

chapter one

Externalising – commonly asked questions

co-ordinated by
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1. What is externalising?

'Externalising' is a concept that was first introduced to the field of family therapy in the early 1980s¹. Initially developed from work with children, externalising has to some extent always been associated with good humour and playfulness (as well as thoughtful and careful practice). There are many ways of understanding externalising, but perhaps it is best summed up in the phrase, 'the person is not the problem, the problem is the problem'.

- By the time people turn to us as therapists for assistance, they have often got to a point where they believe there is something wrong with them, that they or something about them is problematic. The problem has become 'internalised'. As we're sure you're aware, it is very common for problems to be understood as 'internal' to people, as if they represent something about the nature, or 'inner-self' of the person concerned.
- Externalising practices are an alternative to internalising practices. Externalising locates problems, not within individuals, but as products of culture and history. Problems are understood to have been socially constructed and created over time.

The aim of externalising practices is therefore to enable people to realise that they and the problem are *not* the same thing. As therapists, there are many ways in which this is approached. One way is through asking questions in which we change the adjectives that people use to describe themselves, ('I am a *depressed* person') into nouns, ('How long has this *depression* been influencing you?' or 'What does *the depression* tell you about yourself?'). Another practice of externalising involves asking questions in a way that invites people to personify problems. For instance, when working with a young child who wants to stop getting into so much trouble, an externalising question might be: 'how does that Mr Mischief manage to trick you?' or 'when is Mr Mischief most likely to visit?'.² Through these sorts of questions, some space is created between the person and the problem, and this enables the person to begin to revise their relationship with the problem.

- It's not only problems that are externalised. Personal qualities, such as 'strengths', 'confidence' and 'self-esteem' which are commonly internalised

(viewed as if they are inherent or internal to individuals) are also externalised in narrative therapy conversations. We'll describe more about this later on.

It's also important to note that externalising involves much more than 'linguistic techniques'. Externalising is linked to a particular way of understanding, a particular tradition of thought, called post structuralism.

This way of understanding places a considerable emphasis on language, questions of power, and the ways in which meaning and identities are constructed. (For more information about this see Thomas, 'Post structuralism and therapy – what's it all about' in this issue).

2. What are externalising conversations?

Externalising conversations focus on problems that may once have been internalised and externalise them (as we showed in the examples in relation to 'the depression' and 'Mr Mischief'). But this is just the beginning. Once problems are externalised (ie. viewed as if they don't simply exist as an inherent aspect of a person) they can then be put into story-lines. For instance, it is possible for us as therapists to ask questions about how long the depression has been an influence in someone's life, when it came into their life, if there were factors that contributed to its entry, what the real effects of the depression are (on the person, their relationships and others), when these effects have been strongest and weakest, what sustains the depression and what acts as remedies in certain situations. These sorts of questions, and many others, begin to place the existence of the problem into a story-line.

Placing problems, like the depression and Mr Mischief, into story-lines can begin to shed more light on how they've come to have such a big influence on someone's life. It can also begin to provide people with a lot of information and richer understandings of how they might be able to reclaim their lives from the influence of problems.

One of the most significant aspects of externalising conversations, is that within them, broader considerations can also be taken into account. When it is understood that people's relationships with problems are shaped by history and culture, it is possible to explore how gender, race, culture, sexuality, class and

other relations of power have influenced the construction of the problem. By giving consideration to the politics involved in the shaping of identity, it becomes possible to enable new understandings of life that are influenced less by self-blame and more by an awareness of how our lives are shaped by broader cultural stories. In this way, we see externalising conversations as small ‘p’ political action. They put back into the realm of culture and history what was created in culture and history. This opens up a range of possibilities for action that are not available when problems are located within individuals.

3. How do you know what to externalise?

The process of externalising happens in collaboration with those who consult us. We enter therapy conversations believing that the problems people are consulting us about are not located within them but instead have been shaped by the broader stories of the particular culture in which they live. This then shapes the questions we ask and the conversations we share.

When someone describes themselves in ways that are very negative (eg. I am a worthless person) then these are opportunities for externalisation. We see these as opportunities to ask some questions that will lead to externalised conversations around these identity descriptions. Similarly, when one is working with the alternative stories of people’s lives, if someone mentions a particular character trait as if it is inherent to them (‘It’s my bravery that gets me through’) then this is an opportunity for an externalising conversation to lead to a richer description of this trait. It’s possible for us through externalising to ‘unpack’ this trait, to learn about it’s history and how it is linked to certain problem solving skills and knowledges that might be helpful at this time.

In our work, we’ve found that it’s really important that what gets externalised is named in a way that fits well for the person concerned. Generally, the metaphors that become externalised (e.g. blame, bickering, guilt, worry, fear, jealousy) are those that are articulated by the person consulting the therapist. Sometimes, the process of establishing what to externalise takes a little time. For example, when people begin by saying that the problem is ‘an anxiety disorder’ it is not likely that this is a description that the person has come up with themselves and therefore it is not likely to be the most fitting description. After

some discussion, the person might come up with their own description which might be, 'the fear that comes' or 'the shakes' or the 'wobbles'. Whatever it is, it is important that it fits closely with the experience of the person concerned.

This is because once a name is found for the problem that is close to the person's experience, it means that the skills and ideas of the person concerned become more available. For instance, it is very hard for a kid to think they have anything to offer in dealing with all the trouble that seems to be surrounding them – but dealing with Mr Mischief is another matter! Similarly, coming up with ideas and ways of dealing with 'the fear that comes' might be more likely than ways of dealing with 'an anxiety disorder' [it might be thought that dealing with anxiety disorders is the exclusive domain of professionals]. When the externalised definition of the problem fits very well for the person concerned, this enables the person's own problem solving strategies, skills and ideas (which have been generated over the course of their lives) to become more relevant to addressing their current predicament.

In our experience, what gets externalised can shift and change over time. People's relationships with problems change during the time they attend therapy and so, as the person's experiences change, so do the externalisations. Externalising conversations can be flexible and creative! They are also ongoing. We do not use externalising language one week and then use internalising language the next. We sustain externalising conversations throughout the therapy process.

It may also be relevant to mention that there doesn't have to be only one externalised definition of the problem. In fact, when working with more than one person, it is quite likely that there will be more than one definition. In talking with a family there might be five definitions of the problem and this is just fine! Even if individuals have different definitions of the problem, usually they can agree to join together in addressing one particular externalised problem at a time.

4. What sort of things get externalised?

Well ... to us, externalising is not a technique that we choose to use at certain times and then not at others, so it's not really a matter of choosing what can and what can't be externalised. Every conceivable issue that is brought to therapy rooms can be engaged with in externalising conversations. As care is taken to

ensure that externalisations fit the experience of particular individuals, the range of externalisations can be as varied as the experiences, descriptions and imaginations of those who consult therapists.

Externalising conversations also happen outside the therapy room. Groups, workplaces and even communities have engaged in externalising conversations for various reasons. One of the more well-known examples of a community externalisation have taken place during education projects in Malawi in south-eastern Africa. There, externalising has been used as a response to the HIV/AIDS crisis.³ Problems such as Stigma and Silence surrounding HIV/AIDS, that have contributed to division within the community, have been externalised and AIDS itself has been personified (Mr/Ms AIDS). Enabling communities to have conversations with characters playing the role of Mr/Ms AIDS in which the strategies, hopes and dreams of AIDS are articulated and exposed has contributed to communities pulling together in response. The identification and personification of an externalised counter-plot, Mrs Care, has also galvanised collective action.

5. What are some of the effects of externalising conversations?

The most common response from those we've worked with has been a sense of relief – relief that they are not the problem and that there are ways of getting more in touch with other stories about themselves, other aspects to their lives that the effects of the problem have been obscuring from view.

Externalising conversations 'de-centre' the problem in people's lives. This means that space is created between people and whatever is troubling them. Where a person has understood themselves as 'worthless', now instead they understand that 'the worthlessness' has come to dominate their lives, and that there is a history to this and the chance to reclaim their life from its effects.

When a problem is externalised, it also becomes possible to identify the particular practices that sustain this problem (as well as particular practices that might diminish its influence). For instance, if 'the worthlessness' has come to significantly affect a person's life, there is a good chance that particular practices of judgment, critique and perhaps abuse have made this possible. Externalising conversations about these particular practices can lead to increased

understanding about their operation. We can also collaboratively develop increased options for avoiding their negative effects.

Once the problem and the practices that support it have been externalised, it becomes possible to ask the person to take a position in relation to the problem. This is not a simple matter of being 'for' or 'against' the problem, as there are always graduations and complexities of experience. For instance, in an externalising conversation about 'the worthlessness' the person might explain that they wish to do away with 'worthlessness', but wish to retain the ability 'to be self-reflective about how their actions might affect others'. Inviting people to take a position in relation to the problem creates further space for people to begin to reclaim their lives from the problem's effects, but it needs to take into account the complexities of experience.

As people step back and separate from the problem and then consider its history and negative effects, they can find themselves standing in a different territory than the one they have become used to. This different territory is often a place free from practices such as self-blame and judgment.

As the problem is de-centred, what becomes centred in the conversation are people's knowledges of life and skills of living that are relevant to addressing the problem. These become the focus of exploration. Also, once the problem is understood as separate from the identity of the person concerned, it becomes more possible to identify family and friends who can form a team to support and sustain their efforts in reducing the problem's influence. With shame reduced, and problems no longer internalised, collective action becomes more possible.

There are a whole lot of effects that externalising conversations have on our experiences as therapists too. We'll talk about some of these towards the end of this document!

6. How does externalising fit with other narrative therapy practices?

Basically, externalising conversations are the doorway to preferred stories and all the delightful skills, ideas and knowledges that people have. When problems are externalised, when the person no longer believes that they *are* the problem, this opens the door to exploring their knowledges and skills and ways of addressing the effects of the problem.

During externalising conversations, as therapists, we are on the look out for what we call 'unique outcomes'. These are moments when the influence of the problem has not been so strong. When we notice one of these, this is an opportunity to begin to explore what made this possible. While we won't go into detail about it here, there are a whole range of ways that we try to place these 'unique outcomes' into alternative story-lines.

Take, for example, the person who came into the therapy room believing she was worthless. Let's call her Judy. After externalising 'the worthlessness' and exploring its history and influence, we might discover that there are certain times when worthlessness is less influential in Judy's life. These times (unique outcomes) might be associated with a particular time or place or friend. Or these unique outcomes might be associated with certain things that Judy does at this time, certain thoughts she has, or physical activity she is engaged in etc. Over time, these unique outcomes might be placed into an alternative story-line. For the sake of this example, let's say Judy decided to name this alternative story of her life 'competence'. Through externalising conversations we would then engage in lots of explorations about this 'competence'. We would explore its history and ask questions about all those events and people that have contributed to this 'competence.'

Externalising conversations don't just focus on problems. As narrative therapists we also use externalising conversations in relation to positive internalised qualities (like competence). Because we understand that 'competence' is also a product of history and culture, it is possible for us to ask questions about how this 'sense of competence' was created in Judy's life, who else helped to create it, who the people are who'd be least surprised to hear about it, what sustains it, what it makes possible, what it means to her, and what particular problem-solving skills it may be linked to. This process can make these qualities (like competence) more meaningful and relevant to people in addressing the effects of problems in their lives.

At this point in our conversations with Judy, externalising will have provided the opportunity for us to now engage with other narrative practices. Once the problem is externalised and we have begun to generate, through unique outcomes, an alternative story, then other narrative practices such as remembering conversations, outsider witness processes, the use of therapeutic letters, documents, rituals and celebrations all become more relevant. All these

other narrative practices are used to generate 'rich descriptions' of the alternative stories of people's lives.⁴ It is through generating rich descriptions of these alternative stories of people's lives that, we believe, leads to people being able to make significant changes in their lives.

7. As practitioners first begin to engage in externalising conversations, are there any particular aspects which people struggle with?

Like any new way of working, it takes time, practice and rigour to become adept at externalising conversations! Initially, some practitioners feel awkward with the different way of using language that externalising involves. It can feel clumsy at first and even as if the therapist is centred in the conversation in an uncomfortable way. It can take some time, and much practice (both within and outside the therapy room) for the different language practices to become a seamless part of one's work.

What's more, it also takes time to fully engage with the different ways of thinking that externalising conversations represent. Externalising involves questioning the internalising practices that are such a pervasive part of everyday life. Externalising therefore represents more than simply a therapy 'technique'. Those consulting us are having to routinely contend with internalising practices that seek to locate the problem within them. As narrative therapists we see it as our role to provide some frameworks for alternative understandings and alternative actions. When we first begin to engage with externalising conversations, the implications of these new ways of thinking can take a bit of getting used to. For many of us it has represented a very different way of looking at our own lives as well as the lives of those with whom we work.⁵

On a practical note, there is one specific aspect of externalising conversations that practitioners sometimes struggle with early on. This relates to the dilemma of which metaphors to privilege in externalising conversations.

- Sometimes, when a problem is externalised, families consulting us might use metaphors of 'combat' in relation to the problem. They might mention how they'd like to 'beat', 'war against', 'fight' or 'vanquish' the problem. As practitioners, this can be a bit confusing. Metaphors of combat and

competition are very common. Are these metaphors that we as therapists should engage with? Sometimes, engaging in metaphors of combat and competition can contribute to stress and tension and can mean that subtleties of experience can be missed. Engaging in metaphors of conflict and combat might also replicate ways of being in the world that we do not wish to be associated with. In other circumstances, however, where people may literally be struggling for their lives (in relation to life-threatening eating disorders, or the voices of self-hate for example) people may believe that combat metaphors are the most accurate and fitting descriptions for what they are going through.

What seems important, is that as therapists we don't introduce metaphors of conflict or combat, and that we are aware of the wide range of other metaphors about how problems can become less centred in people's lives. These include metaphors of reclaiming one's life from the effects of the problem, escaping the effects of the problem, revising one's relationship with the problem, educating the problem, negotiating with the problem, organising a truce with the problem, taming the problem, undermining the problem. Further metaphors can involve people deciding which invitations from the problem they wish to take up and which they are declining. There are countless non-violent, non-adversarial and non-competitive ways in which people go about reducing the influence of problems in their lives.

Very little of the literature about narrative therapy has ever emphasised combat metaphors, or attempts to vanquish problems from people's lives. Most of our work as narrative therapists involves engaging with people around an enormously wide range of alternative metaphors.

8. What about when someone is acting badly to others - bullying, teasing or using violence? Can you use externalising conversations in situations like this?

That's a good question. When working with people who may have used bullying, teasing, violence or abuse against others, it's so important that as therapists we in no way excuse people of responsibility for their actions. There are ways of using

externalising conversations that can make it much more possible for people to take responsibility for addressing and preventing the effects of the problem. As therapists we must take care with how we go about this.

Externalising is not about separating people from their actions, or the real effects of their actions. A key element of externalising conversations involves exploring in detail the real effects of the externalised problem on the person's life and also all others who are being affected by the problem. By thoroughly detailing these effects, externalising conversations are used to enable people to take a position in relation to the externalised problem and then to engage with others in addressing its effects and reducing its influence.

In working with people who have used violence, it is not simply a matter of externalising 'violence' or 'abuse' and thinking that this will encourage responsibility and reduce the effects of the problem. A key element of externalising conversations involves exploring the particular ideas, beliefs and practices that sustain a problem. The particular practices of 'violence' might include 'judgement of others', 'acts of diminishment', 'acts of power', 'being care-less', 'acts of control', 'detaching', 'stinking thinking', 'acts of cruelty', 'notions of superiority' and many others. It is important for conversations to carefully articulate the real effects of these practices and ways of thinking. In doing so, this can enable the person to become more aware of their origins and consequences in their life. When the real effects of these ideas and practices on this person's life and relationships are traced, when the history of these ideas and practices in their life is articulated, and when links are made as to how these practices may be supported and sustained by broader constructions of gender, power etc, it can become more possible for the person to take a position in relation to these ideas and practices of power and control and to take responsible action. During this process, unique outcomes can be identified in which the person concerned has been less under the influence of the ideas and practices that support violence, power and control and these unique outcomes can be openings to alternative stories of responsible actions of redress, care and compassion.

Engaging with people in conversations about deconstructing privilege and taking responsibility for issues of violence or other acts of harm towards others involves certain therapist responsibilities (whether one is engaging in externalising conversations or not). These include considerations of safety for victims of violence, power, accountability (ways of checking out that people are

safe), transparency, etc. There is not room here to go into these in any detail, but at the end of this piece we have provided further reading in relation to this.

9. Do you have any handy hints about the use of externalising conversations?

Well, like with anything else, there are always going to be places where we slip up, and things that we need to work on in order to fully understand! Some of the most common confusions about externalising come about when externalising is confused with ideas from other psychological models. Students who have been trained in other psychological approaches have told us that it can take some time to work out how different externalising conversations are from the sorts of conversations we are used to. We've tried to clarify some of the most common confusions and provide what we hope are handy hints!

- Sometimes when students have come from working in other psychological or therapeutic models in which they were used to coming up with a diagnosis of the problem, they can get so determined to find 'the right' externalisation and to stick with this 'one right' externalisation that it can interfere with the ways in which they collaborate with the person who has come to consult with them.

Handy hint #1: Try to remember that it's not like a medical diagnosis, there's no single 'correct' externalisation. What gets externalised needs to fit closely the experience of the person consulting us but it may well change over time.

- Sometimes we might think that if we simply externalise the 'bad things' then the 'innate' or 'inherent' goodness of the person concerned will be able to shine through. This idea comes from a very different tradition of thought (humanism) than the ideas which inform narrative therapy (post structuralism). In our experience, believing that externalising the problem will automatically result in people being somehow magically liberated from it, is a bit of a pitfall because it means that as therapists we might not do the work to richly describe the alternative stories of a person's life.

Handy hint #2: Try to remember that externalising the problem is just the start. The next steps involve richly describing the alternative story.

- Externalising is sometimes confused with ideas from other psychological traditions in which you may separate out and examine certain elements of ‘the self’ before re-integrating these into the ‘whole’. Again, these ideas come from a very different tradition of thought (humanism) than that which informs narrative therapy (post structuralism). Narrative therapy doesn’t believe in a ‘whole self’ which needs to be integrated but rather that our identities are made up of many stories, and that these stories are constantly changing.

Handy hint #3: Don’t aim to re-integrate what has been externalised. Instead, try to remember that even the good things can be externalised and in this way we can help develop richly described alternative, preferred stories of people’s lives.

- Some models of psychology imply that there is ‘good and bad’ in everything and that people ought not to want to free themselves entirely of the influence of any problem. But this can get pretty confusing for those people who consult us who are very clear, for example, that they would prefer to be without the ‘voice of self-hate’ in their lives.

Handy Hint #4: We find it helpful to remind ourselves that it’s our role as the therapist to keep checking out with all those involved exactly what the effects of the problem are, and what the person(s) concerned see as desirable in terms of future action.⁶

10. Is it that we externalise the bad things and internalise the good things?

It can be tempting sometimes just to internalise the good things. When someone says, ‘I have good self esteem’ and they are proud of this, sometimes it’s tempting just to leave this alone. But, in our experience, externalising ‘the good things’ means that these can become ‘more richly described’. For instance, if ‘strength’ is externalised (if it’s not understood as something innate or internal

but instead something that has been created), then we can ask questions to articulate the particular skills and knowledges that make up this 'strength', that trace the history of this 'strength' and that explore which treasured people in the person's life have contributed to its existence. It also means that we are more likely to ask questions about what other things this 'strength' stands for in the person's life, what it means. Externalising conversations about this strength might enquire as to the values and commitments that are linked to this 'strength' and the histories of these values and commitments.

As narrative therapists, we believe that it is the rich description of the alternative stories of people's lives that provides people with more options for action and therefore enables significant changes to occur. Life is not only about problems and difficulties, or for that matter 'strengths'. It is also about hopes, dreams, passions, principles, achievements, skills, abilities and more. All of these aspects of our lives are up for exploration and rich description!

11. What do you find most helpful about externalising conversations?

Here are some of the things we, as therapists, find most helpful about externalising conversations.

- Within externalising conversations I don't have to adopt a position of expertise in relation to the problems that people are experiencing. Instead, I can be really curious about how these problems operate and together we can explore new ways of relating to them.
- Importantly, externalising allows me not to blame people for the problems they are experiencing and this is a relief. Instead, we can collaborate and explore the effects and tactics of these problems and find ways to reduce their influence.
- For me, externalising is all about power and politics. So much of psychology and therapy has enabled what are social issues to be located only within individuals. Through externalising practices, it becomes more possible for us to trace how problems have been shaped by broader relations of power. This in turn can help people to separate their identities from these problems. To

me this is about putting back into culture and history what has come from culture and history and this is small 'p' political work.

- Externalising conversations enable me to take different positions in my questioning - sometimes investigative reporter, sometimes historian, sometimes detective. This is fun!
- I appreciate that we're not just talking about individuals and their faults or their individual solutions. Instead we're talking about history and relationships and we're finding audiences to witness the steps that people are taking.
- In working with men who are violent, I found the emphasis within externalising conversations on creating opportunities for men to articulate alternative ways of being men very helpful. This work is complex and requires a lot of care, but enabling men to take responsibility for their actions and to begin to move towards alternative non-violent ways of being seems really important.
- Externalising means that I often get to hear about the beautiful relationships in people's lives that assist them in overcoming the effects of problems. This can be so hopeful. I hear lovely stories and I treasure them. I think of them when I'm at home.
- Externalising conversations enable me to be a part of the process of people reclaiming their lives from the effects of problems.

About these questions and answers

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Notes

1. Externalising was first introduced to the field by Michael White and has since been engaged with and developed by a wide range of practitioners.
2. A personification for an older people is described later in this paper in relation to Mr/Ms AIDS which is an externalisation that has been used in community projects in Malawi, Africa.
3. For more information about this work in Malawi see Sliep & CARE Counsellors (1998), or write to Yvonne Sliep c/o ysliep@mweb.co.za
4. To read more about these other narrative practices, see Morgan, A, 'What is narrative therapy? An easy-to-read introduction. Dulwich Centre Publications 2000.
5. For more information about the different way of thinking that externalising is associated with, see Thomas, 'Post structuralism and therapy – what's it all about' (2002) International Journal of Narrative Therapy and Community Work #2.
6. Where acts of violence are concerned, this 'checking out' requires care and processes of accountability whereby the voices and views of those most affected by the violence are privileged.

Further reading about externalising

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