

The Absent but Implicit – a map to support therapeutic enquiry **Maggie Carey, Sarah Walther & Shona Russell.**

“It is not possible to talk about anything without drawing out what it is not. Every expression of life is in relation to something else.”

Michael White referring to the work of Derrida¹.

Abstract

This paper describes recent developments in the use of the ‘absent but implicit’ in narrative therapy. Michael White used the term ‘absent but implicit’ to convey the understanding that in the expression of any experience of life, there is a discernment we make between the expressed experience and other experiences that have already been given meaning and provide a contrasting backdrop which ‘shapes’ the expression being foregrounded. In therapeutic conversations, we can use the concept of the ‘absent but implicit’ to enquire into the stories of self that lie beyond the problem story.

We review as a foundation for appreciating this particular practice, the ways in which narrative therapy supports an exploration of the accounts of life that lie ‘outside of’ the problem story. We follow this by a more specific description of how the concept and practice of the ‘absent but implicit’ offers further possibilities for bringing forward these often neglected territories of life. This description includes the presentation of an ‘absent but implicit’ map of narrative practice which reflects the authors’ shared understandings of Michael White’s most recent explorations and teachings.

Introduction

Over the years, Michael White has presented numerous exciting and inspiring ‘re-visionings’ of the narrative approach that he had developed along with David Epston (White & Epston, 1990, 1992). Michael’s constant reading and exploration of ideas and thinking outside of the field of psychotherapy continued to provide new slants on practice and new ways of describing the process of a therapeutic conversation using the narrative approach. (White, 1995, 1997, 2001, Morgan, 2000). As each connection with another body of thought was described, it offered practitioners further opportunities in their therapeutic work with individuals, families, groups and communities. A range of colleagues within Australia and internationally, encouraged and supported Michael White’s long term interest in French critical philosophy, social anthropology, feminist studies and related realms. Significant contributions were made through the sharing of work and through rigorous discussions over decades as Michael developed the practices of narrative therapy.

In this paper, we explore recent developments in just one aspect of the narrative approach: the ‘absent but implicit’. We can use this notion as a point of entry to explore stories of self that are alternative to the problem story that people bring to

¹ Workshop notes, 2006 Small group intensive with Michael White, Adelaide.

therapeutic conversations. The identification and development of these alternative accounts of life is a key aspect of narrative practice.

Preferred stories

During the 1980s, Michael White had been proposing a therapeutic practice that explored *alternative* stories; that is, accounts of life that were ‘other’ than the problem story (White, M. 1989). From the early 1990’s Michael began to emphasise ‘intentionality’ and ‘intentional state enquiries’ and alternative stories became re-known as *preferred* stories (White, 1991, 1995, 2001). This shift reflected the way in which the stories of life and self that are being looked for as alternatives to the problem stories are not being thought of as just *any* old alternatives, but are seen as stories that represent people’s intentions for their lives. These preferred stories ‘fit’ with what people want for their lives and what matters to them. The term *preferred* conveys the sense that we make a choice to search for something other than the problem and that people have preferences about how they wish to live their lives.

In the early 2000’s Michael White applied the metaphor of ‘scaffolding’ to the practice of inquiry into preferred stories. These new understandings derived from the work of Lev Vygotsky, a Russian learning theorist from the early 20th century (Vygotsky 1986) and were developed and made more generally available through the work of Jerome Bruner (Bruner, 1978, 1990). This offered a way to think about how we can use therapeutic questions to provide stepping stones for people to ‘learn’ previously unknown things about themselves in the, as yet, unexplored, territories of their preferred stories. Thoughtfully scaffolded questions can support people to step from the ‘known and familiar’ of the problem experience into the ‘not yet known, but possible to know’ territory of preferred stories.

Vygotsky’s ideas of how we can come to learn about these stories of ourselves also invited a consideration of how concept development supports a sense of personal agency (White 2007 p. 226). At its simplest, this is the understanding that if we haven’t had the chance to develop some ideas about ‘who we are’ and ‘what we are on about’, then we will not have a sense of being able to direct or have influence on our lives: to steer our lives in directions that work for us and that fit with what matters to us in life.

The primary focus of the narrative approach relates to how people understand their lived experience and how they can be invited into a sense of personal agency in relation to responding to the problem situations that they encounter.

Absent but implicit – a review of the ideas

In the late 1990s, Michael White began to present some thoughts connected with his reading of Jaques Derrida. (White, 2001; Derrida, 1978; Freedman & Combs 2008) These included the early formulation of the practice described as the ‘absent but implicit’ (White, 2000). The notion of the ‘absent but implicit’ is based on Derrida’s ideas about how we make sense of things, about how we ‘read’ texts and how the meanings that we derive from texts depend on the distinctions we make between what is presented to us (privileged meaning) and what is ‘left out’ (subjugated meaning).

Michael drew on these ideas to propose that in order to make sense of certain experiences, we need to distinguish these experiences from others that already have meaning to us and which have already been described or categorised in some way. In other words, we can only make sense of what things are by contrasting them to what they are not: we can only distinguish isolation if we already have an understanding of connection; and we can only distinguish despair if we already have some knowledge about hope. These discernments depend upon what is 'absent but implicit', the 'other' experiences against which a discernment is made. The 'absent but implicit' is not in the original description or expression, but is implied by it.

Applied to therapeutic practice, these understandings offer a range of possibilities for identifying and exploring preferred stories that are alternative to the problem story. In relation to the accounts of life that people who seek counselling often present with, the 'absent but implicit' is the out-of-focus background against which the expressed experience of distress is discerned; a back drop which distinguishes and illuminates what is in the foreground. If we accept the proposal that people can only give a particular account of their lives through drawing distinctions with what their experience is *not*, then we can tune our ears to hear not only what the problem *is*, but also to hear what is 'absent but implicit' in their descriptions - what the problem *is not*.

Through the practice of the deconstruction of texts, Derrida developed ways of inverting the 'binary opposition' that is present in what is written, in order to make visible the marginalised meanings that have always been inscribed in the texts. In therapeutic conversations we can do the same by appreciating that every expression that a person gives to their experience is in relation to other experiences that are not being named, or that are not evident but are there by implication. As we listen to the problem story, we can ask ourselves: What are the subjugated meanings that the problem story relies upon for its expression? How do these connect with stories of preference and how can we bring them forward? These listening practices are referred to as a 'double listening', which has the potential to open up a wide field of possibilities for exploration. (White, 2003, p.30).

In therapeutic conversations, this means that if a person is expressing emotional pain as a result of traumatic experience then we might ask: What does this pain speak to in terms of important beliefs about life that have been subjugated or violated? What might these tears testify to about what it is that is held precious? What important understandings of the world have been insulted, degraded, transgressed, or trodden on? Such an inquiry, about what is in the background of this person's experience that will make sense of the distress that is being expressed in the fore-ground, offers an entry point to preferred or subjugated stories. From this point, we can go on to develop a rich account of the values, hopes, and commitments and so on that have been transgressed (White 2003, p.39).

For example, if a response to the above line of enquiry was: "*Trust. I feel as though he stole my ability to trust.*", we could then ask the person to tell us some more about the importance of trust to them. Has trust always been something they have held as significant or important? We could enquire into the history of their valuing of trust. Who else in their life would know about the ways in which they manage to hold trust in such high regard? What would have told others that trust was so dear to them? In

this way a fuller or rich account of self is placed into story lines which draw out the skills and knowledges used to respond to life.

In responding in this way to people who had experienced significant trauma in their lives, Michael White began to refer to preferred stories as ‘subjugated’ or ‘second’ stories and to conceptualise these subjugated stories as stories of self that had been overshadowed by the experiences of trauma (White 2005).

Absent but implicit – recent developments

Through 2006 until 2008, Michael had once again turned his attention to the ‘absent but implicit’. Although he did not have the opportunity to publish his most recent developments in practice ideas, he shared his thinking at workshops² and in discussions with colleagues.

From the ideas of Foucault, he re-drew some emphasis in regard to the shaping forces of modern power on the constitution of the self and the key understanding that for every site of power there is a site of protest and resistance. People are never just passive receivers of what life throws at them, there is always some point of resistance (Foucault, 1980).

Michael also brought attention to identifying how the very act of giving expression to the struggles of life is an example of taking action, of responding in some way. Not only can we invite people to view the expression of the problem as implying some preferred territory of life and identity, but we can hold an understanding that people are *already* taking action in accord with that preferred story, through the very act of their giving expression to the problem. By expressing what is problematic or troublesome in life, people are doing something other than continuing to go along with the problem. In this way, expressions of distress, pain, concern, upset, or the complaints that people might make about the problem experience, become actions taken in regard to the problem and these actions are founded upon preferred accounts of life and identity.

Drawing on the work of another French philosopher, Gilles Deleuze, Michael proposed that if ‘difference’ is the baseline of experience, then our ears can be drawn to the ever-presentness of stories that are different from the problem story. Everything that is not the problem story becomes a possible site for the emergence of new meanings that can be ascribed more useful and more ‘agentive’ purpose.

In our own readings, we have been interested in Deleuze’s distinction between ‘everyday concepts’ which reduce difference, and ‘philosophical concepts’ which expand difference and enable new possibilities. This has further supported our understandings in relation to the practice of the ‘absent but implicit’, and the implications for this practice in terms of carefully scaffolding therapeutic

² February 2006 Small group Intensive, Adelaide, South Australia; September 2006, Responding to Violence intensive, Adelaide, South Australia; September 2007 Responding to Trauma, Adelaide, South Australia; February 2008, International Summer School of Narrative Practice, Adelaide, South Australia; March 2008 Small group intensive, Centre for Narrative Practice, Manchester, UK.

conversations which support the exploration of possibility in people's lives (Colebrook, 2002a, 2002b, 2006).

A map for scaffolding the Absent but Implicit

Michael White had begun to explore ways of scaffolding enquiries into the 'absent but implicit' through the development of a further 'map' of narrative practice. The map metaphor reflects the conception of therapeutic conversations as pathways to previously unknown territories and Michael applied it to a number of aspects of narrative practice (White, 2007 pps 3-7).

The following eight part map describes possible directions we can explore when inquiring about what is 'absent but implicit' in people's expressions. We include a practice example drawn from therapeutic conversations facilitated by one of the authors, Maggie Carey.

1. The expression.

The starting point for this map is with the expression of what is problematic or troublesome in people's lives. These expressions may initially be heard as concerns, laments, complaints, frustrations, expressions of disappointment, distress, bewilderment, confusion etc. In this part of the map, the therapist asks questions to elicit a full description of what is problematic and begins to gather an account of the effects of this on the person's life. The therapist invites the person to share understandings of their experience as well as any other details which assist the therapist to become familiar with what these understandings are related to.

Michelle is 21 yrs old and had been referred for counselling through a young mother's programme at the local health centre. Although reluctant to talk to a stranger, Michelle was willing to come along with Anne, one of the workers from the programme.

As a child, Michelle had experienced the violent actions of her mother and was eventually placed in foster care with a farming family. Unfortunately, this family did not respond helpfully to Michelle who became extremely withdrawn, taking on an almost mute response to the world around her. Michelle also developed a number of habits such as bed wetting and scratching her arms until at times they bled that made it difficult for her both at school and at home.

The foster family attempted to shame Michelle out of the habits and maintained a crusade of yelling as an antidote for her withdrawal. Michelle met all of these attempts with silence. The school seemed to have given up on her and Michelle was largely ignored which left her open to the ongoing tyrannies of the school yard. The only islands of comfort were the contact she had with the animals on the farm and with some of the part-time workers. After a few years, when Michelle was about 9 or 10, the family decided that it 'wasn't working' and she was moved to a new family in the city. A school teacher at the local primary school responded differently to the habits and over time was able to engage Michelle in joining in some of the activities in the class room.

From here things slowly improved. Michelle left school and went to work in the local super market where she met and soon married Dave. At the time of meeting, Dave and Michelle's daughter, Kimberly, had just begun to attend kindergarten. Through conversation with Anne, the story came forward of what was distressing to Michelle at present.

As Kimberly grew and developed, Michelle had been increasingly experiencing a sense of feeling 'frozen' in her parenting and this related to a fear that she would do something to 'damage' her daughter. This fear was contributing to a sense of being helpless to change the past, and to a sense that there was something inside of herself that was damaged which would make it almost inevitable that she would 'mess up' Kimberley's life. When faced with the demands of being a mother to her four year old, Michelle was constantly left with a sense of "not knowing what to do" and with what she came to refer to as an 'immobilizing fear'. The internalised account of herself as being 'damaged' had rendered Michelle passive in the face of life; always feeling that she was 'done to' and unable to influence the course of events.

In hearing such initial expressions, the notion of the 'absent but implicit' makes it possible for the therapist to listen to these descriptions not as just single-storied accounts of life, but as expressions of the discernment of something that is beyond the problem story. This supports the identification of entry points to another account of identity: one that conveys the sense that people *can do* something about the specific issue which is distressing to them; and which also opens up the possibility of developing a more general sense of personal agency in their lives.

From the description elicited in this part of the map, the therapist can invite Michelle to consider how she might have been active in making a response to what has been going on in her life, rather than a passive recipient of what she has been served. To support this reflection however, we first need to establish what Michelle is up against in the context of her life so that there is something against which she might see that she has been resisting or protesting.

2. What the complaint or expression is in relation to.

The second step in scaffolding this movement into a story of personal agency is to gather a detailed description of what the concern or complaint or distress is in relation to. It is important to spend some time drawing out the context within which the concern arose so that an 'externalised' account of what the expression is in relation to can be developed. This is an account that creates some distance between the person and the problem, so that the person has the opportunity to 'see' the ideas or beliefs that support the problem, their location in the social, political and relational context of life and how they operate to minimize her/his life (White, 2007; Russell & Carey, 2004; Freedman & Combs, 1996) .

This consideration alerts us to forces that might be subjugating or marginalising of the person's sense of identity; such as experiences of injustice, or the expectations, judgements or requirements that are made of us by others. We can 'loiter' in explorations about the consequences of this experience to gain a clearer understanding of what it is that people are responding to.

- What are these expectations trying to talk you into about your worth as a person?
- How do they go about trying to do that?
- What tactics are they using to have you take on their assessment of you?

When the therapist asked questions of Michelle about what she was responding to in talking about the ‘Immobilizing Fear’, she spoke about the presence of a ‘Tyrannical Voice of Judgement’. This was a judgement of her worth as a mother and a judgement of her right to experience love for her daughter. This voice had decreed that she would never be able to be a good mother and had her convinced that she would do to her daughter what had been done to her. Michelle was upset about what it did to her sense of herself as a mother. She felt that the way that it was robbing her of the joy of mothering Kimberly was harsh and unfair.

As the wider contexts for the problems that are being experienced become more visible, people are supported in discovering that they are taking some action in relation to what is going on.

3. Naming the response or action.

The concept of the ‘absent but implicit’ supports us to consider expressions of distress as actions. People are not just giving a passive re-telling of what is problematic, rather the expression of the problem can itself be thought of as a response. If the expression was not a form of resistance, protest or question, then it would not be raised as a problem. The person would just go along with whatever was happening and not draw our attention to it. The third part of this map scaffolds a discovery of the type of action that has been taken. What it is that people are doing in response to what is troublesome in their lives? In order to elicit this naming, one could ask a number of questions:

- What is it that you are refusing to go along with in raising this concern or in expressing your distress?
- What is happening here that you do not want to let go unquestioned?
- It sounds as though you are not accepting of this situation. If you are not accepting of it, then how are you responding to it?
- I understand you are not accepting of these expectations. How are you questioning these expectations?
- How are you responding to this misunderstanding?
- How are you relating to this diminishment? Are you accepting it? Or asking questions of it? What does this say about how you are responding to this diminishment?

One could hear many possibilities in response to this line of enquiry:

- **holding onto** something that is precious
- **speaking up** for oneself
- **reclaiming** what is given value to
- **sticking with** beliefs about life
- **questioning** what has been going on
- **challenging** what has been done to them or others

- **refusing** to accept what they have been subject to.

Michelle's account of what was troublesome in the context of her distress was externalised as the 'Tyrannical Voice of Judgement'. From here it was possible to scaffold the expression of her distress in response to the 'Immobilizing Fears' as an action.

The therapist invited Michelle to name the *type* of action that was demonstrated in her expression of distress about the Voice of Judgement. She was also invited to consider how she was responding to the Immobilising Fears: "By letting others know about the Fears, are you going along with what the Voice wants or are you taking some different path? If you are not accepting of what is going on, then what are you are doing? What sort of action is it that you are taking in relation to the Tyrannical Voice of Judgment?"

Michelle decided that perhaps she must be making some sort of a protest, for if she were not standing up for herself then she would not have made the decision to contact the young mother's programme. She remembered that on the day that she had first contacted Anne, she had come to a point of saying 'I've had enough of this'. When asked what sort of protest this was, Michelle she replied that it was a "quiet but solid protest". On reflection later in the conversation, Michelle stated that this moment had been a 'light bulb moment' where she had a glimpse of how the Voice of Judgement and the Fears had pushed her into the shadows, but that she was now seeing herself as coming back out into the light.

4. **Skills or know-how that are expressed in the action.**

Once the expression of distress has been named as an action, we could develop a description of the skills or know-how involved in taking such action:

- How is it possible for you to take this action?
- What does this action you are taking reflect about what you know about life?
- (a) Do you remember when you became clear about this understanding?
(b) When was that? What made it possible at that time for you to develop this sort of clarity?
- What skills of living are you using here?

In discovering and naming her protest against the Voice of Judgement, Michelle had taken some tentative steps into a different territory of her life. This new story of self could now begin to be more richly described, using a line of enquiry that grounded this account of herself in the practice or action of her life. We could now ask questions about the skill and 'know-how' that was being used in the making of the protest. "How is it possible for you to take this action? How is it possible for you to question or refuse the tyranny of the Voice of judgement, and to name the Fears? What is making it possible for you to make this 'quiet and solid protest?'".

These explorations are the 'nuts and bolts' of what the person is doing in response to the situation of their life and all of these actions require certain skills of life. In order to make this protest, Michelle must have been drawing on some history, experience or knowledge of protest.

In response to these questions Michelle began to talk about the skill of ‘noticing when things weren’t fair’ even though this was mostly a thing that happened in her head. She knew that she had a strong conviction that people should be treated with dignity, care and respect. She also knew that she would notice when someone was acting in ways that went against this. The conversation supported Michelle to identify the skills involved in this ‘noticing’ and the steps that she took when ‘things weren’t fair’.

Michelle and Anne also spoke about the steps that Michelle had taken to connect with the young mother’s programme, and we developed these as further skills and ‘know-how’ that Michelle had for responding to situations which were difficult.

5. Intentions and purposes.

The development of these accounts of skills and know-how invites questions about the person’s intentions and purposes in taking the action that they did.

- What are/were you hoping for in taking this action?
- What does this reflect about what you are planning for your life?
- When you think about not going along with what was happening, what ideas did you have for your life?

Actions are always expressions of meaning and Michelle was invited to reflect upon the intentions that might be shaping of the skills and know-how involved in protesting against the Voice of Judgement. “What does this protest say about what you are wanting in life or what you intend for your life? When you think about not siding with the tyranny of the Voice of Judgement and the Immobilising Fears, what purpose might that serve?”

From here, the conversation quickly went in the direction of Michelle’s hopes for her relationship with her daughter. She was clear about her wish not to let the Voice of Judgment or the Fears deter her from fulfilling her desires to be able to provide Kimberly with a different sort of life from the one that she had experienced. The conversation uncovered many examples of how Michelle had put these hopes and intentions into practice, and these examples could now be linked into an emerging story of Michelle as a good mother.

6. What is given value to – the ‘absent but implicit’.

Having explored the intentions, purposes and hopes that people have for their lives, the conversation can move on to identify how these purposes reflect what is important, held precious, or given value to by the person (White, 2007, p.103). It is in this part of the map that what was ‘absent but implicit’ in the initial expression of distress, in terms of how this distress might relate to a separation from or transgression of something which is important or valued, now becomes visible and named.

- What does this say about what’s important to you?
- What are you giving value to?
- What does this say about what is the bottom line for you, or about what you hold precious in terms of what you intend for your life?

Questions about what Michelle was giving value to in what she wanted for Kimberly and their relationship created a scaffold for Michelle to reflect on what was most precious to her as a mother. “These intentions you have in relation to Kimberly having a different life to what you had, what do they reflect about what you give value to in life? What do these intentions say about what is important to you? What does it say about what you stand for in life, and about what living is about for you?”

Michelle spoke about how important it was to her that Kimberly could have access to the respect and care that she herself was not given as a child and experience the love that Michelle had in her heart for her. “It’s about the importance of everyone having some sense of dignity and worth. I need to keep the Voice and the Fears from getting in the way of my showing her that. Sometimes it might mean that I have to say ‘no’ to her but that’s not about damaging her, it’s about caring for her and wanting her to know about respect.”

It is important to keep in mind that this orientation is not a concern with values as moral entities or normative cultural edicts. Rather it is an enquiry into what it is that *this* person or *this* community is giving value to. What understandings of life do they hold as precious? This makes space for local cultural appreciations of what this person or this community are valuing, from which we can then bring forward the history of that valuing. It also highlights the person or community’s sense of agency in the action of *giving* value to something or of *holding* to a hope or of *wanting* something in their life.

7. Social and relational history of what is ‘absent but implicit’.

Michael White emphasised the ‘resurrection of continuity in the place of discontinuity of a sense of self’ in relation to the rich story development of previously subjugated stories³. Once we have established what it is that is being given value to, we can support this ‘resurrection of continuity’ of self by bringing forward the social and relational history of what is being valued. We can do this through conversations that trace the history of action, knowledge, skills and values. These conversations can begin by asking:

- Where have these purposes shown up in your life before?
- Can you tell a story about how you learned these skills, values?
- Have you done anything like this before?
- Was that recently or some time ago?
- Do you remember what was important to you back then?

When the therapist asked Michelle about whether she had ever made any protests as a child, it was not long before she identified a number of ways in which she had responded to the unhelpful practices of her foster family. Her responses of silence came to be storied as further examples of ‘quiet but solid protest’ at the disrespectful and seemingly uncaring actions of her foster family.

Preferred accounts of life can be further sustained through therapeutic enquiries that make connections with figures from people’s lives - past or present, real or fictional -

³ Workshop notes, February 2008 International Summer School of Narrative Practice, Adelaide, South Australia.

who share or represent or support similar ideas about what is important in life. Explorations which connect people together around what is ‘absent but implicit’ can support individuals to continue acting in ways which fit with what it is they give value to. There are many narrative practices which seek to support such connections, such as *re-membering* practices (White, 2007; Hedke and Winslade 2004; Russell & Carey, 2004), but a starting point might be to ask:

- Who would have known about this and would have appreciated what you were standing for in doing what you did back then?
- Can you think of other people you know who share your view about what is important here?
- Does anyone else know what you are standing up for? What does the position you are taking mean to them?
- Can you tell me about these people?
- What difference does it make in your life to think of these people?

Michelle was able to offer a number of examples of significant people in her life with whom she had a felt a connection around the valuing of respect and care. A farm hand called Eric who worked with the calves was identified as someone who would not be surprised to hear Michelle talking about the importance of respect and care as he would have witnessed it in her connection with the animals on the farm. Another figure that came to be re-membered in this account was the primary school teacher, Mrs Anderson, who had invited Michelle into a different and preferred sense of herself.

8. Connecting actions over time and into the future.

A final step in this map of scaffolding the ‘absent but implicit’ is to connect the story of the person’s actions and experiences across the dimension of time. This implies a sense of movement and contributes to an experience of personal agency.

- What is the link between the protests you made as a child and what you have been doing more recently?
- How does this history of ‘silent but solid protest’ form a foundation for the current actions?

Connecting actions through time serves to bring forward the continuity of the themes of the story and makes clear the account of self that is ‘absent but implicit’ in the original distress or complaint. The ‘collapsing’ of time also provides a foundation to carry the story line forward into the future with the person now having an experience of ‘knowing what to do’.

Michelle was invited to consider what she might do next, based on the preferred understandings of herself that had been developed. “If you were to keep these understandings close to you, of how you value respect and care, and believe that it’s important for everyone to have a sense of dignity and worth, what differences will that make? What might be some of the next steps that you will take that will be in line with what is important to you? Being clear about the importance of Kimberley experiencing the love that you have in your heart for her, what does this make possible in relation to the Voice of Judgement and the Immobilising Fears?”

Michelle reflected on how her re-connection with this history of taking action to protest injustices in her life gave her a reference point of a 'real' achievement of her own making, which furthered her determination to continue with actions of protest as an adult and to offer Kimberly the opportunity to grow up with the knowledge that it was always right to protest injustice. Furthermore, in tracing more recent examples of protest Michelle reflected that these protests were no longer silent; rather they were spoken and witnessed by others. Michelle predicted that this would make it possible in the future to resist attempts by the Voice of Judgement to have an unhelpful influence on her parenting of Kimberly. She predicted that this would leave open the space for her to more fully experience her daughter's love and that she would be better able to recognise and extend the ways in which she gave Kimberly the love, care and respect that were so important for every child to have.

This final category of enquiry is important in contributing to a sense of self agency that will continue to be available to the person as they go about their lives.

Conclusion

The appreciation of the double-storied account of life in the expression of what is problematic is a distinctive contribution that Michael White has made to therapeutic enquiry. The notion of the 'absent but implicit' offers a way to identify hope even when there is a sense of overwhelming despair in people's expressions of their lives. The understanding that no one is completely passive in the face of the circumstances that impact on them, that they are always responding to what is being done and are active in that response, provides us with a frame through which we can always find pathways to stories of personal agency by which people can direct their lives.

Through this conception of therapeutic work, the possibilities for other than problem-dominated stories to emerge become endless. The emphasis that Michael White has placed on the ever-presentness of stories that are outside of the narrow constraints and judgements of the problem stories has always provided a sign post in narrative exploration. This scaffolded map of the 'absent but implicit' takes a further step in offering a line of enquiry that can support people to reach those places with a sense of being active in their own lives.

The preparation of this paper has offered the opportunity not only to reflect on Michael's contribution to therapeutic practice, but also to think forward to the development of new ideas and practices that are congruent with a narrative approach. We are looking forward to continuing our exploration, development, enhancement and sharing of these ideas with interested colleagues and practitioners and to hearing about developments from others who are engaged in therapeutic practice and research. We hope that this paper contributes to discussion and deliberation of the narrative approach and that there can be ongoing exchanges about ways in which others are developing narrative therapy. To have this sense of vitality and development in the work honours the inspiration and stimulation that Michael White has contributed to the field of therapeutic practice.

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