

Therapy as Social Construction

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FORMS OF PRACTICE

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Reflections on Reflecting with Families

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This book has given me the privilege to re-walk my own tracks over the years in order to describe and understand what might be defined as my professional evolution. My way of describing and understanding has shifted over time. So, the telling of my professional story has to start at the end, namely with what I think today about descriptions, their corresponding understandings, and how I construct them.

What I Think Today

I see life as the moving of myself and my surroundings and the surroundings of those surroundings towards the future. The shifts of life around me come by themselves, not by me. The only thing I can do is to take part in them. To take part is to learn to use the repertoire of understandings and actions that have come from the various experiences I have had over the years. What seems to be most important is to learn what I shall *not do again*. This idea has been stimulated strongly from the exchanges I have had with Harold Goolishian. He says, 'If you know what to do it limits you. If you know more what not to do, then there is an infinity of things that might be done.' How I use my repertoire is related to how I understand the moment of life I take part in, and my understanding is related to how I describe it. What I describe is what I pay attention to and focus on. Life, every moment of it, is so rich and full that it is impossible to pay attention to and focus on everything at the same time. I have to select what to focus on; if I will it or not, from moment to moment. Therefore, I *cannot* describe those parts of life that I *do not* pay attention to and thus *do not* focus on. My descriptions and understandings are formed

in language, and I can only make them according to the language I have in my repertoire. Therefore I can only pay attention to and focus on that for which I have a language to describe and understand.

When life comes to me, it touches my skin, my eyes, my ears, the bulbs of my tongue, the nostrils of my nose. As I am open and sensitive to what I see, hear, feel, taste, and smell I can also notice 'answers' to those touches from myself, as my body, 'from inside,' lets me know in various ways how it thinks about what the outside touches; what should be concentrated on and what not. This state of being open and sensitive to the touches from the 'outside life' and at the same time being open and sensitive to the answers from the 'inside life' is what I prefer to call 'intuition.' At this point in time my intuition seems to be what I rely on the most. In re-walking my professional tracks, my intuition tells me that I shall take part first, and then sit down and think about the taking part; not sit down and think first and thereafter take part. As I am sure that my thinking is with me as I take part, I have felt comfortable following what my intuition has suggested to me.

This might correspond to some ideas which Thomas Kuhn (1970) discusses about theories. He says that all research that defines aims and means within a given paradigm will most often produce 'findings' that support the theory upon which the research was primarily based. Indirectly, Kuhn suggests that one might wait with the applications of theory and let the practice be as free as possible in its search for 'relevant' descriptions and understandings. Thereafter one might discuss these 'findings' (descriptions and understandings) against the background of various existing theories. This might 'challenge' and maybe even expand these theories as well. I have organized this chapter according to such thinking. That means that I will speak from practice first and, thereafter, now and then, stop to discuss and theorize about the described practice. This might also comply with my understanding of certain key ideas that have emerged from the discussion of postmodern philosophy. Baynes et al. (1987) state that theory is itself a narrative. So, if my narrative is told within the framework of my 'old' narrative - as, for instance, a repetition - it loses its freedom.

The Early Years: Family Physician

After finishing medical school in the southern part of Norway (Oslo), I moved to the arctic part of the country to be a country family physician for four years.

Those four years created many questions and concerns. Two became prominent. One was about the social effect of illness. When a person, particularly a child, was sick, I wondered how I could understand all the activities in the sick child's surroundings that the sickness created. I thought psychiatry might be a field that could provide answers, and I entered that field. The second question was about all the aches and pains in the moving parts of patients for which my examinations did not suffice. How could all these be understood? I did not know where the route was to be found. I could only wait until the route one day would come by itself.

Psychiatry gave no answer to the first question. It actually raised new concerns: could there be alternatives to the beliefs that 'mentally ill patients' can be steered into health? Could there be alternatives to separating the 'mentally ill' from their family, friends, jobs, and so forth? (To be hospitalized in north Norway often means to find oneself very far from home.) Could 'patients' be called something other than 'patients'? Could alternatives to standard treatment (namely, being locked behind closed doors, given medication against one's will, behavior modification, and so on) be more coherent with the context of 'patient'-family-friends-job-neighborhood? These were only some of many questions.

Searching for Alternatives

Some of us came together informally in the early 1970s on weekends once a month. We read Minuchin (1974), Haley (1963) and Watzlawick et al. (1974). We tried to apply their techniques. However, we were not very successful in making the kind of changes we envisioned.

I always felt uncomfortable at that time, when we, convinced of having a better understanding of the problems than the families themselves, provided a new and 'smart' understanding of the problem or provided a 'smart' instruction how to handle it.

Watzlawick et al. (1967) turned our attention to Gregory Bateson. We were fortunate, and it was a great relief, to be acquainted with the Milan team's approach (Selvini et al., 1980) through two members of the team, Gianfranco Cecchin and Luigi Boscolo. In addition, Lynn Hoffman and Peggy Penn from the Ackerman Institute in New York helped us elaborate our understanding of Bateson's work (Bateson, 1972, 1978, 1979) in general, and the Milan approach in particular.

The Milan approach consists of a team meeting with the family. A member of the team talks with the family while the rest of the

team follows the conversation from behind a one-way mirror. The person who talks with the family has a preliminary idea of how the problem can be understood, a hypothesis, which guides their interview. During the interview the interviewer leaves the family to join the remainder of the team to discuss possible interpretations that are different from the family's. The interviewer then disconnects with the team and reconnects with the family to give this new understanding. This is called 'the intervention.'

When my various colleagues and I tried to apply the Milan approach, I always felt uncomfortable delivering the intervention to the family. It was always hard to say, 'This is what we see,' or 'This is what we understand,' or 'This is what we want you to do.' Presenting the intervention this way gave me the feeling that we, the therapy team, had a better way to see and understand the problem. We also seemed to be assuming that we had a better proposal for how the family should handle their problem than they had themselves.

In order to avoid these problems we started in the last part of 1984 to say, 'In addition to what you saw we saw this,' or 'In addition to what you understood we understood this,' or 'In addition to what you have tried to do yourself, we wonder if you might try to do this.' It did not take long to realize that we had shifted from an 'either-or' to a 'both-and' stance. I felt greatly relieved to make this shift. It seems that the state of feeling discomfort has been a major contributor to change in my work.

A Major Shift: Reflecting

Aina Skorpen, a mental health nurse I was working with, and I had been discussing a certain idea since late 1981. This idea was connected to our observation of what people often told us when we met them the first time. They would typically say, 'We do not know *what* to do! What shall we do?' In our discussions we began to consider why we left the families during the breaks in the sessions? Why did we hide away our deliberations about the families? Perhaps we should stay with the families and let them see and hear what we did and how we worked with the question? Perhaps, by giving them access to our process, they would more easily find their own answers. At first we did not dare to make our discussions 'public' because we thought that the language we used contained too many 'nasty' words. For example, a team member might say, 'I am glad I am not a member of a family with such a talkative mother!' or 'What is it like to be married to such a stubborn man?' We thought that those words would come into the

open easily if we talked in front of the families. In spite of these fears, everything was brought into the open one day in March 1985. On that particular day, a team² who had followed the conversation from behind the one-way mirror, proposed to those in the therapeutic conversation (a family and an interviewer) that we talk for a while with them listening to us. We said that we could talk about what we had been thinking while we listened to the talk they had just had. My early fears were not fulfilled. The 'nasty' words did not appear, nor did this conversation require any strong effort from us to avoid 'nasty' words. From that day the team was called 'the Reflecting Team.'

When we suggested to the family that we share our ideas, it was natural for us to say, 'Maybe our talk will bring ideas that could be useful for your conversation.' We did not say, 'useful for you,' but 'useful for *your conversation*.' I have since then been thinking of the languages professionals use. I am deliberately saying 'languages' (in the plural) because there will naturally be a 'public' language for conversation with the families present and a 'private' language when the professionals are alone. The 'private' language will easily attract 'nasty' words and also all the 'intellectual,' 'academic,' and 'foreign' words and concepts that professionals often share when they are left alone. I have been wondering how easy is it for professionals to make the shift from 'private' language at one moment to 'public' language at the next? If there are difficulties in distilling the 'public' talk from 'private' elements, how will that effect the conversations with clients?

The open-reflecting-team mode of working tended to move professional language towards daily language. This language contained only words and concepts we could all use in common. This way of relating to the clients comprised more than a shift of language.

Modes of Procedure

In what follows I shall lead the reader towards the practical part of the work, although there will be some mention of the corresponding thinking.

Introducing Not Too Unusual Differences

When I was a GP, questions about patients' aches and pains found answers when I met with physiotherapist Gudrun Øvreberg who introduced me to her teacher Aadel Bülow-Hansen, another physiotherapist. Bülow-Hansen had noticed that patients who are tense tend to flex their bodies towards a 'creeping-together'

position. As they do so they also restrict their breathing. In order to be helpful to them, Bülow-Hansen stimulated them to stretch out and 'open up' their bodies. One way to do so was by inducing pain in the patient. She had noticed that if a muscle, for example, on the back side of the calf, is held with a painful grip, the pain will stimulate the person to stretch the body. When the body stretches, deeper inhalation is stimulated. This deeper inhalation will, in its turn, stimulate more stretching, which, in its turn, stimulates more stretching, and so on, until the chest is filled according to its flexibility. When the air is exhaled, some tension in the body disappears. She noticed, however, that if her grip was too soft, nothing happened to either the stretching or the breathing. If her grip was too rough or her hold was too long, the patient would respond with a deep inhalation but the breathing would stop as the person held the air back without letting it go. If her hand was appropriately painful and her hold appropriately long, there would be an expansion of the breathing without stopping it.

What I learned from Aadel Bulow-Hansen was a variation on Gregory Bateson's famous sentence, 'the elementary unit of information - is a difference that makes a difference' (Bateson 1972-453). Those who do not know what to do, need something

different (unusual), but this something should not be too different (unusual). That applies to *what* we talk with families about and *how* we talk with them and what the *context* of the talking is. How can we know when our contributions are too unusual? The answer is found by noticing the client's way of participating in the conversation. Are there signs in the conversation that tell that it is uncomfortable for the client to take part? Those signs might differ from person to person. We are thereby challenged to be acquainted with and sensitive to those particular signs the various individuals send us. We must rely on our intuition in noticing those signs.

These ideas of not being too unusual correspond well with the ideas of Humberto Maturana and Francisco Varela's perturbations (disturbances) (1987). We need to be 'disturbed' since disturbances keep us alive and make us able to change in correspondence with the shifting world around us. But if the disturbances are too different from what our repertoire is able to integrate, we disintegrate if we include them.

Either-or versus Both-and

After starting the reflecting-team mode of working, spontaneous changes in our procedures occurred. The team behind the screen, which before had talked together when observing the therapy session, became increasingly silent. We understood later that this

Listening in silence helped the team create many more ideas than before. When we previously talked, the team concentrated primarily on only one or a few ideas.

We also developed some rules of procedure. The first was that the team's reflections should be based on and start with something expressed during the conversation, not from another context. We might begin our reflections by saying, 'When I heard . . .,' or 'When I saw . . . I had this idea.' We often started by stating our uncertainty, 'I am not sure but it seemed to me . . .,' or 'I am not sure but I had the feeling . . .,' or 'Maybe you heard something else but I heard . . .'. Then we followed, 'My thinking of that made me wonder . . .,' or 'Thinking of her speaking of this or that I saw . . .,' or 'When I thought of this or that this question came to my mind . . .,' or 'I noticed that they had done this or that, I wonder what would happen if they did . . .'. We placed a strong emphasis on the family's autonomy of choice. The listening families are invited to 'take in' what they like. At present I prefer to say the following just before such reflections start, 'When they [that is, the team] talk, you might listen to them if you want, or think of something else if you want, or just rest, or do whatever you prefer to do.' It seems important to let them know that this is just an offer, and not something they must pay attention to. It is very important to give the listener the possibility of turning away from that with which they feel uncomfortable. It is very important for them to have the ability to say *no*.

A second rule is that the team, when talking 'publicly,' should restrain themselves from giving 'negative' connotations. Nothing is negative in itself; it becomes negative when the listener perceives it as negative. We keep these thoughts in mind when we say what we say. A member of the reflecting team commenting, for example, 'I cannot understand why they did not try this or that,' will most probably be heard as criticizing. Rather, one could say 'I wonder what would happen if they tried this or that?'

The last and third rule concerns the reflecting mode when all – both family and the whole team – are in the same room, which happens when no one-way mirror is available. When the team reflects, they are encouraged to look at one another when they talk and not look at those who listen. This gives the listeners the freedom to *not* listen.

After the team has shared their reflections, the conversation is turned over to the family and the interviewer. The interviewer offers the opportunity for the family to discuss their thoughts as they listen to the team's talk. However, the interviewer does not necessarily press the family if they prefer to keep their thoughts

private. We hope that thoughts will be shared that might be interesting points for new conversations or for finding new descriptions and understandings. Such shifts might happen once or twice during a meeting, perhaps even more often. The way of working that has been outlined so far implies that there are always many versions of a situation, which means that there are many ways to describe it and therefore many ways to understand it. Those who consult us are often equipped with the idea that there is *one* right way to understand a situation and many wrong ones.

The pair of words *either-or* seem to be a heritage from Plato. He and many followers searched for the Truth and the Good. The task was to forge descriptions which were *representations* of that Truth. Those representations, they thought, would give us *knowledge* to *explain* and *predict*. There would be knowledge that was right and knowledge that was wrong. The discussion that has been introduced by postmodern philosophy has questioned the position of *either-or* (Baynes et al., 1987; d'Andrade, 1986). That discussion yields other concepts in addition to those which have dominated thought for a long while, including *mythos* in addition to *truth*, *metaphor* in addition to *concept*, *figurative* in addition to *literal*, *imagination* in addition to *reason*, *rhetoric* in addition to *logic*, and *narrative* in addition to *argument*.

Most of all, these new discussions introduce the idea that we relate to life based on our perceptions, descriptions and understandings of the world. Squarely spoken, we do not relate to life 'itself' but to our understanding of it. This represents a major shift in thinking, and this view is coherent with constructivist thinking (also called second-order cybernetics) which states that we strongly participate in creating our understanding of life (Maturana, 1978; von Foerster, 1984; von Glasersfeld, 1984). These authors also strongly emphasize that there are as many versions of a situation as there are persons to understand it. The reflecting team mode tries to include as many versions as possible. Below are some examples.

The first two questions in the meeting 'How would you like to use this meeting?' This question, which is one of my first questions in a meeting, seems to have become a natural consequence of making the conversations 'public.' It feels more comfortable to avoid fixing any plan about what one should talk about and how one should talk before the session begins. Including those in therapy creates a more equal relationship.

'What is the history of the idea behind this meeting?' This is the second question. The answers to who was the first to have the idea

for a meeting, and how the various participants were touched by the idea also clarifies who is most eager to talk and who is more reserved. Which issues the eager ones want to talk about become the point of immediate focus. The more reserved family members are invited to participate as they feel comfortable.

Talk about this talk We also find it useful to 'talk about how we shall talk.' For example, we explore what are the best circumstances for the talk; at home or in an office? Should there be a reflecting team or not? Who might (indirectly asking who should not) talk with whom about which issue at which point in time? These are only three of many possible procedural questions that are important. The function of this conversation is to provide a context within which the participants feel comfortable.

Talk about past and future talks Anderson et al. (1986) have introduced the useful concepts of a 'problem-creating and problem-dissolving system.' They say that a problem very often attracts many persons who want to contribute to its solution. In order to try to solve it they create their meanings as to how it can be described and understood, and how it can be acted on. When those meanings are *not* too different, the exchange of opinions may create new and useful meanings. If, however, the meanings are too different, the exchanges stop. By asking about previous talks we can learn which ones should not be repeated. By asking the question, 'Who can talk with whom about this issue at this point in time?' we may probably find more useful conversations. Those with appropriately different meanings will, when they talk, often come up with new meanings. Those who hold meanings that are too different will have a hard time talking together and will often rather stick to the meanings they already have, even when these meanings have proved not to be useful. I do not encourage people who have very different views to talk to each other, but rather talk to me since I try hard *not* to have any meanings about their meanings.

Inner and outer conversations The reflecting-team mode offers the various persons present the possibility to shift back and forth between listening and talking about the same issues. These two different positions in relation to the same issues seem to provide two different perspectives, and these two perspectives of the same will most probably create new perspectives. There are infinite ways to organize a conversation so that the shift back and forth between talking and listening can occur. The reflecting-team mode is only

one of many ways. The simplest one is without a team. A professional might talk with one in the group, for a while, often five minutes, sometimes ten, with the others listening to that talk. Then, he or she turns to the others to ask what they had been thinking as they heard the talk. After this talk with 'the others,' one may again turn back to the first speaker and ask what that person was thinking as they heard what the others had been thinking. The best 'name' at present for these shifting talks is *the reflecting process*. This process provides shiftings between 'inner' and 'outer' talk. The idea of 'inner' and 'outer' talk is as old as human history. The reflecting process is only to highlight something we long have had in hand but not yet 'organized' in daily conversations. When I talk with others, I partly talk with the others, partly to myself. Very much of my 'inner' talk is about those ideas taking place in the 'outer' talk that I might 'take in,' and how I eventually might use those ideas.

The Flow of Conversation: Questions and Co-presence

When we enter the scene of a problem it is important to locate the existing meanings and opinions and we do so best by asking questions (Penn, 1982, 1985). Questions also tend to open up a conversation that has stopped. If a professional offers his or her meanings and opinions, this will often provoke already existing meanings to stand even more firmly fixed. The questions which are the safest to ask are those that are strongly connected to what the person one speaks with has just said. I prefer at present to wait with my question(s) until the person I speak with has finished talking and thinking. My question usually focuses on something *my intuition* tells me is significant for the person to continue to talk about. My intuition also helps me find the question I shall ask and how I shall ask it. I boldly refer the reader to what I have written before about such questioning (Andersen, 1991).

While listening to the speaker's answers, I try to develop a sense of co-presence. This kind of listening became central to me as I met with a group from the inner part of Finnmark county. They belong to the Sami people (in English literature often called Lapps) who originally followed their reindeer herds on their migration between the interior in winter and the coast of the Arctic Ocean in summer. In their tradition, the extended family comes to the house of those who have been visited by a harsh destiny, an unexpected death. They often sit quietly without speaking. Those who grieve know that their close ones are there, co-present and available for talking, if needed. Might *that* be the most significant of our contributions: to listen to the quietness of the troubled one's thinking?

Language and the Constitution of Being

Many people carefully search for words to express themselves. They search, at *every moment of time*, for the words that are most meaningful for them. I find myself increasingly engaged in talking with them about the language they use. Often unnoticed shades and nuances in the words emerge through such talk and, very often, this 'nuancing' of their words and language contributes to shifts of the descriptions, understandings, and meanings that the language attempts to clarify.

David E. Leary (1984) says that we use metaphors to construct all our talking:

our vision or understanding - in science and medicine as well as in everyday life - is structured by metaphor. All comprehension, I believe, is based upon a process of comparing the unknown with the known, of aligning the unfamiliar with the familiar, of using categories of understanding from one realm of experience as templates or grids upon which to analyze experience from some other realm. That is what I mean by metaphor and metaphorical thinking. Metaphor in this broad sense is simply the giving to one thing or experience a name or description that belongs by convention to something else, on the grounds of some proposed similarity between the two. According to this definition, which goes back to Aristotle and would be endorsed by most contemporary scholars who study figurative speech and thought, metaphor is logically indistinguishable from trope in general, and thus encompasses analogy, simile, metonymy, and so on, as well as metaphor more narrowly construed. At the same time, such things as fables, parables, allegories, myths, and models - including scientific models - can be understood, through this definition, as extended or sustained metaphors.

From Leary's article, I conclude that we not only construct our talking on metaphors, but also our thinking. Martin Heidegger (1962) and Hans Georg Gadamer (Warnke, 1987) put much emphasis on the use of language as part of that process. And, as I understand, Kenneth J. Gergen (1985, 1989) advocates the view that a person's self-expression through language contributes strongly to the person's being who he or she is. Talking with oneself and/or others is a way of defining oneself. In this sense the language we use makes us who we are in the moment we use it. Those who first put these views into clinical practice were Harlene Anderson and Harold Goolishian (1988).

One might say that the search for new meanings, which often comprises searching for a new language, is a search for us to be *the selves* with which we feel most comfortable. So-called 'therapeutic' talk might be regarded as a form of search; a search for new descriptions, new understandings, new meanings, new

nuances of the words, and ultimately for new definitions of oneself.

This understanding of the meaning of conversation has made it difficult for me to interrupt a person's talking and thinking, since that process of talking and thinking constitutes a search for the new and part of that new is the search for being what the person wants to be.

It is not difficult any more to listen to another's talking even if it takes forty-five minutes before I can say my first word. My meetings with Aadel Bülow-Hansen and Gudrun Øvreberg have also offered a valuable background to think of talking and language alternatively. They say that the phase of exhaling is our expressing ourselves and also our releasing inner tension. Every word and every expressed emotion go by exhaling. Our sad crying, our shouting anger, our whispering fears are all brought by the stream of air that leaves us. That stream of air is produced by the muscles in the abdominal wall and the lower part of our backs. These muscles might make slow and weak or rapid and strong air-streams with correspondingly soft or strong expressions.

Every person has his or her own rhythm and speed, which I must take into consideration when I participate in a conversation. As the stream of air passes the larynx its height or depth of the tone is modulated, and when it passes the oral and nasal cavities the muscles there act on it to make words composed of vowels and consonants. The activities of the muscles of the tongue, the lips, the palate, the jaws, and the nose influence the stream of air variously. The consonants are made by these muscles interfering with the stream. The hard consonants (such as *k*, *p*, and *t*) are made by sudden interruptions as the softer consonants (*m*, *n*, and *l*) are made by softer interruptions. The air-streams making vowels are not interrupted and will therefore float freely. Making the various vowels is achieved by varying the openings of the cavities of mouth and nose.

There is an interesting correspondence between the metaphor and the air-stream and its formation. Some words, when spoken, and consequently heard by the speaker, might immediately influence the abdominal wall's activity either to the softer or the stronger. Thus, if the talking in a conversation is a process where a person searches for being the person he or she wants to be, that search is not only a mental but a physiological search as well. And one might say that talking is a mental (metaphorical) and physiological definition of oneself. One might also say that pain and aches and stiffness in the body are related to obstructing the free flow of air through the body. In other words, they are

connected to persons being in a state of not expressing themselves. With that in mind, it becomes even more important for me to not interrupt a person's talking and thinking. Sometimes as I listen I can hear the small sighs that come when some tension somewhere in the body goes and thereby lets the air go out more easily. The more one listens, and the more one listens with intensity, the more such small sighs can be heard. I was very excited when I learned from Aadel Bülow-Hansen that if there is tension in those muscles of the nose, palate, jaw, tongue, and lips that participate in the making of words there is a corresponding inhibition of the movements of breathing in the abdomen and chest.

The final words allow a metaphor:

The abdominal wall is the organ's bellow, the larynx the shifting organ pipes and the cavities of mouth and nose our cathedrals, our shifting cathedral. Some of the words that come to these cathedrals are sacred, sometimes so sacred that they can not be spoken but only thought.

Closing Words

The open conversations that constitute 'the Reflecting Process' have brought clients and professionals toward more egalitarian relationships. In such a relationship it has become natural to focus primarily on what they have in common; the conversation between them. During the long process that has followed the launching of 'the Reflecting Process' it has emerged that questions are better tools for a professional than meanings and opinions. It has become natural to search for all the immanent but not yet used descriptions and understandings of the defined problems. And in doing so it has become of central interest to focus on the language that is used to describe and understand. The language that a person uses is very personal as it contains carefully selected metaphors. When the words are expressed, the words themselves and all the emotions that are embedded in them are brought to others through the physiological act of breathing. This act of breathing, which is part of the act of creating meaning, is very personal. It sets the air in motion and creates a wind that touches others with its words and emotions.

The listener is not only a receiver of a story but also, by being present, an encouragement to the act of making the story. And that act is the act of constituting one's self.

Notes

1. The exchanges of ideas that I have had the privilege to have with Harold Goolishian and his colleague Harlene Anderson, Galveston Family Institute, Texas, have very strongly influenced my thinking and practice. This chapter would not have had the form and content it ended up with without those exchanges.
2. This was one of two teams, which during the years 1984-88 comprised these members who took part at different periods: Carsten Bjerke, Eivind Eckhoff, Bjørn Z. Ekelund, John Rolf Ellila, Anna Margrete Flåm, Magnus Hald, Torunn Kalsjøl Per Lofnes, Torill Moe, Trygve Nissen, Lorentz Nøse, Tivadar Scösz, Elsa Süberg, Finn Wangberg, and Knut Waterloo.
3. Reflecting refers here to the same meaning as the French word *réflexion* (something heard is taken in, thought over, and the thought is given back) and not the English meaning (replication or mirroring).

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Postmodern Thinking in a Clinical Practice

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What stories can do, I guess, is make things present.

(Tim O'Brien, 1990: 204)

During the past ten years the social sciences have undergone significant changes through the increasing influence and acceptance of postmodern thinking.¹ This thinking challenges many accepted ideas regarding the theory and practice of psychotherapy, particularly family therapy. This chapter discusses some of these challenges, and explores the implications of these transitions for family therapy, both theoretically and practically. Particular focus will be on deconstruction theory and the roles of narrative, text, and reflexivity as they relate to clinical discourse. I will present a narrative view of therapy, proposing that the ways in which clients describe their lives limit them in developing new ideas or approaches regarding their life situations. Psychotherapy is the process of shifting the client's current 'problematic' discourse to another discourse that is more fluid and allows for a broader range of possible interactions. While embracing the narrative view, I will discuss how the text analogy from literary criticism is limited in its application to human systems, and will conclude with a discussion of current work practiced at the Brattleboro Family Institute that exemplifies many of these ideas in clinical practice.²

Postmodern Thinking

Writings on postmodernism frequently focus on ideas regarding text and narrative, with attention to the importance of dialogic/multiple perspectives; self-disclosure, lateral versus hierarchical configurations; and attention to process rather than goals. In addition, such writing is often characterized by the following emphases: the self is conceived not as a reified entity, but as a narrative; text is not something to be interpreted, but, is an evolving process; the individual is considered within a context of social meaning rather than as an intrapsychic entity; and scientific knowledge or what would be considered undeniable 'facts' about the world yields to narrative knowledge with emphasis placed more upon communal

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