SHIFTS HAPPEN: A CONFLUENCE OF INFLUENCE

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Act always so as to increase the number of choices.
—Heinz von Foerster (1984, p. 60)

When Jeff Chang approached me to write a personal reflection article on developments I have experienced and witnessed since the first Therapeutic Conversations conference (TC 1), the first thing I told him was, “I wasn’t there, even though there are many people who will swear I was.” I have never been to Tulsa (though I’ve been to Oklahoma) in spite of the fact that I’ve had several opportunities to visit, and I’ve never attended any other TC gatherings, either. But he and I agreed that I have a somewhat unique perspective on the pioneering work of those involved in TC 1 as well as others tied to postmodern/poststructuralist ideas who have become prominent over the past four decades and whose ideas have matured in the twenty years since TC 1. While others have committed to a particular approach, I continue to work as Herbert Anderson (2003, p. 157) describes as having my “feet planted firmly in midair.” What I have adjusted as I approach my fourth decade of psychotherapy practice are some of my presuppositions about change, the human condition, and therapy. Hopefully, what follows points out loose strings one can pull to understand the threads that run through my thinking and clinical practice.

People and ideas move me; techniques and research do not. Although clever interventions grab my attention, I recognize that techniques alone do not constitute good therapeutic practice. And the trend toward evidence-based practice, although valuable to our field, does not energize me or my therapy. But, even the most scintillating ideas fall short for me if the people promoting them lack integrity or are disingenuous.

I have been moved by the work of many pioneers inside and outside of the field of family therapy, and my list of giants upon whose shoulders I stand is extensive. Many of my giants are not usually included in postmodern (PM) discussions, including Gregory Bateson (Thomas, Waits, & Hartsfield, 2007), Milton Erickson,
Charles Fishman, Heinz von Foerster (Thomas, 2005), William Glasser, Bradford Keeney, Wayne Oates, Virginia Satir, Olga Silverstein, Carl Rogers, John Weakland, and Carl Whitaker. I have written and/or presented with many of my personal giants over the past thirty years, including Michael Durrant, Richard Fisch, Kenneth Gergen, Lynn Hoffman, Bradford Keeney, George Pulliam, and Paul Watzlawick, most of whom would not be included in today’s PM conversations. And I have been significantly impacted by others with whom I have presented or written (both PM and systemic) who are perhaps less well-known, including Anna Beth Benningfield, Duane Bidwell, Shelley Green, Delane Kinney, Bruce Kuehl, Tapio Malinen, Thorana Nelson, Patrick O’Malley, Stella Rodriguez, and Tracy Todd—each an extraordinary professional and human being.

INFLUENCES

TC 1 was an inflection point in the culture of postmodern therapies and probably the first public attempt to say, “Many of us have a lot in common.” The gathering focused on therapy-as-conversation, pulling together collaborative ways of working and the people driving those approaches. The pioneering giants I write about here, some of whom who have departed this world since TC 1, have had a continuous effect on my thinking and practice. The creativity of Michael White (and David Epston) continues to be a source for self-reflection and social action. I love how Bill O’Hanlon and Michele Weiner-Davis have pressed their own ideas forward and blazed their own trails. Karl Tomm’s courage to be critical of psychotherapy’s disempowering practices and promote therapeutic ethics is invigorating. But, the person from TC 1 who has most influenced my work the past 20 years was Steve de Shazer.

Steve de Shazer

I met Steve¹ in New York City at the 1985 American Association for Marriage and Family Therapy (AAMFT) national conference. It was my first time to present at a national conference, a student from Texas Tech University taking in everything possible during my first visit to The Big Apple. I was attending a wine-and-cheese reception at a Manhattan hotel when Steve walked up to me, handed me his Brief Family Therapy Center (BFTC) business card, and sauntered off. I tossed his card aside as he walked away, turned off by his lack of social grace and abrupt manner. Later that evening, I found my professor and mentor Brad Keeney and told him about this eccentric Milwaukee social worker who had attempted to make contact

¹Whenever possible, I refer to people by their first names. The familiarity and informality of most postmodern innovators invites this, a refreshing change from the “Doctor” and “Professor” formality of the academy.
with me and had failed. “Oh, that has to be Steve de Shazer,” he said. “I wrote the introduction to his first book. You’ll need to get and read it when you get back to Texas.” That was endorsement enough for me—I ordered Patterns of Brief Family Therapy (de Shazer, 1982) when I returned, inhaled it within a week, and began my journey with Steve and Insoo Kim Berg that soon led to being captivated by solution-focused brief therapy (SFBT).

Insoo Kim Berg

I met Insoo Kim Berg, Steve’s partner in life and in business, in 1989 at the AAMFT conference. I was enthralled by Insoo, enchanted by her ability to make her approach clear to the audience while creating a warm, welcoming atmosphere. I approached her and asked for her card, telling her about my encounter with Steve a few years earlier. Her laugh said it all—she understood how different she was from Steve when engaging with people.2

Insoo was vulnerable—and tough. She once declined to speak with me for two years when I turned down her offer to write a book together. We picked up where we left off at the European Brief Therapy Association (EBTA) Conference in Salamanca, Spain in the fall of 1998. While other attendees were being chased around a bull ring by feisty yearlings, Insoo, Steve, and I roasted meat on racks over an open fire in an old shelter, plotting next steps for the solution-focused approach. We never spoke of the past—we only spoke about “what’s next?” I did very little talking, and Steve disappeared for a while to do his usual evening walkabout, but Insoo’s dreams revealed the vibrancy of BFTC, her partnership with Steve, and SFBT. It was one of many conversations, but it is prominent in my mind because of the vulnerability she showed me, sharing her imagined futures with someone she had decided to forgive.

My long-term interest in all things Steve and Insoo has brought opportunities to me of which others only dream. My work developing solution-focused supervision (Thomas, 1990, 1996, 2013) has led to speaking engagements in many countries and writing with colleagues I admire. And partly because of my commitment to the SF approach and the respect I have shown to those who developed it, I was chosen by the Solution Focused Brief Therapy Association (SFBTA) as their Archivist, preserving the work and memory of the Brief Family Therapy Center of Milwaukee and its founders. Through the Archives I have access to video, correspondence, photos, and manuscripts few have ever seen, and the more I watch and read the greater the influence of Insoo and Steve in my career, thinking, and practice . . . I owe them more than I could ever repay.

2Section editor’s note: I had a similar experience with Insoo. I first met her a couple months after Steve had critiqued a draft of our original narrative-SFT comparison chapter (Chang & Phillips, 1993). It was black with Steve’s hand-written comments and I was thrilled and honored with the time and effort he had put in. When Insoo and I met, she first exclaimed, “We loved your chapter.” Then she looked concerned that I might be hurt by some of Steve’s disagreement and critique, and said, “Steve likes you, you know. He really does.”
Michael White

I only met Michael a few times. My first encounter with this affable Australian was in Dallas, Texas in 1990, where he and David Epston were presenting a workshop for an agency where I later worked. At the end of the morning presentation, all 100 or so of us broke for lunch. I noticed David had left and Michael was standing alone at the front of the room, looking a bit lost. Since no one seemed to be hosting him at the moment, I introduced myself and asked if I could take him out for lunch, and he graciously accepted. On our way out the door, more than a dozen people spotted us leaving. By the time we left the site parking lot to seek out a restaurant, others spotted me leaving with Michael and at least eight cars followed us to our dining destination! During our drive as leaders of this strange caravan, we discussed our common history—we had both authored chapters in a book on eating disorders a few years before (Keeney et al., 1987; White, 1987). He chose a restaurant at random, and when we parked the others in the caravan exited their vehicles and descended on Michael right there in the lot! Fifteen admirers joined us at a single long table, with Michael regaling everyone with stories from Down Under. I sat quietly, enjoying the questions he was fielding. As we drove back, Michael grinned and said, “Is this the usual Texan response? Stalking?” It was my first glimpse of the rock-star status Michael enjoyed for another 18 years. He seemed to handle his status with dignity, always available and sharing credit with those who contributed to his success.

Michael was unafraid to experiment. He drew ideas largely unknown to the psychotherapy world—anthropology (Evans-Pritchard, 1976; Turner, 1969; Van Gennup, 1969), philosophy and social critique (Derrida, 1978, 1981; Foucault, 1975, 1979), adapting such diverse ideas as metaphors of text (Bruner, 1986, 1990), to social witness (Myerhoff, 1986), to Vygotskian concepts of development (Vygotsky & Kozulin, 1986). Michael’s work was very public—with the exception of Insoo Kim Berg, I believe I have seen more videos of him conducting live therapy sessions than anyone else in our field (Malinen, Cooper, & Thomas, 2011). He also widened the conscience of psychotherapy. His ethic of social responsibility, took narrative practices out of the therapy room into communities that suffered historical trauma (Denborough, 2008).

Harry Goolishian

I got to know Harry Goolishian in the early 1980s. Harry was the consummate example of a generative change agent in the field of psychotherapy. He was a clinician, a theorist, a politician, and a leader. Harry was instrumental in achieving licensure for both psychology and family therapy in Texas, and was honored by being awarded the very first licenses for both professions in the Lone Star State. In addition, Harry initiated a conference format for the Texas Association for Marriage and Family Therapy (TAMFT) that led to its becoming the third largest family
therapy conference in the U.S. during the 1990s. I was fortunate to be tutored by Harry and given the privilege of directing the TAMFT Conference for ten years after Harry retired from the position. During those years, I spent a great deal of time with Harry—I once had to drag him out of the University of Texas bookstore so we would not be late for an important meeting, and we spent hours discussing the theory and practice of therapy. He was influenced by strategic, MRI, and brief traditions well into the 1980s, when he began to formulate postmodern ideas with Harlene Anderson and other colleagues at the Galveston Family Institute (GFI; Anderson, Goolishian, Pulliam, & Winderman, 1986; Anderson, Goolishian, & Winderman, 1986; Goolishian & Winderman, 1988). It is this early GFI spirit I carry forth in my work. Harlene Anderson has built on ideas about collaboration, deconstruction, and the not-knowing stance for the twenty-plus years after Harry passed on, and I admire Harlene’s contributions. The origins of her ideas lay in her collaboration with Harry and the wonderful GFI (later Houston Galveston Institute, or HGI) family, and she has created her own distinct legacy since his death in 1991 with generative projects including the Taos Institute and her unique Collaborative Practices approach.

Tom Andersen

Norwegian psychiatrist Tom Andersen (1991) spent countless hours in collaboration with Harry and Harlene. I enjoyed Tom’s company, sharing stories over two decades in Europe, Mexico, and the US. Partly because of my ancestral roots in Norway and Finland, I instinctively caught Tom’s cautious approach to knowing and was drawn to his respectful ways of introducing differences to clients. Tom’s early metaphors from the discipline of massage led to a sensitivity in my clinical conversations as I sought a balance between too-different and too-similar. Writing with Finnish psychologist Tapio Malinen over the past few years has allowed me to describe some recent sense of wholeness-in-therapy that was influenced by Tom’s inner-outer dialogue ideas (Malinen & Thomas, 2009). My recent work has centered more on being than on doing in therapy, as I attend to more than just language when with clients. Tom’s work has led me to a more-than clinical position—my heart, thoughts, focus, choices, and expression through multiple levels of communication help create a mindful therapy experience. I feel as though my performance is whole—I am enthralled with client stories, open to humbly challenge (what I perceive to be) dishonesty, and slow-to-know (Thomas & Nelson, 2007) in the Andersen tradition.

Michael Durrant (MD)

One notable person, whose contributions to PM thought and practice are sometimes neglected, is Australian Michael Durrant (whom I affectionately call MD—this is how I will refer to him in this paper to avoid confusion with Michael White). I met
MD at the same 1989 San Francisco AAMFT Conference where I met Insoo. He brought a fresh perspective to understanding and working with sexual abuse that I had never heard, a personal blend of many familiar (SFBT and MRI) and less familiar (narrative and competency-based, which was common in his native Australia but fairly new to the US audience) ideas and practices (Durrant & White, 1990). His incisive mind, exceptional humor, and passion for both ideas and clinical applications have flourished through the years, and his unique perspective continues to be influential as he teaches on four continents. I have had the privilege of working closely with MD on many projects—presenting internationally, writing, editing, and promoting our common profession—and we are close friends despite long distances and extended times between reunions. He has always been one who creates but does not brand; that is, his loyalty is to ideas, practices, and colleagues rather than movements, models, or gurus. MD’s expertise in the areas of SFBT, strengths-based approaches, competency-based therapy, the MRI model, and resiliency is unquestioned (Durrant, 1993). His long-term friendships with John Weakland, Brian Cade, Insoo, Steve, and others within the brief and family therapy traditions have inspired and informed him, fueling his creativity. And MD was the editor of the (too-) short-lived journal, *Case Studies in Brief and Family Therapy*, which was perhaps the most useful clinical serial publication ever produced for the practitioner. He is, and remains, a prominent person in my life, thinking, and practice.

**Andrew Turnell**

The most recent influence on my work has come from another Australian, Andrew Turnell (Turnell, Elliott, & Hogg, 2007; Turnell & Essex, 2006). *Signs of Safety* (Turnell & Edwards, 1999) should be required reading for anyone working with family violence and child safety. Andrew’s work takes him around the world six months of each year, and the value of his ideas is undisputed—he is the premiere authority on child safety intervention in Western Australia, and his Signs of Safety approach has been adopted throughout North America and Europe as well. But what has impressed me most about Andrew that his passion for competent clinical work matches his commitment to child and family safety. He is unafraid to criticize less-than-adequate training and shoddy family intervention. He is determined to train interventionists and therapists who put safe outcomes above their own egos, policies, or models of practice, and he is the first to point out when an emperor has no clothes. I admire his tenacity, fervor, and integrity in a time when some mental health approaches seem more committed to abstract principles, branding, and research than actual people. Andrew works with some of the most at-risk populations in the world with humility and skill, and I anticipate our professional and personal relationship will influence me far into the future.

I was a colleague, collaborator, and friend of several of the giants I have mentioned, but I was not a close friend of Tom Andersen, Michael White, Insoo Kim...
Thomas Berg, Harry Goolishian, or Steve de Shazer. We shared conversations, correspondence, conference meals, and social time, but I was once-removed from their most inner circles of close friends and would never claim to have had intimate friendships with them. Others had extended, close relationships that include sharing of secrets, hosting them in their homes, and writing collaboration. But my ties to them, connections I cherish as I celebrate 37 years of psychotherapy practice, enrich me.

THE CONFLUENCE: WHAT I DO/WHO I AM

Ideas only fail when we load them up with more reality than they can bear.
—Jon Amundson (2001, p. 186)

Nearly 30 years ago, my mentor and close friend Bradford Keeney impressed upon me the need to examine my own epistemology (as much as anyone can), appraising how I think, know, decide, and make sense of my daily life. This has been invaluable in my professional and personal growth. It is my hope that I have adopted and adapted the best of my learning and apply it ethically in the therapy room. I don’t force, pry, or take charge; I seek common ground for understanding, experience, and change. Although I cherish my classic systemic family therapy roots, I believe most people who subscribe to these first-generation models have never left the first-order systems mindset. That is, clinicians apply structural, strategic, MRI, and other classic family therapy models as though they—the clinicians—are in control of the change process. To remain the same in the midst of contextual change assumes one can remain apart and not be influenced, a static-self view that, to me, is less-than-human.

Here are a few major tenets I currently hold about therapy, borrowed from these giants, and adapted to fit my own life and context:

Not-Knowing Means Being Unacquainted, Not Ignorant

Not-knowing requires that our understandings, explanations, and interpretations in therapy not be limited by prior experiences or theoretically formed truths, and knowledge . . . the therapist does not “know,” a priori, the intent of any action, but rather must rely on the explanation made by the client. By learning by curiosity, and by taking the client’s story seriously, the therapist joins with the client in a mutual exploration of the client’s understandings and experience. (Anderson & Goolishian, 1992, pp. 28–30)

This quotation exemplifies the best ideas about not-knowing, a philosophical tenet which has been misconstrued and misused by many (Anderson, 2005; Levin & Gabel, 2011). If therapy is a social construction, then the experiences of the client are directly influenced by the person and resources of the particu-

3Small portions of this segment were first published in Thomas (2007) and are used with editor permission.
It is impossible to adopt a true not-knowing position, because the therapist cannot avoid knowing her own experience. . . . Thus, not knowing risks either becoming a form of wishful thinking in which knowing simply sinks into the untold, or of becoming a strategic stance; pretending not to have an idea or a point of view is just a simulation [emphasis in original] of not knowing. (p. 92)

Harry, Harlene, Insoo, and Steve were all given lifetime achievement recognition on the same plenary at the Dallas AAMFT conference in 1991, just three months after TC 1. Harry was absent, ill with the heart disease that took his life less than two weeks later. The plenary delivered by Insoo, Steve, and Harlene, *Creating a Language of Change*, was ground-breaking because it was the first time the concept of not-knowing (from Harlene and Harry) and the miracle question (from Insoo and Steve) were presented together. The adoption of not-knowing was a seminal change for the solution-focused approach, and for me. Up to this point, cybernetics and the Mental Research Institute (MRI) model had formed most of my assumptions about therapy. As a second-order cybernetician, I had already moved from an expert/knowing position to one of mutual influence (Thomas, 2007), but my stance regarding the client’s inherent expertise in his/her own experience had not yet changed. After hearing this plenary, I began to blend a not-knowing stance with solution-focused (SF) approaches because I saw its value, committing myself to bringing the client’s view and experience to the forefront in my clinical work. It is still a daily work-in-progress, but one thing I do know is that the not-knowing stance of Harry Goolishian and Harlene Anderson has had the greatest influence in my clinical work over the past 20 years.

I have found two positions to be helpful as I apply the not-knowing concept: being slow-to-know and appropriate knowing. First, being slow-to-know (Thomas & Nelson, 2007) encourages the expansion of clients’ narrative accounts, allowing thick descriptions to emerge as clients restate positions and recursively respond to me. Because I am driven by curiosity, this slowness is not an act—the clients know I am not mentally slow, but they re-act and re-search with me in hopes of re-creating some meaningful differences from our dialogue together.

Second, appropriate knowing (Gorsuch, 2001) is possible because people join with communities that have shared knowledges. For example, if a client says, “This is how I, a Presbyterian, understand this situation,” a therapist who is also a Presbyterian might say, “Here are other traditional Presbyterian understandings to this situation, all mediated through personal experience but tied to deep tradition” (p. 32). Gorsuch has stated that “a therapist from a similar community or culture might offer alternative perspectives of events experienced by clients when those clients claim their authority from the context” (pp. 32–33).

I cannot know the meaning of the words a person uses, even as we talk together. But once we converse, we will create an imperfect but useful “fit” in our language. I’m more informed with every exchange.
Systems Ideas Are Not New, But They’re Still Relevant

The poet and essayist Wendell Berry has supplied a wonderful set of systemic ideas from his experience as a farmer that I still find useful when I teach, supervise, and practice. Bad solutions, Berry says “. . . cause a ramifying series of new problems, the only limiting criterion being, apparently, that the new problems should arise beyond the purview of the expertise that produced the solution” (1981, p. 140). In contrast, a good solution:

- “accepts given limits, using so far as possible what is at hand;
- accepts . . . the limitation of (the) discipline;
- improves the balances, symmetries, or harmonies within a pattern—it is a qualitative solution—rather than enlarging or complicating some part of a pattern at the expense or in neglect of the rest;
- solves more than one problem, and it does not make new problems;
- will satisfy a whole range of criteria; it will be good in all respects;
- has wide margins, so that the failure of one solution does not imply the impossibility of another;
- always answers the question, How much is enough? . . . in any sort of work there is a point past which more quantity necessarily implies less quality;
- exists only in proof . . . problems must be solved in work and in place . . . by people who will suffer the consequences of their mistakes; and,
- must be in harmony with good character, cultural value, and moral law” (pp. 140–143).

Some postmodern approaches are theory-laden while others (such as SF) eschew theory, claiming to be approaches without grand ideas or narratives. I for one value Berry’s succinct theory of living systems that fits well with my systemic family therapy tradition because I believe it helps me develop a sense of context with each human system I encounter. No matter how many years pass since my early systemic training, I find systems thinking returns to inform what I do within new frames of practice (see Green, 2011).

We Bring Everything We Know—and Are—Into the Therapy Room

People who refuse to acknowledge the contributions of past theories and models to their work frighten me. Nothing we do came from the ether—we all bring our epistemologies, theories, and biases with us into the therapy room (Bertrando, 2000; Thomas et al., 2007). On the other hand, loyalty to a particular model beyond what is reasonable saddens me. I have found the common factors research plus a consistent ethical posture to have greater value than any particular model or approach, no matter how philosophically sophisticated (see Amundson, 2001; Hubble, Duncan, & Miller, 1999; Wampold, 2001). The work of Davis and his colleagues (Blow,
Sprenkle, & Davis, 2007; Davis & Piercy, 2007) is an important contribution to the common factors discussion in the practice of marriage and family therapy (MFT). Their work is convincing: allegiance to models or common factors may fall short, for the therapist’s role in the change process may be the most underrated (and underappreciated) factor in the therapeutic change process. Our confidence and belief in our ways of working with clients does make a difference.

There is no right way to practice a psychotherapy model; even if I were attempting to mimic or replicate an approach, I would fail. Despite all the treatment manualization and training, no one does Emotionally Focused Therapy like Sue Johnson (2003); no one practices Structural Family Therapy like Charles Fishman (1993); and no one can practice SFT like the originators of that model (Miller & de Shazer, 1998). I hear the us/them argument everywhere—people say, “You are either _______ (insert your favorite model) or you are not.” This smacks of fundamentalism, which Stephen Gilligan (1996) describes as any system of thinking that invites one to think, “I am right, therefore you are wrong.” Fundamentalism in any form stifles creativity and dialogue. I’d like to see this totalitarianism be replaced with what I call ethical utilitarianism—doing the best right thing that works for that client and context.

My Current Clinical Assumptions

My ideas do not often undergo drastic change, but at the same time I cannot not be influenced. Documents, therapy, research, teaching, and relationships all impact how I see and experience the world. My most generative times of self-reflection have produced the following clinical assumptions, all of which are open to change:

Motivation is more likely when clients are viewed as competent and when they experience increased agency. I think people are usually doing the best they can. When they come to me, I hold to the belief that they are already motivated and ready for something different until they prove me wrong.

A focus on the possible and changeable is more helpful than a focus on the overwhelming and intractable. The possible and changeable may be evident in each client’s present or future stories. While the past offers a picture dominated by the problem, the future allows for something more malleable. To me, fore-sight is more important than either in-sight or hind-sight.

Therapy is co-created by clients and therapists. The outcome of therapy with a client (or couple, or family) would be different with another therapist—even another therapist who practices an approach that is quite similar to mine. I must respect the responsibility I have been given and earn the trust of those who come to me, recognizing that I do make a difference and I will have an influence in the lives of these people.
The essential positions of the therapist are curiosity and tentativeness (Thomas & Nelson, 2007). When I conduct training with therapists and students, these are the two positions I encourage the most. Because they are so antithetical to most psychotherapy approaches, they are often difficult to grasp and enact; but once engrained, these are marvelous tools supporting what I consider to be respectful and effective work. Following the song by 38 Special, I “just hold on loosely (to my conjectures, ideas, and conclusions), but don’t let . . . go” (Barnes, Carlisi, & Peterik, 1981). I am always open to influence but have clear boundaries on how I will be influenced, a recursive dance I have found most useful.

CONCLUDING THOUGHTS

I am reminded of “the constancy of change and our charge to artfully and ethically contribute to this inevitability” (Malinen et al., 2011, p. 174). What I learn should return to others; what wisdom I glean from others should reappear in my writing, therapy, and close relationships. My current thinking and practice is a perpetual experiment, lasting (so far) about 37 years. I nurture relationships; I believe and draw from the all-important resources of my clients, students, and colleagues. I intervene intentionally, creating a milieu of change that intends to “increase the number of choices” (von Foerster, 1984, p. 60). And, I cultivate hope, as I am hope-full . . . for a more benevolent therapeutic community, for more agency and less hegemony, and more conversation with fewer lectures.

PM approaches have created space for new metaphors, new ways of being with clients, and new interventive practices, but they have also contributed to a broader anthropology of the human-in-context. While second-order cybernetics is still a major part of my epistemology, I know people and their relationships are much more than simple feedback loops. They are also much, much more than brains, chemistry, genetics, language, or unconscious drives. Most PM models create structure and are guided by clear social and conversational rules, but they seem to value the promotion of their ideas without force, honoring others’ voices while enthusiastically advancing their passions and practices. I savor all these influences, taking pleasure in the relationships I have formed with my giants and envisioning a future that is a confluence of the familiar and the not-yet-known. It’s been a wild ride, a river journey whose currents have carried me forward into territories I could never control, chart, or anticipate. But there have been many guides, and for all of them—living and past—I am grateful.

REFERENCES


