



How Michael White Came Up with the Idea of Externalizing: An Educated Guess

By David Epston

Maria Popova and Claudia Bedrick, in ‘The Velocity of Being: Letters to a Young Reader’ (2018), edited a selection of letters from various authors encouraging young people to read. I was particularly taken by Daniel Handel’s invitation to do so, although he is far better known by his nom de plume, Lemony Snicket. I am taking the liberty to quote his letter from beginning to end even though at this stage, you must be wondering why I am at pains to do so. It will soon become apparent.

Dear Reader,

I have not much time to write you, and not much ink in my typewriter, but I hope I can convey a very important message before my time is up and my ink is gone.

Somewhere in the world, on some shelf or in some cupboard, in a library or a bookshop or a bedroom or a ditch, there is one book with a very important message for a specific person.

In most cases, the person has no idea which book it is, or where this book may be found, which is why most readers in the world go from book to book, from shelf to shelf, searching for the perfect read. In many cases it can take a lifetime.

People who embark on a lifetime of reading suffer many curious effects. They may have trouble paying attention in school, or during a dull dinnertime, because they are busy thinking about what is happening in a book they have been reading. They may at times confuse their friends with favourite characters, or their enemies with their favourite villains. They may be tired in the daytime, from reading all night, or energetic in the nighttime, for the same reason. And they may find themselves looking around the world and pondering its strangeness. The strangeness of the world, like the strangenesses of books, is something that is hidden from many people, at least until they start reading. Then, the strangeness is visible everywhere, and it is difficult to stop thinking about it.

But in your case, you can be spared. I have discovered the book with your specific and important message, so you can avoid a lifetime of searching. I have discovered the title and author of the book you have been looking for, or perhaps I should say the book that has been looking for you. Now that I have a little time and a little ink, I (ink gradually



fading out) can finally inform you that..[from here on everything has faded into eternal obscurity] (Handler, 2018, p. 209).

Perhaps it has been my good fortune to have been assigned more than one of the abovementioned books that has “been looking for you” and that “you have been looking for”. One such book was ‘Social Reality’ (1973), edited by Farberman and Goode. I had only read it on loan from the University of Warwick library where I was studying in 1975-1976. Please consider my delight when we were strangely reunited but this time, I took possession of it for the modest sum of \$2.00. This was akin to meeting a long-lost old friend, whom you find standing alongside you waiting for deplaned luggage at a carousel in a faraway airport.

Peggy Sax (Middlebury, Vermont) was seeing off Larry Zucker (Los Angeles), Charley Lang (Los Angeles) and Jung Eu Ko (Soeul, South Korea) as we were catching our respective flights at Burlington (Vermont) Airport after the ‘Narrative Camp’ which we had all attended (2017). As we had some time to spare, we decided to spend it in a downtown coffee shop. I was expecting nothing more than a coffee shared with good companions bidding farewell to one another. As we entered, I noticed a bookshelf stocked with what appeared to me to be either a professor’s unwanted surplus of their library or remnants from their estate sale. I could not resist browsing as I often have retrieved books from proverbial ditches in very similar circumstances. I immediately recognized ‘Social Reality’ and quickly leafed through its table of contents to test my memory. Was the Scheff (1968) article, “Negotiating reality: Notes on power in the assessment of responsibility,” there? When I saw that it had retained its place between pages 87-103, the joy I felt was indescribable.

Why had I welcomed it back to such an extent? Along with Harold Garfinkel’s ‘Conditions of Successful Degradation Ceremonies (1956), these were the first two papers I had photocopied and posted to Michael in Adelaide in the very early 80s, when we began exchanging ideas that by 1985 became identifiable as ‘narrative therapy’. However, it was not referred to in such terms until the early 1990s after the publication of “Narrative Means to Therapeutic Ends” (1990).

Like meeting a long-lost friend, I could not wait to reacquaint myself with this chapter. Not having reread it for well over thirty years, I wondered if its contents might no longer hold much, if any interest, for me. Had its salience faded over time? But then again, why had I taken such pains at the time to copy and post it to Michael, anticipating that it would be of equal interest to him? I could not recall it in detail but I could easily remember how much it had meant to us both at the time and the discussions it had provoked. Had it been one of those books Lemony Snicket was referring to in the above?

In 1974, during my in-service training as a novice employee in the Social Work Department of Greenlane Hospital and under the auspices of the Auckland Hospital Board, I visited social



workers in various hospitals and services. This culminated in what was regarded as the 'piece de resistance': several days watching the Family Therapy Team in the Professorial Unit, Adult Psychiatry, Auckland Hospital. It was appropriately housed on the 10th and top floor of the building, majestically overlooking the Waitemata Harbour and then out to sea. I realized on my way up that aside from climbing the Statue of Liberty in New York as a boy, I had never resided for any length of time at such dizzying heights. I anticipated what I took to be a once in a lifetime opportunity to 'see inside' the art and science of family therapy, if not at its best, certainly at its most prestigious.

I was stunned into silence by what I experienced time and time again over the course of my 'observations'. It was unlike anything I could possibly have expected. In fact, it took me some time to believe my eyes, because what they beheld could not possibly be so. And I could not confirm or disconfirm my impressions with anyone else even though there were about ten plus other staff and interns there. Their participation was equally incomprehensible to me. To this day, I can vividly remember details of what I witnessed.

I can recall what I took to be the horror of parents whose child had been hospitalized when it soon dawned on them that they were being interrogated to establish their guilt as well as seeking a confession for their part in the required hospitalization. Perhaps they had come hoping for some remedy for the 'problem', only to be made aware that they, in fact, were the Problem. Remember, these were the days of the psychoanalytically inspired 'schizophrenogenic mother/parents'. What I witnessed was as close to a police interrogation as I could imagine, something well known to me from movies and TV shows. However, there was a distinct difference here; despite the presence of two therapists in the room, neither assumed the role of the 'good cop'. Behind the screen, participating staff were engaged in the surveillance of the parents and when the therapists consulted them, they reported that "the father twitched when you questioned him about x' which they presumed was evidence to support his malfeasance. Not only were the minds of these parents being read but their bodies as well. I resolved to study overseas, especially the radical wing of family therapy about which at the time, I was reading voraciously. This provided a modicum of relief as it seemed to contradict what was so venerated in the Professorial Adult Psychiatry Unit.

At the University of Warwick (UK), my dissertation topic was: 'Counter-ideologies of Sufferer Associations: The National Schizophrenia Fellowship (UK) and the Psoriasis Association of Great Britain. I read widely in the sociologies of knowledge and medicine, especially the pioneering 'bringing over' of Alfred Schutz's German phenomenology into English by Berger and Luckman (1966). We had to wait for another decade before Foucault's 'genealogies' of psychiatry and professional knowledges were exported in English translations. It was during this period of study and practice (as a student social worker on placement at the Coventry Guild Guidance Clinic) that I read and re-read the Scheff (1968) paper despite its relative brevity. Still, I sensed



it held some way (along with Garfinkel) for me to comprehend what I had witnessed as well as to foresee some possibility of remedy. I was troubled that ‘the person was the problem’ but didn’t for the life of me know of any remedy or countermeasures. I had to await meeting Michael White in 1980.

Now flying back from Vermont to Chicago and then homeward bound to New Zealand, I re-read the Scheff chapter, I had the ample luxury of time and solitude to reacquaint myself with the reprinted paper. Still I steeled myself for disappointment. As we were flying over the United States, I became absorbed by what I beheld in the text. Perhaps the lofty altitude had something to do with it but reading the paper over and over again was revelatory. Surely it was this very paper (and the subsequent conversations Michael and I had in relation to it) that provoked Michael to counter the psychiatric practices it reviewed as ‘internalizing’ with his shockingly original ‘externalizing the Problem’.

Let me briefly review Scheff’s chapter for you. It sets itself squarely in the sociology of knowledge with the purpose of “comparing the shared awareness and organization of the format of the transaction in initial legal and psychiatric interviews.” It proposes to “contrast the two perspectives on the process of reconstructing past events for fixing responsibility. The basic premise of the doctrine of absolute responsibility is that both actions and intentions, on the one hand, and the criteria of responsibility, on the other, are absolute, in that they can be assessed independently of social context” (p. 91).

Scheff chooses to locate this matter in the sociology of knowledge based on the premise that “the reality within which members of society conduct their lives is largely of their own construction. Since much of reality is a construction, there may be multiple realities, existing side by side, in harmony or in competition” (p. 91).

He adds:

Implicit in this statement is the notion that the interrogator and client have unequal power in determining the resultant definition of the situation. The interrogator’s definition of the situation plays an important part in the joint definition of the situation which is finally negotiated. Moreover, his definition of the situation is more important than the client’s in determining the final outcome of the negotiation, principally because he is well trained, secure, and self- confident in his role in the transaction whereas the client is untutored, anxious and uncertain about his role. Stated simply, the subject, because of these conditions, is likely to be susceptible to the influence of the interrogator...The bargaining process in diagnosis, however, is much more subterranean. There is no commonly accepted vocabulary for describing diagnostic bargaining (Scheff, 1968, p. 91).



Scheff approached his analysis much like Foucault was doing at the same time in France by studying the 'genealogies' of a practice and resolved the most apt place to find such material was in the most influential recordings of 'teaching demonstrations' of psychotherapy. These teaching demonstrations were interviews used throughout United States and elsewhere to demonstrate an exemplary psychiatric interview. In this instance, the interview Scheff reviewed is from Gill, Newman, and Redlich (1954), [The Initial Interview in Psychiatric Practice, New York, International Universities Press].

I am going to quote at length from Scheff's (1968) description and analysis of this interview:

The patient is a thirty-four year old nurse, who feels, as she says, 'irritable, tense, depressed'. She appears to be saying from the very beginning of the interview that the external situation in which she lives is the cause of her troubles. She focuses particularly on her husband's behaviour. She says he is alcoholic, is verbally abusive and won't let her work. She feels she is cooped up all day with two small children, but that when he is at home at night (on the nights when he 'is' at home) he will have nothing to do with her or the children. She intimates, in several ways, that he does not serve as a sexual companion. She has thought of divorce, but has rejected it for various reasons (for example, she is afraid she couldn't take proper care of the children, finance, baby sitters, etc). She feels trapped (p. 92).

In the concluding paragraph of their description of the interview, Gill, Newman, and Redlich (1954) provide this summary:

The patient, pushed by we know not what or why at the time (the children...somebody to talk to) comes for help apparently for what she thinks of as her with her external situation (her husband's behaviour as she sees it). The therapist does not respond to this but seeks her role and how it is that she plays such a role. Listening to the recording, it sounds as if the therapist is at first bored and disinterested and the patient defensive. He gets down to work and keeps asking: "What is it about?" Then he becomes more interested and sympathetic and at the same time very active (participating) and demanding. It sounds as if she keeps saying: 'This is the trouble". He says: "No, tell me the trouble!" She says: 'This is it!" He says, "no, tell me" until the patient finally says, "Well I'll tell you". Then the therapist says: "Good! Then I'll help you".

Two particular features of the psychiatrist's responses especially stand out: (1) the flatness of intonation in his responses to the patient's complaints about her external circumstances; and (2) the rapidity with which he introduces new topics, through questioning, when she is talking about her husband (Scheff, 1968, p. 92).

Here are abstracts from the transcript of the abovementioned interview:





Psychiatrist: “Yeah? You see that, it seems to me, is something that we really should talk about because...ah..from a certain point of view somebody might say, ‘Well no, it’s all very simple. She’s unhappy and disturbed because her husband is behaving this way, and unless something is done about that how could she expect to feel any other way’. But instead of that, you come to the psychiatrist, and you say that you think there’s something that needs straightening out. I don’t quite get it. Can you explain that to me?”

(Scheff interpolates) “Since the context of these reminders (from the psychiatrist) is one in which the patient is attributing her difficulties to an external situation, particularly her husband, it seems plausible to hear these reminders as subtle requests for analysis of her own contributions to her difficulties..... The therapeutic thrust is rewarded: the patient gives a long account of her early life which indicates a belief that she was not ‘adjusted’ in the past” (p. 94).

Psychiatrist: “And you don’t regard your husband as the difficulty? You think it lies within yourself?”

She rebuts him: “Oh, he’s a difficulty all right, but I figure that even...ah...had..if it had been other things that...this probably..this state...would’ve come on me?”

Psychiatrist: “Oh, do you think so?”

She sighs: “I don’t think he’s the sole factor...no..”

Psychiatrist: “And what are the factors within....”

Patient: “I mean...”

Psychiatrist: “Yourself?”

Patient: “Oh, it’s probably remorse for the past, things I did.”

Psychiatrist: “Like what? (Pause) It’s something hard to tell, huh? (Short pause)”

After some parrying, the patient tells the psychiatrist what he wants to hear. She feels guilty because she was pregnant by another man when her present husband proposed. She cries. The psychiatrist tells the patient she needs, and will get, psychiatric help, and the interview ends, the patient still crying. The negotiational aspects of the process are clear: After the patient has spent most of her current difficulties on external



circumstances, she tells the psychiatrist a deep secret about which she feels intensely guilty. The patient, not the husband, is at fault. The therapist's tone and manner change abruptly from being bored, distant and rejecting. He becomes warm and solicitous. Through a process of offers and responses, the therapist and patient have, by implication, negotiated a shared definition of the situation- the patient, not the husband, is responsible (Scheff, 1968, p. 95).

Scheff concludes his analysis of the psychotherapeutic interview:

In the psychotherapeutic interview, it is probably the psychiatric criteria for acceptance into treatment, the criterion of 'insight'. The psychotherapist has probably been trained to view patients with 'insight into their illness' as favourable candidates for psychotherapy ie. patients who accept, or can be led to accept, the problems as internal, rather than seeing them as caused by external conditions (Scheff, 1968, p. 96).

To put it another way, a successful candidate for therapy is one who can be invited to internalize their problem.

At the time we were reading this paper, Michael and I were perplexed at how the conventional interviews in the 1970s and 1980s turned common sense explanations of blame on its head. Here the patient had to admit and confess to being to blame to receive 'treatment'. And remember this was a widely circulated and influential training for psychiatric interns from the 1960s onwards. You will notice as well how Scheff used the terms 'internal' and 'external' and how the 'external circumstances' were ignored and putative treatment was postponed until she 'internalized' her concerns and in a manner of speaking 'confessed'. Foucault's analysis of psychiatric treatments followed similar lines although he considered it aligned with the Catholic religious practices of confession, penance and redemption (Besley, 2005).

How did Michael reject 'internalizing of the Problem' in favour of 'externalizing of the Problem'? As it turned out, I may have prompted him by doing something similar and announcing that at the 3rd Family Therapy Conference in Brisbane (1983) in a Plenary Address. Garfinkels' (1956) paper on 'Rituals of Degradation' had cited the psychiatric diagnostic interview as one of its exemplars. In a play on words, I reversed what he described as the 'degradation of status' to the 'regrading of status' and suggested that as the purpose of an interview. I would argue that so much of what distinguishes narrative therapy practice (e.g., consulting your consultants, co-researching, outsider and insider witnessing practices, wonderfulness/virtue inquiries) all draw inspiration from the intention to 'regrade' the person as determined or foretold by his/her diagnosis or Problem. In fact, I went so far as to divide therapies by this distinction: degrading or the 'missionary therapies' in contrast to regrading or 'anthropological therapies.'



Therapies of degradation are focused on so-called pathology. To do so requires some notion or other of human or family perfectability or some philosophically or rationally derived 'truth' which would lead to correct behaviour. Garfinkel (1956) defines the status degradation ceremony as 'any communicative work between persons whereby the public identity of an actor is transformed into something looked down on as lower in the social scheme of social types. The patient must surrender their identity to his/her therapeutic mentor in advance of the latter's reputation and prestige and admit defeat.....Re-grading or anthropological therapies are informed by tolerance and respect for human variation. They focus on changing and resourcefulness. They presume no special truth to which they are privy, rather encourage others to pay attention to the way things are and try to make the best of their experientially-based common sense...Re-grading therapies are populist and assume personal responsibility and choice. The practitioners are willing to suffer the indignity of their own imperfection; some even appear to enjoy it. To do otherwise would be to tear themselves away from the joys and sorrows of living....Re-grading therapies are based on co-operation rather than surrender (Epston, 1989, p. 114-115).

This is how I believe Michael came to invent the term 'externalizing the Problem.' I write this paper to pay our gratitude to those first two articles we exchanged in 1982 or so which provided us with the terminology to turn language on its head to provide us with the means to turn 'practice' on its head.

I ask myself why I had forgotten all about this until I recently recovered 'Social Reality'(1973) in Vermont. Well I expect it had a lot to do with the fact that before very long we found the next book we 'had been looking for, or perhaps, I should say the book was looking for us': Jerome Bruner: *Actual Minds; Possible Worlds* (1986).





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