

# *Michael White:*

## *Fragments of an event*

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We present here fragments, reconstructed from memory<sup>1</sup>, of Michael White's last workshop<sup>2</sup>. These fragments are interspersed with descriptions of events that took place in San Diego in the days leading up to Michael's death. Our focus here is not on the medical details, nor on the private family stories, but on the task of recording Michael's last efforts to teach. Our hope is to play a small part in allowing his words to continue to resonate.

Keywords: narrative, narrative therapy, normalising judgement, scaffolding, decentering, deterritorialise, palpate, re-membering, Michael White, Michel Foucault, Lev Vygotsky, Barbara Myerhoff, Gilles Deleuze, Jacques Derrida, Lionel Trilling.

**In the workshop**, Michael speaks early in the day about how we are all multi-storied. He says he has never yet met a person who has a single-storied life. On the other hand, people regularly present their lives as if they were single-storied. They talk of their problems as if they were mired in or trapped in a known and familiar story. He is never interested, however, in contradicting someone's conclusions about their lives. Instead, he advocates training ourselves to listen for traces of subordinate storylines. There are always traces of these stories, he asserts. He is constantly on the lookout for points of entry to these subordinate stories so that they can become known, so that they can emerge from the shadows of dominant stories, so that they can become more visible.

A member of the audience asks why he is using the expression 'subordinate stories' rather than 'alternative stories'. Michael references Foucault and the notion of dominant knowledges, and subordinate knowledges and discloses his own experience of joy in reading Foucault. He comments that subordinate stories are not subordinate by chance. They are the result of the operation of modern power. Therapy, he says, is always political but it is about politics with a small 'p'. He speaks about the rise of normalising judgement as a governing force in people's lives. He describes the ways in which people are judged (not so much on moral grounds) but on a series of continua that measure normality, for example, from personal adequacy to inadequacy, from independence to dependence. In these normalising judgements, people's lives are represented as single-storied. But the subordinate stories, he says, are often the more remarkable stories of the rich texture of people's lives. These stories contain their hopes and dreams, the things they cherish and hold dear, and the expressions of what they value. What is remarkable, Michael teaches, is found in the particularities of these stories rather than in any universals.

**We<sup>3</sup> are at the restaurant** when Michael arrives. He greets us with a warm hug. It is the second time today we have exchanged such a hug. In explanation Michael says, 'We have to keep on giving each other hugs because we never know when the next one is coming.' He also talks about his interest in getting back to flying. He has been away from it for too long.

**Later in the hospital** we hug each other many times forming momentary friendships. They are hugs that don't know where the next eventful moment is coming from. Within hours the hugs start to come in virtual format from around the world. They come by cell phone, by email, by text message. Michael is hugged virtually by many who know in different ways his contribution to their lives. He is right that we had not known where the event that hugs us, envelops us, was coming from.

**As the workshop begins**, someone's cell phone plays a ringtone tune. Michael picks up on the moment. 'You are welcome to choose', he says, 'whether to leave your cell phones on or off'. His only stipulation is that if your cell phone is on and it plays a tune you should be willing to sing a song along with the tune.

Everyone laughs. We have not exactly been chided so much as playfully reminded to avoid interruptions. He leaves us with choices, agency, and he does so through using the language of irony, the language of multiple layers of meaning.

**In the hospital later**, a nurse gently chides a monitor playing an electronic tune in a nearby room. No-one is singing. We struggle to see the irony here but it is present nonetheless. It is not a witty irony or about playing with multiple meanings. It is a dramatic irony of the 'little-did-we-know' variety.

**At the workshop**, someone notices Michael's note-taking on the video of his counselling. 'What are you writing down?' Michael responds that he is writing things down to rescue what was said from the saying of it, especially when it is part of a subordinate story. He makes it clear that his note-taking is transparent. He is not writing down his own thoughts. He is the scribe recording faithfully another's words so that he can read them back as summaries (which he calls editorials), or document them later in letters. He encourages counsellors to write down the exact words that people use. He speaks of this as decentering himself. He makes an ethical point about the many ways in which therapists are centered in therapeutic conversations and his need to keep working to decenter himself in order to invite a person to take up agency in his or her life.

Michael shows us an interview with a man we shall refer to here as Josh, who is a Vietnam vet. He tells of the many occasions in which he has worked with Vietnam vets. In fact he feels a special responsibility to work with those who have been affected by the Vietnam war because Australia was involved with the USA in this war and he was in the generation in line for the ballot (known in the USA as the draft). His number was not actually called, he says, but, if it had been, he would have been in prison, or in Canada, or somewhere. He speaks about his own involvement in anti-war action in Australia and how this involvement creates an obligation to make a special effort to talk with Vietnam vets, to listen to their stories, and to learn about the awful events that have had profound impacts on their lives.

In the interview with Josh he is confronted with strong, almost violent anger. Michael sits awkwardly and with considerable discomfort and listens to Josh's outbursts. He speaks about feeling real fear as he listens but he does not retreat from this fear. Rather he waits and listens and then, after forty minutes, latches onto a throwaway expression that Josh makes about 'love' and enquires more into this. Drawing upon the work of Lev Vygotsky, Michael argues that the development of stories requires the scaffolding of concepts. Do you know the difference between a word and a concept? he asks. Josh knows the word 'love' as a concrete word but it does not have for him the richness of a concept. A word is learned first as a single-storied event. It develops the character of a concept through its participation in a series of interactions, in a series of different stories. A concept can be transferred from one context to another. It is a resource for living. Michael explains his work with Josh as scaffolding the development of love as a concept, as a movement from the concrete to the abstract. As the more abstracted idea develops, as 'love' becomes saturated with meaning, Josh can take new action. Personal agency, he suggests is founded on such abstract conceptual development. He explains that this is a reason for tracing subordinate storylines through a series of different events on the landscape of action rather than fixating on only one of them. He speaks of the importance of events in recent history and also of events in more

distant history. He refers to future events as well. He maps examples of such events from a video conversation and represents them diagrammatically on the dual landscapes of action and identity.

**At the hospital later** we are the ones feeling the fear of what is happening. We need to move forward despite the presence of fear. We keep doing what we need to do. Like Michael waiting for a point of entry with Josh, we sit with discomfort, awaiting a moment where the meaning of what is happening might give way to some new place of hope. We are exploring how to manifest love out of the abstractions available to us.

**In the workshop**, a questioner asks Michael why he does not focus more on people's feelings. Michael says he is always surprised by this question. He acknowledges that narrative therapy is often criticised for lacking responsiveness to feelings but he does not understand this criticism, especially when he has just shown an interview in which his client is crying and he has been crying with her and the experience seems to him emotionally transformative. He rejects the repressive hypothesis about emotional expression, so powerful in the history of therapy. He comments on the things counsellors are taught about practices of empathy. He does not condemn these practices (and even supposes that they have value in training people to listen) but he suggests that good counsellors soon move beyond them. In order to practice learning to listen, he recommends writing down the actual words people say. He suggests that the common therapeutic practice of asking people how they are feeling trivialises feelings. He argues that you cannot separate feelings from a person's experience. He prefers the concept of resonance to that of empathy. He speaks of loitering with intent in the stories that people tell. He says too that he is drawn to a stumbling approach to practice rather than something that is too slick or formulaic. The value of this stumbling approach lies in asking a question in response to what a person has just said. To do this means taking the time to stumble around and find what to ask, rather than having a well-rehearsed question ready.

**In the hospital later** we are the ones stumbling, resonating, wiping tears. We loiter with intent in the hospital corridor beside the sign that asks us not to loiter there. No-one asks, 'How do you feel?' We feel many things but are also busy conferring on what to do, what to ask, what to pass on, who to contact. It is in the character of an event that its particularities overflow the conventions of the known and the familiar. We stumble through the creation of a story out of the multiple possibilities for response. We resonate with each other, with Michael's words from the workshop, and with the responses of those on the phone from far away. We provide the reflecting surface of the landscape of action that Michael has referenced earlier in the day. We cry for Michael and for each other.

**In the workshop** Michael is speaking about difference. He is moving through references to Foucault and Derrida and Barbara Myerhoff and mentions his more recent reading of Deleuze. Again he is pointing to where to look in opening subordinate stories. There is always difference, he states. There is always the territory of the known and familiar and there are always subordinate stories. His aim in therapeutic conversation is to open a process of deterritorialisation, of creating distance from the known and familiar, from the immediacy of a person's experience. He speaks of his interest in literary theory and recounts the development of the new criticism. After Lionel Trilling, he plays with the eighteenth century aesthetician's Romantic question of: 'Born originals, how comes it to pass that we die as copies?' (Trilling, 1972, p.93) and, with Clifford Geertz (1986, p.380), turns it on its head so that it ends up as: 'It is the copying that originates'. Then he is back to Deleuze and talking about the centrality of difference, about how difference always overflows reality. He talks about creating folds in people's experience to answer questions like: 'Who are we becoming? How might we live?' Through the act of living, he suggests, life becomes more diverse. With Deleuze, he wants counselling conversations to 'palpate' the experience of difference.

**In the hospital over the next few days** the questions shift. It becomes, how might we die? How might we live in relation to dying, to Michael's

dying in particular? Who are we becoming as we bear witness to his dying?

**At the restaurant** we wait for our meals. Michael tells about his daughter Penny's recent commitment ceremony. He is full of pride and joy as he shares the story and we are touched by this. Someone proposes a toast. It is a suggestion that fits with the moment and we all join in the toast. Michael also talks of his work plans. He speaks of his commitment to work for the Dulwich Centre until the middle of 2009. After that he wants to cut back on his travelling to a maximum of three months a year. He would like to do more community work with organisations in Australia, especially NGOs, for example those working with refugees. He speaks of his work with men who are violent and his desire to do more of that.

Michael talks too about the growth of the narrative therapy community. In the United States he refers to vibrant communities in Maine and Boston in particular. He talks about the strength of interest across Canada – including Nova Scotia. He says that he could spend all his time teaching in Brazil. He mentions Hong Kong, Taiwan, Korea, Japan, Austria (which he loves and is going back to). He speaks of his next journey being to Sweden and of the great interest in narrative work in Scandinavia generally. He speaks too, of his connections in the United Kingdom and in Russia.

**In the workshop**, Michael is responding to a question about his asking a "why" question. He argues for the usefulness of this question but he is aware of its bad press in therapeutic discourse. He remembers being at a workshop as a social worker in the 1970s in which he was told not to ask why. He asked the obvious question, 'Why not?' He was not given any kind of answer but made himself unpopular by keeping on asking. He thinks it is ridiculous to rule out the question 'Why?' although he does concede that there are different kinds of why questions and he is not referring to an interrogation in which people are asked to defend against moral judgements. He ends this commentary by posing a rhetorical why question for the therapy world, 'Why should we leave out the mind?'

At the end of the day, Michael is winding down his presentation. He is aware that time is running

out for the day. He tells us that he is running out of vocabulary, that he is reaching the limit of what he has to say, that he does not have many more words available. Many people smile, some laugh. We know he has many more things he could say. This is Michael being ironical again, surely.

**In the hospital later**, we speak to Michael but he has no more words to offer. A sharp irony is added to his final comments in the workshop. We are all multi-storied.

**In the restaurant**, the defining moment is arriving. Michael is aware of speaking for several minutes about his own work. In typical fashion, he seeks to decenter himself. He begins to ask others about developments in their work. In his last moments of consciousness he is asking questions. He is inviting other people's stories forward. We begin to share some things with him. He turns as if to comment and respond, perhaps to ask a further question, but the words never arrive. Michael slumps forward.

**At the workshop** Michael speaks about what makes for a good story. A good author doesn't just spell out every detail of a story. That would make the story dull and boring. Instead the best authors give you the shape of the story but leave many gaps. We are all invited then into those gaps. We often construct and invent meanings of the neglected parts of a story. It is these neglected parts of a story that spark his interest when counselling people.

He demonstrates this through showing a video interview with a woman, who we shall refer to here as Jane. Her story is of being subject to assault as a child and as an adult and of experiences of isolation, discontinuity, futility, acute vulnerability, panic attacks and experiences of diminishment. Michael insists, however, that nobody is simply a passive recipient of what life offers them, including experiences of injustice. There is always a response and he is interested in developing stories about this response. Jane tells Michael about her love of the book, *The hundred and one Dalmations*, by Dodie Smith. From her responses to this book, Michael elicits stories of what she cherishes and holds dear and then finds expression of these values in both recent and more remote events from her life.

Gradually her initial story of feeling insignificant begins to pale in comparison with the emergent story of her coping with life challenges by holding onto what she believes in, by speaking in her own language, by questioning everything, by appreciating differences in others. She is now talking of what helps her get through, rather than just about what drags her down. Her face and demeanour are transformed for a moment as she embraces this new story. Michael is again using spatial metaphors. He references the islands of safety that Jane has identified. His goal in conversation with her is to link these islands together to form a continent of safety. To this end he asks her the why question. Why has it been important to her to reject diminishment? He invites her to witness her identity through the eyes of a witness.

Michael comments too on his careful avoidance of what he calls 'practices of applause'. He is not interested in reinforcing her or empowering her. He stresses the importance of not contradicting a person's negative self-assessments but still remaining on the lookout for other possible conclusions. Instead of giving positive affirmations, he is present with his curiosity and his trust that the subordinate stories of her life will prove remarkable.

**At the hospital** we are all seeking a definitive story – something to pass onto those far away to help in their decisions. But medical stories are no less multiple than are others. There are different accounts available of what is happening. The upbeat story of one doctor or nurse. The caution not to raise false hopes of another. The I've-seen-many-such-situations-and-it's-too-early-to-tell story from a cardiologist. The people-make-remarkable-recoveries story. Michael's nurse suggests that we need to take all the different stories into account and not make any one of them represent the truth. We imagine that Michael would be grateful that he is being nursed by someone with a sense of narrative complexity. Each story has gaps in it. We can only pass on the stories complete with gaps.

**At the workshop** Michael is speaking about maps. He is enthusiastic about the use of spatial metaphors – metaphors such as territories and landscapes. He suggests there are always other



regions of identity and other regions of living. He speaks about how maps are not mirrors of experience, about how they are not to be confused with the particularities of experience or of difference, how they are, of course, always a fiction. But they do provide guidance in our quest for a destination in our therapeutic conversations. They help us to discover a picturesque route to such a destination. If we pay attention to the particularities of experience that are not always on the map, if we fill in the gaps along the journey, the scenery will become more picturesque and the destination we arrive at will be all the more remarkable.

**At the hospital** it becomes clear that this particular floor and this particular ward are for Michael such a 'remarkable destination'. Routine hospital practices become 'picturesque' as we relay their meaning to others who enter them into multiple storylines. The hospital is constituted as a destination through which many storylines are passing. These storylines include the immediate narratives of care from hospital staff, from friends and family. They include the outpouring of love from people in many communities in many countries. This destination is real and virtual at the same time. We imagine what it might mean to Michael to witness the particulars of these stories, the questions he would be moved to ask, the awkwardness he might express about being the center of many stories in this moment. 'Michael is a very private man.' Yes, and he is at the same time a very public figure.

**In the workshop** Michael speaks too about change. He does not advocate that therapists should aim to produce change. Instead he argues that change is happening all the time in people's lives. Life is always on the move. We are constantly constituting and reconstituting our lives. Our job is to help story changes and develop significance around them.

**At the hospital** things are changing steadily. It is becoming clearer and clearer that Michael's body will not live long. The event of his death moves inexorably closer. He is now surrounded by family members. On Friday April 5, 2008, he dies.

## AFTERMATH

We are awash in the wake of this event in Michael's life and in our lives. Michael's words from the workshop, from the restaurant, still ring in our ears. There is a question slowly wending its way along the pathways of our consciousness. It sets off from the brain and travels through our sensory connections with the world around us. It absorbs the colours of what we witness and the tones and accents of people's voices far and near. It is a question about the meaning and significance of the moment, about response to an event. As it travels along neural pathways, it splinters into many questions. We become aware of its multiple forms and we need to take care with how we formulate it. It is about the sense of arrival at a destination, about how destiny gets constituted for us. And it is about how we might embrace that destiny.

What has Michael left us with and what might we do with this legacy? How might his legacy continue to grow and develop and how might we contribute to this development? What obligations might this moment constitute for us and in us? Michael was always uncomfortable with being placed on a pedestal. He spoke in the workshop about his own moments of uncertainty as a therapist in which he wished that someone like the famous Michael White who others refer to might show up and help him. How might we avoid placing him on a pedestal now? How instead might we honour his teaching in ways that allow his life, his humanity, his commitment to the creation of difference, to continue to accrue value? Which pieces of his work might it now fall to each of us to continue? Despite his bodily absence from our lives, how might his implicit presence remain alive for us and for others? We continue to ponder these questions, discerning between more and less elegant responses. We renew our commitment to the professional and personal journeys that have connected with Michael's in this moment, in this event, terrible as it still seems, but multi-storied as we know it and, through our re-remembering, also beautiful, as it may become.

## NOTES

- <sup>1</sup> We are grateful to the following people for assisting in the reconstruction of our memories of Michael's workshop: Gerald Monk, Leanne Coon, Tammy Shewell.

- <sup>2</sup> The workshop was held in San Diego on March 31, 2008, and was sponsored by the Center for Therapeutic Collaboration.
- <sup>3</sup> The term 'we' is deliberately left vague in a hope of privileging Michael's voice and decentering others'. At times, 'we' refers to a conversation between the authors, while at other times other people present in San Diego were involved. Conversations referenced included Gerald Monk, Stacey Sinclair, Walter Bera, Jan Ewing, Ron Estes, Kurt Johns, and Michelle Naden. They all have seen drafts of this article.

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