GENE COMBS and JILL FREEDMAN

RELATIONSHIPS, NOT BOUNDARIES

ABSTRACT. The authors find it more useful to pay attention to relationships than to boundaries. By focusing attention on bounded, individual psychological issues, the metaphor of boundaries can distract helping professionals from thinking about inequities of power. It oversimplifies a complex issue, inviting us to ignore discourses around gender, race, class, culture, and the like that support injustice, abuse, and exploitation. Making boundaries a central metaphor for ethical practice can keep us from critically examining the effects of distance, withdrawal, and non-participation. The authors describe how it is possible to examine the practical, moral, and ethical effects of our participation in relationships by focusing on just relationships rather than on boundaries. They give illustrations and clinical examples of relationally-focused ethical practices that derive from a narrative approach to therapy.

KEY WORDS: accountability practices, boundaries, ethics, hierarchy, Narrative Therapy, power, psychotherapy, reflecting team, social justice, therapeutic relationship

On a recent trip to South Africa, we spent several days in Durbin, where our colleague, Yvonne Sliep, invited us to visit Mrs. Bengu, a *sangoma*, or traditional Zulu healer. For years Yvonne has worked in AIDS prevention and education, and she has carefully developed collaborative relationships with traditional healers as a part of that work. On the day of our visit, we left Yvonne's house and turned off the paved road onto a dirt road that wound deep into the valley that we had glimpsed from her terrace. The houses we passed were quite modest. Yvonne explained that Mrs. Bengu, the sangoma we were going to visit, was well off by local standards. She lived in a compound comprised of several simple buildings that housed a day-care center, a school, and her clinic, which also served as a community center. Over the course of our visit, we came to see that, with hardly any financial resources, Mrs. Bengu and her associates were working little miracles – treating a variety of illnesses, serving as a refuge for people with AIDS, educating health workers, and caring for children.

On our arrival, Mrs. Bengu donned her full sangoma's regalia, fed us lunch in the thatched dome that is her ceremonial center of power, and treated us as honored guests. As we were served our beans and bread, our four-year-old daughter, Lily, leaned against Mrs. Bengu's side, cuddling the head of her massive watchdog. Mrs. Bengu smiled a grandma kind of smile as Lily reached up to fondle the elaborate beading on her headdress.

Theoretical Medicine **23:** 203–217, 2002.

We looked at each other and smiled in wonder at the intimacy of the moment. We knew that we would feel a connection to Mrs. Bengu, the children in her school, Yvonne, and that particular part of Africa for as long as we live and that we were tremendously fortunate to be invited to share in a culture so different from our own.

Later that day, as we reflected on our experience with Mrs. Bengu, we realized that we had crossed a lot of boundaries to be where we were: national boundaries, state boundaries, cultural boundaries, linguistic boundaries, religious boundaries, racial boundaries, economic boundaries, and, we are sure, others. We had left our shoes outside the door before bending low to cross the threshold of the three-foot high door that marked the boundary to Mrs. Bengu's place of work. However, our attention had not been focused on boundaries. If it had, we would have missed the experience.

For us, the language of boundaries can diminish opportunities for intimacy and wonder. If we organized our lives around the metaphor of strong, clear boundaries, we might not have ventured outside the guarded, gated communities where many of the white people we met in South Africa live. We might not have even accepted the invitation to teach in South Africa. Our lives might seem safer, but they would be far less rich and interesting.

We do recognize that in some contexts safety is more important than interest or enrichment. However, we do not believe that a focus on safety necessitates a focus on boundaries. We find it more useful to pay attention to relationships than to boundaries. Relationships were what first drew us to the way of working that is now called "narrative therapy" [1–5]. Something about the tone and feel of the relationships that we witnessed in the work of Michael White and David Epston, (the principal developers of the approach) contrasted strongly with what we had previously thought of as "therapeutic relationships." We did not know how to describe their different way of relating when we first encountered it, but we now wonder if it had something to do with thinking of relationship instead of boundaries. Whatever its origins, their different way of relating set us to thinking about new things that might be possible for people who consult with us, and about how our lives as therapists might be different if we could participate in such relationships.

As we have taken on narrative ways of working, we have come to understand that the relationships we so admired were different, at least in part, because White and Epston were living their lives in accordance with different metaphors than those that had guided us and most other people involved in the therapeutic disciplines. They were intentionally speaking a

different language in order to cultivate different perceptions. For example, early in our relationship with David Epston, he asked us why we used the metaphor "resource" so often in our first book [6]. He pointed out to us how talking of resources evokes thoughts of mining. A resource to him seemed like a fixed thing inside of a person that one had to dig out. He preferred the metaphor of "knowledge," as knowledge is something that develops and circulates among people. This and other conversations have led us to value reflecting on the implications of the words, concepts, and metaphors that we use in describing our work.

"Boundaries," for us, is a metaphor that, like "resources," leads to images of people as skin-bound containers with fixed contents or identities. This metaphor has implications for how subscribers to it view people and change. We have found it more helpful, both in our work and in our lives, to think of people's experience of themselves *in relationship*. We think of relationships as shifting and evolving. Our actions affect our relationships and our relationships affect our identities.

We agree with the prevailing view that particular ways of relating can be inappropriate or harmful. We believe therapists should attend closely to the relationships in which they participate. We hope to convince readers that orienting oneself by asking, "Where must I draw and enforce my boundaries?" leads to perceiving a different world than the one we inhabit through asking, "What sort of relationship does this situation call for?" and, "What are the effects of my actions on this relationship and its members?" Futhermore, we hope to demonstrate that these different worlds call forth different emphases in ethical conduct.

SOME IMPLICATIONS OF A BOUNDARY-BASED WORLDVIEW

When "boundaries" is used as an organizing metaphor for the ethics of relationships, certain discourses are brought into play while others are crowded out. For example, the discourse of separation and individuation is valued at the expense of the discourses of interdependence, collaboration, and community that many feminist writers (e.g. [7–13]) have argued for so persuasively.

During our stay in South Africa, we noticed over and over how boundary language functions like apartheid. Boundaries are about separation. They invite us to relate to people on the other side as "other," as foreign. It is hard for us to think about boundaries without thinking of the "separate but equal" policies that flourished in the United States before *Brown vs. the Board of Education* and of the remnants of those policies

that still affect our culture. The language of boundaries partakes of the discourses that support individual ownership of property and individual rights, and works against those discourses that support shared stewardship and the rights of communities. Making boundaries our central focus in deciding what is and is not ethical in our relationships can keep us from critically examining the effects of distance, withdrawal, non-participation, and related issues.

Miriam Greenspan [14] writes eloquently about various problems with using boundary language in ethical considerations. She says (pp. 130–133) that the language of boundaries

> wittingly or unwittingly, camouflages the political dimension of violence against women and dilutes the strong feminist analysis that brought to light the abuses now called "boundary violations." [Boundary language] ... psychologizes the social dimensions of interpersonal violence both in and out of therapy. Both the perpetrators and the victims are viewed as suffering from a psychological impediment that impairs their ability to maintain their border zones. Perpetrators are prone to invading the borders of others; victims have trouble protecting their borders from these onslaughts. By this logic, if only fathers in families would firm up their boundaries, they wouldn't rape or molest their daughters. And if only helping professionals would tighten up their boundaries, they wouldn't sexually abuse their female patients. ... Abusive therapists don't have problems with boundaries; they have problems behaving ethically, with using their power wisely and well. Boundaries are not violated in therapy; people are. So-called boundary issues in psychotherapy are fundamentally about the misuse of power by professionals.

By focusing our attention on bounded, individual psychological issues, the metaphor of boundaries can distract us from thinking about power. It oversimplifies a complex issue, inviting us to ignore discourses around gender, race, class, culture, and the like that support injustice, abuse, and exploitation. To ignore these issues is to perpetuate them. As Greenspan (p. 133) writes, "The imagery of boundaries fits with an entrenched Western world view that sanctifies individualism, private property, and nationalism. The idea that relational safety resides in the defense of one's borders reflects, on a microcosmic level, the social macrocosm."

Katherine Hancock Ragsdale [15] writes that boundaries can be used "... to enhance power differentials and cement hierarchies." We see this at work in the way that boundary language has been incorporated into the hierarchical, rule-based systems of ethics that are favored by professional associations. The seeming clarity and simplicity that comes with a focus on boundaries makes for measurable, enforceable rules, which are attractive to such bodies.

Helen Coale [16] describes a crisis concerning rule-based ethics that affects each of us. In a time of shrinking financial resources, professional organizations in psychology, psychiatry, social work, marriage and family therapy, counseling, etc. are each focusing more and more on protecting

their own turf. According to Coale, concern about the perceived legitimacy of our professions has moved our considerations of ethics more and more toward *rules* and *risk management*. Our professional organizations seek to avoid controversy and to encourage "neutrality" and "objectivity" in their official rules, which leaves individual practitioners unsupported in dealing with ambiguities. For example, we tend to treat all touching between therapists and clients as sexually motivated, to value "boundaries" at the expense of interdependence and collaboration, and to treat any and all "dual roles" with clients as if they are exploitative and inappropriate.

Coale writes that rule-based ethics, such as those concerning boundaries, are problematic because they stifle ethical thinking. They invite us *not* to think. Risk-management concerns are leading professional organizations to turn more and more to attorneys to set their rules of ethics.

Individual therapists can feel awfully vulnerable and alone these days; vulnerable in a way that interferes with our ability to be openly compassionate with the people who come to us for help. Hierarchically enforced rules about boundaries make us vulnerable to frivolous or misguided lawsuits, and this vulnerability makes it hard to be vulnerable in our therapeutic relationships. We are encouraged to protect our status in a professional organization above what might be most useful to a particular person or family who have come for help.

ETHICAL RELATIONSHIPS THAT DO NOT DEPEND ON BOUNDARIES

Eschewing the use of boundary metaphors does not imply that "anything goes" in therapeutic relationships. It does not mean throwing away care, respect, or reverence for one another. We believe that professional helpers should not use their power to abuse, harass, or exploit the people who seek their help. Professional helpers, when practicing their professions, should put the safety, security, and desires of the people who consult with them far ahead of their own desires, safety, and security. However, none of this requires the use of metaphors or language concerning boundaries. If we may quote Greenspan (p. 132) one more time, "... There can be connection without harm, love without power abuse, touching without sexual abuse in psychotherapy-but the language of boundaries doesn't help us see our way clearly into this arena."

It is possible to examine the practical, moral, and ethical effects of our participation in relationships by focusing on relationships. In the remainder of this paper, we will describe some elements of an ethical process that, instead of relying on a rule-bound system of ethics that is

based in boundary language, considers particular individuals, families, and sociopolitical contexts. Our approach looks beyond the restrictions of rules about what not to do and asks, "What better way of relating can everyone involved in this situation imagine, and how can we move toward that better way?"

Questioning Our Relationships

One practice that we have found helpful in endeavoring to participate in ethical relationships is to ask ourselves the following questions:

- Whose voice is being privileged in this relationship? What is the effect of that on the relationship and the work?
- Is anyone showing signs of being closed down, not able to fully enter into the work? If so, what power relations or discourses are contributing to the closing down?
- What are we doing to foster collaboration? Among whom? What is the effect of that collaboration?
- Are we asking if and how our actions are useful, and tailoring them in line with the response?
- Is this relationship opening up or closing down the experience of agency for the people who are consulting with us?
- What are the effects of this relationship on other relevant people, communities, and cultures?

We intentionally pose these considerations in the form of questions, believing that in so doing we honor their complexity. Stating them in the form of rules would encourage the unthinking compliance with black-and-white parameters that we have criticized earlier in this paper. We don't have rules concerning the correct response to each of these questions, and we think that our answers would vary from situation to situation.

Membership

Michael White [17], drawing on the work of Barbara Myerhoff [18], has proposed the metaphor of *membership* for examining the relationships that shape our perceptions, intentions, and actions. He describes how knowledge arises in communities of knowers; how different things are counted to be true, worthwhile, or valuable in different communities. Our ethics, our purposes, and the possibilities we perceive for our lives are shaped by the people who have significant membership in our lives. White [17] describes the all-too-common process through which therapists, in joining the community of legitimate, properly-degreed, licensed professionals leave behind the "diverse, historical, and local associations" of their lives,

replacing them with the more limited associations of "the monoculture of psychotherapy."

White describes various ways that membership in a monoculture leads to "thin descriptions" [19] of our lives. He states that thin descriptions lead to thin conclusions – to limited ideas about what's possible, and to fixed notions about what is. While White does not directly address this issue, we see the metaphor of boundaries as reinforcing of thin descriptions and thin conclusions. We think that a focus on clear, consistent, unambiguous boundaries can encourage people to limit their memberships in life – to treat what is outside the borders demarcated by their "boundaries" as foreign, other, not readily trusted, and probably not as meaningful as what is inside.

White argues that lives are richer when they are "multiply contextualized." In multiply contextualized lives, there are more possibilities for thick description. A thinly described life can become more thickly described through a process of "re-membering." The term "re-membering" refers both to revising one's memberships in life (that is, choosing who we carry in our hearts and minds as members of our lives) and to remembering the stories of who we are and have been and what is and has been and can be possible within those memberships. As knowledge is remembered, regenerated, and reclaimed through the tellings and re-tellings that occur in multiple contexts, the possibilities for fulfillment multiply. We find "membership language" much more useful than "boundary language." Acknowledging and participating in our preferred memberships can inspire our practice, whereas boundaries may limit it.

RELATIONAL ETHICS IN PRACTICE

Many of the practices that have come to be associated with narrative therapy flow from and support a worldview that focuses on relationships and the way particular choices affect relationships, rather than on boundaries. We believe that using these practices helps assure that our work is ethical. Here, we will give a brief overview of some of those practices.

Accountability Practices

Therapists are in a privileged position in the context of therapy. A number of factors support this privilege: the meetings generally take place in the therapist's office; the therapist is paid to be part of the conversation and clients are not; therapists are considered to be experts in therapeutic conversation by virtue of their education, credentials, and experience; they

have a greater voice in determining the structure of the conversation. Clients are in a more vulnerable position. Their lives and problems are the focus of therapy. Especially when working with marginalized people, it is important to stay mindful of this built-in hierarchy and power inequity.

In the narrative approach, we consider not only the particular stories people and families live, but also the larger cultural discourses that shape those stories. Many of these cultural discourses support and are supported by power inequities. Particularly when we work with people from marginalized cultures, to approach the relationship from an "expert" position can reinforce the dominance of the therapist's culture. In a therapy where we strive to unmask the cultural discourses that support problems, we certainly want to avoid aligning ourselves with the very thing we are unmasking. Yet, we know that as members of the dominant culture, we can't help but participate in cultural dominance. If we are to enter into just relationships with marginalized people, we need ways of working that will help us to practice some sort of accountability to their experience, values, traditions, preferences, and day-to-day circumstances.

Christopher McClean [20] writes,

> [Accountability practices] start from the recognition of the centrality of structured power differences in our society, and develop means of addressing them, so that groups that have been marginalized and oppressed can have their voices heard . . . accountability . . . is primarily concerned with addressing injustice. It provides members of the dominant group with the information necessary for them to stand against the oppressive practices implicit within their own culture, of which they will often be totally unaware.

We were first introduced to accountability practices through the example and inspiration of the Just Therapy team from The Family Centre of Lower Hutt, New Zealand. At their center, they have developed practices to reverse the sociocultural bias against women and people from marginalized cultures (see Tamasese and Waldegrave [21]). To do this, they have established gender and cultural caucuses. Within their center, they have agreed that the caucuses composed of people from dominated groups can initiate meetings whenever they experience an injustice in staff relationships, in models of therapy, or in practice. The caucuses of people of the dominant culture bear the responsibility of consulting with the other caucuses about projects and direction. Policy decisions are made only through this process of consultation, and no policy that originates in the dominant culture is implemented until it is approved by the caucuses of marginalized groups. Tamasese and Waldegrave point out that through caucusing, individual people can be heard as members of a collective. They may be willing to say things in a caucus of their own people that they would not say in a group that included members of the dominant culture.

The beauty of accountability practices like those of the Just Therapy team is that they privilege the voices of people from groups that have been marginalized. Their ideas are alotted more space. Accountability practices are counter-practices, constructed to turn practices of marginalization on their head. When they take part in these sorts of accountability practices, people from marginalized groups are not just teaching us; they are also participating in a more equitable context – one in which members of the dominant culture take the responsibility for acting in accordance with the information we are given.

Accountability practices are very important in our day to day work. To give a small example, we ask if each particular conversation or meeting has been helpful and why or why not. We think about, and often discuss with each other, how we should alter our part in every relationship based on the answers we hear. At times, we have hired people who were consulting with us to review tapes of our sessions with them and critique them, or to answer specific questions about the work. We are particularly committed to this kind of review if the therapy has not gone well. Accountability practices provide a way of acknowledging our responsibility for our mistakes. At the same time, accountability practices allow us to honor the knowledge of those we work with, and the value to us of that knowledge.

The boundary metaphor makes hiring a client as a consultant problematic. The feedback we have had from people we have asked to educate us about our work with them is that it was healing and helpful for them. They tell us it is very satisfying to recognize that their knowledge is making a contribution in our work with others.

Situating Ourselves

When we say "situating ourselves" we refer to the practice of clearly and publicly identifying those aspects of our own experience, imagination, and intentions [22] that we believe guide us in our work and influence our responses. In so doing, we enter therapeutic relationships as fallible human beings, rather than as experts. We present ourselves as particular people who have been shaped and affected by particular experiences. We hope that this gives people an idea of how they might want to take what we say and do. It encourages those we work with to evaluate our ideas in context and to decide if they fit for them.

Situating is an ongoing process. As we introduce new ideas we situate them in our experience, at the same time taking care to de-center ourselves. That is, we make sure that our situating comments are relevant to the conversation at hand, always relating to and centering those we work with. David Epston [22] has introduced the term *transparency* to refer to this

process of deconstructing and situating therapists' contributions to the therapy process.

In addition to volunteering situating remarks, throughout the time we work with them, we ask people if they would like to ask us any questions about why we are doing what we are doing. Letting people in on the experiences that guide our ideas could be seen as a violation of proper professional boundaries, but we would feel that we were violating our own ethics if we kept these things hidden.

Listening and Asking Questions

In therapeutic relationships, the metaphor of boundaries tends to separate us so that we listen as professionals, rather than as people; so that we listen to collect a list of symptoms, or to take a history, or to make an assessment.

Guided by metaphors of connection and relationship, we begin our work by listening to people's stories. In so doing we hope to enter into a collaborative exploration of people's particular dilemmas. We seek to join people in their experience of the world. For us, this initial listening sets an ethical tone in which we commit to joining people in their struggles (provided they are open to that kind of relationship).

We seek to ask questions rather than to interpret, instruct, or more directly intervene. We do this as a way of making the relationship as collaborative as possible. Although questions are not neutral, they are more open-ended than statements. People can choose how to respond to a question, and when we listen to and value people's responses, *their* ideas, not ours, stay at the center of therapy.

We frequently ask questions such as "Is this what you want to be talking about?" and "Is it OK if I ask about this?" These questions ask people to decide which directions, alternatives, and narratives they prefer. In asking them to decide, we acknowledge people's expertise about their own lives. We actively tailor their therapy to their own desires.

Another important area of inquiry is *asking about effects*. We regularly ask about the effects of particular questions and of the therapy process as a whole. People's answers to these questions help us revise our work so that it fits their particular situation. We strive to make the effects of our work consistent with our intentions.

Reflecting Practices

In the early days of family therapy, one boundary was enforced not only through commitment to a particular stance, but through a concrete symbol – the one-way mirror. Invisible teams would sit behind a mirror observing, assessing, and finally through a phone call or behind-the-mirror meeting

with a therapist, prescribing an intervention. For many practitioners, and certainly for narrative therapists, that changed when Tom Andersen [23, 24] and his team in Norway began to experiment with having the team meet in front of the mirror while the family observed and listened in. The reflecting team, as this new format came to be called, broke down the boundary once set by the mirror.

Reflecting teams are a particularly clear example of relationally-focused ethics in action. The move from invisible, behind-the-mirror teams to reflecting teams is based in ethical postures that value openness, transparency, multiple viewpoints, and a de-centering of the therapist. The reflecting team format facilitates opening space and sharing knowledge. Griffith and Griffith [25] write that the practice of reflecting in front of the mirror while family members observe and listen in is a *political* act, the purpose of which is to share power among all the participants in therapy.

In the reflecting team process, we are inviting people to listen critically to our various understandings of their story and to evaluate which of those understandings stand out for them and how they would like to respond. This is what David Epston [26] would call an "anti-practice." It stands in opposition to the dominant practices in which only therapists have the power to evaluate. It does not do away with the therapeutic hierarchy, but it does make the hierarchy smaller. In training therapists to think and talk in respectful, non-pathologizing terms about the people they work with, we have found nothing else to be as effective as public reflection.

In our own first attempts at talking about people while they watched and listened from behind the mirror, we were nearly paralyzed by our awareness of their presence. We could sense that our accustomed ways of talking behind the boundary of the mirror were not always as respectful as we might wish. This meant that our thoughts were also less than fully respectful.

We like to think that years of experience with coming out from behind the mirror and relating more openly have shaped both our thinking and our talking so that they reflect a more respectful attitude toward people. Nowadays, even when the people we are working with aren't actually present, we strive to talk, think, and act as if they were. This, to us, is a central practice in constituting ethical relationships that do not rely on the metaphor of boundaries.

As we reflect on reflecting practices, what stands out for us is the importance of switching roles with those who consult us – being in front of the mirror while they listen, being behind the mirror while they comment on our comments, hearing their reflections and questions about our work. This

switching of positions is done in the spirit of solidarity, and it does not readily fit into ethics that are focused on boundaries. Michael White [27, p. 132] writes,

> I am thinking of a solidarity that is constructed by therapists who refuse to draw a sharp distinction between their lives and the lives of others, who refuse to marginalize those persons who seek help; by therapists who are prepared to constantly confront the fact that if faced with circumstances such that provide the context of the troubles of others, they just might not be doing nearly as well themselves.

Relationship Practices that Minimize Hierarchy and Maximize Interrelatedness

We want people to view us as particular people rather than as generic professionals. This is one reason we often make "situating comments." When we emphasize listening and asking questions over giving directives, making interpretations, or giving homework, we are choosing practices that counteract the distancing and othering effects of the hierarchy that comes with our professional position. The reflecting practices and accountability practices that we have already discussed are anti-practices that intentionally invert the dominant discourse about what should be made public and what should be kept private in therapy.

David Epston and Michael White [1] have developed a therapeutic practice called "consulting your consultants" that, in their (p. 12) words, "... encourages persons to document the solution knowledges, and the alternative knowledges about their lives and relationships, that have been resurrected and/or generated in therapy."

In this practice, the therapist asks if a person is willing to be a consultant to others who might come for help with a similar problem. Letters, certificates, videotapes, drawings, and the like are then employed to document knowledge a person or family has gained in struggling with a problem. The documentation is often included in a celebration commemorating the accomplishment of a new relationship with a problem. (The knowledge that people document in this process is not outside, "objective," "expert" knowledge. It is "insider knowledge.") Once documented, the knowledge, with permission, is available for use by other people struggling with similar problems and by therapists who want to learn from the lived experience of people who have direct experience with certain problems in particular contexts.

When we appreciate, utilize, and circulate the hard-won knowlege of the people who consult us, we participate in the creation of communities of concern in which lives are linked according to shared purposes. This is a relationship-based practice rather than a boundary-based practice. The

discourses of boundaries could prevent the possibility of people learning from each other in this way. In our experience, that would be a great loss.

People who read documents or watch tapes of others who have struggled successfully with problems similar to theirs find lots of help there. The people who produce such documents find it satisfying and enriching to help others. In claiming their knowledge and offering it, people find that they are also solidifying and enriching it.

In this same vein, we can enter into co-research projects with people, formally consulting with them about the effects of particular practices on particular problems. In a boundary-based system of ethics, this arrangement might be seen as a problematic dual relationship. Within our system, it is mutually enriching and edifying.

One particular purpose of this kind of co-research is that of ethically evaluating the beliefs, attitudes, and practices that constitute our work. In the light of such ongoing evaluation, the work is always changing based on the experience of specific people, rather than staying fixed, based on abstractions and generalizations.

Acknowledging the Effects of Relationships on Us

Every day when we go to work we are trusted with stories of heartfelt pain, life-and-death struggle, and the courage to fight back. What an honor it is to be let in, not just as a spectator on another's life, but as a partner in another's struggle. As we continue to explore ethics that focus on just relationships, we find that the voices, the wisdom, and the pain of those we work with strongly affect our lives.

We tell people about their effects on us. When we hear stories of pain and injustice that people have suffered, we cry with them. When they take steps in preferred directions, we celebrate with them.

Traditional, boundary-focused ethics would make it difficult for us to find ways to share our tears and joy. Focusing on relationships helps us to find de-centered, respectful ways to acknowledge how we are touched and changed by the lives of the people we work with.

CONCLUSION

We could think of prisons as the ultimate system of boundaries. The locks, bars, and walls of prisons are constructed to be inescapable. But in South Africa, on Robben Island where Nelson Mandela and many other political prisoners were detained, in spite of the harshest policies of apartheid ("apartness"), the prisoners found ways to join together in community.

They created a project. They used their time to educate each other and work together at bridging boundaries. Their righteous determination reached through the boundaries of hierarchy to get some of their guards to join them in study. The prison came to be called "Robben Island University." It was a breeding ground for hope and solidarity in spite of the physical boundaries. The prison is now a museum that testifies to how people, in relationship, can overcome almost any boundary.

ACKNOWLEDGEMENT

This article was written as a result of a research visit to, and workshop conducted at, the Department of Practical Theology at the University of Pretoria, South Africa, in October 2000.

REFERENCES

1. Epston D, White M. *Experience, Contradiction, Narrative, and Imagination*. Adelaide, South Australia: Dulwich Centre Publications, 1992.
2. Freedman J, Combs G. *Narrative Therapy: The Social Construction of Preferred Realities*. New York: Norton, 1996.
3. Monk G, Winslade J, Crocket K, Epston D, eds. *Narrative Therapy in Practice: The Archaeology of Hope*. New York: Jossey-Bass, 1997.
4. White M, Epston D. *Narrative Means to Therapeutic Ends*. New York: W.W. Norton, 1990.
5. Zimmerman J, Dickerson V. *If Problems Talked: Narrative Therapy in Action*. New York: Guilford, 1996.
6. Combs G, Freedman J. *Symbol, Story, and Ceremony: Using Metaphor in Individual and Family Therapy*. New York: Norton, 1990.
7. Avis JM. The politics of functional family therapy: A feminist critique. *Journal of Marital and Family Therapy* 1985; 11: 127–138.
8. Carter E, Papp P, Silverstein O, Walters M. Mothers and sons, fathers and daughters. *Monograph Series 2(1)*. Washington: The Women's Project in Family Therapy, 1984.
9. Gilligan C. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge: Harvard University Press, 1982.
10. Goldner V. Feminism and family therapy. *Family Process* 1985; 24: 31–47.
11. Hare-Mustin R. A feminist approach to family therapy. *Family Process* 1978; 17: 181–194.
12. Jordan J, Kaplan A, Baker-Miller J, Stiver I, Surrey J. *Women's Growth in Connection: Writings from the Stone Center*. New York: Guilford, 1991.
13. Taggart M. The feminist critique in epistemological perspective: Questions of context in family therapy. *Journal of Marital and Family Therapy* 1985; 11: 113–126.
14. Greenspan M. Out of bounds. In: Ragsdale KH, ed. *Boundary Wars: Intimacy and Distance in Healing Relationships*. Cleveland: The Pilgrim Press, 1996: 129–136.
15. Ragsdale KH. Introduction. In: Ragsdale KH, ed. *Boundary Wars: Intimacy and Distance in Healing Relationships*. Cleveland: The Pilgrim Press, 1996: ix–xxiii.

16. Coale HW. *The Vulnerable Therapist: Practicing Psychotherapy in an Age of Anxiety*. New York: The Haworth Press, 1998.
17. White M. *Narratives of Therapist's Lives*. Adelaide, Australia: Dulwich Centre Publications, 1997.
18. Myerhoff B. Life history among the elderly: Performance, visibility, and remembering. In: Ruby J, ed. *A Crack in the Mirror: Reflexive Perspectives in Anthropology*. Philadelphia: University of Pennsylvania Press, 1982.
19. Geertz C. *The Interpretation of Cultures*. New York: Basic Books, 1978.
20. McLean C. Editorial. *Dulwich Centre Newsletter* 1994; 2 and 3: 2–5.
21. Tamasese K, Waldegrave C. Cultural and gender accountability in the 'Just Therapy' approach. *Journal of Feminist Family Therapy* 1993; 5(2): 29–45.
22. White M. Deconstruction and therapy. *Dulwich Centre Newsletter* 1991; 3: 21–40.
23. Andersen T. The reflecting team: Dialogue and metadialogue in clinical work. *Family Process* 1987; 26: 415–428.
24. Andersen T, ed. *The Reflecting Team: Dialogues and Dialogues about the Dialogues*. New York: Norton, 1991.
25. Griffith JL, Griffith ME. *The Body Speaks: Therapeutic Dialogues for Mind-Body Problems*. New York: Basic Books, 1994.
26. Epston D. Internalizing discourses versus externalizing discourses. In: Gilligan S, Price R, eds. *Therapeutic Conversations*. New York: Norton, 1993: 161–177.
27. White M. Commentary: The histories of the present. In: Gilligan S, Price R, eds. *Therapeutic Conversations*. New York: Norton, 1993: 121–135.

Evanston Family Therapy Center
636 Church Street, Suite 901
Evanston, IL 60201
USA
E-mail: narrativetherapy@aol.com