the domestic." Thus, I believe that these externalizing conversations assist persons to situate their experience in the history of the dominant present.

I have also proposed that the processes that are associated with this exoticizing of the domestic raise, for persons, the mantle of choice. Persons are more free to explore other modes of life and thought into which they might enter their lives, and to evaluate the real effects of these. And, as well, these processes also encourage persons to assume the moral and ethical responsibilities of such choices.

I have tried to draw these ideas together with the narrative metaphor. If it is the case that narrative provides the structure for life, then it is reasonable to conclude that the study of narrative could provide us with some of the intimate particularities of how lives are inserted into particular modes of life and thought.

I believe that those externalizing conversations which have the effect of bringing forth the private stories that persons have about their lives, and that contribute to the deconstruction of those modes of life and thought that frame these stories, are transformative. This is nowhere more apparent than in the therapy of those persons who have been abused and who have been recruited into highly negative truths about their identities, into practices of self that are neglectful and abusive, and into practices of relationship that are isolating of them. Through these externalizing conversations, persons experience alienation from these truths, are able to name the dominant plot to which they have been subject (torture, exploitation, abuse, etc.), and begin to challenge the impoverishing practices of self and practices of relationship.

As this work proceeds, persons become better aware of and more able to honor their history of resistance to these modes of life and thought. This is a particular version of resistance—not one that is to be erased, worked through, or defined as a form of cooperation. But this is another story, and leads me to a discussion of the histories of the alternative present/s.

HISTORIES OF THE
ALTERNATIVE PRESENT/S

There is much to say about the histories of the alternative present/s, and I will only say a little of it here. I have argued that what I refer to as unique outcomes are gateways to these other histories, and thus to alternative versions or stories of persons' lives. And I have done my best to provide some examples of how unique outcomes might be constituted as such.

In that these alternative histories provide for a re-storying of life, they are of critical importance in this work. When we take seriously the narrative metaphor, we conclude that it is not contradictions or exceptions that persons live by, that provide a structure for life, but stories—and that it is the performance of alternative stories that is transformative of persons' lives. It follows that these alternative stories are, to an extent, accompanied by alternative modes of life and of thought, the real effects of which can be reviewed and explored.

I would like to make three further points about the ideas associated with this work. First, I do not have an investment in "unique outcome" as a name for a contradiction of the sort to which I have referred, and thus am not prepared to defend the term. It was a description that I borrowed from Erving Goffman, whose work I have admired greatly. There are many other candidate descriptions, including "distinction," that could be appropriate—and perhaps it would be better to refer to actual "sites," using descriptions like "tension," "breach," "disjunction," and so on.

The second point that I would like to make is that I believe that the alternative stories that are generated/resurrected in this work are not "radically" invented "out of the blue," so to speak. These stories do not stand apart from the world's cultures, or from the facts of the persons' life as it has been lived. To encourage a person to orient him/herself to the mystery associated with a contradiction can trigger the construction of sequences of events though time that lend a sense of coherence to the persons' life. This construction is work that takes place on the inside of culture and on the inside of personal and community history.

The third point relates to the employment of imagination in this work—it bears closer study. The identification of contradiction with mystery is provocative of imagination, and the use of particular languages of therapy, often picturesque, is evocative of powerful images. At times, in special circumstances, these images can extend the known limits of culture. Elsewhere (see Wood, 1991), in following the ideas of Gaston Bachelard, I have speculated that these powerful images "trigger reverberations" that reach back, in history, to certain events or experiences that "resonate" in some way with the image—many experiences of the past, that would not be remembered under ordinary experiences, "light up" and contribute to alternative story lines.

COMMENT

Recently, in the professional literature, some advocates of the foundationalist perspective have loudly criticized post-modern developments in thought, arguing that they deprive therapists of a value position and thus deny them a basis for action. I do hope that I have argued well enough here that this is not the case. Those developments in thought that I refer to here as constitutionalist emphasize the extent to which the acknowledgment of a value position is inescapable, and the extent to which therapists are required to squarely face and accept the moral and ethical responsibility for the real effects of their interactions with others. And, as well, this constitutionalist position con-

fronts therapists with demands for action in relation to their value position.

I would like to briefly address just two aspects of the value position that is implied in the forgoing discussion – commitment and solidarity. The first of these, commitment, has had particularly bad press in the past couple of decades. Some have considered commitment to be a contradiction to professionalism. Others have interpreted it as a problem to be worked through. Still others have considered it to be the outcome of blurred boundaries between work and life in general.

But I like the word, and when I am thinking about it I am thinking about it in a very particular sense. When I am thinking of commitment, I am not associating it with zeal; I am not evoking commitment in the name of ideology or of some political program; I am not relating it to a vision of some utopian society, some totalizing scheme – all of which I think we should be deeply suspicious of. Instead, I am thinking of a commitment to action against the abuses of power: against neglect, against cruelty, against injustice, and against the subjugation of the alternative knowledges. I am thinking about a commitment to action that is for reciprocity. I am thinking about a commitment to action that does not have to be justified on some privileged ground, but a commitment to action that is based on the actual accounts that persons have of their predicaments and their distress.

And what of solidarity? I am thinking of a solidarity that is constructed by therapists who refuse to draw a sharp distinction between their lives and the lives of others, who refuse to marginalize those persons who seek help; by therapists who are prepared to constantly confront the fact that if faced with circumstances such that provide the context of the troubles of others, they just might not be doing nearly as well themselves.

REFERENCES

Anderson, H., & Goolishian, H. A. (1989). Dialogic rather than interventionist: An interview by L. Winderman. *Family Therapy News.* November/December.

Axelrod, R. (1984). *The evolution of cooperation.* New York: Basic Books.

Bateson, G. (1972). *Steps to an ecology of mind.* New York: Ballantine.

Bateson, G. (1979). *Mind and nature: A necessary unity.* New York: Bantam.

Bruner, J. (1986). *Actual minds, possible worlds.* Cambridge, MA: Harvard University Press.

Bruner, J. (1990). *Acts of meaning.* Cambridge, MA: Harvard University Press.

Carroll, L. (1972). *Alice's adventures in wonderland and through the looking-glass.* London: Tavistock.

Derrida, J. (1978). *Writing and difference* (A. Bass, trans.). Chicago: University of Chicago Press.

Derrida, J. (1981). *Positions* (A. Bass, trans.). Chicago: University of Chicago Press.

de Shazer, S. (1975). The confusion technique. *Family Therapy, 2*(1), 23–30.

de Shazer, S. (1978). Brief hypnotherapy of two sexual dysfunctions: The crystal ball technique. *American Journal of Clinical Hypnosis, 20*(3), 203–208.

de Shazer, S. (1979). On transforming symptoms: An approach to an Erickson procedure. *American Journal of Clinical Hypnosis, 22,* 17–28.

de Shazer, S. (1980). Brief family therapy. A metaphorical task. *Journal of Marital and Family Therapy, 6*(4), 471–476.

de Shazer, S. (1982). *Patterns of brief family therapy: An ecosystemic approach.* New York: Guilford.

de Shazer, S. (1985). *Keys to solution in brief therapy.* New York: Norton.

de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy.* New York: Norton.

de Shazer, S. (1991). *Putting difference to work.* New York: Norton.

Erickson, M. H. (1954). Pseudo-orientation in time as a hypnotherapeutic procedure. *Journal of Clinical and Experiential Hypnosis, 2,* 261–283.

Erickson, M. H., & Rossi, E. (1979). *Hypnotherapy: An exploratory casebook.* New York: Irvington.

Evans-Pritchard, E. (1976). *Witchcraft, oracles, and magic among the Azande.* Oxford: Clarenden Press.

Fleuridas, C., Nelson, T. S., & Rosenthal, D. M. (1986). The evolution of circular questions: Training family therapists. *Journal of Marital and Family Therapy, 12*(2), 113–127.

Foucault, M. (1975). *The birth of the clinic: An archaeology of medical perception.* New York: Random House.

Foucault, M. (1979). *Discipline and punish: The birth of the prison.* London: Peregine.

Gasche, R. (1986). *The tain of the mirror: Derrida and the philosophy of reflection.* Cambridge, MA: Harvard University Press.

Gellner, E. (1975). *Legitimization of belief.* Cambridge, MA: Cambridge University Press.

Gergen, K. J., & Gergen, M. J. (1983). Narratives of the self. In T. R. Sabin & K. E. Scheibe (eds.), *Studies in social identity.* New York: Praeger.

Gergen, K. J., & Gergen, M. J. (1986). Narrative form and the construction of psychological science. In T. R. Sabin (ed.), *Narrative psychology: The storied nature of human conduct*. New York: Praeger.

Gingerich, W. J., & de Shazer, S. (1991). The BRIEFER project: Using expert systems as theory construction tools. *Family Process, 30*(2), 241–250.

Goffman, E. (1961). *Asylums*. New York: Doubleday.

Grosz, E. (1990). *Jacques Lacan: A feminist introduction*. London: Routledge.

Haley, J. (1976). *Problem-solving therapy*. San Francisco: Jossey-Bass.

Jabès, E. (1959). *Je bâtis ma demeure: Poèmes, 1943–1957*. Paris: Galimard. Translation cited in Derrida, J. (1978). *Writing and difference* (trans. A. Bass). Chicago: University of Chicago Press.

Jenkins, A. (1990). *Invitation to responsibility*. Adelaide: Dulwich Centre Publications.

Kowalski, K., & Durrant, M. (1990). Overcoming the effects of sexual abuse: Developing a self-perception of competence. In M. Durrant & C. White (eds.), *Ideas for therapy with sexual abuse*. Adelaide: Dulwich Centre Publications.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills: Sage.

Lipchik, E., & de Shazer, S. (1986). The purposeful interview. *Journal of Strategic and Systemic Therapies, 5*(1/2), 88–99.

Madanes, C. (1984). *Beyond the one way mirror*. San Francisco: Jossey-Bass.

Maruyama, M. (1963). The second cybernetics: Deviation-amplifying mutual causative process. *American Scientist, 51*, 164–179.

Menses, G., & Durrant, M. (1987). Contextual residential care. *Journal of Strategic and Systemic Therapies, 6*(2), 3–15.

Minuchin, S. (1984). *The family kaleidoscope*. Cambridge, MA: Harvard University Press.

Molnar, A., & de Shazer, S. (1987). Solution-focused therapy: Toward the identification of therapeutic tasks. *Journal of Marital and Family Therapy, 13*(4), 349–358.

Munro, C. (1987). White and the cybernetic therapies: News of difference. *Australian and New Zealand Journal of Family Therapy, 8*(4), 183–192.

Norris, C. (1982). *Deconstruction: Theory and practice*. London: Routledge.

Norris, C. (1983). *The deconstructive turn: Essays in the rhetoric of philosophy*. London: Methuen.

Nunnally, E., de Shazer, S., Lipchik, E., & Berg, I. (1986). A study of change: Therapeutic theory in process. In D. Efron (ed.), *Journeys: Expansion of the strategic-systemic therapies*. New York: Brunner/Mazel.

O'Hanlon, W. H. (1986). Fragments for a therapeutic autobiography. In D. Efron (ed.), *Journeys: Expansion of the strategic-systemic therapies*. New York: Brunner/Mazel.

O'Hanlon, W. H. (1987). *Taproots: Underlying principles of Milton Erickson's therapy and hypnosis*. New York: Norton.

O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions: A new direction in psychotherapy*. New York: Norton.

Orbach, S. (1978). *Fat is a feminist issue*. London: Hamlyn.

Real, T. (1990). The therapeutic use of self in constructionist/systemic therapy. *Family Process, 29*, 255–272.

Selekman, M. D. (1989). Taming chemical monsters: Cybernetic-systemic therapy with adolescent substance abusers. *Journal of Strategic and Systemic Therapies, 8*(2), 5–10.

Selekman, M. D. (1991). The solution-oriented parenting group: A treatment alternative that works. *Journal of Strategic and Systemic Therapies, 10*(1), 37–50.

Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing, circularity and neutrality: Three guidelines for the conductor of the session. *Family Process, 19*, 3–12.

Sluzki, C. (1983). Process, structure, and world views: Toward an integrated view of systemic models in family therapy. *Family Process, 22*, 469–476.

Stewart, B., & Nodrick, B. (1990). The learning disabled lifestyle: From reification to liberation. *Guidance and Counselling, 5*(3), 54–72.

Tomm, K. (1989). Externalizing the problem and internalizing personal agency. *Journal of Strategic and Systemic Therapies, 8*(1), 54–59.

Turner, V. (1969). *The ritual process*. Ithaca, NY: Cornell University Press.

Van Gennup, A. (1960). *Rites of passage*. Chicago: University of Chicago Press.

Von Foerster, H. (1981). *Observing systems*. Seaside, CA: Intersystems Publications.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formulation and problem resolution*. New York: Norton.

White, M. (1983). Anorexia nervosa: A transgenerational system perspective. *Family Process, 22*(3), 255–273.

White, M. (1984). Pseudo-encopresis: From avalanche to victory, from vicious to virtuous cycles. *Family Systems Medicine, 2*(2), 150–160.

White, M. (1985). Fear busting and monster taming: An approach to the fears of young children. *Dulwich Centre Review*.

White, M. (1986a). Negative explanation, restraint, and double description: A template for family therapy. *Family Process, 25*(2), 169–183.

White, M. (1986b). The conjoint therapy of men who are violent and the women with whom they live. *Dulwich Centre Newsletter*, Spring.

White, M. (1986c). Ritual of inclusion: An approach to extreme uncontrolled behavior in children and young adolescents. *Dulwich Centre Review*.

White, M. (1987a). Family therapy and schizophrenia: Addressing the 'in-the-corner' lifestyle. *Dulwich Centre Newsletter*, Spring.

White, M. (1987b, November). *Recent developments in systemic therapy*. Conference sponsored by the Family Therapy Program, Faculty of Medicine, University of Calgary.

White, M. (1988). The externalizing of the problem and the reauthoring of lives and relationships. *Dulwich Centre Newsletter*, Summer.

White, M. (1989a). The process of questioning: A therapy of literary merit? In *Selected papers* (pp. 37–46). Adelaide: Dulwich Centre Publications.

White, M. (1989b). Anorexia nervosa: A cybernetic perspective. In *Selected papers* (pp. 65–76). Adelaide: Dulwich Centre Publications.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

Wilden, A. (1980). *System and structure (2nd ed.)*. London: Tavistock.

Wittgenstein, L. (1968). *Philosophical investigations* (G. E. M. Anscombe, trans.) (3rd Ed.). New York: Macmillan.

Wood, A. (1991). Outside expert knowledge: An interview with Michael White. *Australian and New Zealand Journal of Family Therapy, 12*, 207–214.