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# INTRODUCTION

*Now is the time for social constructionism to link with practice*

McNamee (2003)

*When we meet with an individual we are meeting their networks*

Lang (2004)

*The present is a moment of great innovation and creativity*

Pearce (1995)

For practitioners who use systemic constructionist ideas with individuals, the present is certainly a time of great innovation and creativity. These ideas challenge many long-held ideas about the position of the individual and require both rigour and imagination (Bateson 1981). Those who seek certainty may feel uncomfortable with approaches that invite them to develop new languages and practices. But the remarkable effect on our clients justifies the struggle.

*After less than six months of systemic practice, Andrea, a Greek therapist who had many years' experience of using traditional therapeutic approaches, was astonished when her clients started changing for the better after only two or three conversations.*

Often just one conversation can help a person tell a very different story and subsequently develop more helpful relationships. Even clients with complex difficulties regularly tell us that these conversations help them to live more hopeful lives without needing frequent therapeutic conversations. Systemic therapists normally negotiate the frequency of meetings with clients, not assuming that we will meet every week: although we may work with a client less frequently we may meet over many months or even years. This gives systemic therapy the description 'brief-long' therapy.

At the same time, unlike practitioners who experience ‘heart sink’, ‘burn out’ and the kind of ‘depression’ that can come from working with intractably sad stories, systemic therapists become energised when we observe the positive effects on the people who come to talk to us. This further encourages us to approach clients with fascination, ‘awe and amazement’ (Lang and McAdam 1995). And these ways of thinking, talking, acting and feeling can have a positive impact on therapists’ own stories and lives.

*Andrea was also surprised and delighted to notice that conversations in supervision had ‘liberated’ her from the fear of always ‘getting it wrong’ and had loosened some of her ‘rigid’ self-stories.*

Although at first it may appear inconsistent with systemic therapy to work with individuals, as early as 1983 John Weakland, one of Gregory Bateson’s research team, wrote about doing ‘family therapy with individuals’. And Boscolo and Bertrando (1996) say that whilst developing systemic family therapy two days a week with the Milan Associates, they introduced systemic ideas into their individual work.

My aim in this book is to help practitioners develop the skills, abilities and understanding of systemic constructionist practices well enough to put them into practice. ‘Understanding’ a word or a concept, Wittgenstein (1953) says, means being able to *use it in a context*: we are only able to put something into practice when we really do understand it (nos 146–55).

This book is indebted to the systemic orientation that originated in the early 1970s in Milan with the Milan team (Hoffman 1981; Selvini et al. 1978, 1980) which was developed by Boscolo and Cecchin (known as the ‘post-Milan’ team). The Milan team were influenced by Gregory Bateson’s (1972) groundbreaking ideas about complex interpersonal communication processes. Indeed, Bateson’s ideas have not yet been superseded. It is interesting that Bateson and the later Wittgenstein (whom Pearce (1995) describes as one of social constructionists’ ‘new’ ancestors), concur on the way that ‘mind’ is socially constructed. The Milan team elegantly translated Bateson’s systemic thinking into an inspired set of practices: hypothesising, circularity and neutrality. Cecchin transformed the latter into ‘curiosity’ (1987) then ‘irreverence’ (1992). I explore all these concepts including the crucial ‘positive/logical connotation’ in detail in Chapters 5, 6 and 7.

‘One of the enduring contributions of systemic thinking’ write Dallos and Draper (2000) in their excellent overview of systemic family therapy, ‘has been to offer a view of problems . . . as fundamentally interpersonal’ (p. 23). In systemic thinking relationships are the prime focus since all aspects

of our social lives, such as our ‘personality’, are seen to be co-created through conversations and communication processes with other people. And, since cultural and societal values are translated through the family (or an equivalent) throughout our most impressionable years, these relationships and stories are seen as powerfully influential; and systemic therapists are fascinated by these unique stories. However, often what is a ‘normal’ (albeit complex) transition in a family creates challenges, which can (but need not) have long-term repercussions.

*If, for example, a daughter who has had a close relationship with her father begins to hang out with what he sees as ‘unsuitable’ friends when she reaches adolescence, her father may try to persuade her not to see them. However, she might resent this. Their relationship may become volatile: he might describe her as ‘difficult’; she might describe him as ‘controlling’. The girl’s relationship with her mother may also be affected.*

A systemic therapist would be interested in the *meanings* each person gives for other people’s behaviour and all their interactions: how each person responds to each other person. Asking the client to respond as if the other person is in the room gives the therapist important information about all their positions (even though the client may sometimes only guess at their answers). The therapist sees no one position as definitive (even their own) and the Milan team urged therapists not to ‘fall in love with’ one idea, ‘hypothesis’ or story.

Each person is born into a cluster of ‘stories’ including the political, economic and cultural zeitgeist as well as personal, family and community obligations. And systemic therapists honour all these contexts with the acronym GRRAACCES: gender, race, religion, (differing) abilities, age, culture, colour, class, ethnicity and sexual orientation (Burnham 1992: 24). We take all these issues (and many others) into account in order to understand what affects a person’s unique position in the world.

## Post-Milan therapists embrace constructionism

Boscolo and Cecchin and other ‘post-Milan’ systemic practitioners embraced social constructionist thinking in the early to mid-1980s. Social constructionism arose from an explosion of ideas in communication and social sciences that questioned the possibility of objectivity, knowledge, reason, authority and progress in our social worlds (Gergen 2001: p. 1). Along the way many systemic therapists espoused constructivism, which

sees communication as a cognitive process of knowing (foregrounding perception) (Pearce 1995), whereas constructionists (inspired by Bateson, American pragmatism and the later Wittgenstein) see communication as a social process of creating the world (foregrounding action) (Pearce 1995: p. 98).

There are many different versions of social constructionism says Pearce (1995). Not itself a unified 'theory', with no precise definition, we are still in 'uncharted seas' (p. 89). However, most versions concur with the idea that there is 'no preverbal, objective reality that we can know' (p. 97) and that we co-construct the world through language (verbal and non-verbal). Indeed, we cannot even make truth claims about social constructionism itself, or we fall into the same trap that we are trying to get out of (Lang 2004).

Pearce has devised a model with three axes along which he positions various social constructionist theorists (p. 93). Two 'realist' positions are Harré's and Shotter's: Harré, he says, suggests that we live within an *umwelt* (worldview) 'which contains moral and interpretative as well as physical events and objects, within which our actions within the *umwelt* are real. They affect as well as being affected by the moral and physical ecologies in which they occur' (p. 96). Gergen argues that *everything* is created through discourse: 'once we attempt to articulate what there is we enter the world of discourse' (Gergen 1990: 171). On the other hand Pearce positions himself, Shotter and Cronen as being 'primarily interested in foregrounding the actions (conjoint, unfinished) by which we make things real' (p. 97), what Shotter (1989, 1985, 1993) has described as 'joint action'. Shotter, he says, sees the social world as inherently fluid, meanings are always emergent; words are tools and instruments and have *a use only in a context*.

This is essentially an international oral community says Pearce (1990), drawing on Ong (1982), in which ideas are debated in ongoing conversations, rather than one in which gurus develop their theories alone, which their acolytes follow.

## Language creates reality

'Effective (social constructionist) therapy' say Gergen and Warhus (in Gergen 2001):

may . . . require the use of many speech genres . . . from psychoanalytic, behaviour modification, cognitive . . . (it may) include spiritual discourse . . . the

discourses of romance, New Age, Marxism, Zen Buddhism . . . The skilled therapist in a constructionist mode might be as much at home speaking the language of the street, the locker room, or the nightclub as mastering the nuances of Lacanian analytics.’ (p. 99)

Systemic therapists prefer to ask questions, which invite a client to answer from their own experience and *tell the therapist* about the *client’s* worldview, in preference to making statements or giving interpretations, which *tell the client* what the *practitioner* knows. However, a therapist may decide to make a statement, give an appropriate self-disclosure and even (horror of horrors) give information or advice if this is done within a systemic frame.

But it is not the case that all ‘grammars’ are equally valid. Following Wittgenstein, systemic therapists claim that our language actually *creates* the kinds of people we are and the culture and society in which we live (even if we are not talking within earshot of the client) and ‘rhetorical responsibility’ reminds us of this (McNamee and Gergen 1999). We must become rhetorically sensitive says Pearce (1994) and self-aware. By contrast ‘rhetorically insensitive’ people ‘act “naturally”, not . . . taking into account the situation . . . the way their acts intermesh with those of other people’ (p. 326). If this makes us self-conscious and uncomfortable at times, then so be it. Anderson (1992) condemns the practice of professionals who use respectful language with clients but ‘nasty’ language privately. Some early systemic therapists misunderstood the process of co-creating hypotheses with other therapists and believed that ‘anything goes’. But Lang (2004) says that when he hears therapists using abhorrent language when they are talking about clients, he will stop the conversation immediately.

Throughout the text I have tried to use respectful language. ‘Client’ implies a contractual arrangement, which is appropriate and I use ‘client’, ‘person’ and the plural ‘people’ interchangeably. I use the term ‘therapist’ throughout, although in some contexts a practitioner may be described as a counsellor, a social worker and so on. Sometimes I use the feminine pronoun when referring to a therapist. I describe therapeutic conversations as ‘therapy’, although these may be called ‘counselling’ (or some other term) in some contexts.

The examples I use throughout the text are drawn from conversations with clients; in all cases I have altered all identifying features, or have amalgamated two or more conversations to illustrate an idea. Following Epston and White (1992), these examples are ‘glossed’; they do not represent the ‘disorderly process of therapy – the ups and downs of that adventure that we refer to as therapy. There is a simplicity reflected in these accounts that cannot be found in the work itself’ (p. 110).

## The chapters

Every chapter uses examples from practice to illustrate the ideas, ‘theories’ and concepts.

Chapter 2 is an overview of systemic ideas, specifically Gregory Bateson’s, his influence on the original Milan team and the Milan team’s move towards social constructionism.

Chapter 3 explores systemic social constructionist approaches to emotion and the self. I also look at the effects of ‘position’ and the way that wider economic/political contexts affect a person’s ‘personal’ (identity and family) stories.

In Chapter 4 I explore the concept of ‘context’, which lies at the heart of both systemic and social constructionist approaches and shows that ‘reality’ is always context dependent.

Chapter 5 is the first of three chapters that explore the Milan team’s inter-related concepts ‘hypothesising, circularity and neutrality’. This chapter explores the important stance of ‘neutrality’, which was critiqued and led to various transformations: ‘curiosity’ and ‘irreverence’, which enable us to question our prejudices and taken-for-granted assumptions so that therapists can become more self-reflexive and self–other-reflexive.

Chapter 6 explores the important concept of ‘circularity’, based on Bateson’s work with ‘feedback’ and ‘cybernetics’, which the Milan team transformed into their elegant ‘technique’ of circular (relationship) questioning, which metaphorically includes important other people in the client’s life in our therapeutic conversations.

Chapter 7 describes the process of ‘hypothesising’ or ‘systemic story creation’ to show how therapists can question our own hunches, ideas and theories before, during and after each conversation with a client. Traditionally systemic (family) therapists work in a small team or with a colleague in order to create multiple descriptions, so unaccompanied systemic therapists must find other creative ways to do this.

Chapter 8 shows how working with a person’s future hopes and dreams, taking an appreciative approach and spotting a person’s abilities, rather than their deficiencies can have a powerfully positive effect on the stories clients tell about themselves, their life and their relationships with others. This approach is tremendously energising for client and therapist alike.

Chapter 9 describes how ‘tracking an episode’ (a small piece of action or interaction) with a client can help us connect with various aspects such as a client’s relationships, self-identity and other relevant stories such as culture, gender and so on. When we work with the minutiae of the person’s

story we respect the uniqueness of their story, connect with family and cultural stories (amongst others) and begin to notice aspects that may have been overlooked.

Chapter 10 illustrates some of the ways in which therapists can work ethically with the complex issue of change, to respect the client's wishes, and not have a secret agenda about ways in which we want them to change. I describe the way the work affects our own lives and how therapists' own stories change.

My hope is that you will enjoy reading this book and experimenting with some of these ideas in your practice. More importantly, my dream is that your clients benefit from yet more co-creative therapeutic conversations with you. I look forward to your responses.

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