

**FROM ERICKSONIAN ROOTS
TO POSTMODERN FUTURES.
PART II: SHAPING THE FUTURE**

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This is the second installment of an interview that Tracy and I conducted in June 2010 in Evanston, Illinois, with Gene Combs, Yvonne Dolan, Jill Freedman, and Terry Trepper. This interview, which was timed to reflect on developments in the 20 years since the inaugural Therapeutic Conversations conference (TC 1), and subsequent book comprising the conference proceedings (Gilligan & Price, 1993) surveyed developments in the conversational therapies in the 20 years since TC 1, the evolution in their respective work, and the future of the field. In the first installment of this interview (Chang et al., 2012), we discussed: how the interviewees found solution-focused therapy (SFT) and narrative therapy, and what was they each found compelling about the approaches they eventually adopted; the postmodern turn that

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both approaches exemplify; and similarities and distinctions between narrative and solution-focused therapies. In this article, we will describe the evolutions of narrative therapy and SFT, discuss the reaction to postmodern approaches, unpack the important question of whether models matter, and speculate about the future of these approaches in view of some of the predominant currents in contemporary psychotherapy. We start by asking about developments in the past two decades.¹

EVOLUTION

TRACY: So what changes, what developments have you seen over time?

JILL: You know, I think one of the things that I most appreciate about narrative therapy—and I think this is probably true of solution-focused, from the differences I saw in *More Than Miracles* (de Shazer et al., 2007)—many therapies get to a place where they become famous, and they sort of are frozen. And narrative never froze. And Michael [White] always did things differently. So, there was a lot of evolution over time. . . .

[I was teaching a workshop recently, and] I did [a demonstration] interview. . . . And there was this [participant who] was really unhappy about the interview, [because] he didn't think I was doing it like a narrative therapist would do it. And so I asked him how he knew . . . how a narrative therapist would do it. And he said he went to a workshop that I had done six years before . . . and I wasn't doing it the same way (*laughter*). And he was teaching it that way ever since, and now I'm not doing it [in the way] he found acceptable. . . .

Shifts in the Solution-Focused Approach

YVONNE: And I think that it's dangerous, in some ways, for these approaches to get too popular because one of the things that keeps them from getting frozen is that they continue to evolve. But, they're most apt to evolve, in my opinion, if . . . [we] consider ourselves to be a little bit of an outsider group. I came up with six or seven ways that solution-focused therapy has changed, I think, since '95, or so.

One is the influence from Europe. Luc Isabaert was one of Steve's [de Shazer] best friends. . . . And he wrote quite a bit and has thought quite a bit about honoring the problem (Isabaert & Dolan, 2004). And he talked about, in the European culture, sometimes people need to spend more time

¹Tracy and I asked the questions, but given the volume of material in this interview, I have omitted most of the questions to highlight the answers given by Jill, Gene, Yvonne, and Terry. While I have organized this account thematically, not chronologically, these are direct quotes. I have followed the standard practice of using ellipses and square brackets to indicate deletions and additions to the text. The interviewees reviewed a draft to ensure that I quoted them in context. I have embedded, in italics, some transitional comments.

giving the problem its due. . . . Insoo [Kim Berg] and Steve, who had never written much about that, said, “Oh, well we believe we should talk about the problem as much as the client wants to or needs to,” but they had never made that explicit.

JILL: That was the thing I found surprising in *More Than Miracles*.

YVONNE: I thought you might. And I think Eve Lipchik also had the same impression you did. . . . So she wrote a book (Lipchik, 2002), helping clients honor the feeling aspect of the problem . . . According to Insoo, “Solution focused therapy does not mean abstaining from talking about the problem. It means talking about the problem only to the extent that it is meaningful and helpful to the client.” But, I think that had never been made explicit before.

Two other distinctions that came [from] Europe too: Luc introduced the distinction of a limitation versus a problem (de Shazer & Isabaert, 2003; Isebaert & Dolan, 2004). A limitation might be the fact that, you know, I’m 5 feet tall and I want to do a profession that would require me to be 6’ 2”, like basketball. Well, that would probably not be a problem, it would be a limitation, and so we would ask coping questions then.

JILL: So, instead, I’d say, that’s understandable.

YVONNE: A third [development] from Europe . . . is [Steve’s work with] Matthias Varga von Kibéd. . . . He’s a philosopher at the University of Munich. He [and Steve] looked at Wittgenstein’s work very carefully (von Kibed & de Shazer, 2003). . . . And one thought has been, perhaps, in some ways, scaling is one answer to the private language problem² (Wittgenstein, 2009). And as somebody who works with trauma, I can say it’s a big advantage, because if each time the person talks about the trauma, in terms of how much it hurt, neurologically some pretty bad things happen, [and the traumatic] memory is deepened. And unless they are taken on a different narrative, which you guys can do, in terms of resisting [the effects of the trauma],³ it can be very difficult. And in SFT, in cases where the client is not strong enough or is unwilling or unable to even describe the problem, we can [simply] ask, “When are things better?” “When are they worse?” We can just do it . . . that simply. And we don’t even necessarily know what the client means. . . .

Another one is we no longer give *homework*, we give *experiments*, because we felt like homework was not as appealing, or even a little bit insulting. . . . There was, let’s see . . . I’m almost done you guys (*laughter*). Sorry to monopolize (*laughter*). . . .

GENE: It’s probably the most important one.

YVONNE: Another one is (*laughter*) . . . is we have really expanded the idea of

²The words of this language are to refer to what can be known only to the speaker; to his immediate, private, sensations. So another cannot understand the language” (Wittgenstein, 2009, §243).

³For example, see Todd and Wade (2004) for a description of work that captures resistance to trauma—a “response-based” approach to trauma, as opposed to a typical focus on the effects of trauma.

do something different, and to include almost any approach. . . . however, only after we have tried a solution focus. In order for [therapy] to be described as solution-focused, we would first have to try to identify what the client wants and any times, even a little bit, some of that is happening. Once we have done that part . . . we can offer a menu of any other approach by simply asking the client, “Would this be helpful, or might that be helpful?”

About compliments, we’re much more careful than we once were. We try to only give process compliments. Rather than being the one who [defines] something [as] good or bad, we say, “How did you do that?”

We also do not preclude asking meaning questions. In fact, I have cases in *Tales of Solutions* (Berg & Dolan, 2001), in which Insoo asked, “What does that mean to you?”

JILL: Well, I didn’t think you precluded asking meaning questions, I just thought the focus was more on behavior.

YVONNE: But that is one more point where it’s getting more elastic. . . . [and] a self statement . . . we would consider that to be an action. And emotions—much as Eve (Lipchik, 2002) has described, you can scale an emotion. . . .

GENE: One of the influences Michael had on my thinking . . . is he was very clear and persistent [that] what we work with is *experience*. And experience is all those things—you can’t really meaningfully separate out cognitions, emotions, and behaviors . . . and that if you are working with one at a meaningful level, the others [change as well]. [W]hat we work with is experience. And I was hearing you intimate something similar to that.

YVONNE: That’s a change for me, because I used to believe, and say, that the emotions and cognitions more reliably follow actions than vice versa. Now I say, no, it depends, and they are all of one piece. . . .

GENE: . . . Jill and I talk about experiential involvement a lot, and therapy doesn’t happen if people aren’t experientially involved . . . and you can get to the experiential involvement through action, or through emotion, or through cognition. They’re really not separated.

Narrative Developments

GENE: Do you have anything you could say about what you experience as different in yourself from six years ago [when the workshop participant described on p. 36 first heard you]?

JILL: [There are] some ways of thinking . . . that are significantly different. I’m thinking about the idea of *the absent but implicit* (Carey, Walther, & Russell, 2009), which has been around . . . for about 10 years. . . . [W]hen people are talking about something that’s problematic . . . they must be contrasting that with something that’s preferred, or that they would treasure, and that somehow the problem is a violation of something that they treasure. And, rather than moving into a deconstruction interview, [I would have] clients talk about what [they] treasure.

And then, what happens is if they then go out in the world and they can't do it, lots of times it's because of what we would call discourses . . . the culture that they live in, then we can have a deconstruction conversation that's much more experience-near, that's not [as abstract]. It's more like they're caught up in the pulls and pushes to live up to . . . norms that don't fit with what they had just described, in this really heartfelt conversation, that they treasure. So, I love that way of working, and that's a shift.

TERRY: So, starting with . . . what they would treasure.

JILL: Michael talked about doing a kind of double listening—there has to be a contrast that makes something problematic. So, trying to ask questions to find out [what's problematic and what they prefer].

GENE: But to me, it's also . . . the thing that makes it so useful is listening for a particular kind of background that the problem is being defined against. What makes it a problem that people really care about, that people would identify as a problem, is that something that is a closely held, something that they give value to or hope, or dream.

JILL: Commitment, so it's at the level of values.

GENE: Or something they really treasure or. . . It's very meaningful to them. Values and meaning.

JEFF: So it's much richer than [simply asking, "How is that a problem for you?" or "What would be happening instead?"]

GENE: So, it's just a gateway to more quickly getting into these conversations about what's really important. . . . "What matters . . . above everything else to you?" And the way it gets interesting in [terms of our] interest in politics—with a little "p"—"What's frustrating? What's getting in the way?"

JILL: Sometimes. Sometimes, we never have that conversation because . . .

TERRY: Because you don't need to.

JILL: Because you don't need to.

GENE: But it's not us preaching about some social value when that happens, it's people coming back and saying, I couldn't do it. And [we] say, "Well, what was keeping you from doing it?"

Reaction to Postmodern Approaches

Tracy and I asked the interviewees to comment about the reaction, and in some quarters, the backlash to postmodern thinking, particularly as it was operationalized in narrative therapy, which played out at some conferences, and in print.

TERRY: [Minuchin's article] was "Where Is the Family in Narrative Family Therapy?" (Minuchin, 1998). I remember that article. Very provocative. . . .

GENE: I think Minuchin put blood and sweat and time into developing a model that was really about getting families on the map . . . that it's important to work with families [and not just] with individuals And I think he genuinely—I think a little

- misguidedly, but I think genuinely—was worried that this switch into narrative, and postmodern/poststructuralist models in general, was working more with individuals again, and that all of that work that they had put in to get families on the map was being swept under the rug, ignored, forgotten about, and that that was a sad and scary and dangerous thing (Minuchin, 1999). I think he really thought that.
- TERRY: 'Cause remember what they were reacting to [in] that era: [the increasing popularity of postmodern, dialogic approaches]. I mean, that makes sense.
- GENE: I think, from my perspective, that was not a worry that he needed to have. . . . I think I probably owe some of [the way I think] to Minuchin . . . Haley, and all those people. But, when I'm sitting with somebody in a room, I'm never thinking about them as an individual, and I'm always interacting with them as a member of various social groups, not just families.
- YVONNE: That's clear in your writing.
- GENE: And I don't think Minuchin [or other critics] saw that or understood that. . . .
- JEFF: So they saw a narrowing, and you see a broadening.

DO MODELS MATTER?

- JEFF: Okay, so this is one of those questions that seems to be current. Do models matter? And, if so, how?
- GENE: Well, in that moment, when I'm sitting in [a family medicine] clinic with somebody who is in a horrible mess in their life, and they need somebody to talk to . . . it's not the first thing on my list—*Is this person solution focused or narrative?* I'm thinking, is there somebody out there who's a decent person that will sit and be with this person, in a way that won't do harm?
- TERRY: . . . Let me ask you though . . . do you think if you're looking at a couple of potential therapists to talk to that person, the issue of not doing harm, models may matter?
- GENE: Well, and that's the first level sort that comes into it. I'm interested in your-all's answers to this. The first level sort . . . is, *Is this a pathologizing or a nonpathologizing therapist?*
- TERRY: Right, right, right. . . .
- GENE: And the next level is, *Is this somebody that believes they have to go into . . . understanding the bad shit in the past, or are they going to be a therapist that's more present or future oriented?* And the way they're thinking about the past is as a place of resourcefulness.
- TERRY: Well, that's huge. You know that, to me, is where the models matter. Maybe they're categories of models . . . but boy, we've all heard horror stories of the therapist who takes a client who is on the verge of making change and brings them back to [a problem-focused] space.
- YVONNE: [Seeing the client] as a collection of symptoms, as opposed to Michael White's idea, *the problem is the problem*. . . . I think some models are built that

way. I believe that there are many huge differences between solution focused and narrative, but [this is] one of the things I really appreciate about both approaches.

I have to say that because [narrative therapists] have a philosophy, and we are supposed to be atheoretical in solution-focused (de Shazer et al., 2007, p. 101).

GENE: I want to come back to everything you implied in those last two sentences (*laughter*). . . .

YVONNE: . . . [In] both these approaches, the worst that could happen would be the client might think that we were being overly appreciative or overly optimistic about them. I think that's the worst that could happen . . . if it went really badly.

JILL: And that can be a problem.

YVONNE: It absolutely can be a problem, if they think we're not being realistic, but it is not as damaging as what can happen in many other [models].

THE FUTURE

New Directions in Practice

YVONNE: Well, I can only speak from what I've seen so far. [One new] direction . . . in the solution-focused world . . . applications to specific groups or populations . . . business coaching, educational coaching, educational applications (e.g., Bannink, 2010a). How can teachers figure out how to do what they do in ways that are more helpful for the student and for the teacher? And a lot of techniques, or maybe they're not even techniques, they're ideas for looking for things that work, based on trying to find ways to apply [SFT] to different areas, professions, or clients.

JILL: There's a new book of Michael's unpublished papers that . . . coming out fairly soon (White, 2011). And for the postscript to that book . . . an e-mail . . . went out to a lot of people all over the world, asking what they saw as the future of narrative therapy. And most people answered much the way that you did . . . "I don't really know what the future is, but I'm interested in developing it with this group of people. . . ."

YVONNE: Well, that's interesting.

JILL: The thing I've been most excited about doing in the last several years is applying the ideas to . . . consulting. . . . And [I'm] also interested in working in communities. . . . David Denborough (2008) from Dulwich Centre is really interested in this sort of taking therapy ideas, applying them in community, [constructing rituals or ceremonies]. . . . So, at this time, he's sort of interested in [*Symbol, Story, and Ceremony* (Combs & Freedman, 1990)].

I don't know if this is true with Insoo and Steve's deaths, but . . . Michael was the person who originated most of the practices. . . . [T]he really big ideas, by and large, came from Michael. And so, there is, for me, a lot of worry about whether there will be [continuing development of] big ideas. . . . But that's my own fear, whether there will be big ideas that really fit with the worldview.

GENE: I think the interesting area to me, that I see there being a good bit of development in, is taking the work into larger contexts and . . . organizations. Like we're going to Rwanda this fall . . . with an organization there that's made up of survivors that are working with other survivors. So, making commitments in particular communities and trying to find ways to use the spirit of these ideas and this way of working to help people . . . a sort of a deprofessionalization . . . focusing on stories of hope, documenting, and circulating knowledge of how to survive. . . . We talk a lot about linking [survivors of the genocide] through shared purposes, as part of narrative work. And so, I think David Epston's been very influential in that. . . . He's the great documentarian of narrative work. . . .

I'm interested, also, in how I can use these ideas, and this stance in the world, in medical settings. How can I infect young doctors with these ideas?

TERRY: That's an interesting choice of words.

YVONNE: Yeah, I thought so too.

TERRY: No, it's intentional. . . . So that they won't just think about pathology, so that they won't just think about *fix it*, so that they'll realize there's times that it's important to know that they don't know, and to know that they can be useful, even when they don't know.

YVONNE: Big paradigm shift.

GENE: So that's my personal interest in the future. We'll have to see in five or six years if I've gotten anywhere with that.

Research Directions

TERRY: I mentioned research already. [I'm both excited about it], and I think it's very important for solution focused therapy (Kim, Smock, Trepper, McCollum, & Franklin, 2010) and I think for narrative as well. . . . I'm the chair of the research committee [of the Solution Focused Brief Therapy Association], and we are just coming out with a new book, edited by Cynthia Franklin, Eric McCollum, Wally Gingerich, and myself (Franklin, Trepper, Gingerich, & McCollum, 2012), on the evidence base of solution-focused therapy. . . . We've got 30 chapters of . . . different [problem] areas, and in education and business, where there is an empirical basis for solution-focused therapy, including clinical trials. . . . It's different. In some ways, [we are] losing some of the rebel-ness of the postmodern stuff. And it's also [very important] . . . [W]e were on the verge of being irrelevant; if you teach something and are doing something that's exciting, and people can't do it because they're not going to get reimbursed for it, [that's problematic]. . . . So [we need] clinical trials to show that it works. . . .

GENE: Are people being able to do clinical trials with the kind of rigor [that] quantitative researchers that want to see, that have a large enough N , and have a big enough confidence interval, and have controls?

TERRY: There are two. We need more. . . . [There have also] been two meta-analyses that have been done in the last three years: One (Kim, 2008) is here in

the United States, and one [from] the Netherlands (Stams, Dekovic, Buist, & de Vries, 2006). . . . The bottom line . . . is that SFT shows a small-to-moderate effect size, as good as any of the other psychotherapies. So, it has been shown to be as good as, say cognitive behavioral, which has a large evidence base.

JILL: That's fantastic.

TERRY: But, what's even more exciting is that [the same effect size] is accomplished in shorter [duration] typically. And, what I would add—there's no way to quantify this—but I think it's done with a lot less pain potential, because [as we discussed] earlier, that these approaches . . . tend to be pleasant experiences for the client, compared to some of the other more . . . emotionally focused therapies, as one example, that can be very draining.

And then . . . the stuff by Janet Bavelas (Del Vento, Bavelas, Healing, MacLean, & Kirk, 2009; Tomori & Bavelas, 2007) is just absolutely thrilling. She's a communications researcher from [the University of] Victoria[, Canada], and she has gotten teams together to analyze therapy sessions of 'master therapists' [presenting the best representations of their work in commercial] training videos. . . . She [analyzed videos] from [several theoretical orientations]—analyzing a grunt or an inflection . . . and then [examined] the communication outcome. What does the client do? Where does the conversation go?⁴

The [current] set of studies are to see whether there are differences between . . . models. So, therapists [from other orientations] usually ask . . . something about the problem. And . . . solution focused therapists, almost always ask, "Oh, so things got a little better this week? What do you make of that?" or "How did that happen?" or "Tell me more about that."

YVONNE: Or, "How did you turn it around?"

TERRY: Or something like that. . . . And, as you would imagine, when you do the more positive or *solutionary* talk . . . clients continue to say more and more positive things.

JILL: I'd love to see microanalysis of narrative. I'd really love to see it.

Positive Psychology

TERRY: It's interesting that psychology finally caught up with the postmodern thinking, in a way, within the positive psychology movement (Bannink, 2010b; Tarragona, 2010). . . . I'm using an introductory psych textbook right now that is taking a positive psychology view, which [goes against much of the dominant thinking] in psychology . . . to encourage new research on hope, resiliency, love, and positive expectations. . . .

GENE: But to me it looks like it's still at the level of the individual. And to me, what [narrative and SFT] bring in is that 'resiliency' is not something that resides inside a person. . . . Resiliency is an activity that people do together. You don't

⁴See Strong & Gale (2013).

have . . . a personal resource without . . . [getting it] from somewhere. You got that from your culture, you got that from a friend . . . that doesn't come from nowhere . . . It comes from interaction with people in other vicinities. And I hope positive psychology [includes interactional and cultural factors].

CONCLUSION: ON WORKING AND LEARNING WITH HEART

To close, note one final comment about what is necessary to work with integrity as a postmodern therapist:

GENE: . . . Jill and I talk about experiential involvement a lot, and therapy doesn't happen if people aren't experientially involved. You know, and you can get to experiential involvement through action or through emotion or through cognition. But, they're really not separate.

YVONNE: I really agree with that. And I think there's another piece there. And actually, this is a question I'd like to hear what you guys think actually, all of you. If an approach is not done with heart—I mean if [we are not asking a question] in which the client experiences the [therapist as caring] about the answer—it doesn't work.

In this conversation, we explored Ericksonian roots, the shift to narrative and solution-focused therapies, and the ferment of postmodern approaches in the 1990s. We reviewed developments in narrative and solution-focused therapies, and speculated about the future. Tracy and I are grateful for the time Gene, Jill, Terry, and Yvonne spent with us, sharing their points of view.

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