

NIMBLE AND COURAGEOUS ACTS: HOW MICHAEL BECAME THE BOSS OF HIMSELF

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Collaboration, re-storying, privileging insider knowledges, deconstruction, and not-knowing are among the foundational practices of narrative therapy. In this paper, a narrative therapist collaborates with her past clients to re-tell the story of a 9-year old's resistance to what is called Asperger's Disorder in the psychiatric world. First, the story is told from the mother's perspective. Next, the Asperger's diagnosis is deconstructed and traditional courses of treatment are considered in juxtaposition to a post-modern approach as the story is told from the vantage of the family therapist. Then, the client, now 13, recounts in an interview with the therapist, his thoughts about therapy and what he has carried forward from this experience.

This is the story of 9-year-old Michael and his efforts to speak and act against a formidable nemesis in his life, Unnimbleness. There are four versions of Michael's story. First, we hear from his mom, Sally. Next from his therapist, Julie. Then we hear from Michael himself. Finally, we experience reflections on this paper from an outsider witness. The purpose of this paper is to (1) privilege the voices of people often pushed to the margins by psychiatric discourse; (2) consider the Asperger's diagnosis from a postmodern perspective; and (3) promote the continued generation of multiple perspectives and meaning-making even after therapy has ended.

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A MOTHER FINDS HELP: SALLY'S VERSION**A Son's Request**

The denial, rationalizations, and wishful thinking regarding my son's eccentricities were all obliterated in one moment at the dinner table. Tears filled the blue eyes that first gazed into mine over my breast almost ten years before and dropped one by one onto his cheek.

MICHAEL: I just feel that I'm different than other people, than the kids in my class.

SALLY: Tell me about it, honey. What do you mean?

Michael's words—although spoken in a tender voice—did not quaver.

MICHAEL: Well, I'm not saying that I don't have friends or that they aren't nice to me, but it just seems like they're looking at me and thinking What's wrong with you? What are you talking about?

I scrambled to find the piece of parental wisdom that would fix things.

SALLY: Are you having trouble remembering to talk *with* people, not *at* them so much?

MICHAEL: Uh huh. And it's like they aren't *ever* interested in any of the same things I am. No one ever has time to listen to my inventions.

Remind him that he's loved, remind him that he's loved. Quick, distract him. But don't forget to validate his feelings.

SALLY: Oh dear. Well, you know you have a really magical way of looking at the world honey. And I love to hear what you have to say. And so do Father and

Zack and Nana and Granddad and Grandpa and Grammar and Auntie and—

MICHAEL: But none of you are at school. And everyone there fits in but I don't.

Crap, did he try to join in a game of football again on the playground and get completely befuddled as usual? Did he notice that the other kids see each other outside of school and don't invite him along? Did he drift off during class and become embarrassed because someone had to help him get caught up? Did he manufacture another twisted ankle to avoid games class and get teased about being a crybaby once more? Come on, baby, don't make life so hard on yourself. Be okay, be okay.

SALLY: Honey, you know everyone is good at different things. Pause; heart in my throat. Okay, out with it. Our faces only inches apart, How do you mean that they fit in and you don't?

MICHAEL: Well, it's hard to explain. Let me put it this way: it just seems as if everyone else is more clever and nimble than I am. Like I don't belong with everyone else. My heart thuds to my lap and I know that nothing will ever be the same.

SALLY: Okay Sweetie. Thanks for telling us about it. We'll figure something out. I promise.

There it was. Eleven months after we first learned the word "Asperger's." The testing conclusions were explained to us by the education specialist. *There it was.* Nine months after the second opinion came from the behavioral pediatrician and child psychologist. This two-day round of tests had included an ADHD diagnosis and Ritalin recommendation. *There it was.* Six months after we'd told our parents whose collective disbelief and distress was palpable.

I looked at his face and saw the pain that cut deep into his soul. All the conversations with friends and professionals seemed like hollow prattle this frigid night. Each tight throated consultation with other mothers whose children were presenting as different only served to bear out that no amount of parental love or resolve could force our square pegs into society's round hole. Every reference and resource, all those quixotic attempts to get a grasp on Asperger's fell away as Michael dropped the primary issue into our lap.

My child was unhappy and possibly depressed. He felt lonely and isolated and atypical. How we would get him support for his educational future became secondary to how we would get him help with his sense of self worth in the present.

My noblest attempts to keep Asperger's—the label and the limitation—at bay skittered out into a winter evening as bleak a one as the upper Midwest can produce, leaving one stark and brutal truth: I had a kid who needed more help than I could provide.

The Search for Therapy

The next day out came our Preferred Provider Handbook and I made the call to find a therapist. As my voice betrayed the tears that hovered at the ready, the receptionist that answered was kind and certain that there will be a fit for Michael and our family. The therapist who calls back doesn't seem to know why she was given our number.

JULIE: I don't usually treat children with developmental disabilities. I don't actually know much about Asperger's.

We chat some more, and she reiterates that she doesn't usually treat kids with developmental or learning disabilities.

SALLY: Do you ever treat kids who seem depressed?

JULIE: (Well, yeah . . .) and then somewhere in her explanation of how she works with children and families, I hear the magic word Competence.

For so long, I have felt that Michael's Asperger's makes him somehow incompetent and that my inability to transform his childhood into the happy, rich and rewarding one we had planned for him proved my own incompetence as well. She might just help him find and nourish his own competence—and by default my own—and help him find ways to navigate this rocky path on which he'd been set by genetics or vaccinations or toxins or failed parenting or just dumb bad luck.

SALLY: Everyone else has been letting us know what he can't do. He needs to know what he's capable of. We all do. I don't want him to see an expert in the field of Asperger's. I want him to see someone who can help him with his sadness.

JULIE: Okay. Let's pick a date to meet.

The Therapy Process

Deciding to go to therapy invited feelings of failure and shame. I struggled to tell even the closest friends about our decision. Seeking mental health services as a hypothetical scenario seems the act of a caring parent. But when it came to my own kid, it was like raising a white flag.

Because my husband John's job as a commercial airline pilot has him on the road for two thirds of the month, I attended the majority of the sessions. John's role evolved into that of sounding board and consumer advocate throughout the therapy process, for the siren song of denial was powerful. As the more dramatic and verbal half of the marriage, I sometimes longed to hear that I was making too much of Michael's struggles, that he was perfectly fine and that I was creating an issue where none existed. However, John's certainty that our child needed and was benefiting from the weekly sessions had a significant role in validating the process as it contrasted with his often cautious reserve regarding professional counseling.

Our conversations with Julie provided both focus and framework during the period in which we enfolded "Asperger's Syndrome" into the multiple definitions of our family. We are a married professional and homemaker with three sons. We are Midwestern, pet-owning, Episcopalian, Caucasian, college educated, urban residents. And we have a child who is covered under the American Disability Act. Therapy provided a space for grieving as well as for trouble-shooting that last, most problematic title.

In the early part of therapy, Julie helped Michael identify something that was pushing him around, a cranial invader of sorts that caused him to talk too much or become distracted in class. While I had been internally wringing my hands as to how he would respond to the intimidating term Asperger's Syndrome, she asked

him if he could give it his own name. He called it Unnimbleness, and that poignantly descriptive word became more than just a child friendly term: it informed me how he had come to see himself.

By that spring, we were still optimistic that his school was the best fit for him. Towards that end, members of the staff came over one sunny afternoon for Michael to offer them lemonade and a formal introduction to Unnimbleness. Shortly thereafter, it became evident that it was time to conclude therapy. It seemed that what we needed from a therapeutic experience were the tools to manage this unwelcome aspect of Michael's life in our family. Julie's willingness to provide support to a child and family in pain created a model for us that continues to inform how our family views Asperger's and how the unfailingly courageous Michael carries himself in the world.

It is no one else's job to give my kid a happy childhood; it is my responsibility and my privilege. And it remains a work in progress.

A THERPIST RESPONDS: JULIE'S VERSION

Meeting the Problem

Traditional approaches to treatment (Klin, & Volkmar, 1995) of Asperger's begin with a formalized assessment. I prefer to meet with clients before meeting someone else's ideas about them. I was depending on Michael and his mom to describe for me their experiences and on my ability to ask questions that would create space for them and keep me out of their way. I was particularly interested in inviting and honoring their own expertise on their lives rather than providing expert-generated information, of which, I had none. According to Anderson & Goolishian (1992), I was assuming the "not-knowing" stance in order to privilege the clients' own knowledges.

JULIE: So, Michael, why is it your mom brought you here to talk with me today?

MICHAEL: Well, sometimes I have a hard time at school, not like with tests, but like with paying attention. It's hard to get my brain into school mode 'cuz sometimes it's just in invent and think mode.

JULIE: Ahh . . . school's not about inventing and thinking?

MICHAEL: No, no . . .

JULIE: What grade are you in?

MICHAEL: Fourth!

JULIE: Yeh, fourth grade, so you've got how many years experience with knowing what school's about?

MICHAEL: Six years, including kindergarten and nursery school.

JULIE: Yeh, so you're a 6-year veteran of the schools—would you say you're somewhat of an expert?

MICHAEL: (nods agreement) Uh, huh . . .

After establishing his knowledges on school, Michael went on to describe his experience of school being “mostly about math” and being a problem “because it takes all day.” I learned about Michael’s interest in science and electricity. Michael spoke at length about electrodes, impulses, and shock waves interspersed among other things for which he used language far too technical for me to comprehend.

According to the DSM-IV-TR one of the main identifying diagnostic criteria of Asperger’s Disorder is:

Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- (1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus . . . (APA, 2000, p. 84).

Meyer and Minshew (2002) state that, because of these and other diagnostic characteristics of kids identified as Asperger’s, they are in harms way of being “victim(s) of social harassment, bullying, or outright rejection by peers” (p. 158). Standard clinical and educational interventions (Safran, 2002; Klin & Volkmar, 1995; Meyer & Minshew, 2002) focus mainly on the individual, ignoring the cultural contexts that promote such victimization of people who fall outside the prescribed dominant representations of relational behaviors. Although these concerns are described as “social” and “relational” implying an interactive context, the problem is firmly located in the individual and his/her deviation from dominant ways of being.

From a model driven by essentialist ideas of identity formation (White, 2001), Michael’s “preoccupation” with electricity is seen as pathological; however, Michael was reporting it as a break from the problems.

Epston has written about kids’ “weird abilities,” defining them as “unique powers of children and families that are usually shunned, labeled, or disqualified” (Freeman, Epston, Lobovits, 1997, p. xvii). Epston raises questions about the oppressive effects on these children of being “misunderstood, put down, ignored, or otherwise undervalued” and points out that “parents and teachers usually have the monopoly on what constitutes knowledge and what constitutes nonsense” (p. 182).

As a narrative therapist, I was curious about Michael’s “weird abilities” that had not only been ignored, but also problematized by the wider culture in general and the mental health community in particular. Had anyone ever asked Michael about the helpful aspects of the way he thinks? Had others (adults) always assumed that he experienced his intense fascination with electricity as troubling because it troubled them? Isn’t it safe to say that most aspects of the human condition are complex, presenting a “both/and” vs. an “either/or” experience?

Inspired by the possibilities suggested by these questions, I continued consulting Michael in order to generate an understanding of his experience. Unencumbered by a diagnosis or the reductionistic experience of “being” something identified

by others, Michael, with humor and grace, revealed so much more about who he was than a codified mental health disorder ever could do.

Sally and Michael continued describing their experiences. Finally, I asked Michael if he had a name for this problem. He did: Unnimbleness.

Personally, I couldn't think of the last time I had even *thought* the word "nimble" let alone used it. Yet, this 9 year old, allegedly neurologically impaired, was using it in a way to describe something that was eating at him, a description that said what he meant, what he lived in a way that no scholarly paper or text book ever could do.

We continued to have an externalized conversation (White & Epston, 1990) about Unnimbleness. Michael readily used his knowledge of electricity to help him explain the ways Unnimbleness worked in his life. He drew a picture of Unnimbleness, revealing a multi-celled, tube-like creature that worked against Michael by "sending shock pulses throughout my brain to keep me from paying attention." From a psychophysiological perspective, I figured he wasn't too far off.

Unnimbleness and The Worst Day Of My Life

During the first few sessions, Michael's mom, Sally, accompanied him. I would consult Sally at times when Michael seemed stuck and as a way to invite multiple perspectives into the conversation.

With Sally's help, Unnimbleness was revealed to be an unwelcome causer-of-problems for Michael and his family. Soon, reports of some intermittent successes in which Michael was able to get the better of Unnimbleness by paying attention, following directions at home, and feeling better connected at school became part of the conversation.

Sally reported that both she and John (her husband, Michael's dad) were becoming adept at spotting the times when Unnimbleness was "being the boss of Michael instead of Michael being the boss of himself." Michael, not pleased with the idea of not being his own boss, was able to generate Determination to "trip up Unnimbleness."

On a dark and snowy afternoon, Michael shuffled into my office, his customary gregariousness noticeably absent. John followed behind. After they both took a seat, Michael looked up and declared that day "the worst day of my life."

I was especially curious about how he got through this day, "the worst day" of his life. I was interested in helping Michael make some meaning out of his struggle and bring to light his story of survival so it could sit next to Unnimbleness' story of trouble-making. I asked him, "How did you get by today, the worst day of your life?"

Michael struggled to identify what he had done to get through the day. I wasn't surprised; problems often coax us into all-or-nothing renditions of success or failure and make it difficult to see anything but what they want us to. I wanted another perspective, one that could go into the "Pro- Michael" column and be used to

demonstrate that his ability to survive “the worst day” of his life was neither accidental nor inconsequential. I asked his dad.

JULIE: John, what do you think it says about Michael that he got through the worst day of his life?

JOHN: Sometimes on the outside he gets kind of jaggedy, but way down deep inside he’s pretty calm and pretty resilient.

JULIE: What makes you say that, what’ve you seen?

JOHN: I’ve seen him get disappointed and very upset but he always manages after some time to put it behind him.

JULIE: John, is there anything you admire about Michael when you see him get through these hard times?

JOHN: The way that Michael can talk about it and not get upset all over again. It’s a very mature thing. I don’t know if when I was 9 years old I could do that.

Calm. Resilient. Puts hard times behind him. Able to talk about it. Mature. John provided a version of Michael that was worthy of a father’s admiration. This version of Michael illuminated an alternative story with a history of its own, giving us a lot to build on. By leveraging the qualities articulated by his dad, Michael came upon some Anti-Unnimbleness prescriptions for himself.

Mom and Michael Talk Back To Unnimbleness

As the heaviness of our Minnesota winter gave way to the possibility of spring, Unnimbleness’ hard grip on Michael and his family also showed signs of easing. Michael reported “being back to my old self, mostly” and spoke of experiencing “the happiest mood” more and more. Sally agreed that she had been witnessing an increase in happiness. Additionally, Sally noted that as the amount of happiness seemed to increase, so did Michael’s ability to be the boss of himself.

Michael came to experience Happiness itself as an antidote to Unnimbleness. Describing it as “kind of like chemistry” Michael noted that Happiness was like a vaccine or antidote because “there’s a lot less room for Unnimbleness” when Happiness was present.

Meanwhile, Sally was reporting some important new developments of her own, ones that could have serious implications for Unnimbleness and its continued presence in their lives.

SALLY: I talked back to Unnimbleness! We were working on homework and I could tell Michael left. I said, ‘is that Unnimbleness?’ and I could get mad at Unnimbleness and I didn’t feel the need to yell like I did before.

Many of my students and supervisees, swept up in the current “strengths-based” Zeitgeist, are quick to offer “atta boys and girls” and “good for you” when cli-

ents report changes that are assumed to be positive. As a narrative therapist, I chose a different route, one that would, as White puts it, “contribute to an appreciation of complexity” (2001, p. 44) and invites meaning making. I explored the significance that they assigned to these events. By doing so, the alternative story gains richness and strength.

Michael’s discovery of the medicinal qualities of Happiness and Sally’s acts of resistance were only two of many encouraging developments that were emerging. I felt myself getting a bit carried away by the promise of a good outcome and I made the mistake of having an idea.

My idea was to encourage Michael to break the secrecy around Unnimbleness by telling some supportive people about his efforts to be his own boss. My idea was sound on two grounds. First, Michael had indicated on more than one occasion that Unnimbleness gained strength by separating him from others. Second, I was committed to resisting what Madsen (2004) has described as the “privatizing” of therapy in order to “protect clients from potential shame” (p. 136). This stance derives from practices that focus on pathology vs. competence and professional responsibility and control vs. collaboration. By aligning myself with the latter, I saw opening up the conversation to a wider audience as an opportunity to honor and support Michael’s efforts and successes.

Despite this solid footing, my idea had a fatal flaw: it was mine. Michael ran from it without looking back. That is until someone else suggested it.

Hearing from Unnimbleness

Interviewing the problem is a narrative practice that is a logical extension of externalization. By interviewing the problem, that is, asking questions directly *of* the problem rather than *about* the problem, we gain access to an entirely different perspective (Roth & Epston, 1996; Zimmerman & Dickerson, 1996).

I invited Michael to “be” Unnimbleness—to think like Unnimbleness, to talk like Unnimbleness, and to want what Unnimbleness wanted. It didn’t take long for Unnimbleness to spill the beans on itself. After a few minutes, I asked this question:

JULIE: What’s your worst nightmare, the thing that Michael could say or do that would make you the weakest?

UNNIMBLENESS: Telling the other kids about how much trouble he’s had. If he tells the absolute secrets about me I’ll have to start from the beginning again. But the good thing is I’ve managed to block off his courage tube so he doesn’t have it to tell.

As these words came out of her son’s mouth, Sally’s jaw dropped. The same idea, rejected by Michael when I suggested it, was now being presented by Unnimbleness itself. As I continued the interview, Unnimbleness implied that it wasn’t

worried about Michael finding the confidence to take a stand against it. I kept pressing:

JULIE: When would you say you'd call it quits 'cuz this kid's too much for you?

UNNIMBLENESS: *No courage.*

JULIE: Has Michael shown you any signs of courage so far that make you even a little bit worried?

UNNIMBLENESS: *No courage.*

JULIE: What are the kinds of things you really hope he doesn't pay attention to because they would help him gain courage?

UNNIMBLENESS: If he plays a more soothing game like a learning game.

JULIE: While we're at it, is there anything else you've stolen besides his courage? What else have you taken without his permission that could help him stand up to you?

Long pause. I accused Unnimbleness of avoiding the question. It confessed that it was dodging this one and then ended the interview by saying: "His hearing. He can't hear the cheering. And let's hope that he doesn't look at the tapes (of the therapy sessions) because it's like a puzzle and he'll find the cure."

A New Story: The Defeat of Unnimbleness

Sally and John organized a lemonade and cookie meeting at their house. They invited staff from Michael's school and me. Michael brought the teachers up to speed on his efforts to manage the impact of Unnimbleness in his life. He showed them his drawings of Unnimbleness and described its tactics. He explained how Unnimbleness itself had revealed its own Achilles heal, thus leading to this gathering. From a postmodern perspective, we were providing an "appreciative audience" to help strengthen Michael's new preferred story (Madsen, 1999).

I met with Michael and Sally a couple of weeks later. Michael was certain that the cookie meeting was the key to his recent freedom-from-Unnimbleness. Not surprisingly, he identified "giving away most of its secrets and making the teachers ready" as the turning point.

As Michael described the changes he was experiencing, I asked him to consider his life as a multi-volumed book. He titled the "old book" *How Unnimbleness Tried to Rule Michael's Life* and dubbed the new volume *The Defeat of Unnimbleness*. He revealed his understanding that Unnimbleness would continue to "strike back" but took heart in his belief that "in the next book it always fails." He likened his struggle with a determined Unnimbleness with that of Harry Potter who always has to be at the ready for the forces of Voldemort to try and do him in. Nylund (in press) has discussed the importance of leveraging popular culture in order to maximize therapeutic opportunity with kids. I asked

Michael if when we first started talking, he ever thought he'd always come out on top and he exclaimed, "No, actually!" He also acknowledged that he liked being the star of his own story.

With Sally, I explored the transitioning identities of Michael and of herself. She saw Michael transitioning from "a victim" to "the boss of himself." When I inquired about her own transformation, Sally talked about how, as Michael's mom, she became "comfortable talking about Unnimbleness and knowing when to let go—Unnimbleness had made me feel it wasn't safe to let go . . ."

We decided that this was the last session. I asked Michael how he would like to document his new status as a courageous boss-of-himself. He wanted a certificate, suitable for framing, on yellow paper. I smiled to myself, thinking, "Huh. I thought yellow was for cowardice." Goes to show you that meaning is in the heart of the beholder.

THE CHILD'S VERSION: MICHAEL'S THOUGHTS

Michael, now 13, readily agreed to join Julie in an iced chai at the neighborhood coffee shop to share his thoughts about his therapy experience. He identified "drawing Unnimbleness" as one of the most helpful things he did in therapy. "It helped me to believe what it looked like and to fight it. I learned to turn the tables on it."

Michael went on to list how he described himself before our conversations about Unnimbleness and how he came to think of himself after. "Before, I felt alone, and disregarded, helpless. I had difficulty concentrating on schoolwork and on what people were saying—I still do. I also felt really lost. After, I was more social. I like being alone but not cut-off. When I feel helpless now, either I'm not being helped or no one wants to help me. I still struggle to concentrate in school. I don't feel lost."

I asked Michael what advice he'd have for therapists. He offered the following: "make sure to tell the kid that they're a friend, not a doctor; use your own way to let them know you can be trusted; tell the kid that they can figure out what they need to do themselves; make the kid feel safe and secure and not in trouble—it's help not punishment."

For parents, he emphasized the importance of "making the kid feel comfortable, not abnormal." Michael also cautioned parents not to "force them to be social or make friends, just suggest it." Michael's message to other kids struggling with an Unnimbleness-type problem was this: "you can be yourself, have friends, do anything you want to without being abnormal if you just put your mind to it."

Michael ended the conversation by adding "this was very good to do—there's probably something I'm overlooking that was useful. It was nice to meet an old friend."

AN OUTSIDE WITNESS: DAVID'S REFLECTIONS

Dave Nylund, a narrative therapist, was invited to read this paper and provide reflections on the story told by Sally, Julie, and Michael. The purpose of this invitation was to provide another perspective and invite further meaning making for clients and therapist alike. Dave's thoughts and questions follow. (See Friedman [1995] for more on reflecting practices.)

For Sally: Sally, I was first struck with the beauty of your writing. You paint such a vivid picture of the struggles that so many parents and families face struggling with so-called Asperger's. Everything that has been written about Asperger's is so clinically distant, heady, and bleak, kind of like a chilly Minnesota winter evening. I end up feeling depressed reading such expert material; it's so disconnected from real people's lived experience. So, thank you Sally for writing such a highly personal, sunny, and rich description of your experience. I think every psychiatrist who treats children with Asperger's should read your piece. Your writing helps counteract the dominance of expert knowledge and lends authority to local knowledge and encourages a more hopeful outlook. I felt hope and inspiration when I read it. Again, your writing is so poetic and enthralling. Here are two questions:

- You mentioned that Michael is "unfailingly courageous." How do you see his courage? In what ways have you nurtured his courage?
- As you look back on this journey, what do you most appreciate about yourself as a mother?

For Julie: I admire you admitting that you were initially not sure about working with Michael since you did not know much about developmental disorders. It would have been easy to have referred them to an "expert." What gave you the courage to go ahead and work with Michael? In hindsight, do you think that not knowing anything about developmental disorders was a blessing rather than a hindrance? How so?

For Michael: Michael, I read that you ordered iced chai at the coffee shop. I have always wanted to try an iced chai but Fear gets me to order my usual, a cappuccino. After reading your thoughts, I became adventurous and ordered an iced chai. It was good! Thanks for inspiring me to find my courage. In terms of adventures, you have had quite a voyage with Unnimbleness. What's it been like to become the boss of yourself? Michael, here are some other questions:

- Why is it important for therapists to tell kids that they are a friend, not a doctor? Are you becoming a better friend to yourself?
- What do you think are Julie's best talents? Is Fairly Nimble in her counseling techniques?

Michael, I have a 10-year-old son, Drake, who is weirdly-abled. Sometimes he feels a bit odd compared to other kids. I will pass your advice on to Drake. Thanks to all of you. I am going to stop here. Drake and I are going to go make some lemonade . . .

CONCLUSION: JULIE'S FINAL THOUGHTS

Sally and John are a lot like me. We're all white. We are 40-something, educated, middle-class professionals. From their house, my office is a pleasant walk (winter notwithstanding) through one of Minneapolis' premiere neighborhoods. We share lots of markers of social location. We differ in a few significant ways. I'm queer, they're not. They have a kid with a so-called disability, I don't. Had I first met them somewhere in this neighborhood we all call our own, we may have become friends and Michael's struggles would have been the stuff of hard conversations friends sometimes share. We didn't meet socially, we met professionally, and had I not resisted the dominant discourse of expertness, our meeting may have ended at the first phone call.

As therapists we face an enormous amount of pressure from psychiatric and professional discourses that encourage us to assume the mantle of expert. These discourses also support medicalized descriptions of individuals and promote reductionistic notions of personhood. Our clients are similarly recruited by the hegemony of psychiatric and professional discourses, as they permeate our culture both implicitly and explicitly. Removing preconceived, expert ideas from the therapeutic conversation creates space for client voices to reach therapists' ears. We're hoping the reader will hear this story in a way that helps them approach so-called Asperger's Disorder with openness and curiosity, thus making room for a proliferation of possible identity conclusions for all involved.

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