CHAPTER I

CONSULTING YOUR CONSULTANTS:

The documentation of alternative knowledges

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This is a revised version of a presentation given by the authors at the Australian Family Therapy Conference, Melbourne, 1985. Some notes relating to this presentation were originally published in the conference proceedings (White & Epston 1985).

In this paper we describe a therapeutic practice that encourages persons to document the solution knowledges, and the alternative knowledges about their lives and relationships, that have been resurrected and/or generated in therapy. These knowledges then become more available for persons to re-deploy when necessary and for others to consult.

The "rite-of-passage" analogy provides a frame for this work. This analogy contributes to its conceptualization and organization. A protocol will be outlined for establishing persons as consultants to themselves and to others. As well, we will present and categorize an array of questions which assist persons to engage in an archaeology of their alternative knowledges.

RITE OF PASSAGE

We believe that the class of ritual referred to by van Gennep (1960) as a "rite of passage" has a great deal to offer as a metaphor for the process of therapy. van Gennep asserted that the rite of passage is a universal phenomenon for facilitating transitions, in social life, from one status and/or identity to another. He proposed a processual model of this rite, consisting of the stages of separation, liminality and reincorporation. In traditional cultures, the initiation of these stages is marked by ceremony.

At the separation stage, persons are detached from familiar roles/statuses and locations and enter an unfamiliar social world in which most of the taken-for-granted ways of going about life are suspended - a liminal space. This liminal space, which constitutes the second stage of a rite of passage, is "betwixt and between" known worlds and is characterized by experiences of disorganization and confusion, by a spirit of exploration, and by a heightened sense of possibility.

The third stage of reincorporation brings closure to the ritual passage and assists persons to relocate themselves in the social order of their familiar world, but at a different position. This different position is characteristically accompanied by new roles, responsibilities and freedoms. Traditionally, the arrival at this point is augmented by claims and declarations that the person has successfully negotiated a transition, and this is legitimated by communal acknowledgement.

Rite of Passage and Therapy

We have found that this rite of passage metaphor provides a useful map for orienting therapists to the process of therapy, and for assisting those persons who seek therapy in transiting from problematic statuses to unproblematic statuses (Epston 1985, 1987).

Our interpretation of this metaphor structures a therapy that encourages persons to negotiate the passage from novice to veteran, from client to consultant. Rather than instituting a dependency upon "expert knowledges", this therapy enables persons to arrive at a point where they can take recourse to certain alternative and "special" knowledges that they have resurrected and/or generated during the therapy.

In therapy, the "separation" stage can be invoked through a range of interventions, including those that encourage persons to distinguish themselves from their problems by engaging in externalizing discourses in relation to these problems (White 1989). This dislodges persons from certain familiar and taken-for-granted notions about problems and from the dominant internalizing discourses that guide their lives. This initiates the experience of liminality.

It is in this liminal space that new possibilities emerge which can be explored, and that alternative knowledges can be resurrected and/or generated. It is in this liminal space that persons' worlds are subjunctivized. When referring to the liminal phase of a rite of passage, Turner (1986) says:

> *I sometimes talk about the liminal phase being dominantly in the subjunctive mood of culture, the mood of maybe, might be, as if, hypothesis, fantasy, conjecture, desire - depending on which of the trinity of cognition, affect, and conation is situationally dominant.* (p.42)

We believe that therapists can best gauge the extent of their participation in the liminal stage by the degree to which they lose track of time and are unable to estimate the length of the session, and by the degree to which they experience a sense of "communitas" with the persons who seek therapy. This sense of communitas is portrayed well by Turner (1967):

> *This liminal group is a community or community of comrades and not a structure of hierarchically arrayed positions. This comradeship transcends distinctions of rank, age, kinship position, and, in some kinds of cultic*

group, even of sex. (p.100)

The final stage of reincorporation brings the therapy to its conclusion. It is through reincorporation that the alternative knowledges that have been resurrected and/or generated become authenticated. It is through reincorporation that the new possibilities can be realized.

THE "TERMINATION AS LOSS" METAPHOR

We believe that, in the transformative process called therapy, what we would refer to as the reincorporation stage has been the least satisfactorily attended to aspect. It is our speculation that this has to do with the fact that the "termination-as-loss" metaphor has dominated the literature on this stage of therapy.

The dominance of the termination-as-loss metaphor is premised on a particular orientation to therapy. This is an orientation that privileges the therapeutic micro-world above all others.[1] It represents the final stage of therapy as one that is dominated by the loss of this micro-world and its central and supposedly all-important relationship, and by the requirement for an adjustment to "going it on your own".

We believe that this orientation to therapy - one that constructs an entirely separate and private stage for persons' lives - is in turn premised on certain cultural conceptions and practices. These include the dominant individualizing conception of personhood in Western culture, the essentialist notion of the self, the idea that the person is the source of all meaning, and the modern practices of the objectification of persons and their bodies which are common to the "disciplines" (Foucault 1973).

About the cultural specificity of this individualizing conception of personhood, Geertz (1976) has this to say:

> *The Western conception of the person as a bounded, unique cognitive universe, a dynamic centre of awareness, emotion, judgement and action organized into a distinctive whole is, however incorrigible it may seem to us, a rather peculiar idea within the concept of the world's cultures.* (p.225)

We would refer to those therapies that are informed by these cultural conceptions and practices as the "therapies of isolation".

THE "REINCORPORATION" METAPHOR

In contrast to the practices informed by the termination-as-loss metaphor, the reincorporation metaphor would represent the final stage of therapy as one that centres around a rejoining of the person with others in a familiar social world, and would encourage the recruitment of others in the celebration and acknowledgement of the person's arrival at a preferred destination or status in life. We would refer to those therapies that are informed by these practices as the "therapies of inclusion".[2]

However, despite the possibilities that accompany the reincorporation metaphor, there have been some obstacles to the therapeutic practices that are suggested by it. For example, Kobak and Waters (1984), who have also referred to the rite of passage metaphor, draw attention to the practical difficulties in linking the micro-world of therapy to the world at large:

> *However, in relation to his [sic] more 'primitive' [sic] tribal counterpart, who manages a publicly recognized rite of passage, the family therapist is at a relative disadvantage in creating long-lasting, second-order change. The most apparent disadvantage is that the family therapist does not have the ties to the family's community and community norms that reinforce the changes that occur during the rite of passage once the participants return to ordinary life ... Such participation of the community in the change process serves to stabilize second-order changes that occur during the liminal rites. By operating without knowledge of community norms, the family therapist may create liminal change that is not sustained in the reaggregation phase.*[3] *A developmental view of family problems may assist the therapist, yet the relative isolation of the therapist from the family's community remains a problem. Potential solutions to this dilemma have emerged in the form of involving the family 'network' or, less extensively, by activating the family kin system. The rite of passage analogy suggests that efforts should be further explored.* (p.99)

For a number of years we have been experimenting, in various ways, to overcome the sort of obstacles referred to above. The feedback that we have received in response to this experimentation has convinced us of:
(a) the pertinence of the rite of passage metaphor and the appropriateness of considering the concluding stage of therapy as reincorporation, and
(b) the inappropriateness of a strong emphasis on the termination-as-loss metaphor for this stage of therapy.

Because it has been our preference to construe the concluding stage of therapy as reincorporation, this has given us cause for celebration with the persons who have sought therapy, rather than for commiseration. We have been able to challenge the conception of therapy as an exclusive and esoteric social space or individual stage, necessarily bound by rigid rules of privacy and exclusion.

We have assisted persons to explore various ways and means by which to counter the practices informed by this conception - to protest the limitations of this privacy. We have participated with persons in the publicizing and circulation of the alternative and preferred knowledges that have been resurrected and/or generated in therapy. We have joined with persons in their attempts to identify and recruit audiences to the performance of these alternative knowledges. And we have worked with persons in their efforts to document these knowledges in popular discourses and forms.

On reviewing our exploration of practices of reincorporation, we have classified various approaches that persons have found helpful. All of these approaches include the identification and recruitment of audiences for the authentication of change, and for the legitimation of alternative knowledges. The approaches include:

1. Celebrations, prize-givings and awards, attended by significant persons, including those who may not have attended therapy (White 1986);
2. Purposeful "news releases" whereby pertinent information as to the person's arrival at a new status is made available to various significant persons and agencies;
3. Personal declations and letters of reference, and
4. Consulting persons, in a formal sense, in relation to the solution knowledges that have enabled them to free their lives, and in relation to the alternative and preferred knowledges about their lives and relationships.

We addressed the first three approaches mentioned here in **Literate Means to Therapeutic Ends** (White & Epston 1989). In this paper we will restrict our discussion to the fourth of these approaches, presenting a protocol for what we refer to as "consulting your consultants".

CONSULTING YOUR CONSULTANTS

When persons are established as consultants to themselves, to others, and to the therapist, they experience themselves as more of an authority on their own lives, their problems, and the solution to these problems. This authority takes the form of a kind of knowledge and expertise which is recorded in a popular medium so that it is accessible to the consultant, therapist and potential others.

Throughout, the relative inequality of "therapist as helper" and "client as helped" is redressed. The gift of therapy is balanced by the gift of consultancy. We consider this reciprocity to be of vital importance in reducing the risk of indebtedness and replacing it by a sense of fair exchange. In **The Gift**, Mauss (1954) eloquently draws attention to the hazards inherent in such inequality:

> *To accept without returning or repaying more is to face subordination, to become a client and subservient ... to receive something is dangerous not only because it is illicit to do so, but also because it comes morally, physically, and spiritually from a person.*

Protocol

Therapy is concluded with an invitation to persons to attend a special meeting with the therapist so that the knowledges that have been resurrected and/or generated in therapy can be documented. These knowledges will include those alternative and preferred knowledges about self, others and relationships, and those knowledges of problem-solving that have enabled persons to liberate their lives.

Persons are told that special attention will be given to an exploration of how they arrived at these knowledges, and of how they "made these knowledges work" for them. This gives persons advanced notice that they will be invited to provide some historical account of the struggle with their problems and of the discoveries that made it possible for them to free their lives. This serves to emphasize that these knowledges are significant, and that preservation of them through documentation is warranted.

Various means can be used for the purpose of substantiating and documenting these knowledges. Persons can choose from a variety of formats, including videotaping, audiotaping, autobiographical accounts,

diaries, interview transcripts, etc.

If persons are concerned that they might have difficulty recalling relevant details, a sample of orienting questions can be supplied beforehand for them to reflect upon. This usually assists persons in preparation for the "consulting your consultants" interview.

Upon convening the meeting, the therapist runs through a prologue that further orients persons to its purpose. During this prologue future audiences are presupposed and explicitly referred to. The therapist then asks persons to give an account of their transition from a problematic status to a resolved one, and asks questions that encourage them to locate the significant events and steps in time in a sequential fashion. Alternatively, the therapist can provide her or his account of this transition, and invite persons to comment on it, elaborate upon it, make alterations to it, and to contribute their reflections in ways that dramatically bring this account to life.

By way of example, in the following text we present a small sample of the sort of questions that have been helpful in encouraging persons to articulate these knowledges. Readers will note that these questions are constructed in a grammar of agency, rather than of passivity and determinism. In responding to these questions, persons achieve a sense of personal agency. This is the experience of being able to play an active role in the shaping of one's own life, of possessing the capacity to influence developments in one's life to the extent of bringing about preferred outcomes.

Encouraging persons to respond to questions in a grammar of agency - or, as Douglas (1982) might put it, in the "active voice" - effectively counters their tendency of solely imputing the therapist's actions as critical to the emergence of solutions, and is essential to the constitution of self-knowledge. To quote from Harre (1983):

> *Self-knowledge requires the identification of agentive and knowing selves as acting within hierarchies of reasons. It follows that this kind of self-knowledge is, or at least makes available the possibility of, autobiography.* (p.260)

We have grouped the questions according to several categories. Most of these categories have been discussed elsewhere (e.g. White 1988a), and they are offered to readers as an aid to the organization of this work. They should not be limiting to the reader's imagination, nor should they

interfere with the expression of the reader's experience. Due to space considerations, these questions appear here in their more complex form. However, they can be easily modified according to the background and age of the persons seeking therapy.

Orientation Questions

These questions orient persons to the "consulting your consultants" interview, calling attention to the importance of:

- rendering a person's steps in the development of solution knowledge visible so that s/he might be clearer about the foundations for future problem solving in her/his own life,
- establishing details about what personal resources and knowledges persons relied upon in making the solutions work for them, and
- making these discoveries and knowledges available to others who might be experiencing similar plights.

- *When reviewing your problem-solving capabilities, which of these do you think you could depend on most in the future? Would it be helpful to keep your knowledge of these capabilities alive and well? How could this be done?*
- *Understanding the steps that you took in solving this problem is half of the story. If we could work out how you made this approach work for you, we would understand the other half. What personal and relationship qualities were essential in achieving what you have achieved?*
- *Just imagine that I was meeting with a person who/family that was experiencing a problem like you used to have. From what you know, what advice do you think I could give that person/family?*
- *Let's suppose that someone found out that you were a veteran of this sort of problem and that you had freed your life from it. If they were to consult you, how would you help them?*
- *Most of what therapists know that is useful they learn from working with persons who seek their help. Would you be prepared to support my efforts to preserve knowledges about solving problems so that these might be available to others in the future?*

Unique Account Questions

Unique account questions encourage persons to:
- develop an account of the nature of their solution knowledges - their hard-won know-how, and
- plot the steps that they took in the development of their problem-solving knowledges, as they unfolded through time.

The articulation and naming of these knowledges contributes to their survival and accessibility, and the experience of the unfolding of preferred developments in one's life, through history, appears vital to a positive sense of future.

- *All right, you have given me a summary of what you did. However, this is quite general, and I would be interested in some of the specifics. Would you be prepared to give me a step-by-step description of how you arrived at this?*
- *So what led up to this breakthrough? Tell me about your preparation for this. What advice were you giving to yourself? What did you witness yourself doing that might have been the first step? Did anyone else notice this and, if so, what part did they play?*
- *I now have a reasonable idea of what you did that worked for you. I doubt that this just came out of the blue. What foundation is this approach based upon, and how did you develop it?*
- *What could you tell me about your history that would help me understand the development of your problem-solving abilities?*
- *What would I have witnessed in your life, at an earlier time, that would have enabled me to conclude that you would break free of the problem at this point?*[4]

Unique Redescription Questions

These questions encourage persons to reflect upon the alternative knowledges of self, others, and of relationships that were resurrected and/or generated in the therapy. Attention is directed to the conclusions reached, and realizations had, about the capabilities and competencies of persons and relationships, and about how these capabilities and competencies are reflected in the solution know-how that was employed for dealing with the problem.

As much as possible, these questions historicize these alternative knowledges.

- *As you review the meetings that we have had together, what occurs to you as important realizations about who you are as people, and about the qualities in your relationships?*
- *Over the time that we have been meeting, what have you become clearer about in terms of who you are as a person and about your preferred way of relating to others? What do you now know about what kind of a life suits your sort of person and what doesn't?*
- *Let's consider the steps that you took to achieve this breakthrough. What personal and relationship qualities do you think you were relying on to see this through? Which personal and relationship qualities were most supportive of these steps?*
- *What do these achievements reflect about your lives and relationships that is important for you to know?*
- *What would you conclude about a person who achieved what you have achieved in challenging the problems' influence in your lives?*
- *Having witnessed yourselves take this action, what conclusions have you been able to reach about yourselves and your relationships - conclusions that were not available to you before? What do you now know about yourselves as people that you would not have known otherwise?*
- *Who, from all of those people who have known your past, would have been most likely to have reached similar conclusions about you? What might they have observed about you as a younger person that could have led them to these conclusions?*
- *What do these achievements reflect about the sort of person you are that is important for you to know? Are you the first person to know this about yourself, or have others known this about you in the past? If others have known this, what told them?*

Unique Possibility Questions

These questions encourage persons to speculate about the various options and the possibilities that might accompany a knowledgeable life. This brings forth a discussion of new destinations and futures, and of the specific steps that might be taken to realize these. In general, the questions are future-oriented, with "future-oriented backward-looking" questions

strongly featured.[5]

Future-oriented backward-looking questions are those that request persons to imagine themselves arriving at some valued destination in life, and then to look back to the present to determine which of those steps they are taking are most relevant or important to achieving that destination, and to determine what subsequent steps were most helpful in achieving that end.

- *Knowing what you now know about yourself and your preferred way of living, how will this knowledge affect your next step? When you witness yourself taking this step, how do you expect that to influence how you feel? And how do you think this will further influence your view of yourself as a person?*
- *Would you mind if we speculate about what sort of new possibilities accompany these new realizations?*
- *I am becoming aware of a history that is different, in some respects, from the one that you previously had - or at least the one that you thought you had. Would you mind if I ask some questions about the sort of future that it might be bringing with it? How might this new future be different from the future of the other past?*
- *I would like you to imagine that you are now further up the road of life, at some valued destination, and looking back to the present. With the benefit of hindsight, what stands out as the most significant steps that you are taking at the moment, and where did those steps lead to next?*
- *From that vantage point in your future, what new directions were made possible by what you have recently discovered about yourself? How did these realizations and conclusions make it possible for you to intervene in your future, and in what way?*

Circulation Questions

These questions assist persons in the identification and recruitment of appropriate audiences to the performance of solution knowledges, and the alternative knowledges of lives and of relationships. Such audiences play a very significant part in the authentication of the preferred claims that accompany these knowledges.

At this time, the extent to which persons are prepared to make their knowledges accessible to others, who might be experiencing similar problems, can be ascertained, and the conditions under which this material could be made available to these persons can be determined.

- *Now that you have reached this point in life, who else should know about it? What difference do you think it would make to their attitude towards you if they had this news? What would be the best way of introducing them to this news?*
- *Do you think it would be helpful to catch others up on these developments? If so, how could you engage their interest? What would be most important for them to know?*
- *Since it is important to put others in the know, what might give people a reasonable familiarity with the new realizations and conclusions that you have recently arrived at?*
- *I guess there are a number of people who have an outdated view of who you are as a person. What ideas do you have for updating these views? What would be most newsworthy?*
- *Would it be helpful to go along with others in the illusion that everything is just the same in your life? If not, how could you arrange for others to join you in celebrating your achievement?*
- *If other persons seek therapy for the same reasons that you did, can I share with them any of the important discoveries that you have made? If so, to what extent can I do this, and under what circumstances?*

OWNERSHIP AND USAGE OF DOCUMENTS

We acknowledge that therapeutic productions are co-created, but consider the persons who seek therapy to be the senior partners in the ownership of this property. Thus, such persons have power of veto in relation to the use of any documents (including videotape) produced by their consultancy.

Persons are informed that these documents, which we refer to as archives, are considered to be on loan to the therapist for specific purposes and for specific periods of time, and that this loan can be retracted at any time. Despite this, many persons wish to deed these archives to the therapist to use at his/her discretion.

The therapist may suggest that persons consult the knowledges expressed in their own documents at certain points in time, or request that

these documents be made available, with discretion, to others who are experiencing problems or for teaching purposes, with an undertaking that the responses of others will be recorded and made available.

The recording of the responses of participants in teaching contexts, with the explicit goal of providing feedback to those persons whose documents are being presented, encourages these participants to more fully appreciate and respect the nature of their privileged position. This is a position in which participants are privy to the lives and relationships of those persons who have been willing to contribute to the development of "therapeutic knowledge". This recording of responses engages participants more fully in an understanding of the experiences of persons, and mitigates against those responses that are the outcome of a position of detachment that is so easily arrived at by participants in teaching contexts.

Persons are invariably enthusiastic about receiving feedback from others in relation to their therapeutic productions. At times this feedback provokes ongoing and productive correspondences between these persons and workshop participants when these participants have appended an address to their comments.

CONCLUSION

In this paper we have described a process that we would refer to as an "archaeology of therapy". In this process, the knowledges that have been resurrected and/or generated in the context of therapy, and the history of, or conditions that made the production of these knowledges possible, become known. Persons become knowledge-makers, and knowledge-makers become knowledgeable. Both their knowledge-making capabilities and their knowledgeableness are authenticated.

This encourages persons to deploy their knowledges more knowingly, increases their own authority in matters of their concern, and decreases their dependency on expert knowledges. We believe that such knowledges can be more viable, enduring, and efficient than the imported expert knowledges which are often disabling and, in many circumstances, introducing of a stupifying patienthood.

NOTES

1. In challenging this privileging of the therapeutic micro-world we are not proposing that all aspects of therapy be undertaken in some public domain. We believe that persons should have access to a private place in which they can feel safe and secure, and have their desire for confidentialityhonoured. However, we consider it inappropriate to place this world above all other worlds, and we believe that all knowledges that arise in therapy that are preferred knowledges for persons should have space made available for the circulation of the same. We prefer to construe the concluding stages of therapy as being about new beginnings.

2. Turner and Hepworth distinguish between two major classes of ritual: those that include persons in social groups, and those that exclude persons from them.

3. In the translation of van Gennep's text, we prefer the term "reincorporation" over the term "reaggregation".

4. These can also be constructed as experience of experience questions (White 1988b). For example, "What would ... (an historically significant person) have noticed that would have told them that you would have been able to achieve this at this point in time?" Daphne Hewson (1990) proposes very similar questions from a cognitive social psychology orientation.

5. Other therapists, including those of varying perspectives, have also concluded that questions of this type are particularly helpful. For example, Daphne Hewson (1990) reaches this conclusion from a cognitive social psychology orientation.

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