

Panning for Gold (on Michael White)

By Mary Sykes Wylie

ACCORDING TO AUSTRALIAN THERAPIST MICHAEL WHITE, a disconcerting effect of his new celebrity on the international therapy conference circuit is the recurrent experience of getting off a plane, being met by a workshop sponsor and told something like, "We sure have a real humdinger of a family for your live consultation. Oh, and by the way, about 500 people have signed up to watch." Whereupon White, the most visible representative of what is loosely called the "narrative method" of therapy, is plunked down in front of an impossible situation, while the audience waits breathlessly for a therapeutic miracle. White, who finds the hoopla attached to his new status puzzling, denies that there is anything magical about what he does. He says he is just very "thorough," very painstaking, and that "it's silly that people expect to get a good idea of this kind of work by setting me up in one meeting with the most complex situations they can find." Then he adds, "Certainly, the idea that I've got all the answers doesn't fit the spirit of the work."

Nonetheless, over the past decade, White has developed a worldwide following of both senior therapists and neophytes on several continents who insist he has something vitally important to say that the field needs to hear. But it can hardly be his therapeutic style that explains his elevation to the ranks of the illuminati. Watching him in session is a far cry from seeing one of the recognized lions of clinical performance sweep grandly into the middle of a dysfunctional family circle and in one session transform it into a little kingdom of love and harmony, while being wildly entertaining in the process. Far from it. His pace is measured, even monotonous some find it maddeningly slow the therapeutic persona respectful, solicitous, inquisitive, slightly donnish, almost deferential, the circuitous language an eccentric mix of the folksy and the politically correct. It is hard to imagine the following questions appearing in any psychotherapy textbook: "Do you know how you got recruited into these habits of thought that have been so capturing of your life?" "What skills have you developed as a couple that allowed you to hold on to your relationship in the face of adversity, and in spite of the politics of heterosexist dominance and ageism that marginalize your ways of being?" "What's it like for Anorexia Nervosa, which has been pulling the wool over your eyes, to witness these recent, more positive developments in your life?"

During sessions, White hunches down in his chair over his notes he seems almost to recede from view. He almost never asserts anything, rarely utters a declarative sentence, just patiently asks questions, hundreds of questions, often repeating back the answers and writing them down. Like an archaeologist, White sifts through the undifferentiated debris of experience for minuscule traces of meaning the tiny, precious shards of struggle, defeat and victory that reveal a life all the while doggedly taking notes, even occasionally requesting the speaker to slow down so he can take it all in.

At the same time, there is a startling tenacity about the process, a kind of polite but unshakable insistence on participation, a refusal to let people off the hook, even after hours and days of non-response long silences, embarrassed shrugs, parrot-like reiterations of "I don't know." White will not allow the people who consult him to slip away into the sad night of their misery. He simply will not give up.

In one session, for example, the parents of a deeply shy and isolated pre-adolescent girl, are trying to coax her away from her perch in front of the television and go walking with her

father. But the girl's reluctance is such that even when she does consent, she dawdles so that her father says he must then take a second walk in order to get any exercise for himself. He is disheartened and wonders if the effort is worth it. In this segment, White tries to get a statement of feeling from the girl herself. It is uphill work. White asks, "Do you have different paces of walking? A snail's pace? A tortoise's pace?... Are you faster or slower when you go walking with your dad?" After a long pause, she murmurs, "Probably slower." "Probably slower," volleys White. "That means you do have more than one gear. [Do you walk more slowly] because you don't want to go walking with him?" "I don't want to do it," she says finally.

Ignoring this response, he asks her how she could help her dad work out what to do abandon their walks together or persist. She yawns hugely. Building on a microscopically tiny advance in the girl's life emerging earlier in the session (when he had elicited from her a barely spoken acknowledgement that she might like to be "taking more initiative in life, rather than being a passenger") White asks, "What would you like to do with your dad that would fit with this new direction of yours?" a "new direction" that would have been invisible to anyone but White. She mumbles "Go walking." "Going walking would that fit this new direction?" he pushes. "Fits," she barely murmurs. "It does fit," White continues enthusiastically, "So would you like him to keep on trying to go walking, or would you like him to stop?" "Hmmm, hmmm, hmmm," she replies. "You have to say what you'd like," says White the closest he comes to making a demand. "Keep on walking," she finally answers. It is an achievement, says White, because she has determined that the decision to keep on walking "fits more with self-care than self-neglect." By the end of a later session, while she doesn't exactly seem as "bright, open, chirpy, communicative, chatty" as White suggests to her, she is clearly much more engaged. She looks at him out of the corner of her eye and smiles shyly, and even produces some whole, unequivocal answers (short ones) to his questions, obviously delighting her parents. Their daughter, who had rarely been able to identify any of her own likes, dislikes, desires, interests, purposes, who had rarely even talked to anybody, has begun, however hesitantly and timidly, to say out loud what she wants for her life.

This kind of work may look to some practitioners like cutting grass blade by blade, but it is probably more like panning for gold in an overworked stream long since abandoned by other prospectors. Slowly, meticulously, steadfastly, White sifts through the sandy deposit, patiently extracting almost invisible flakes until, by imperceptible increments, he has amassed an astonishing mound of precious metal. Clearly, White's reputation rests less on therapeutic bravura than on the extraordinary, transfiguring moments that occur in his practice epiphanies that take place with people most therapists would write off as hopeless.

Mary, a young woman horribly abused as a child, appears in White's office anorexic and bulimic to the point of near death, suicidal, actively hallucinating, unable to leave her house or talk with anybody except her husband. Discharged from her last psychiatric hospital with the medical prognosis of death by starvation within a few weeks, she is brought in to therapy by Harry, her despairing husband, and spends the session curled up in a fetal position, rocking to and fro on the floor in the corner of White's office. "She would not answer any questions, and I did not get to see her face for the first three sessions," says White.

When Mary does not respond to his gentle, persistent probing, he asks her husband to pose the questions to her, and when she still remains silent, White wonders aloud if Harry would like to "speculate" on what her answers might be. At the end of the third session, after one of White's typical questions what did Harry think her answer might be if he asked her how she

had been recruited into such self-hatred she moves a little and whispers something into her husband's ear. "For that one instant, hateful-ness did not speak to Mary the truths of her identity," says White, "and from then on, she began to speak more and more in a different voice for herself."

With time, this almost unbearably fragile woman has acquired a small puppy and talks about how sweetly the dog licks her chin in the morning at first, she had thought she was so hateful the dog would perish in her care. Once terrified into paralysis by the possibility of personal rejection, some months later she has organized an outing for herself, her husband and her in-laws. She has reestablished a relationship with her mother and, *mirabile dictu*, she has gone, by herself on the train to a shopping mall, walked into a coffee shop, ordered a cappuccino and drunk the whole thing. When White asks what this event tells her about her life and her identity, this woman, who has believed she was worthy only of death, says in a small, frail, but unwavering voice, "I would like to do something for my own self."

In Mary's life, these ordinary events are miracles, of which nobody who views the tape can have the least doubt. Still mysterious, however, is what White has done that has made the difference. By now, the theories and methods that have given White and David Epston, his New Zealand colleague, an international following are well-known, and they clearly figure in Mary's case. Through "externalizing conversations," for example, White has helped Mary think about her anorexia nervosa and the attendant "self-hate" as hostile, outside forces in her life, not at all intrinsic to her nature and personality "When you were drinking the cappuccino," he asks her, "did you or Anorexia and Self-hate have the upper hand?" "I had the upper hand," she answers softly, but with something that sounds very like pride. When anorexia and self-hate are no longer inherent to her very being, she can fight them without fighting herself; she does not have to die in the act of resistance.

White and Epston also look for evidence of what they call the "unique outcomes" in people's lives and the "counterplots" associated with them seemingly ephemeral, often forgotten experiences that contradict the dominant story of abnormality, deficiency and failure. "There is always a history of struggle and protest always," says White. He finds the tiny, hidden spark of resistance within the heart of a person trapped in a socially sanctioned psychiatric diagnosis "anorexia nervosa," "schizophrenia," "manic-depression," "conduct disorder" that tends to consume all other claims to identity. White liberates little pockets of noncooperation, moments of personal courage and autonomy, self-respect and emotional vitality beneath the iron grid of lived misery and assigned pathology.

Even in Mary's history, for instance, in an almost unimaginably bleak and brutal childhood, he finds the saving remnant of another, untold story. "In her darkest hours," he says, "at a time when she was being sexually abused by several people, she used to run away into the woods to the same tree whose trunk she could just stretch her arms around she said she could hear the tree speak to her. She had found a living thing that didn't abuse her, a simply fantastic achievement." Such heartbreaking moments of spiritual valor are hints, in White's credo, of Mary's subtle, half-forgotten, almost unrecognized dissent from the dominant story of abuse and self-hatred, official psychiatric labeling and social ostracism. When people like Mary remember and speak about these tiny saving fragments of formerly lost experience, says White, they also relive and perform them as well transforming meaningless autobiographical aberrations into the palpable material of new stories, new lives.

IN EVERY KNOWN CULTURE, PEOPLE give meaning to their individual stories (what happened to me as a child that affects me now, how I met my husband, why I got sick and why I got well) by organizing them according to a time-line with a beginning, middle and (perhaps hypothesized) end. In this way, we create our personal history. White's therapeutic method may depend more on exploring people's history than any other current approach, barring psychoanalysis but with a profound difference. Whereas practitioners of the latter delve into personal history like surgeons looking for hidden tumors, a lump of pathology in the far distant past, White seeks out the healthy tissue, the protective antibodies, which he always finds. For White, people's present lives cannot be reduced to their diagnoses, which are much too tight, too confining to contain the capacious possibilities revealed in their histories.

And, unlike other therapists who may take history into account, but only as individual case histories, White both brings history with a capital 'H' into the lives of the people he sees and, in turn, brings them into the broad current of historical time and place. He might be described by an Eriksonian therapist as breaking the "trance" imposed on people by the powerful forces of history and culture, making visible the invisible pattern of ordinary humiliations and terrors, routine tyrannies and acts of violence that comprise much of "civilized" life.

John, for example, a therapist in training, came to see White because, says White, "he was a man who never cried" he had never been able to express his emotions and he felt isolated and cut off from his own family. As a child, John had been taught, both at home and at his Australian grammar school, that any show of gentleness or "softness" was unmanly and would be met with harsh punishment and brutal public humiliation. White asks John a series of questions that are at once political and personal, eliciting information about the man's "private" psychological suffering and linking it to the "public" cultural practices, rigidly sexist and aggressively macho, that dominated his youth. "How were you recruited into these thoughts and habits [of feeling inadequate, not sufficiently masculine, etc.]? What was the training ground for these feelings? Do you think the rituals of humiliation [public caning by school authorities, ridicule by teachers and students for not being good at sports or sufficiently hard and tough] alienated you from your own life? Were they disqualifications of you? Did these practices help or hinder you in recognizing a different way of being a male?"

Having clarified the social context of John's alienation from himself in the "dominant men's culture," White helps him acknowledge and appreciate his ability to resist it and "reclaim" the other stories of his life, the other selves and ways of being gentle, kind, loving that he had managed to keep alive, though hidden, in spite of his tormentors. White asks what it would have been like for John, as a young boy, to have himself as a father. That little boy would have loved it, John replies. It would have meant having a father who talked with him, who showed him love, gentleness, kindness; it would have meant being accepted for himself; it would have meant having more fun. "I try to do that with my kids, now," he says.

Then one of those White epiphanies occurs. While John is still in a kind of reverie about the little boy he had been and the father he had needed, thinking aloud about his own sons and the father he tries to be affectionate, emotionally open, warm, playful White asks him what is happening to him right then, in the session. A look of wonder comes over John's face, and he says, "It's okay . . . It's okay to be that way. It's alright," and for the first time in his adult life, he begins to cry. "Yeah. Wow. Whew," he says over and over, blowing his nose. "Yeah, thanks. That's really strong, that's really powerful. Yeah, I did resist it somehow. This is rare. Yeah." And it is rare, to see two trajectories meet the abstract knowledge about the power of

cultural conditioning, and the gut realization of what that conditioning has meant in one's own life.

Even more striking is White's ability to cut through the maze of social opinion, psychiatric ideology and individual indoctrination that reinforces the very symptoms of people labeled "chronic" mental patients. Often, these people, particularly diagnosed schizophrenics, have what sociologist Erving Goffman referred to as "spoiled identity," and, says White, "perceive themselves to have failed rather spectacularly in their attempts to be persons," that is, in their attempts to force themselves to behave, feel and think along stereotyped lines considered "normal" and "healthy" in the dominant culture. The cost is often excruciatingly high for people already particularly vulnerable, for biological and/or psychological reasons, to emotional stress.

According to White, the hallucinatory voices heard by people diagnosed as schizophrenic, telling them they are sick, helpless, crazy, deranged outcasts, bear an uncanny resemblance to common negative cultural stereotypes. Men's voices, for example, tell them they are wimps and weaklings, while women's voices attack their sexuality calling them sluts and whores. In both cases they harp relentlessly on the hearer's stupidity, worthlessness, social unacceptability and failure to measure up to social norms and rules. All-knowing and opinionated, the disembodied, magisterial voices speak in tones of great authority the voices of correct opinion and unimpeachable judgment (one imagines a malevolent Dan Rather or Peter Jennings) that the hearer would have heard repeatedly in the "real" world.

What perplexes White isn't the odd parallelism between the "internal" voices and "external" social messages, but the difficulty most people have seeing the connection. "Although it seems relatively easy for us to entertain the idea that much of what we think and believe, and much of what we do, is informed by culture," he said in a recent interview, "for some reason it seems rather more difficult for us to entertain the idea that psychotic phenomena are similarly informed; that regardless of etiology, the content, form and expression of psychotic phenomena, such as auditory hallucinations, are shaped by culture."

In his own terms, White "deconstructs" the dominant authority by taking people's voices very seriously accepting their validity as hostile forces "out there" collaborating with the person to unmask them as the lying scoundrels they are and develop strategies that will undermine their power. "What is it that the voices are trying to convince you of?" he asks. "What are they trying to talk you into? Are these voices for you having your own opinion, knowing what you want, or are they against you having your own opinion? Does the confusion caused by the voices contribute to their goals for your life, or yours?"

Jane, for example, steadily regressing at home with a diagnosis of schizophrenia, heavily medicated, unable to leave her parents' house for years, has recently moved into her own home, after working with White. She says that the six hostile voices that used to harass her constantly have been reduced to one, which seems to be on the defensive. "They used to dominate my life totally," she remembers, "told me I had to stay in bed all the time, that I was queer, that nobody liked me, that I didn't deserve to have any company." As he does ordinarily with people who have experienced psychotic episodes and suffer hallucinations, White equipped Jane with transcripts of their sessions together, along with various other "documents of identity" (i.e. written "charters" celebrating the person's strengths, capacities and current progress and intended to be shared with family and friends), which protect her from her hostile auditory ensemble. Whenever one of the voices threatens to have a "tantrum"

or otherwise attack her, she reads a transcript and "I get a picture of what I really am like ... a much better picture than the voices [give me] . . . and I'm not so scared. [I can see] that I'm a nice person, attractive, good personality, independent.. . [It] shows through." The action of reading the transcript makes the voices just "go away," says Jane, though they go with much grumbling, in ill grace and it is hard not to envision a swarm of evil, wrathful little trolls retreating before a determined woman wielding a particularly effective magic talisman. Together, Jane and White have transformed a hopeless story with a foreordained ending into a dramatic epic, in which Jane is not a victim, a defeated mental patient, a crazy lady, but a hero engaged in a valiant struggle against a formidable enemy.

White has been roundly criticized by the psychiatric profession for reinforcing hallucinations and failing to help people "own" and "integrate" the voices to recognize that they are part of themselves, and take responsibility for having, in effect, invented them. White rejects such criticism because he rejects the foundation on which it is based that every human being comes outfitted with a single, unitary, core-personality, the center and source of all human meaning. Those who admit to hearing tyrannical voices coming from "somewhere else" break all the rules of self-containment, self possession, self-definition, self-control, self-determination that are the earmarks of "healthy personality development" in our culture. This view, White contends, is far less an objective description of human nature than a culturally determined prescription for the way people should be, not to mention an implicit damnation of people who don't measure up. "This work is not about people discovering their 'true' nature, their 'real' voice," says White, "but about opening up possibilities for people to become other than who they are."

For White, the personal is, and must be, deeply embedded in the political. The stories of the people he sees John, Mary, Jane are of personal struggle and transcendence, no doubt, but in White's eyes they are also unmistakably tales of power politics, the "politics of local relationship," as well as the larger social politics of gender, class, professional and institutional dominance. Mary's anorexia is both the result and the expression of the damage done to her by the misuse of power by her family, by a society that countenances male domination of women and children, and also by the mental health establishment that defines her life, reducing her to a kind of psychiatric object a "case" of anorexia.

White's thinking is legions away from the clinical Zeitgeist suggested by the standard family therapy metaphors of cybernetics or systems theory, suggests Gene Combs, codirector of the Evanston Family Therapy Center in Evanston, Illinois. "You have to think more in anthropological, sociological metaphors; you need to have pictures and ideas in your mind about how social and moral values, political and intellectual practices are transmitted in a culture, and how they influence the way people are. When Michael talks about stories, he's not just talking about individual anecdotes, but the story of Western civilization and how it has already 'storied' our lives for us before we were born."

WORDS ARE SO IMPORTANT," White said in an interview with *The Family Journal* last January. "In so many ways, words are the world." Yes, but so are the people who utter them. And it is hard to avoid the sense that the White persona is a very powerful element in the therapeutic equation. He dislikes the terms "client" and "intervention," which suggest to him the sort of expert domination of people in therapy that reproduces the social control and disqualification they already experience outside. And yet, in spite of a distinctly unshowy clinical manner in sessions, he is clearly the director of the ongoing drama.

Sometimes, the stream of formulaic questions intended to elicit externalization and re-storying can seem relentless, almost conveying the impression of a benevolent salesman hammering away at a hesitating customer: "Come on, you know you are better than you think you are, more than this paltry story you've been given, so when are you going to get with the program, take the deal, sign the papers, buy the product?" It's as if he is trying to convince them not only to buy themselves but to consider the sale as good a deal as he does. He clearly believes in the people who consult him more than most others do more, probably, than many of the therapists observing and certainly more than they believe in themselves. In one live interview with the family of an 18-year-old boy involuntarily hospitalized by the legal system for setting fires, he spends a major part of the session following a line of questions apparently aimed at building a greater sense of personal agency in both the boy and his 12-year-old sister (herself hospitalized for suicide attempts), while helping the two of them get along better. It is not an easy job even getting the siblings, both following their own eccentric and antagonistic orbits, to respond to a line of questions about their accomplishments, much less focus on what they might have in common. Nonetheless, White pries from each (buttressed by appeals to the parents) admissions of small, but legitimate "new developments" related to their increasing maturity: Mike now takes a shower "at his own suggestion," and helps his mother with kitchen chores; Debbie keeps her room neater and can handle more school classes.

In a segment that looks like the equivalent of pulling seriously impacted wisdom teeth, White manages to get from brother and sister, syllable by syllable, grudging concessions that each notices the changes in the other, and approves of them, sort of. As usual, White is only asking questions not, presumably, "imposing expert knowledge" on the people he is interviewing. But, he is generating the lion's share of talk, energy and conviction, and it is hard not to see at least the shadow of an unflagging preacher cornering the town sinner and extracting from him an admission that, yes, he probably does feel an attack of salvation coming on.

In the question-and-answer period that followed this live interview, one observer said he had found White "directive" and "suggestive" in his questions and noticed that he had "blocked" Mike from saying things and "interrupted" him on several occasions. Was this an important part of the narrative method as White practiced it? White answered that what looked like direction, suggestion and interruption was, in fact, a form of differential attention. He was not "blocking" some material as much as he was "attending to" other material the "sparkling facts" and "unique outcomes" that had been totally ignored or quashed in the family's dominant story of sickness and failure. As powerful coauthors and coconstructors of the realities that people forge in the process of therapy, White suggested, clinicians have a rigorous responsibility for what they choose to select from the multitudinous possibilities given them in session, and for whether the stories they help create are newer, more helpful, more healing or just regurgitated chapters from an old chronicle of despair: "Old dominant, problem-saturated stories are not good for you there's not one old story that's good for you, despair is not good for you."

But old stories sometimes die hard people have been imprisoned in them too long. Coming into the light of a new story can be blinding at first It isn't likely, suggests White, that people will always be able to leap immediately to a new possibility, to instantly invest old, half-forgotten, devalued experiences with new meanings. If therapy with White is a process of coauthoring new stories, many of the people he sees could be said to suffer from paralyzing writer's block they sometimes need to be nudged out of their immobility, persuaded to fit those first awkward words to experience, embarking on the reflective reverie that begins with "Once upon a time . . ."

The therapist who wishes to be coauthor, or creative agent and impresario, cannot hide behind passive silence or pretend neutrality. "There is no way of asking neutral questions," says White, "and you can't just drop a question when they don't answer right away and go on to something else. I'm very much the coauthor at first, but gradually, the person becomes far more active about articulating what these new developments mean in their lives. They become fascinated with neglected elements of their own stories, and as they step into that fascination, my role diminishes. I ask fewer questions, while they come up with ideas, notions, solutions I never would have imagined, unravel mysteries in a way I never could do." As the "alternative plot" gets rooted in people's own memory and imagination, says White, the story "runs away from me, it takes over, it has no end . . . and I can't know in advance whether the story will be beneficial or not. Only the people with whom I am working can determine this, and I keep encouraging them to do so."

Although White claims that Western ideals of individualism, self-determination, personal authenticity have become tyrannical measures of human worth in our society, he seems particularly good at producing these old-fashioned, perfectly unexceptional therapeutic outcomes. In fact, the people he sees seem to believe that his practice of nurturing a freer, more robust feeling of personal agency and individual identity is what distinguishes his therapy from the multitude of other treatments they have had.

Diane, for example, hospitalized several times for anorexia nervosa, compares the repressive, distrustful hospital environment with her experience of being treated by White. In the former, where food intake was rigidly watched, toilets were locked so that food couldn't be flushed away, rooms were searched if inmates didn't gain weight and therapists tried to extract from her admissions that she must have been sexually abused as a child, she felt degraded, brain-washed and rebellious "The way they treated you made you feel as if they had all the answers and you were nothing." White, on the other hand, "helps me along the way, but I'm the one who chooses what I want to eat; I'm the one who's got control. In the hospital I was forced to eat, and [when I gained weight] I wanted it off as quickly as possible, whereas with him, I did it myself, when / was ready, and it will stay on." If this isn't self-determination, what is? White words it differently, arguing that such responses "are the outcome of people stepping into ways of being and thinking that bring new options and possibilities for action." Still, a rose by any other name ...

Even people considered to be chronically psychiatrically ill and particularly at the mercy of the Western cult of individual selfhood, according to White, seem to emerge from his therapy with a much expanded sense of... individual selfhood! They also have a greater sense of community, White points out, because they have begun to engage family members, friends and others in the "renegotiation" of their life-stories making them witnesses, so to speak, to their changed realities. Still, White seems to have an inside grasp of the profound demoralization felt by people who are not only denied agency for their own lives, but told constantly that they are unworthy of having it so they become nonpersons to themselves. "I used to try to be everyone's [else's] person," says James, who holds a handful of diagnoses, including schizophrenia, schizo-affective disorder and manic-depression, and has suffered, as he puts it, from the judgmental, unrelenting "expectations" of others (including his own tyrannical voices) to get a job, to exercise, to give up smoking, to act "normal," to behave, to be the person others "expected" him to be. With White's help, he says, he could learn to say "no . . . Michael hands it over to me to decide what I want. He empowers me, he doesn't take

over the reins for the management of my case. He's somehow very clever in allowing me the freedom to be the person I need to be, while also managing myself so I don't go overboard."

Gene Combs describes a tape in which a woman diagnosed as schizophrenic compares the hospital chart that had accompanied her for years on a mental ward with White's case notes based on his sessions with her. "When she read the hospital chart, she said she felt like a chronic, medicated schizophrenic, like someone stuck, with no hope, not worthwhile in the eyes of other people," says Combs. "When she read what Michael had documented, she saw clear movement in her life. She felt like a valuable person who lived a meaningful life that she was making even better. She said she felt respected." What really impressed Combs, however, was the difference on her face, in her voice and in her bearing when she talked about the hospital chart on the one hand, and White's notes, on the other. "When she talked about the former, she looked like a chronic mental patient; when she talked about Michael's story, she looked like a person."

This transfiguration seems at bottom a mystery, which challenges notions of the "unitary self" certainly, if that self is predetermined by culture and politics, and if it is a static, hard-wired entity of predictable operations and predilections. Is this newly transfigured "self" more "real," more "true" than the old one? Will this new self be more successful than the old? "I don't know what these stories are going to bring with them," says White. "I can't know whether they will be beneficial or not all I can do is keep on asking the person what the effects of the story are, asking him or her to judge it. I can't assume anything there are always lots of surprises."

In "The Power and Culture of Therapy," White quotes social philosopher Michel Foucault's words, which probably come close to White's own views on the issue of selfhood: "The main interest in life and work is to become someone else that you were not in the beginning. If you knew when you began a book what you would say at the end, do you think that you would have the courage to write it? What is true for writing and for a love relationship is true also for life."

WHITE'S IMPACT ON THE PEOPLE he sees cannot be explained solely as the product of an interesting theoretical worldview that makes its way into some interesting new techniques. His work, perhaps like that of any gifted therapist, any inspirational spiritual leader, any talented artist, depends upon something like what 18th-century English evangelist John Wesley called "the heart strangely warmed." In White's case, there is no question that he is literally "warmed" by the people he sees, that there is a degree of devotion and loyalty to the people who consult him, a vital faith in them and their possibilities, and he insists upon their knowing it. When Mary tells him how she accomplished the triumph of her solo trip to the coffee shop she "took Michael and the team with her" in her mind, she says, when she boarded the train for the mall his own emotional response is as vivid as her narrative. "What do you think this does to my life, to know you have invited me and the team into your life this way, and to hear about you going to the coffee shop how do you think I'm feeling right now?" "Happy?" Mary asks faintly, after a pause. "More than happy," says White. "Joyful."

Probably all therapists worth the title feel privileged to be doing the work they are doing; many also feel gratitude, occasionally even awe, at the willingness of vulnerable and defensive people to trust their lives and sorrows to virtual strangers. Few, however, can have such a radical sense of solidarity with the people who seek their help, can consider the therapeutic relationship with them so profoundly sustaining and transformative of their own

lives as does White, with every person he sees, regardless of how apparently unreachable and disturbed, how ground down by years in the psychiatric mill. "Inevitably, we change each other's lives, often in ways that are hard to speak of," White said in a recent interview. "These interactions are life changing for me ... In saying this, I am not talking of anything ingratiating,... . And I am definitely not proposing something that has some strategic aim, like a one-down position for therapists, which I believe to be ingenuine, patronizing and disqualifying."

This attitude tends to raise skepticism, partly because it suggests an almost superhuman single-mindedness and integrity. Doesn't he ever fake it? No, according to colleagues who have worked closely with him. His vision of the people he helps, of the work he does, is apparently uncorrupted by the normal doubts, exasperation, weariness, disappointment and ordinary ill-temper about clients vented by even the most dedicated therapists from time to time. It is, for example, a point of deepest honor and professional integrity with him not to speak differently in private, entre nous with other therapists, about the people he sees than he will in front of them. This is part of the famous White "congruence" that his colleagues describe, which is not only a matter of political correctness undermining professional hierarchies, equalizing the relationship between therapist and client but a matter of utmost importance to the morality of the entire therapeutic enterprise.

"There is nothing about him that turns on and then turns off," says David Moltz, medical director at Shoreline Community Mental Health Services in Brunswick, Maine. Moltz recently attended a three-day workshop featuring White, who did a live consultation with a family in which the father, thought Moltz, was "completely impossible." But there was never a moment, Moltz said, when White indicated any remote difference between his apparent feelings about the family how he appeared to them and his "real" feelings; there was no moment afterward, says Moltz, when he let down his guard and said something like, "Oh, my God were they something else!" Says Moltz, "He has no guard to let down; there are no hidden corners or agendas ... no second order of business, no waiting for the family to leave before you say your real feelings." What you see is what you get.

A particularly revealing story about White and his work is one he tells himself. As a young man, before formally taking up the profession of social worker, he worked as a gardener for what was then politically incorrectly called an "old folks home." Paying no attention to official instructions from the institution's administrator, he collaborated with the elderly inhabitants to create the gardens they wanted in front of their units. "They would come out and tell me where they wanted to plant shrubs, and how they wanted things pruned," he recalls. "It was great because I didn't know much about gardening and they were teaching me." Eventually, White was fired for what might be called "client-centered gardening," but he remembers the experience as at least as important as other more personal or professional biographical tales.

In a sense, White has remained a gardener in the work he does now; doing therapy, like planting and tending a garden, is a matter of methodical attention, small steps and hard labor digging, spading, pruning, watering, mulching. Good gardeners are both practical and visionary. They don't expect to turn the desert into a Garden of Eden, at least not overnight, but they are optimistic enough to believe that with time and effort, and the blessings of rain and sun and decent soil, they can collaborate with nature to transform even quite desolate spots into little oases.

Good gardeners are forced to be modest. They can provoke and prompt and support nature in certain directions, but they can't control it they can't make anything happen. An acceptance of their own limitations is perhaps part of the ethic of gardeners, along with a renunciation of grandiosity and a respect for the self-created, self-sustaining rhythms of living things. In a sense, White's ethic of therapy is not dissimilar. It is an ethic that eschews the grand therapeutic gesture implicit in the myths of the one-session cure, the personality makeover, the eradication of mental "disease" through biochemical wizardry. Like a gardener who knows that even the most elaborate landscape must be tended step-by-step, plant-by-plant, square foot-by-square foot, White carefully nurtures the small triumphs in the lives of the people he sees, honors the transient moments of competency, initiative, resoluteness.

These marginal stories are usually neglected in the grand schemes of psycho-pathology as accidental, insignificant epiphenomena that are too small to count, but they are the seeds and the soil of human transformation. "People neglect the landscapes of their own lives they think they are uninteresting and dull," says White, "but I'm very curious about them, and I always find it interesting to hear people talk about themselves in ways they've never done before. I often find myself up against the limitations of my knowledge and vision, when I don't feel equal to the task, but the questions I'm faced with become the impetus for further explorations that extend the limits of what I know. I don't have any grand account of the work I do I don't think it is so fantastic, it's not heroic it just addresses a few things. We don't need to teach people anything new, just help them reach stuff that's already there."

Mary Sykes Wylie, Ph.D., is senior editor of The Family Therapy Networker.

(Family Network website, July 2008)