

IRREVERENCE: A PSYCHOTHERAPEUTIC STANCE

by

HANLIE VAN ROOYEN

submitted in part fulfilment of the requirements for
the degree of

MASTER OF ARTS IN CLINICAL PSYCHOLOGY

in the

DEPARTMENT OF PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF F J A SNYDERS

JULY 1995

ACKNOWLEDGMENTS

To Ricky, for his (im?)patience and creativity throughout, despite my modus operandi:

And indeed there will be time
 ...
 Time for you and time for me,
 And time yet for a hundred indecisions,
 And for a hundred visions and revisions,
 Before the taking of a toast and tea.
 ...

to Yvonne:

And indeed there will be time
 To wonder, "Do I dare?" and, "Do I dare?"
 Time to turn back and descend the stair,
 With a bald spot in the middle of my hair -
 ...
 Do I dare
 Disturb the universe?
 In a minute there is time
 For decisions and revisions which a minute will reverse.
 ...

to the patients of Sterkfontein Hospital:

And I have known the eyes already, known them all -
 The eyes that fix you in a formulated phrase,
 And when I am formulated, sprawling on a pin,
 When I am pinned and wriggling on the wall,
 Then how should I begin
 To spit out the butt-ends of my days and ways?
 And how should I presume?
 ...

and to my family and friends:

And would it have been worth it, after all,
Would it have been worth while,

...

If one, settling a pillow or throwing off a shawl,
And turning toward the window, should say:

"That is not it at all,
That is not what I meant, at all."

...

(T.S. Eliot, "The love song of J. Alfred Prufrock")

The financial assistance of the Centre for Science Development (HSRC, South Africa) towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at are those of the author and are not necessarily to be attributed to the Centre for Science Development.

CONTENTS

CHAPTER		Page
	Acknowledgments	ii
	Summary	vii
	Stories	1
	Metalogue	8
1	BACKTRACKING, OR THE ARCHAEOLOGY OF IRREVERENCE	11
	Milan and neutrality	11
	Background	11
	The Evolution of Neutrality	11
	Schismogenesis	13
	Cecchin and Curiosity	15
	The "Three Musketeers" and Irreverence	15
	Metalogue	17
2	NEUTRALITY	29
	The Only Way to Go in Milan - in Neutral Gear	29
	Patterns that Connect: Cybernetics and Family Therapy	31
	Back to Milan	32
	Some of the "Pragmatic Effects" of Neutrality	34
	Metalogue	37
3	CURIOSITY	41
	Curiouser and Curiouser	41

	Kermit and Company: Constructivism and "Family Therapy"	42
	Introduction	42
	Constructivism à la Maturana: Some Key Concepts	43
	Implications for Therapy	44
	Applications in Therapy	45
	Back to Curiosity	46
	The Power/Violence Controversy	47
	Power/Violence: Clues to Transcending the Impasse	49
	Dell: Descriptions are not Explanations	49
	Fish: Not Either/Or, But Both/And	50
	Held: Why Argue About Preferences?	51
	Keeney and Bobele: Alternating between Perspectives	52
	Metologue	54
4	IRREVERENCE	60
	Getting a Rev out of Irreverence	60
3	Postmodernism and Psychotherapy	63
	Introduction to Postmodernism	63
	Implications for Therapy	64
	Applications in Therapy	65
	Critical Comments	68
	An Alternative View	71
	Irreverence and Postmodernism	73
	Metologue	75
5	IRREVERENCE AS (DE)CONSTRUCTION IN PRACTICE	79
	Introduction	79
	Constructing an Irreverent Stance	81

Self-reflexivity	81
Orthogonality	84
Flexibility	87
Accountability	89
Practical Illustration of Concepts	90
Sarah's Story	90
Anne's Story	93
REFERENCES	96

SUMMARY

The development of the concept of irreverence is examined in terms of its historical, theoretical and metatheoretical contexts. The underlying assumptions of the concepts of neutrality, curiosity, and irreverence are distinguished and contextualised. Neutrality is discussed with reference to Milan systemic therapy and first- and second-order cybernetics, while curiosity is examined in the light of constructivist and narrative approaches to psychotherapy. It is argued that these two concepts represent two sides of a dualism, which is transcended through irreverence. Irreverence is interpreted as a postmodern stance, involving the questioning and relativising of therapists' basic assumptions. The pragmatic components of an irreverent stance, namely self-reflexivity, orthogonality, flexibility and accountability, are explored with reference to related concepts in the work of other authors. Throughout the text metalogues are used in an attempt to engage reader and author in a collaborative enterprise of acknowledging and reevaluating their own basic assumptions.

KEY TERMS

Irreverence; Neutrality; Curiosity; Milan systemic therapy; Second-order cybernetics; Constructivism; Social constructionism; Postmodernism; Deconstruction; Therapeutic accountability

STORIES

Sarah is a psychotherapist in private practice. She comes from a supportive, wealthy family and has married into another such family. She gave birth to a son (now two months old) at exactly the right time. Life is not completely trouble-free - her husband is often away on business trips - but Sarah feels that the birth of her son has made her life truly meaningful.

Sarah has a new client, a 26-year-old woman who also comes from a supportive, wealthy family, and who is three months pregnant. Joanne, the client, is not married, but Sarah feels that she can really join with her. They have a great deal in common, including their age. Joanne has come for therapy because of problems in her relationship with her boyfriend. He's a cocaine addict, and often beats her up badly. Joanne loves her boyfriend but suspects she should leave him. Sarah explains that if Joanne wants to stay in the relationship, she will have to bring her boyfriend along for couples' therapy, particularly since there's a baby on the way.

At the next session, Joanne says she's decided she wants to get out of the relationship. Her boyfriend has beaten her up yet again, and he found the idea of going for therapy with her quite ludicrous. Joanne finds she can now look at him quite coldly, and no longer feels afraid of making a life for herself alone. Her family, she knows, will support her. She's also decided that she wants an abortion, and has already seen a gynaecologist with this in mind. Her appointment with the psychiatrist, who will assess whether she is psychiatrically fit to keep the baby, is for next week.

Sarah finds she can't join as strongly with Joanne this time. She keeps thinking how well Joanne looks - healthwise, certainly, there's no reason for not keeping the baby. Apart from everything else, an abortion at this late stage simply poses too big a health risk. If Joanne keeps the baby, there won't be any financial problems - her family will definitely see to that. And in a close family like that, emotional support won't be lacking either. An abortion is actually the last thing Joanne should be considering, but Joanne is so excited about her decision that it will be very hard to dissuade her. Sarah considers phoning the psychiatrist to explain her own view of Joanne's situation to him.

Christelle, a schizophrenic patient, is discharged from a mental institution after several months of psychotherapy with Peter. The sessions dealt mainly with her lack of motivation to socialise, to find and keep a job, and to make a life for herself outside the mental institution. Christelle phones Peter after two weeks to express her gratitude. Peter is satisfied that the therapy has been successful: Christelle's relationships with her family are less strained, she is engaging in social interaction, and she has found a reasonably well-paid job. The next day Peter hears from her sister that Christelle committed suicide the previous evening.

Jane, who is eight years old, is making poor progress at school and is prone to outbursts of aggression. Her teacher attributes Jane's problems to an episode of sexual abuse by her father which took place a few months earlier, and she refers her to a psychotherapist for assessment and play therapy. The therapist works and thinks "systemically", so she sees the whole family rather than just the identified patient. After two sessions, the therapist has established that the relationship between Jane's parents is extremely problematic, and she sees them alone for a few sessions. Their relationship improves considerably, and she continues seeing them as a couple. She eventually contacts the school to check on Jane's progress. She ascertains that Jane's school performance has remained far below par, that she has physically assaulted her teacher and some of the other pupils, and that she has destroyed some of the furniture in the classroom. Peers and teachers alike now refer to Jane as "the monster". At the school's insistence, the therapist reluctantly administers an intelligence test, followed by some neuropsychological tests. The results indicate that Jane is severely brain damaged and moderately mentally retarded.

A therapist sees a couple whose marriage is in trouble. The wife is deeply religious, while the husband is an agnostic alcoholic. The wife believes their problems stem from the husband's lack of faith, and he believes their problems stem from her overinvolvement in the church and her nagging. The therapist focuses on the complementarity of their relationship and their interactional pattern. The therapy continues, and so does their fighting. One day they arrive for a session, both smiling broadly. The wife proudly reports that her husband has been converted, God has cured his drinking problem, and their marital problems have dissolved. The husband agrees. They terminate therapy, despite the therapist's misgivings. He makes a follow-up call three months later. Husband and wife both say their relationship is fine, and the husband is still sober.

Nerina, an intern psychologist at a mental institution, has been seeing an elderly patient called Bob for the past two months. He is a chronic schizophrenic, but for as long as she's been seeing him he's been completely apsychoic. Bob hasn't seen a psychiatrist for some time, and he's experiencing severe extrapyramidal side effects from his antipsychotic medication. Nerina asks Dr Moolman, the consulting psychiatrist, to see Bob, hoping that he'll lower the dosage. Before she next sees Bob, Nerina checks his file to see what Dr Moolman's report says. She is astonished to read that Bob told Dr Moolman that he has R6 million in the bank, that he is a medical doctor and a lawyer, and that he can fly. Dr Moolman has, indeed, changed Bob's medication - because Bob is clearly still floridly psychotic.

Nerina confronts Bob. What is all this nonsense he's been telling Dr Moolman? Bob is amused. He says of course those three statements were nonsensical. Gleefully, he informs Nerina that he's obviously made Dr Moolman look like a fool since only a fool could have taken him seriously enough to write that nonsense up in his file. Nerina is exasperated, and

says crossly that the only person who's been made a fool of is Bob himself, because now he'll probably have to wait another two months before the hospital will discharge him. Bob shrugs. He doesn't think they would have discharged him soon anyway, and in the meantime Dr Moolman *has* changed his medication - which is what both he and Nerina wanted, not so?

Big Man is a schizophrenic with a record of violent assault of staff and patients alike. Big Man is angry. He is screaming at Jonathan, his therapist. Jonathan is a young intern psychologist. Big Man wants to be seen at the next ward round so that he can be considered for weekend leave. He towers over Jonathan.

"I am the Lord God Almighty," he screams. "I created the earth. I created this hospital. I am your Father. Those people out there, all of them are My children. I, the Lord God your Father, I have never been mentally ill. You put me on that ward round. I'll strike the whole country with lightning if I'm not on the ward round. I'll ... "

Jonathan has had a trying week. He loses his temper and shouts back.

"If you're going to talk that kind of rubbish there's no way anyone's going to see you for longer than two seconds. Nobody's going to give you leave to go anywhere."

Big Man takes a deep breath. He looks even taller. He steps towards Jonathan.

"I'm telling you, man, I'M GOD. And ..."

Jonathan is feeling shocked at himself. What has happened to him? Where is his warmth, his empathy? But he's still feeling frustrated with Big Man, and now he's messed up the therapeutic relationship anyway, so he shouts again.

"For God's sake, Big Man!"

Big Man sighs. He looks at his feet. "So I mustn't tell them Who I Am? So what must I say then?"

"You bloody well know what you've got to say!" Jonathan storms off, furious with himself, without waiting for Big Man's response.

The next day, Big Man is presented at the ward round. He says he's mentally ill, he's much better now, the medication is working and he's being well treated. He gets his leave.

A man is admitted to a mental institution. He is diagnosed as being in the throes of a manic episode with psychotic features, and he behaves extremely aggressively towards the experienced registrar who clerks him. The registrar finally abandons her task and leaves, hastily and in tears. The man starts acting out his verbal threats of physical violence. He almost neuters a male psychiatrist with a well-aimed kick, and brandishes a heavy chair above his head, so that eight male nurses are unable to get close enough to sedate him. No amount of reasoning, threatening, cajoling or bribing can induce him to relinquish either the chair or his corner.

While the ward team gathers in another room to consider alternative methods of subduing the patient, a social worker who is completely unaware of the whole debacle comes in to make a phone call. She and the patient recognise each other from a previous hospitalisation. They exchange greetings, she comments on the fact that he's gained weight since she last saw him, and they start talking about how difficult it is to get sufficient exercise while one is working full-time. By the time the nursing staff return, with reinforcements, the two of them are sitting at the desk, chatting amiably.

Koos is referred to a community psychiatric clinic for psychotherapy by a GP. The referral note states that Koos has massive frontal lobe damage sustained in a car accident a year ago. He is severely depressed and suicidal. He has uncontrollable rage outbursts, is unemployed and unlikely to find any employment in future as a result of gross psychomotor spasms which cause his arms and legs to periodically twitch and flap wildly. He has always been the sole breadwinner, and his wife and two children have no other source of income. He refers to himself as "die gemors". Neuropsychological testing by Anne, the therapist, confirms that the frontal damage is extensive, and that Koos may also have some temporal lobe impairment.

Anne knows very little about neuropsychological rehabilitation, so she refers Koos to a neuropsychological rehabilitation centre. He returns: he cannot afford the treatment. Anne suggests family therapy. She may, at least, be able to help them adjust to Koos's impairment. They come to one session and no more. Marie, Koos's wife, is busy job-hunting and the entire family agrees that the main problem is Koos's brain damage, which has destroyed their secure existence. Anne is stuck. She studies neuropsychological textbooks and comes up with practical interventions, which Koos forgets as soon as he leaves. They explore Koos's ideas about the meaning of life in general, the meaning of his own life, the implications of his brain damage, his relationships with his family of origin, and his intense frustration at his inability to control the flapping of his arms and legs. Koos dutifully arrives every week, but nothing changes. Anne realises that the therapy is a failure and decides to start terminating.

At about this time, Anne discovers 3D pictures, which have just become the rage. She becomes fascinated with them, and buys dozens of 3D postcards. She carries four or five in her handbag wherever she goes and entertains herself with them whenever she has a free moment.

When Koos arrives for the next session, Anne tells him that she feels stuck: nothing seems to have worked, and she actually agrees with Koos that it's futile to try and help him inject meaning into a life that was essentially destroyed along with his brain cells. In turn, Koos admits that

he's bored with life and with therapy. Yet therapist and client like each other, and Koos requests another session simply because there's an appointment available and he has nothing better to do. Impulsively, Anne proposes an antidote to boredom (one that has worked for herself, at any rate) for the empty week that lies ahead for Koos. She lends him some 3D postcards, and shows him how to change focus until the picture emerges.

At the next session Koos says he sat staring at the postcards all week and didn't manage to see a single 3D image. This is finally a challenge Anne *can* deal with. Of course, it has nothing at all to do with therapy, but after all, they've virtually terminated. Anne and Koos hold the cards this way and that way, Koos rubs his eyes, squints, and at last - aha! Koos sees the picture. For the first time since the beginning of therapy Koos becomes enthusiastic, and she notices that Koos's body becomes motionless while he's concentrating on the postcards. Another session is arranged, and Koos spends another week staring unsuccessfully at 3D postcards. And again, he comes for his session and sees the images under Anne's guidance.

The next session is arranged for 3 weeks later, after Anne's annual holiday, and Koos leaves clutching a handful of 3D postcards, grimly determined to see the images on his own, at home.

When Anne returns, Koos is exultant. He saw all the images in his homework postcards, plus some 3D pictures he found in his wife's magazines. Over the next three sessions, Koos reports that he has taught his children how to see the images as well, his wife has started a job which entitles her to a housing subsidy, he is far less aware of his flapping arms and legs, his brother has lent them some money, and he will be supervising the construction of their house on the site they have bought. Their garage will be big enough to contain a workshop for him that will serve as a basis from which he can work as a handyman.

METALOGUE

Reader: I'm afraid I don't understand. Why do you start with this haphazard collection of apocryphal anecdotes?

Author: Why not?

Reader: It's not scientific. Apart from anything else, you haven't acknowledged your sources, so how do we know you haven't just made up all those anecdotes?

Author: I haven't - but if I had, would there be anything wrong with that?

Reader: Of course. A dissertation is supposed to document scientific research, and so I need proof that the information you provide is factual, reality-based data.

Author: Well, okay. If a reference to a source will provide sufficient "proof", then you're welcome to consult Cecchin, Lane and Ray (1992) for similar "anecdotes".

Reader: Why didn't you use their case studies in the first place, if you thought case studies were necessary?

Author: What if I believe that "facts" are only "opinions" (Hoffman, 1990a, p. 4)? That "reality" is simply another word for "our descriptions of events, people, ideas, feelings, and experiences" (Sluzki, 1992, p. 219), and that case studies are "faction" (Epston, White, & Murray, 1992, p. 101) or "forms of cultural mythology" (Gergen & Kaye, 1992, p. 174) - basically anecdotes that are selected, edited and presented so as to bring across particular points of view (Efran & Clarfield, 1992; Golann, 1987)?

Reader: (Pauses.) All right, if that is so - and to my mind it's highly debatable - what point or points are *you* trying to make?

Author: We'll have to discover that - or invent it - in the course of our conversation (Anderson & Goolishian, 1988). Both of us seem to be curious, at any rate, and maybe our curiosity will lead us in unpredictable directions (Anderson & Goolishian, 1988; Cecchin, 1987). I think it will.

Reader: That reminds me of my second objection. Lack of structure. Where's your introduction? To quote the American Psychological Association (1984), you're "expected to demonstrate familiarity with the literature" (p. 190) on the subject in your introduction.

Author: Saturated as I am at Master's level with psychological literature - or to resort to "epistobabble" (Coyne, cited in Efran & Clarfield, 1992, p. 200), since my ontogeny includes a prolonged structural coupling (Maturana & Varela, 1992) with the medium of academic psychology - is it possible for me to provide anecdotes involving therapists *without* demonstrating what I have learnt? After all, "everything said is said from a tradition" (Varela, cited in Efran & Clarfield, 1992, p. 212).

Reader: You're answering my questions with questions. How do I know that you're not just too lazy to organise your thoughts properly? Besides, I'm getting impatient. When are you going to start dealing with the topic of this dissertation? "Irreverence", or something?

Author: If you've made up your mind that I'm using this format because I'm lazy, whatever I do is unlikely to persuade you otherwise. In fact, you'll probably become more convinced of this as you carry on reading, since you'll tend to notice whatever confirms this basic assumption of yours, and ignore information to the contrary (Furman & Ahola, 1988b). That's what *I* am assuming, at any rate.

Reader: You haven't answered my second question.

Author: About irreverence? I thought we'd been dealing with that all along. Haven't we?

Reader: Now I *am* confused.

Author: So am I.

Reader: You're the one who's in trouble. Aren't you supposed to know exactly what you're doing, where you're heading with this?

Author: I suppose I ought to be, certainly in terms of the APA's guidelines (American Psychological Association, 1984). But how can I be, if I'm in a conversation with you (Efran, Lukens, & Lukens, 1988; Kenny, 1989)?

Reader: Look, you've lost me there. If *you're* not even certain of the purpose of our interaction, I doubt whether I'll ever figure out what's going on.

Author: The purpose of our interaction - well, I believe that's to explore irreverence. So perhaps we've achieved something together already. Uncertainty is fundamental to irreverence - yet so is certainty, even if it is only temporary certainty (Cecchin, Lane, & Ray, 1993, 1994).

Reader: (Groans.)

Author: I thought we could explore irreverence together in this way, but now we seem to be stuck. So let's backtrack and look at this concept from another angle - perhaps it will be useful to look at the literature after all.

Reader: You mean we're starting all over again?

Author: No, I think we're making progress.

CHAPTER 1

BACKTRACKING, OR THE ARCHAEOLOGY OF IRREVERENCE

Milan and neutrality

Background

In 1978 a group of four Italian psychoanalytically-trained psychiatrists published a book, *Paradox and Counterparadox* (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1978), that was to have a tremendous impact on the field of family therapy for more than a decade afterwards (Treacher, 1988). The four authors of this book, who worked as a team at the *Centro per lo Studio della Famiglia* in Milan, subsequently became known as the Milan team or group, and their approach to family therapy as the Milan approach (Burbatti & Formenti, 1988) or the Milan systemic approach (Tomm, 1984). This book, their first, described their ideas about the work they had done since 1972 with families that had anorexic or schizophrenic members (Jones, 1993; Selvini, 1988; Tomm, 1984).

During this phase the Milan team's conceptualisation of family dynamics and therapy constituted an adaptation of the ideas of Jay Haley (1964) and the strategic Palo Alto school of Paul Watzlawick and his associates (e.g. Watzlawick, Beavin, & Jackson, 1967). The team described families as predominantly homeostatic and saw the work of the therapist as breaking pathological interactional patterns by means of a therapeutic double bind (the "counterparadox") (Marchetti, 1993; Tomm, 1984). However, their method of working together as a team was entirely novel (Jones, 1993): among other things, interviews were always conducted by one male and one female therapist, while the other two members of the team (again one male, one female) observed the interview from behind a one-way mirror (Hoffman, 1981; Selvini, 1988).

The Evolution of Neutrality

Around 1975, when the original Italian version of the book was published, the Milan group became fascinated with the work of Gregory Bateson (Golann, 1988; Tomm, 1984). Under his (Bateson, 1972)

influence they gradually shifted from a communicational model of family dynamics to a cybernetic one (Selvini, 1988), and they began to pay more attention to epistemological considerations and to the relationship between meaning and context (Tomm, 1984). Meanwhile, readers of *Paradox and Counterparadox* pressurised the Milan team for more information about how they actually conducted their interviews and arrived at their interventions (Selvini Palazzoli et al., 1980). Luigi Boscolo and Gianfranco Cecchin, who had started training other therapists in 1977 (Hoffman, 1981), were confronted with the same demand by their students, who were consistently more interested in understanding the therapists' behaviour than that of the families (Cecchin, 1992; Tomm, 1984).

The Milan group responded to this demand by publishing an article (Selvini Palazzoli et al., 1980) in which they set out the three "fundamental principles" that guided their work as therapists at the time: "hypothesizing", "circularity" and "neutrality". This seminal article, largely based on cybernetic concepts, met with widespread acclaim, and was described as representing the beginnings of a "second order cybernetic perspective of the therapeutic process" (Tomm, 1984, p. 116). However, one of these principles or concepts sparked tremendous controversy - that of *neutrality* (Bogdan, 1982; Campbell, Draper, & Huffington, 1989; Coleman, 1987; Efran & Clarfield, 1992; Hoffman, 1990a; Jones, 1993; Minuchin, 1991; Simon, 1987a; Treacher, 1988).

Neutrality was explicitly defined as the "specific pragmatic effect that [the therapist's] ... behavior during the session exerts on the family (and not his [*sic*] intrapsychic disposition)" (Selvini Palazzoli et al., 1980, p. 11). It was further explained that neutrality was achieved when the therapist continuously shifted alliances from one member of the family to the next in the course of a session, without excluding or favouring anyone, so as to avoid making moral judgments about or entering into coalitions with family members (Selvini Palazzoli et al., 1980).

Schismogenesis

Shortly before the publication of this article (Selvini Palazzoli et al., 1980) the Milan team began to drift apart, until it separated into two groups: Mara Selvini Palazzoli and Giuliana Prata in the one, and Boscolo and Cecchin in the other (Boscolo & Bertrando, 1993; Hoffman, 1981). On one level, the split could be attributed simply to practical considerations: Selvini Palazzoli and Prata wanted to continue doing research, while Boscolo and Cecchin wanted to concentrate on their training institute (Boscolo, Cecchin, Hoffman, & Penn, 1987; Marchetti, 1993).

On another level, Jones (1988; see also Dell, 1989) ascribes the split to "profound differences in relation to concepts of neutrality, power and the therapist's membership of the system under observation" (p. 327). With hindsight, one may find (construct?) some clues about these differences in the team's last article (Selvini Palazzoli et al., 1980) itself. On the one hand, it states that the three principles are set out with a view to developing "precise methodologies that would serve as a sort of detailed guide to the therapist who ventures into the labyrinth of the family session" (p. 4), which suggests a reductionist emphasis (Simon, 1987b). On the other hand, the question is raised in the conclusion whether the interviewing technique (e.g. circular questioning) in itself may be sufficient to "produce change" (Selvini Palazzoli et al., 1980, p. 12) in the family, which suggests a move away from the view that the purpose of the interview is simply for the therapist to gather information so as to arrive at the best hypothesis and hence intervention.

After the team split up, Selvini Palazzoli - assisted by Prata until 1985, and subsequently by a new team - continued to focus on research with a view to mapping the family "labyrinth", by using a single "invariant prescription" as an intervention with all families (Jones, 1988; Tomm, 1984). The work of this new team, as reflected in the book *Family Games* (Selvini Palazzoli, Cirillo, Selvini, & Sorrentino, 1989), has been described as a return to a structural model and/or strategic approach (DiNicola, 1990; Jones, 1988), and to a more adversarial therapeutic stance (Hoffman, 1990b; Simon, 1987a). In terms of the categories of

interventive interviewing styles set out by Tomm (1988), Selvini Palazzoli's subsequent interviewing style as reported by Simon (1987a) certainly seemed to be strategic, which, according to Tomm (1988), suggests that she tended to make use of linear rather than circular assumptions. As far as Prata's work since 1985 is concerned, she remained essentially faithful to the conceptualisations and practice of the original team (Jones, 1988).

Cecchin and Boscolo (who now called themselves the Milan associates) travelled further along their path of training and consultation, which took them all over the world (Boscolo & Bertrando, 1993; Golann, 1988). Through their personal contact with constructivists such as Humberto Maturana (1975, 1978; Maturana & Varela, 1992), their emphasis continued to shift towards the observing system (the therapist or consultant) rather than the observed system (the family or client system) (Jones, 1993). Thus they began to focus more on the "behavior, ideas, theories and personal assumptions" (Boscolo & Bertrando, 1993, p. 89) of the therapist, and their coherence with those of the clients (Hoffman, 1990b). While Selvini Palazzoli was researching the impact of a single intervention on a large number of families, Boscolo and Cecchin conducted research into the impact of circular questioning only, without interventions, which they found to be highly effective (Cecchin et al., 1992). Their own work also became more and more flexible in respect of the methods used, the number of sessions, and the intervals between sessions, among other things (Hoffman, 1990b; Jones, 1988).

Since about 1988, Boscolo and Cecchin appear to have diversified as individuals as well, no longer mainly working together. Boscolo has, for example, been working with Paolo Bertrando, exploring the concept of time (an interest that was already apparent in 1987 - see Boscolo et al., 1987), as a lens (Boscolo & Bertrando, 1993) through which human relationships may be examined. Interestingly enough, Boscolo also made considerable use of psychoanalytical concepts in his discussion of some of the cases presented in this work (Boscolo & Bertrando, 1993), which suggests that he, like Selvini Palazzoli, may in some way be rediscovering earlier conceptualisations of therapy.

Cecchin and Curiosity

But let us turn time back for a moment: in 1987 Cecchin posited an alternative concept to the much-maligned "neutrality" - that of *curiosity* (Jones, 1993). Although he acknowledged the negative connotations attached to the concept of neutrality by many therapists, Cecchin (1987) did not reject this concept outright; instead, he undertook a "linguistic revision of... [its] meaning", redefining it as "the creation of a state of curiosity in the mind of a therapist" (p. 406). Cecchin explained that the type of curiosity he was referring to was not the kind that pursues "true" or "correct" explanations, but instead respectfully encourages diversity and complexity in descriptions and explanations of interaction. Curiosity enabled therapist and family to generate and explore as many alternative views as possible, and this in itself was considered to be sufficient to bring about change.

The concept of curiosity was taken up or echoed by a large number of authors in the family therapy field (Campbell et al., 1989; Wilkinson, 1992), particularly by those espousing a constructivist or constructionist orientation, such as Anderson and Goolishian (1988, 1992) (who introduced the term "multi-partiality" as another substitute for neutrality), Furman and Ahola (1988a), Lane and Russell (1987), and Stewart, Valentine, and Amundson (1991; Amundson, Stewart, & Valentine, 1993). However, acceptance of the concept was by no means unanimous, and it attracted particularly severe criticism from feminists such as Goldner (1988), MacKinnon and Miller (1987), and James (James & MacKinnon, 1990), as well as from authors who were concerned about family violence and child abuse (Campbell et al., 1989; Golann, 1988; Minuchin, 1991; Willbach, 1989).

The "Three Musketeers" and Irreverence

Around 1990, Cecchin (cited in Cecchin et al., 1993) introduced the idea of *irreverence* at a conference in Atlanta, Georgia. This attracted the interest of both Gerry Lane, a private practitioner and director of family therapy at a hospital in Atlanta, and Wendel Ray, an associate professor of

marriage and family therapy at Northeast Louisiana University in Monroe (Cecchin et al., 1992). In the course of the next two years these three therapists (dubbed the "Three Musketeers of family therapy" by Keeney, 1994, p. xv) from diverse backgrounds collaborated to refine this concept. To date, their discussions have culminated in three publications: their books *Irreverence: A Strategy for Therapists' Survival* (Cecchin et al., 1992) and *The Cybernetics of Prejudices in the Practice of Psychotherapy* (Cecchin et al., 1994), and an article entitled "From Strategizing to Nonintervention: Toward Irreverence in Systemic Practice" (Cecchin et al., 1993).

Cecchin et al. (1992) explained that they arrived at this "survival strategy" through sheer frustration: since every single theoretical or pragmatic choice a therapist made (e.g. to use so-called paradoxical strategies, or to refrain from actively intervening) could be demonstrated to be manipulative, inappropriate or irresponsible, depending on the perspective of the critic, they were constantly in doubt about their own views, beliefs and assumptions. Finally they "experienced a creative leap in learning" (Cecchin et al., 1992, p. 5), which they likened to Bateson's (1972) *Learning III*: they learnt to experience doubt as an asset rather than a handicap. Irreverence, then, is a stance that enables one "never to become completely seduced by one model or another" (Cecchin et al., 1992, p. 7); the "irreverent therapist seeks never to feel the necessity to obey a particular theory, the rules of the client, or the referral system" (pp. 7-8). Consequently, irreverence entails being "slightly subversive against *any* reified 'truth'" (Cecchin et al., 1993, p. 129).

These definitions suggest that irreverence is simply a synonym for eclecticism. Yet Cecchin et al. (1993) take care to point out that the two concepts are not identical, since irreverent therapists "can believe strongly in a model, or an idea, or hypothesis, while being free to discard it when it is no longer useful" (p. 131). This is a fundamental aspect of irreverence: the therapist's tendency to shift from one position of "temporary certainty" (p. 131) to another. Moreover, irreverence entails an acute awareness of the potential pragmatic consequences of one's opinions and actions, and the assumption of responsibility for both.

METALOGUE

Reader: Well, at least that looked more or less like something that could form part of a dissertation. I was beginning to get worried.

Author: (Humbly) I'm glad you're impressed.

Reader: I didn't say I was *impressed*. Not at all. In fact, in terms of "economy of expression" (American Psychological Association, 1984, p. 33) you're failing miserably: it took you more than five pages to say what Campbell and Draper (1992, p. viii) expressed in 22 words: "We see 'irreverence' as a development of the concept of 'curiosity' which was a development of the concept of 'neutrality' before that." Was all that waffling really necessary?

Author: Necessary? If you see it as "waffling", then obviously it wasn't - from your perspective at any rate... It represents my own way of making sense of the development of the concept of irreverence; I can't prove that my inclusion of certain "facts" and my omission of others were "correct" (Efran et al., 1988). I can't even conclusively explain precisely why I made those decisions, since such an explanation would be an arbitrary attribution of purpose rather than a revelation of the "truth" (Efran & Lukens, 1985). Yet I have to take responsibility for my decisions and biases (Efran & Lukens, 1985). I think we should examine the text together and look between the lines for my underlying assumptions. Would you be satisfied with that?

Reader: Alright, I suppose so; for the time being, anyway. You don't really give me any other choice. Why did you start with the publication of *Paradox and Counterparadox* (Selvini Palazzoli et al., 1978), and not simply with the "Hypothesizing - Circularity - Neutrality" article (Selvini Palazzoli et al., 1980), for instance?

Author: No, I didn't start with *Paradox*; I started with the date, 1978 - or 1972, actually - and with the statement that the Milan group was Italian and psychoanalytically trained.

Reader: So?

Author: So that points to my tendency to try to contextualise events (Efran et al., 1988). To me this date marks the beginning of the time frame in which these concepts developed, the other end of the "arc" (Penn, 1982) being 1994, when Cecchin et al.'s latest book was published. So what I'm actually saying is that these concepts didn't evolve overnight, in a vacuum, but in the course of two decades.

Reader: And in Italy.

Author: Yes, the story begins in Italy. I think that's significant, because it's the same Italy and the same period in which Maurizio Andolfi and his colleagues (Andolfi, Angelo, Menghi, & Nicolò-Corigliano, 1983) were also doing therapy with families who had members diagnosed as psychotic (albeit in Rome, not Milan). And at that time Italy was at the height of the anti-institutionalisation movement, which put considerable pressure on members of the helping professions to get "psychotic patients" back into the community, back to their families (Marchetti, 1993; Selvini Palazzoli et al., 1980).

Reader: So?

Author: So I'm interested in the fit or coherence (Dell, 1982) between therapists and their approaches. I believe therapists develop therapeutic models and approaches that fit with their own interactional styles, resources and beliefs (Keeney, 1990a, 1990b; Nichols, 1987; Sluzki, 1992). These two groups of family therapists started their therapeutic schools in response to similar pressures, in the same country, in the same period, in similar contexts, by applying concepts from the same literature (Andolfi et al., 1983; Tomm, 1984). But they conceptualised and implemented their work quite differently (Bianciardi & Galliano, 1987; Nichols, 1987) right from the start.

Reader: So why didn't you say so?

Author: I thought you were complaining because I was being too long-winded or "circumstantial" (Kaplan & Sadock, 1990, p. 16) already! What happened to "economy of expression" (American Psychological Association, 1984, p. 33) then?

Reader: Hmmm. Of course, now I could accuse you of being "tangential" (Kaplan & Sadock, 1990, p. 40), because you haven't answered my first question yet. Why start with *Paradox*?

Author: Diagnose as, not accuse of. The "rules" say that if you want to use psychiatric jargon, you have to believe that you're being objective (Kaplan & Sadock, 1990), so loaded words like "accuse" are out. The rules also say you have to attribute your own feelings to the "diagnosee", so if you don't want to be disqualified as being "subjective" it's best to mask anything you might be feeling by sticking to clinical terms...

Reader: (Glares threateningly.)

Author: Okay, okay. We've already looked at one factor, the time frame. But no, that time frame doesn't exist independently of my operations of distinction (Maturana & Varela, 1992) - there was no signpost saying "this is when the concept of irreverence (or rather its ancestor, neutrality) was born". I could have started later, as you say, and I could also have started earlier on, in the early sixties, when Mara Selvini Palazzoli started doubting the utility of the psychoanalytical model in her work with anorexics (Hoffman, 1981; Selvini, 1988). It's always arbitrary where we start and what we include when we're reconstructing history (Cecchin et al., 1994) - we could say that if I'd started in the sixties I would have been reconstructing "herstory" (O'Hanlon, 1992) instead... There are many sources you could consult for different historical accounts, such as Tomm (1984) and Jones (1988, 1993). But to answer your question, I suppose I chose

that time because to my mind the publication of *Paradox*, their first team effort, put the Milan team "on the map" (Jones, 1993), as it were, and -

Reader: (Smirking) *Not* as opposed to in "the territory" (Bateson, 1985, p. 37), I take it?

Author: Aaah, perhaps both... I also tend to look for "clues" (Keeney, 1990b, p. 24) in the words or language people use, and I think the title of *Paradox and Counterparadox* quite nicely reflects the influence of the ideas of Watzlawick and his colleagues (Watzlawick, Weakland, & Fisch, 1974) at the Palo Alto Mental Research Institute on the Milan team's work in those early days. They even flew Watzlawick out to Milan a few times as a consultant (Tomm, 1984).

Reader: Why do you regard that as important?

Author: Well, as I've mentioned before, Andolfi and his colleagues (Andolfi et al., 1983) also acknowledged the influence of the MRI school on their work, yet they used those ideas quite differently (Bianciardi & Galliano, 1987; Nichols, 1987). My interest in this stems from my constructivist bias - that different people will interpret and apply the same information differently (Efran & Lukens, 1985). In addition, I tend to look for patterns of similarities and differences over time (Sluzki, 1992). It intrigued me that the Milan team initially shifted from a psychoanalytical perspective to a strategic one, and so I started looking for similarities between these two apparently divergent perspectives.

Reader: Did you find any?

Author: Yes, I did - after all, we see, or invent, what we're looking for (Furman & Ahola, 1988b)! I believe that in both the psychoanalytical and the strategic model the therapist is an expert

who has the answers, but who doesn't always share these with the client(s) (see Selvini Palazzoli et al., 1978). In both models, the therapist's greater insight enables him or her to "help" clients to resolve or overcome their problems, whether these are conceptualised as intrapsychic conflicts or interpersonal "solutions" that have become the problem (Watzlawick et al., 1974). Again in both models, clients are perceived as "resistant" to change.

Reader: Whether or not I agree with you, I have to point out that there are also vast differences between these models, epistemologically speaking.

Author: Sure. But I think these models are closer to each other and to first-order cybernetics than to constructivism, which is generally associated with second-order approaches to therapy (Golann, 1988; Hoffman, 1990a). By the way, when Watzlawick et al. (1974) used the term "second-order change", they were referring to levels of logical typing and not to cybernetics - in case you wondered.

Reader: I'd hardly be reading this so-called dissertation if I didn't know that!

Author: Well, I couldn't be sure; sometimes you ask such strange questions... Anyway, I believe a shift to a second-order view, which Selvini Palazzoli et al. (1980) were trying to achieve with their "Hypothesizing" article, is quite difficult (Keeney, 1983). So this belief of mine makes me notice that the team split up after publishing this article, and that Prata and Selvini Palazzoli, who stayed behind in Milan, stayed with - or returned to - first-order conceptualisations ("mapping the family 'labyrinth'", as I called it), while Boscolo and Cecchin's geographical journeys also took them further conceptually, towards constructivism (Boscolo & Bertrando, 1993). Jones (1988) discusses this split in terms of Bateson's (1972) concept of schismogenesis - hence the

heading of that section. But then I also said that Boscolo's more recent work contains a number of psychoanalytical conceptualisations, which he presents not as "frames" (Keeney, 1990b) or heuristic devices - which would indicate a constructivist orientation - but as factual descriptions. One could interpret this quirk of Boscolo's as a return to at least some of his psychoanalytical roots. I suppose my inclusion of all this information stems from my tendency to look for (or invent) patterns and connections, as I've already told you.

Reader: Patterns - that reminds me. You used the term "linear" somewhere. Don't you know that you're supposed to use "lineal"?

Author: Says who?

Reader: Says everyone in the family therapy field since Bateson (1985) coined the term.

Author: That's always puzzled me. Keeney (1983) said he follows Bateson in believing that the term "linear" should be "reserved for discussions of geometry" (p. 14), presumably thinking that it refers only to lines, while "lineal" has the special meaning of "a sequence of ideas or propositions that does not circle back to a starting point" (p. 14). But more than a decade later I still can't find the term "lineal" in any dictionary, while the Collins Cobuild Dictionary (1988) defines "linear" as follows: "A linear process is one in which something progresses straight from one stage to another", and as examples of its use this dictionary has "linear thinking" and "events occurring simultaneously rather than in a linear sequence" (p. 456). Personally, I'd rather use an ordinary term thoughtfully than make up a term that has a special, reified meaning (Bogdan, 1987).

Reader: Okay, have it your way... But to return to your discussion, why did you mention the fact that the Milan team used to work in male-female pairs? That seems like a rather unnecessary detail to me.

Author: Oh, but to me that's another fascinating pattern (or should I say paradox). First they place this emphasis on gender, enforcing cross-gender cooperation, then they stop making this distinction (Hoffman, 1981), and then the team actually splits up along gender lines (Treacher, 1988)! I believe that our distinctions, if not carefully examined and acknowledged, will tend to confirm themselves (Furman & Ahola, 1988b).

Reader: I see.

Author: Besides, one can play with this gender issue some more -

Reader: I'd advise you not to "play" with that; some people take gender issues *very* seriously. You could get hurt.

Author: But play can be very serious sometimes, and it's hard work too (Keeney, 1990b). Anyway, Gilligan's (1982) studies indicated that women tend to focus more on relationships and attachment, whereas men often focus on autonomy. And indeed, the two women in the team stayed put in Milan while the two men went a-roaming. The feminists should be smiling about that! But unfortunately the Milan team's gender roles went a bit haywire in terms of feminist theory after that - Selvini Palazzoli started focusing on family hierarchies (Simon, 1987a), which Gilligan (1982) would have expected from the men, while Cecchin and Boscolo became more attuned to the relationship between therapist and client (Boscolo et al., 1987)....

Reader: Sorry, but I'm not satisfied with this. My head is spinning. You're adding information left, right and centre, and again I'm not sure that you're not just inventing this on the spot.

Author: But I am, of course.

Reader: Perhaps I should reconsider what I said earlier on. Perhaps that discussion of yours is incomplete rather than too detailed. Could you start again, and give me your views, your assumptions, about the development of irreverence - this time explicitly?

Author: Why not?

PART TWO

SAYING THE UNSAID, OR UNSAYING WHAT WAS SAID

Reader: Hey, wait a minute! Where does this "Part Two" come from? We haven't had a "Part One" yet!

Author: (Thinks.) Well, when we started, I didn't think we'd need to chop up our conversation into "parts" either - it's so reductionist. But now I'm anticipating that we'll need a break to discuss things after looking at each concept. But we'll be looking at all three concepts in response to your question, so I feel they kind of belong together.

Reader: I don't think the APA guidelines (American Psychological Association, 1984) make provision for different "parts", as a matter of fact.

Author: No, they don't. Does that mean we can't improvise though?

Reader: Look, I'm not rigid, but I draw the line at having a -

Author: Okay, okay. Let's compromise. You can have a "Part One", title and all, if you'll bend the rules and let me keep this as "Part Two". How's that?

Reader: (Sighs.) It *is* rather unorthodox. But I suppose I could live with that.

Author: Great. All you have to do is to cut out the next page and stick it in right at the beginning, just after the one with the summary. Deal?

Reader: Deal...

PART ONE

STATING THE (NOT-SO-)OBVIOUS

OR

**AN ATTEMPT TO FIND
"A VERY GOOD PLACE TO START"**

Introduction to Part Two

Hoffman (1981, p. 302) described neutrality as the cornerstone of the Milan approach, as the "stamp or signature that characterizes" their work. As pointed out above, Tomm (1984) saw the work of the Milan group as an application (albeit somewhat rudimentary) of second-order cybernetics to therapeutic practice. When Cecchin (1987) introduced the concept of curiosity, he more or less equated curiosity with neutrality, and in their "Editors' Foreword" to Cecchin et al.'s book on irreverence, Campbell and Draper (1992) stated that, in turn, the concept of irreverence developed out of that of curiosity. Hence at first glance these three concepts - *neutrality*, *curiosity* and *irreverence* - appear to be merely points along a continuum of development, with curiosity and irreverence being successive refinements of the original Milanese neutrality.

But how compatible are these concepts in terms of their epistemologies, their underlying assumptions and their implications for therapy?

CHAPTER 2

NEUTRALITY

The Only Way to Go in Milan - in Neutral Gear

Selvini Palazzoli et al. (1980) stated that their "Hypothesizing - Circularity - Neutrality" article was the product of research to identify "the most correct and fruitful procedure for interviewing the family" (p. 3), in which they sought firstly to establish a "precise" interviewing method and secondly to "cast off certain conceptually unclarified stereotypes" with regard to the "intangible" (p. 4) personal qualities required of therapists, since these could not be taught. The three principles they identified were described as "indispensable to interviewing the family correctly" (p. 4).

According to Selvini Palazzoli et al. (1980), the therapist had to formulate a systemic hypothesis about "the total relational function" of "all components of the family" (p. 6) before the first session started. Hoffman (1981) interpreted this somewhat cryptic statement (which was not elaborated by the Milan group) as meaning that the hypothesis should "organize all the confusing data attached to a symptom so as to make sense in the relationship context of the family" (p. 293). Selvini Palazzoli et al. (1980) explained that the purpose of the hypothesis was to ensure that the therapist consistently and actively "track[ed] relational patterns" (p. 5) in the family system, thereby generating new information (or feedback), in the light of which the hypothesis would be "confirmed, refuted, or modified" (p. 5). This process was known as circularity, and circularity had to be maintained through neutrality.

As I have already pointed out, neutrality was defined as the "pragmatic effect" (Selvini Palazzoli et al., 1980, p. 11) the therapist's behaviour had on family members in the course of a session, namely uncertainty about whether he or she had formed alliances with everyone, anyone or no-one in the family. Neutrality meant that the therapist had to avoid making "any judgment, whether it be of approval or of disapproval", since that would "implicitly and inevitably" turn him or her into an ally of "one of the individuals or groups within the family" (p. 11).

Selvini Palazzoli et al. (1980) also warned that the family would simply overwhelm the therapist with "a flood of meaningless chatter" (p. 8) if he or she were not guided by a hypothesis, since information (or negentropy) had to be introduced to prevent a system from remaining in or degenerating into a state of entropy or disorder. The hypothesis was also essential to enable the therapist to formulate appropriate interventions, prescriptions or rituals.

From these statements one can surmise that, at this stage, the work of the Milan group (Selvini Palazzoli et al., 1980) was based on (at least) the following underlying assumptions, among others:

1. There are correct and incorrect ways of interviewing families.
2. Therapists' personal qualities are irrelevant; to do therapy correctly, they need only apply the correct guidelines or principles.
3. Therapy can be effective only if the therapist thinks circularly, maintains neutrality and is guided by a systemic hypothesis.
4. Only relationship patterns within the family itself are relevant to the hypothesis, interventions and hence the therapy; the therapist's behaviour is relevant only insofar as it has to bring these patterns "into the open" (Selvini Palazzoli et al., 1980, p. 5).
5. All things tend towards entropy or disorder unless new information is introduced (the second law of thermodynamics - see Bateson, 1985; Hoffman, 1981).

In addition, the emphasis on information, pattern, organisation and feedback indicates that the Milan group were conceptualising their work in terms of a cybernetic framework (Keeney, 1983), as was stated explicitly by Selvini Palazzoli and Prata (1988) in a paper they delivered during this period. To examine Tomm's (1984) view that the Milan group was using a second-order cybernetic framework at the time, we need to briefly look at the different phases of cybernetics and the influence each phase had on the family therapy field.

Patterns that Connect: Cybernetics and Family Therapy

According to Keeney (1982), cybernetics is the "science of information, pattern, form, and organization" (p. 154), and of the connection between processes of change and stability in "self-regulating mechanisms" (Keeney, 1983, p. 65). As such, cybernetics focuses on complex interactional cycles rather than on linear causal sequences (Keeney, 1983). Von Foerster (cited in Hoffman, 1990b) drew a distinction between first-order cybernetics, or the cybernetics of observed systems, and second-order cybernetics, or the cybernetics of observing systems.

A first-order cybernetic perspective on family therapy involved a study of families as closed systems in which change was regulated by means of feedback loops (Keeney, 1983). First-order cybernetic approaches to family therapy may be divided into two complementary groups, following a distinction made by Maruyama (cited in Hoffman, 1981, and Keeney, 1983): those which focused on deviation-counteracting processes or negative feedback mechanisms within families (the first cybernetics), and those which emphasised deviation-amplifying processes or positive feedback mechanisms (the second cybernetics).

According to Hoffman (1981), family therapy theories based on the first cybernetics described families as homeostatic or change-resistant, and symptoms as functional in that they allowed families to preserve their homeostasis despite external or internal pressure to change. Family therapists who espoused the principles of the second cybernetics, on the other hand, held that deviation-amplifying processes could sometimes escalate until the family reached a crisis, during which there would be the potential to develop a new, more functional balance.

Dell and Goolishian (1981) and Elkaïm (cited in Hoffman, 1981) took the second cybernetics view even further on the basis of the work of the physicist Prigogine (Prigogine & Stengers, 1984), who held that discontinuous and hence unpredictable change could occur when a random fluctuation in a system was amplified beyond a critical value (Dell & Goolishian, 1981). Prigogine's concept of "evolutionary feedback" (cited

in Dell & Goolishian, 1981, p. 179) appeared to defy the second law of thermodynamics since it implied that systems tended to evolve to higher levels of complexity rather than to degenerate into entropy. In terms of both the second cybernetics and the evolutionary perspective, the task of the therapist was to destabilise the family system by inducing a crisis (Hoffman, 1981), although Dell and Goolishian warned that one could not predict when or how evolutionary change would occur.

First-order cybernetic approaches to therapy shared the assumption that it was possible to objectively observe and unilaterally influence systems - what Keeney (1983) referred to as the "black box view" (p. 73). By contrast, second-order cybernetics took cognisance of Heisenberg's uncertainty principle (Keeney, 1983) and included the observer as part of what was observed; since all description was regarded as self-referential and objective observation as impossible, the emphasis shifted from the observed system to the observer or observing system (Hoffman, 1990b; Keeney, 1983). In terms of a second-order cybernetics approach, therapists formed part of a self-regulating system that encompassed them and the family, and they were therefore subject to the feedback processes within that system and incapable of unilaterally influencing or controlling the family (Hoffman, 1986, 1990a, 1990b; Keeney, 1982, 1983). This meant that any changes within this therapist-family/observer-observed system would affect the therapist as much as it would anyone else (Keeney, 1983).

Back to Milan

In view of the above, the work of the Milan group (Selvini Palazzoli et al., 1980) was clearly based on a "black box view" (Keeney, 1983, p. 73; Bianciardi & Galliano, 1987, p. 5) rather than on a second-order cybernetic framework, since the observers (therapists and team) were explicitly excluded from their own description of the therapeutic dynamics. The Milan group's emphasis on "correctness" also indicates a dualistic, Newtonian epistemology (Auerswald, 1985). Moreover, contrary to Hoffman's (1981) view of their work as a "living illustration" (p. 341) of the evolutionary feedback model, to my mind their emphasis on the second law of thermodynamics (see Selvini Palazzoli et al., 1980, pp. 5-6)

suggests that their work may have been more coherent with the first than the second (first-order) cybernetics. But why *did* Tomm (1984) associate their work with second-order cybernetics?

Tomm (1984) justified his view by stating that the Milan group had arrived at their three principles of interviewing by "observing themselves observing the family" (p. 116). Similarly, Golann (1988) stated that the Milan group's "greater emphasis on therapist neutrality, circularity, and positive connotation" (p. 54) brought them closer to a second-order approach. This is rather confusing, since Selvini Palazzoli et al. (1980) explicitly stated that these are precise "guidelines" or techniques rather than characteristics of the therapist, and this, along with their emphasis on "correctness", indicates a prescriptive rather than a descriptive stance (Efran & Clarfield, 1992). Hoffman (1990b) cast a little more light on the subject by stating that the Milan group were the first to "routinely include" (p. 18) the therapist as "part of the problem" (pp. 18-19) - when they were called in as consultants to *other* therapists! However, Hoffman (1981) does also point out that they were the first in the family therapy field to systematically describe the therapist's behaviour rather than simply focusing on typologies of family structures or dynamics.

From the above it appears that the Milan group's last joint article represented a somewhat uncomfortable marriage between the assumptions of first-order cybernetics and those of second-order cybernetics. Although they did to some extent relinquish "objectivity" in their emphasis on the therapist's conceptualisations and behaviour (rather than just those of the family) and on the technique of circular questioning (which pursues differences and patterns rather than "the truth"), they still regarded their method as the only correct option, and reified family relationships instead of acknowledging that these were the observations of particular therapists in a particular context. The question now arises what implications or consequences this mixture of first and second-order cybernetics could have had (i.e. the offspring of the uncomfortable marriage, to expand the metaphor above).

Some of the "Pragmatic Effects" of Neutrality

At first glance, therapist neutrality resembled a client-centred approach towards family therapy (Levant, 1982; Wilkinson, 1992), in the sense that every family member's opinion was accepted without judgment. The family's behaviour was usually connoted positively, and therapists did not challenge or confront family members (Hoffman, 1986). Yet numerous authors criticised therapist neutrality as obscuring a lack of values and opinions (Jones, 1993), as a remnant of a psychoanalytical orientation (Bogdan, 1982; DiNicola, 1990), and as an avoidance of personal responsibility (Minuchin, 1991; Simon, 1987a).

Treacher (1988) went even further, maintaining that the Milan group had an adversarial, manipulative, "demeaning and critical approach to families" (p. 6), and likening the Milan approach to electroconvulsive "therapy". Extreme as Treacher's view may sound, it was echoed from an unexpected corner: when families were invited to evaluate their therapists, they described them as people who were impersonal, cold, sarcastic and/or hostile (Coleman, 1987; Efran & Clarfield, 1992; Hoffman, 1990b), who left them (i.e. family members) "feeling attacked, blamed or alienated" (Anderson, 1986, p. 351). Moreover, both Cecchin (1992) and Selvini Palazzoli (Goldner, 1982; Simon, 1987b) subsequently admitted that the Milan group experienced therapy as a bitter guerrilla war against families during this period. How can we make sense of this contradiction?

Bianciardi and Galliano (1987), who were trained in Milan prior to 1983, provide us with some observations that are useful in this regard. They maintained that the Milan group focused on the logical level of systemic rules - a higher level than observable interactions in the here-and-now. The trainers' goal was to stimulate trainees to generate circular hypotheses about families; relational dynamics within the trainee group and between trainees and trainers were ignored (Bianciardi & Galliano, 1987). Just as therapists had to remain at a neutral metalevel relative to families (Selvini Palazzoli et al., 1980), so trainers maintained a "'meta' position as directors of the flow of communication" (Bianciardi & Galliano, 1987, p. 5) in the training group.

According to Bianciardi and Galliano (1987), therapists were required to temporarily suspend their own personalities in the therapeutic context, and simply to act as interchangeable spokespersons for the team. Therapists had to take great care not to show any emotion when conveying the team's messages, since "the therapist's personality serve[d] only as a neutral support for the information level of inputs fed into the system" (p. 8).

Being human inevitably means having opinions and feelings, whether or not one acknowledges them (Atkinson & Heath, 1990; Efran & Clarfield, 1992). To be neutral in the Milanese sense - as described by Bianciardi and Galliano (1987), at any rate - therapists had to consistently deny and/or suppress their own opinions, feelings and even individuality. Here it becomes strikingly evident that the Milan group was nowhere near the self-reflexivity of an observing-system approach; individual differences and relational dynamics between therapists and team members, trainers and trainees, were not even acknowledged in their theory, much less explored in practice.

This provides one way of making sense of the discrepancy pointed out above: with the exclusive emphasis on ideas (through hypothesising and circularity), and with the strong bias towards positive connotation, the therapists' and team's feelings towards and about the family - which were denied other expression or even acknowledgement - inadvertently emerged in the highly adversarial language they used to conceptualise the family and therapeutic dynamics in their private discussions (Golann, 1988; Goldner, 1982; Hoffman, 1986, 1990a; Simon, 1987a, 1987b; Treacher, 1988). In the words of Cecchin et al. (1994): any "prejudice, if taken to the extreme, often evokes its polarity" (p. 57). And as pointed out by Golann (1988) and Furman and Ahola (1988a), just as therapists can draw inferences about family dynamics on the basis of what family members do and say, so families can infer what therapists (and teams) are thinking and feeling on the basis of their statements and behaviour.

In my view the highly competitive interactions among team members hypothesising behind the one-way mirror, as described by Hoffman (1990b) and Bianciardi and Galliano (1987), also make sense when seen in this light: since only (intellectual) hypothesising about family dynamics was encouraged, and feelings, individual differences and relational dynamics among team members were ignored and/or denied, the latter had to find expression in the process of generating hypotheses.

METALOGUE

Reader: At the beginning of the chapter, when you were discussing the "three guidelines" (Selvini Palazzoli et al., 1980), why did you use so many direct quotations from the article instead of saying it in your own words?

Author: I thought some of the nuances would be lost if I used my own words. For instance, words such as "correct", "precise", and "indispensable" (Selvini Palazzoli et al., 1980, p. 4) suggest that the Milan team was pursuing accuracy, if not "objectivity". So does their statement that their hypotheses had to be "confirmed" or "refuted" (p. 5).

Reader: Well, they did also state that hypotheses were "neither true nor false, but rather, *more or less useful*" (p. 5).

Author: I know, and that's confusing, because when they were discussing their case studies, they nevertheless talked about their hypotheses being "disproved" or "proven false" (p. 4), or "confirmed" (p. 7).

Reader: How do you explain this discrepancy?

Author: I'm not sure. Maybe it's like positive connotation (Anderson, 1986), where they ended up feeling extremely hostile towards families because they were emphasising only one side of a dualism. Atkinson and Heath (1990) warn that consistent attempts to maximise or minimise any variable may be disastrous. The Milan model explicitly forbade therapists to take sides, or to have personal opinions about what family members were saying or doing (Selvini Palazzoli et al., 1980). Yet we all have "an intense need for certainty" (Fromm, cited in Amundson et al., 1993), and if we can't believe family members, at least we can believe in our hypotheses!

Reader: But that's just intra-individual dynamics. Don't you think it could also be related to their marriage of first and second-order cybernetics?

Author: Yes, I'm sure we could construct an explanation around that. The linear idea of right/wrong is fundamental to their model: simply speaking, if it's "correct" (Selvini Palazzoli et al., 1980, p. 3) to do therapy in terms of a hypothesis, and hence "incorrect" not to have one, then surely it makes sense to believe that that hypothesis should be "correct" as well? Especially since the whole purpose of the interview is to enable you to formulate an effective intervention, which has to be based on that hypothesis?

Reader: Whereas a second-order approach would be more flexible, and not prescriptive (Hoffman, 1986).

Author: You know, maybe *we're* trying to find the "right" explanation for why they were looking for the "correct" hypothesis! For all we know it's the translator who introduced the discrepancy - they did write the article in Italian, after all... Anyway, Dell (1982) made an interesting point about the notion that one can confirm hypotheses about families: he says it's the "logical fallacy of affirming the consequent" (p. 26).

Reader: Go on...

Author: Well, it's a type of argument that seems plausible but can lead you to some weird (and invalid - see Copi, 1978) conclusions. Here's an example: "If I were a giraffe, I'd have a long neck. I have a long neck, therefore I'm a giraffe!" In the case of the Milan team, the argument goes something like this: "If our hypothesis is correct, then an intervention based on that hypothesis will be effective. The intervention is effective, therefore our hypothesis is correct."

Reader: So you're saying the intervention may have been effective for any number of other reasons.

Author: Yes. Besides, how can you be certain that an intervention has been "effective"? Golann (1988) pointed out that families' responses to questions and interventions are often quite ambiguous, so distinguishing between "confirmation, contradiction, and confusion" (p. 61) can become rather arbitrary.

Reader: Since the goal of neutrality is to make family members feel "puzzled and uncertain" (Selvini Palazzoli et al., 1980, p. 11) about what the therapist thinks or feels about each of them, I suppose you can't really expect them to give you a clear, unambiguous response...

Author: Exactly! That's the other thing that bothers me about neutrality - that it's defined in terms of the "pragmatic effect" (Selvini Palazzoli et al., 1980, p. 11) it has on the family. But *other* people's responses to your behaviour can never be fully predicted or controlled (Cecchin et al., 1994; Fish, 1990). Campbell et al. (1989) reinterpret neutrality as a "self-reflective" or "self-monitoring" (p. 39) process on the part of the therapist, similar to Anderson and Goolishian's (1988) idea of an internal dialogue, and that makes more sense to me.

Reader: The question of what therapists can and can't do - that reminds me of something else. You said their article was written in response to other therapists' questions, and the suggestion is made that these principles or guidelines *can* be taught, unlike those "intangible personal qualities" (Selvini Palazzoli et al., 1980, p. 4). Now numerous authors (DiNicola, 1990; Jones, 1988; Marchetti, 1993; Simon, 1987b) have commented on Selvini Palazzoli's creativity and flexibility, and have cited these qualities as the reasons why she was not interested in training: she didn't want to have to cling to the model she was teaching.

Yet it's ironic that Cecchin, who was actively involved in training, ended up becoming far more innovative, while she came up with the invariant prescription (Anderson, 1986) - which could certainly be taught without too much difficulty!

Author: Maybe that's what happens when you get stuck in Milan... so let me get a move on so we can have a look at where Cecchin's (1987) curiosity led him.

CHAPTER 3

CURIOSITY

Curiouser and Curiouser

In his article entitled "Hypothesizing, Circularity and Neutrality Revisited: An Invitation to Curiosity", Cecchin (1987) described curiosity as "a commitment to evolving differences, with a concomitant nonattachment to any particular position" (p. 406). As such, curiosity was self-reinforcing, since it stimulated the therapist to elicit different views from family members, and these differences in turn stimulated the therapist's curiosity. Cecchin explained that curiosity was consistent with an aesthetic orientation toward therapy, its purpose being to explore the fit between the therapist's and family members' descriptions (or stories), as well as the patterns formed by them over time, rather than to discover the most correct or true description. "Instructive interaction" (p. 408) was impossible, and therapists could therefore not solve families' problems for them. He maintained that families experienced problems when "their scripts [did] not help them function in a way that *they* find useful" (p. 411), and that therapy was successful if a family could discover its "own new (or rewritten) script" (p. 408).

According to Cecchin (1987), a therapist's primary responsibility was to examine his or her "position in the system" (p. 410). Cecchin also warned therapists that boredom and psychosomatic symptoms were indications that their own curiosity was insufficient, since these meant that they were no longer open to new information about the family. If, therefore, they developed psychosomatic symptoms or became bored in therapy, therapists had to start questioning their own basic assumptions ("premises", p. 412).

From this summary one can infer that Cecchin's (1987) work at this stage was based on the following premises, among others:

1. Therapists cannot directly influence or control families.
2. Therapists have to take responsibility for their own basic assumptions and feelings, since these determine their ideas about and behaviour towards families.
3. Language and meaning ("scripts", p. 411, "stories", p. 407) are paramount; it is in this realm that problems are experienced and resolved. Active therapeutic interventions are therefore unnecessary.
4. "Truth" is irrelevant to therapy: the therapist should elicit numerous alternative views in the course of therapy, and should regard these as equally valid (and equally curiosity-provoking), without personally favouring any one of them.

There is a considerable difference between these assumptions and those underlying Cecchin's earlier work with the Milan group. To place these assumptions in a context, it may be useful to take a look at developments in the family therapy field during the period up to and around the publication of this article.

Kermit and Company: Constructivism and "Family Therapy"

Introduction

By the middle of the 1980s authors who adhered to a second order cybernetics approach (e.g. Hoffman, 1986; Keeney, 1982, 1983) had strongly challenged the traditional view of the family therapist as a powerful, unilateral change agent who could (and should) "diagnose and treat the relationship network" (Keeney, 1979, p. 121) by means of purposeful interventions. At the same time, such traditional conceptualisations were also being undermined from another angle, by proponents of constructivism (e.g. Dell, 1982, 1985, 1986a, 1986c; Efran & Lukens, 1985; Simon, 1985). Some authors, such as Keeney and Hoffman, combined the insights of these two approaches while others, such as Dell and Efran and his co-workers, were content to confine themselves to constructivist notions only.

Although it was the second-order cybernetician Von Foerster (cited in Hoffman, 1986) who introduced the idea that the world we know may not exist independently of our ideas about it - in other words, that our maps could very well be the only territory we have access to - it was largely under the influence of the constructivist biologist Humberto Maturana (1975, 1978) and his colleague Francisco Varela (1989; Maturana & Varela, 1992) that family therapists began to explore their own "maps", and the means by which these develop, rather than the "territories" they were presumed to represent.

Constructivism à la Maturana: Some Key Concepts

During the early 1980s (i.e. prior to the publication of Cecchin's article on curiosity), Maturana's work was mainly introduced into the family therapy field by Paul Dell (1982, 1985, 1986a, 1986c) and Brad Keeney (1982, 1983). Both authors tended to focus on the implications of key concepts in Maturana's work for therapists' conceptualisation of therapy - or what Keeney (1983) referred to as aesthetic considerations - rather than on the pragmatics of therapy. A cursory overview of these concepts follows, predominantly based on Maturana's own work (1975, 1978; Maturana & Varela, 1992) as well as on that of Dell and Keeney.

According to Maturana, human beings are structure determined, in the sense that our structure determines how we respond to our environment. One of our basic characteristics is that we are oriented towards conservation; simply speaking, towards staying alive by continuing as we have before (or, in Maturana's terms, towards conservation of our autopoietic organisation and adaptation). Other than conservation, our lives have no purpose - life is a purposeless structural drift, and any attribution of purpose is an arbitrary punctuation made by an observer. Moreover, we are organisationally closed, in the sense that we have no access to "external reality": in our interactions with our environment, the latter can simply trigger certain structural changes in our nervous systems which we can interpret in various ways. It is therefore impossible to be "objective" in the conventional, positivist sense of the word; we bring forth our world through the distinctions we make. What is observed, said or written always

represents the distinctions made by a given individual or group of individuals.

This means that we always have to take responsibility for our views (distinctions) and actions, and to keep "objectivity" in quotation marks (Hoffman, 1986, p. 384). All of us experience the world differently, and instead of sharing a single universe, we can, through language, get a glimpse of the "multiversa" inhabited by others. In addition, since our structure determines how we respond to perturbations from the environment, we cannot influence each other unilaterally (either verbally or nonverbally) - "instructive interaction" is a myth. Yet Maturana and Varela (1992) emphasised that we *can* co-create a "consensual domain" with others through language, and it is only in the domain of language, of meaning, that we can be fully human, if we make room for other people's experiences and views.

Implications for Therapy

Borrowing a phrase from Bogdan (1984, 1987), Hoffman (1986) pointed out that, in terms of Maturana's work, the problems clients bring to therapy could be regarded as "ecologies of ideas" (p. 387) rather than as entities that had an independent existence. Similarly, the therapist's focus would shift from the feedback processes in a particular family (as a cybernetic system) to the meanings shared by whoever was concerned about the problem - whether or not they belonged to that family (Hoffman, 1990b). Therapy was redefined as "a conversation, an exchange of stories" (Keeney, 1983, p. 195) since, according to Keeney, "the stories people live as well as their stories about those stories are all that a therapist has to work with" (p. 195). In terms of Keeney's (1983) distinction between semantic and political frames of reference, while strategic therapists had focused primarily on the political frame (involving behaviours and interactional sequences), constructivists began to pay more attention to the semantic frame (which was concerned with the meanings people attached to their own and others' behaviour).

Applications in Therapy

Although Efran and Lukens (1985) stated that a constructivist orientation did not involve any particular therapeutic model or set of techniques, Maturana's rejection of the notions of instructive interaction and conscious purpose, combined with the redefinition of therapy as conversation and the emphasis on meanings and ideas rather than behaviours, indicated to the early constructivists that active interventions such as tasks or rituals were to be avoided. A highly respectful approach therefore developed, which contrasted sharply with the overtly manipulative stance of strategic therapists (see Lane & Schneider, 1990). As a result, the work of authors such as Andersen (1987) and Lane and Russell (1987), which will be discussed in brief below, became known as noninstrumentalist or noninterventionist (Cecchin et al., 1993).

Andersen's Reflecting Team Approach

According to Hoffman (1990b), the Norwegian Tom Andersen (1987) was one of the first authors to apply constructivist concepts to the pragmatics of therapy, in his development of the "reflecting team" approach. Andersen combined Maturana's ideas with those of Bateson and with the Milanese technique of circular questioning (Penn, 1982), and came up with what may be regarded as therapeutic minimalism. He cautioned therapists and their teams to proceed very slowly, carefully and respectfully, in "small guided steps" (Andersen, 1987, p. 418), so that alternative descriptions and explanations of the problem could gradually emerge in the course of the collaboration between therapist, family and reflecting team. (Andersen implied that as these alternative meanings emerged, the family would become "unstuck" and the problem would disappear.) Therapist and team had to always connote the family's views and behaviour positively, to present alternative views as "tentative offerings" (p. 421), and to refrain from making active interventions.

Lane and Russell's "Circular Replication" with Violent Couples

Also in 1987, Gerry Lane and Tom Russell, both from Atlanta, Georgia, published an article in which they set out their approach to therapy with couples engaged in severe domestic violence. Lane and Russell (1987) drew a clear distinction between therapy and social control, emphasising that therapy required a flexibility that was not compatible with the role of a social control agent, which meant that the latter function had to be left to other parties (e.g. the police, the welfare system) for therapy to be successful. Their approach involved the use of circular questions, particularly those oriented towards the future, with a view to creating "a context in which the couple [could] begin to view themselves differently" (p. 52) and "move towards a new solution" (p. 53).

Lane and Russell (1987) emphasised that their approach involved neither blaming nor absolving; instead, they encouraged both partners to take responsibility for their "part in the relationship" (p. 52). Although they raised issues such as the gravity of the potential consequences of continued violence, they did not impose their own views or solutions on couples. The only intervention they used was "circular replication" (p. 53), which involved "giving feedback to the couple about the patterns... observe[d] in their relationship" (p. 53).

Back to Curiosity

In terms of the underlying assumptions distinguished above, Cecchin (1987) clearly reflected an "observing system" (i.e. second-order) orientation (Hoffman, 1990a, 1990b) towards therapy in his "Curiosity" article. Moreover, his emphasis on language and meaning, his disregard for "true" explanations and encouragement of multiple complementary views, and his rejection of the notion of "instructive interaction", among other things, show that his thinking was strongly influenced by constructivism. (Cecchin also explicitly referred to Maturana's work to support his views.) Unlike Andersen (1987), however, whose article was published in the same issue of *Family Process* and with whom he shared many assumptions, Cecchin followed Keeney (1983) and Dell (1986c) in

opting for a more aesthetic view of therapy rather than a pragmatic one. Nonetheless, Cecchin's work during this period, like that of Andersen (1987) and Lane and Russell (1987), may be described as noninterventionist or noninstrumentalist (Jones, 1988).

The Power/Violence Controversy

In the mid-1980s a very old debate resurfaced in the family therapy field, a debate which Rabkin (cited in Dell, 1989) had described as "the epistemological core of family therapy" (p. 3). During the 1950s, while they were working on the so-called "double bind project" at Palo Alto (see Hoffman, 1981, for a discussion of this project), Gregory Bateson and Jay Haley had disagreed strongly about the issue of *power*. Haley (1964) had argued that power was central to all human relationships, while Bateson (1972) had insisted that power was a myth, an epistemological error, since unilateral control was an impossibility from a cybernetic perspective. This controversy was never resolved because both views were self-verifying, being "habits of punctuation" (Keeney, 1983, p. 131).

More than two decades later, "systemic" (see De Shazer, 1991, p. 180) family therapists in general, and noninterventionists in particular, were sharply criticised from two directions for disregarding power (Dell, 1989; Hoffman, 1990a). Feminist authors such as Goldner (1985, 1988), Taggart (1985), Imber-Black (1986), Bograd (1987), MacKinnon and Miller (1987), and James (James & MacKinnon, 1990) attacked family therapists for failing to address the gender-based power imbalances in society. Jacobson (cited in MacKinnon & Miller, 1987) argued that therapists who maintained a stance of neutrality and who did not take a firm stand against chauvinism in marital therapy actually perpetuated the oppression of women. In cases that involved incest, a neutral stance implicitly contributed towards "blaming the victim", who was usually female (James and MacKinnon, 1990). Cecchin was singled out for criticism by MacKinnon and Miller (1987) for his statement, when questioned about gender issues at a conference, that "therapy is not the place for politics" (p. 143).

Family therapists' "blind spot" (Hoffman, 1990a, p. 10) with regard to the issue of power, specifically in the context of family violence, was also forcibly pointed out by authors such as Colapinto (1985), Taggart (1985), Dell (1986a, 1986b, 1989), Bentovim (1987), Golann (1988), Jones (1988), Campbell et al. (1989), and Willbach (1989). These authors stressed the need for active intervention (e.g. the removal of either the "abuser" or the "victim") in cases of spouse abuse, child abuse and incest since, as Bentovim (1987) put it, "once severe damage or death is caused... a linear act is completed and the circle is broken" (p. 383). Bograd (1987), Jones (1988) and Willbach (1989) warned that in such cases a therapist's neutrality and/or curiosity (i.e. noninterventionist stance) constituted irresponsible if not downright unethical behaviour - after all, therapists usually get paid for their services (Hoffman, 1986). Minuchin (1991) added that a stance of "neutral curiosity" was of no value to "real families with real problems" (p. 48) who lived in a social context riddled with violence and injustice, in which "some... stories pack far more actual physical clout than others" (p. 49).

Ironically enough, many therapists thus found themselves paralysed by an apparently paradoxical injunction: if they adhered to Batesonian and/or constructivist assumptions, they were condemned for their "irresponsible" failure to address issues of violence and gender inequality; if they did focus on these issues, they were rejected as epistemologically flawed, for clinging to the illusions of "lineal causality" and instructive interaction (Dell, 1986a, 1989; Keeney, 1982). Being aesthetically or epistemologically "correct" meant being pragmatically or politically "incorrect", and vice versa. (Put differently, they could choose between being labelled as irresponsibly passive or arrogantly manipulative.)

As regards Cecchin's (1987) concept of curiosity, its aesthetic credibility - and hence political and pragmatic unacceptability - stemmed directly from a statement made by Bateson (1972, p. 269): "The fact of our imperfect understanding should not be allowed to feed our anxiety and so increase the need to control. Rather, [we]... could be inspired by a more ancient, but today less honored, motive: a curiosity about the world of which we are part. The rewards of such work are not power but beauty."

Power/Violence: Clues to Transcending the Impasse

Dell: Descriptions are not Explanations

Dell (1986a, 1986b, 1989) sought to overcome the growing rift between "epistemologists" and "clinicians" (i.e. those who focused on aesthetic and pragmatic considerations, respectively) in relation to power by drawing a crucial distinction between experience, description and explanation. (According to Maturana, 1978, p. 57, these are "nonintersecting phenomenal domains".) Dell (1986a, 1989) argued that our experience is always linear; for instance, whether we actively pursue certain goals or passively endure hardship, we see and feel our direct, linear impact on our environment and the environment's impact on us. When we think about our experiences or convey them to others, we have to translate them into language - we generate descriptions. Our descriptions of our experience will tend to be just as linear as the experiences themselves (e.g. "I taught my daughter to be obedient"; "My husband beats me up because he's a bully").

Explanation, on the other hand, is a way of making sense of our experiences in terms of a broader context, which includes our theoretical frame of reference and basic assumptions about the world. If we adopt a cybernetic frame of reference, for instance, we will focus on recursive patterns of interaction in our explanations of events, although our descriptions of them may well be linear. Dell (1989) also emphasises that however great the discrepancy between our (descriptions of our) experiences and our explanations of them, neither can invalidate the other. At the level of description, it is therefore entirely valid to say - as feminists often do - that a given husband abuses his socially-sanctioned power over his wife (Bograd, 1987). At the level of explanation, however, the same situation could be conceptualised in terms of recursive, mutual-causal patterns of interaction between husband and wife (Keeney, 1983), or as mutually reinforcing causal attributions or stories (Lane & Russell, 1987). Dell (1986b) stated categorically, though somewhat sadly, that this discrepancy could not be overcome, since "the systemic perspective is simply incapable of addressing violence, power, and control" (p. 528).

Fish: Not Either/Or, But Both/And

Unlike Dell, Fish (1990) was not prepared to accept this "basic deficiency of the systemic paradigm" (p. 22). He argued that this deficiency was not inherent in the "systemic paradigm", but arose from an uncritical acceptance of Bateson's (1972, 1985) views on causality (as circular or recursive) and power (as a myth). Fish (1990) compared Bateson and his followers' views on causality with those of philosophers through the ages, and concluded that "the Batesonian concept of causality is ill-defined at best" (p. 28). Fish maintained that Batesonians' rejection of linear causality was based on a false dichotomy, since any circular causal cycle could be reduced to linear sequences, and vice versa, simply by varying the time span in which observations are made. Neither view of causality could be regarded as "correct"; they simply represented different (time and context-bound) perspectives in an ongoing philosophical debate.

Fish (1990) criticised Bateson's (1972, 1985) view of power, namely that it was a myth or an epistemological error, with reference to Ashby's work on cybernetics. According to Fish, Ashby's theory yields a dual perspective on human interactions - in terms of the recursive patterns that connect them *as well as* the linear sequences that make up these patterns. Fish used the analogy of physical distance to illustrate this point: the Batesonian view examines human interactions from a great distance (that of the "Goodyear Blimp", p. 33), and distinguishes only patterns; however, when one zooms in for a close-up, linear sequences become apparent. When the focus is on patterns, power and control seem impossible and/or irrelevant, but when the focus is on linear sequences, differences may be distinguished in the relative amount of power possessed by the interacting parties. (Although Fish did not use this term, one could say - following Keeney, 1983 - that the two perspectives are complementary.)

Fish (1990) also expands some authors' limited view of Maturana's (1975, 1978; Maturana & Varela, 1992) concept of structure determinism by arguing that behaviour is both structure determined and context determined: "[A system's] behavior is uniquely determined by its own structure in combination with the specific deformation [*sic*] it undergoes

from the behavior of the other system" (Fish, 1990, p. 33). To use a simplistic example: if I receive a blow to the head, the outcome of this interaction between me and my environment, in terms of the transformation in my structure, will be determined not only by the characteristics of my body (the thickness of my skull at the point of impact, my ability to dodge the blow, etc.), but also by the characteristics (or structure) of the assailant and his or her weapon (e.g. a small child waving a feather duster or a body builder wielding a crowbar), as well as by other contextual factors (e.g. the presence of a paramedic team or a pack of hyenas).

Held: Why Argue About Preferences?

Fish's (1990) criticism of family therapists' exclusive adherence to a circular or recursive view of causality was echoed by Held (1990; Held & Pils, 1985), albeit from another perspective. Held made two main points that are relevant to this discussion: firstly, that philosophers have been debating a wide variety of theories on causality for centuries without arriving at any conclusion about the relative superiority of any one view, and secondly, that a constructivist epistemology, which has as its basic tenet the notion that we do not have access to an external reality, by definition excludes any claims about the relative superiority of any view of causality or power. Simply speaking, if we believe that we construct our own "reality" and that objectivity is impossible, then we cannot simultaneously claim that causality is circular or that power does not exist. In terms of a constructivist epistemology, each individual has to take responsibility for his or her own worldview, and hence it is a *personal choice* - a matter of preference - whether one regards causality as circular, linear or irrelevant, or power as a "reality" or a "myth", at any given moment (Held, 1990; Held & Pils, 1985).

Yet each view has certain ethical implications and consequences (Lane & Russell, 1987); for instance, if a therapist chooses, when dealing with a case in which family violence is the presenting problem, to regard power as a "reality", and causality as linear, then he or she has to assume the role of a "social control agent" (Lane & Russell, 1987, p. 52) and

intervene actively to protect the "victims". However, if the therapist chooses to focus on recursive patterns of interaction (Keeney, 1983), or on the different meanings family members attach to their own and each others' behaviour (i.e. their stories) (Cecchin, 1987), then concepts such as "victim/victimiser", "abuser/abused", and hence interventions related to "social control", become irrelevant (Lane & Russell, 1987).

Keeney and Bobele: Alternating between Perspectives

Keeney and Bobele (1989) also made some useful distinctions with regard to family violence. According to them, the dichotomous perspective of "victim/oppressor" (p. 93) may be applied to three levels of contexts, each with different contents and implications. They explained this view with reference to spouse abuse. If the focus is on the context of individual experience and action, one spouse may be regarded as the victim of the other. In the context of marital interaction (the focus of most traditional family therapy approaches), the relationship between the two spouses may be regarded as the victim of an oppressive interactional pattern. From a sociological perspective the interactional patterns between violent couples may be regarded as the "'victims' of a sociocultural system that employs violence... to calibrate and maintain its stability" (p. 93).

Although Keeney and Bobele (1989) did not discuss this, various permutations of these perspectives may be distinguished. For instance, feminists such as Goldner (1985, 1988), Imber-Black (1986) and Bograd (1987) tend to focus on the context of gender, in terms of which female spouses are the victims of a male chauvinist, patriarchal culture, as represented by their spouses (i.e. a combination of the first and third perspectives - see MacKinnon & Miller, 1987). Each perspective obviously involves a different conceptualisation of the "problem" and hence a different therapeutic approach. Keeney and Bobele (1989) pointed out that these perspectives were complementary, and that an exclusive emphasis on any one of them could "foster irresponsible and unethical therapeutic conduct" (p. 93).

Keeney and Bobele (1989) also distinguished two broad categories of terms (or types of discourse) therapists use when discussing family violence: legal and therapeutic. Although they did not make this explicit, it seems that the first perspective on family violence, which focuses on the context of individual experience and action, may be associated with legal discourse (involving terms such as "perpetrator" and "abuse" - see p. 94), while the second perspective, which focuses on interactional patterns and interpersonal attributions, is more closely associated with therapeutic discourse. Keeney and Bobele stated that therapists tend to *organise* legal and therapeutic discourse in two different ways: either by considering therapeutic discourse in the context of legal discourse, or by keeping the two types of discourse entirely separate. Authors such as Bentovim (1987) and Willbach (1989), to whom I referred above as representing the social control perspective, clearly belong to the first group, and Keeney and Bobele pointed out that the work of Cecchin (1987) and Lane and Russell (1987) belonged to the second group, as did most therapists who were "identified as 'systemic'" (Keeney & Bobele, 1989, p. 94).

Keeney and Bobele (1989) acknowledged the validity of both perspectives, while pointing out that therapists who adhered exclusively to the social control perspective would tend to accuse "systemic" therapists of "legal irresponsibility", whereas those who clung to a "systemic" perspective would be inclined to accuse the social control agents of "therapeutic irresponsibility" (p. 95). Keeney and Bobele added a third perspective, in which legal discourse would be contextualised by and embedded in therapeutic discourse. They pointed out that this perspective allowed therapists to include people who function within the (linear) legal framework, such as lawyers and social workers, in the therapeutic process, so that their views (meanings, stories or "frames", p. 95) could also be incorporated into the therapeutic discourse.

METALOGUE

- Reader:* I keep having to remind you of technicalities. These headings of yours. They're giving me a growing sense of discomfort.
- Author:* My headings? Discomfort? Well, alright. It's important to pay attention to feelings of discomfort - Andersen (1992) says so, and so does Cecchin (1987, 1992; Cecchin et al., 1992). I also agree with them that discomfort is a cue to start examining one's *own* assumptions... So I suppose there's a difference between our assumptions about headings, and I certainly don't want you to start getting a headache over this (see Cecchin, 1987). What's bothering you?
- Reader:* Your headings often ring bells, as if they're references to things other people have said. Yet you don't put in any references to other works. Doesn't that verge on plagiarism?
- Author:* Oopsie. That's a big word. I'm glad you told me. That headache could've become mine if you hadn't said anything! I assumed that certain phrases are so well-known that a reference is unnecessary - for instance, I think what may have alerted you now was the phrase "curiouser and curiouser" (Carroll, 1965, p. 29). Didn't you know that that comes from Lewis Carroll's *Alice in Wonderland*?
- Reader:* I know that, but I don't think you can assume that all your readers will.
- Author:* Perhaps you'll be my only reader. Many dissertations sit on library shelves for years and nobody ever reads them.
- Reader:* Still, it's dangerous to assume that that will *always* be the case.
- Author:* I suppose so. So let's start at the beginning again. Remind me if I miss anything. In the first chapter, the heading "The Archaeology of Irreverence" is obviously a playful reference to Foucault's (1972) *The Archaeology of Knowledge*. The "Schismogenesis" heading comes from Jones (1988, p. 328), but

we've already dealt with that. The alternative title for Part One, "A very good place to start", comes from that famous song of Julie Andrews's in the movie "The Sound of Music". It goes "Let's start at the very beginning, a very good - "

Reader: Okay, okay, I get it! And I know that "Patterns that Connect" is a reference to Bateson's (1985) famous phrase "the pattern which connects" (p. 16). Why use "that" and not "which", though?

Author: Ag, it's a little quirk of mine, deriving from my own history. I worked as a translator/editor for ten years, and I was trained *never* to use "which" if "that" will do.

Reader: One more thing: What's Kermit doing in your discussion on Maturana?

Author: Maturana's work started out with his experiments on frogs (Maturana & Varela, 1992), and so I can't help seeing a cartoon frog whenever I think of Maturana. I'm not alone, though - Simon (1985) called his article on Maturana "A Frog's Eye View of the World". Kermit the frog was a TV character -

Reader: You don't have to elaborate. Just don't slip in any more of these oblique references, see?

Author: I'll try, but I'll rely on you to point them out to me if I forget...

Reader: Okay. While we're on the subject of references, I'm a bit concerned about your excessive use of quotation marks in this last chapter.

Author: Where? What?

Reader: Why did you put "family therapy" in quotation marks in that same Kermit-constructivism heading?

Author: Oh yes, I'm afraid that *is* another surreptitious reference. Although Cecchin (1987) was still referring only to families as clients in this article, Hoffman (1986) had by then already pointed out that the term "family therapy" might need to change, partly due to the influence of constructivism. She referred to Anderson and Goolishian's view (cited in Hoffman, 1986) that therapists should include everyone who was somehow involved in the problem, not just family members. Moreover, she objected to the term "therapy" because it had a medical or psychiatric ring to it. Working at a psychiatric hospital as I do, I must say it often makes me feel uncomfortable to know that the word "therapy" is used for my conversations with people *as well as* for what Jeffrey Masson (1988, p. 30) calls the process by which "psychiatrists torture people": ECT.

Reader: Hmmm. Look, let's not get sidetracked even further - most of Masson's statements are highly controversial. Our conversations keep drifting away from the point. We're supposed to be talking about curiosity now, and I was still complaining about all your quotation marks.

Author: With due apologies to Anderson and Goolishian (1988), we could always call ourselves a "dissertation-organising, dissertation-dissolving system", and just sit back and enjoy ourselves!

Reader: Come on, get serious. Why did you say we should put "objectivity" in quotation marks, and not parentheses, like everybody else (e.g. Andersen, 1987; Efran & Lukens, 1985; Kenny, 1989; Simon, 1985; Varela, 1989)?

Author: Because I don't think it makes sense to put it in parentheses. In language, parenthesis indicates that that word, phrase or sentence explains or qualifies the other information that is provided (Collins English Dictionary, 1991). That doesn't seem to be what Maturana means. And my sister (E. van der Merwe, personal communication, December 25, 1994) told me that in maths,

parenthesis is used to indicate priority, in the sense that one should attend to the contents of the brackets first. (She should know what she's talking about - she's got a doctorate and she teaches this stuff at university. Pity she didn't write an article about this though. That would definitely have made her an authoritative source. Or would it? But that's another issue altogether...) Maturana certainly doesn't mean that objectivity is paramount either. Quotation marks, on the other hand, are generally used to indicate to the reader that you're using a term or phrase in a slightly different sense than usual. They warn the reader to be slightly suspicious about the conventional meaning of that word or phrase - for example "'fresh' fish" will probably be anything but fresh. I think that's what Maturana means: that we should relativise and contextualise the meaning of the term "objectivity". (Maybe that's what he said in Spanish, and we should be blaming the translator again!) Anyway, Jones (1993) and Hoffman (1986) also prefer quotation marks, so at least I have two sources to back me up here.

Reader: I think you've just given me the answer to my next question, which was why you kept putting "systemic" (as in therapy or perspective) in quotation marks. Is it because De Shazer (1991) criticised the blanket use of this term for styles and models that differ considerably?

Author: Yes. Keeney and Bobele (1989) also put "systemic" (p. 94) in inverted commas, and I think it's a kind of shorthand way of saying "Look, I know that these approaches are far from identical, but let's just overlook their differences for the moment for the sake of brevity, since those differences are not directly relevant now."

Reader: I see. But now please - let's get back to Cecchin and curiosity. Which reminds me - Mara Selvini Palazzoli is also described as a very curious person (DiNicola, 1990; Simon, 1987b), so how come their curiosity came to be manifested so differently after

they split up? I mean in terms of their 1980 article, Cecchin's work during his curiosity period would be regarded as one big "flood of meaningless chatter" (Selvini Palazzoli et al., 1980, p. 8).

Author: Tomm (1988) said that therapists' "intentions and assumptions" (p. 9) affect not only which questions they ask, but also the impact their questions make (see also Amundson et al., 1993). I think that by the late 1980s there were huge differences between their basic assumptions, as both had continued along divergent paths after they split up. For instance, Selvini Palazzoli pursued "truth" (Jones, 1988), while Cecchin (1987) sought complexity and diversity; she saw people as power-hungry, while he disregarded power altogether (Dell, 1989). As a matter of interest, if you were psychodynamically oriented, you could probably make something of this.

Reader: What do you mean? Of what?

Author: Remember that statement of Bateson's (1972), that "our imperfect understanding should not be allowed to feed our anxiety and so increase the need to control" (p. 269)? Well, in her interview with Simon (1987b), Selvini Palazzoli said that she used to be very anxious to *understand* families' dynamics, and that that was why she found the invariant prescription such a relief - the intervention no longer depended on the accuracy of the team's understanding (Goldner, 1982). She also said that it was altogether impossible to understand without a team (Simon, 1987a). Now Cecchin, on the other hand, had let go of his anxiety to find the "truth" (see Lane & Schneider, 1990, p. 104), in order to celebrate "multiplicity and polyphony" (Cecchin, 1987, p. 407), and he no longer seemed to regard a team as essential. If we switch models again, we could say that in behaviourist terms, both were simply responding differently to anxiety: Cecchin overcame his through flooding, and Selvini Palazzoli hers through avoidance (i.e. a controlling stance).

Reader: Do you have any more obscure angles on this?

Author: Sure - there are always a multitude of potential frames for any situation (Keeney, 1990a). For instance, you could say that the original differences in their assumptions intensified because of the different contexts in which they were working: Selvini Palazzoli (1986) kept on seeing families that had been pronounced failures by every other service in the Italian psychiatric system, whereas Cecchin acted as an expert consultant to therapists all over the world (Golann, 1988). Moreover, unlike Cecchin, Selvini Palazzoli wasn't financially dependent on her clinical work (Marchetti, 1993; Simon, 1987a).

Reader: Wait, I've just realised something.

Author: What?

Reader: The problem I have with curiosity. When Cecchin (1987) said that the "history of the Western world is characterized by our pursuit for [sic] accurate explanations" (p. 412), he certainly made no mistake. I think we've been demonstrating that in this conversation: we keep searching for explanations, for closure, for certainty (Amundson et al., 1993). How on earth do we get past that?

Author: Perhaps through irreverence?

CHAPTER 4

IRREVERENCE

Getting a Rev out of Irreverence

Cecchin et al. (1992, 1993, 1994) described irreverence as a basic stance (neither a model nor a technique) of valuing doubt rather than seeking to eradicate it, and of being "slightly subversive against *any* reified 'truth'" (Cecchin et al., 1993, p. 129). They explained that irreverence involves, in the first instance, examining and acknowledging one's own - often unconscious - underlying assumptions or biases, which they called "prejudices" (Cecchin et al., 1992, p. 51), and examining their utility in particular contexts.

Cecchin et al. (1994) defined "prejudices" as "all the sets of... ideas, accepted historical facts, accepted truths, hunches, biases, notions, hypotheses, models, theories, personal feelings, moods... in fact, *any* pre-existing thought that contributes to one's view, perceptions of, and actions in a therapeutic encounter" (p. 8). Hence one's "prejudices" include the therapeutic model(s) one subscribes to as well as one's personal worldview. According to Cecchin et al. (1994), "just as one cannot not communicate, one cannot not have a prejudice" (p. 29). Irreverence also entails becoming aware of the views or prejudices of the client(s) and all the other parties involved, such as the observing team or supervisor and the referring agency, and of the interaction between these assumptions and one's own.

Irreverence means that no view is taken for granted or regarded as "the truth" (Cecchin et al., 1993, p. 129); instead, every assumption or view is regarded as equally valid and hence worthy of being questioned and examined in terms of its *usefulness* in a particular context. Cecchin et al. (1994) maintained that therapists could learn from the irreverence of their clients, who generally tend to be far more flexible than their therapists. Although they acknowledged the validity of the objections raised against the "systemic" family therapies (e.g. strategic, structural, Milan) as overly "manipulative" and disrespectful towards clients, the authors (Cecchin et al., 1992, 1993, 1994) warned that unquestioning adherence to "noninstrumentality" could be equally rigid and disrespectful

if therapists allowed their "belief in the instrument of noninstrumentality" (Cecchin et al., 1992, p. 7) to blunt their sensitivity to particular clients in particular contexts.

For instance, a therapist may feel the need to put on a "social control hat" (Hoffman, 1986, p. 394) - albeit temporarily - at a time when family violence appears to be threatening the life of a child, but may nevertheless refrain from intervening because of his or her adherence to a strictly "narrative" approach. In such cases the therapist may find it useful to question this categorical rejection of the "expert" role, or possibly to explain the dilemma to the clients, opening the subject up for discussion. Cecchin et al. (1994) took care to point out that irreverent therapists are not anarchists or nihilists; on the contrary, they take their own and others' beliefs seriously enough to question them when appropriate.

Cecchin et al. (1993, 1994) acknowledged that therapists sometimes believe so passionately in certain prejudices that it is almost impossible not to act upon them, even if these prejudices are in direct opposition to those of the client(s). In this context they introduced the concept of *temporary certainty*. Temporary certainty involves imposing a time frame on one's adherence to a particular view; for instance, a feminist therapist who is working with a traditional, male-dominated couple may decide to mention her bias about gender roles to them, and couple and therapist may agree to work towards allowing the wife to find her own "voice" (Gilligan, 1982) - for a certain number of sessions. If neither couple nor therapist is satisfied with their progress after that period has expired, irreverence allows the therapist to acknowledge that another view might be more useful.

Cecchin et al. (1992, 1993) saw irreverence as a highly ethical and respectful stance, since it involves taking responsibility for one's own beliefs and actions. Irreverence therefore involves considering the possible pragmatic consequences of acting on a particular belief or prejudice - or even of holding that belief or prejudice and attempting not to act on it - in a given context, and taking responsibility for such beliefs and actions. According to Cecchin et al. (1994), therapy occurs through the interplay between the therapist's prejudices and those of the client, and irreverence

enables the therapist to utilise this interplay rather than become stymied by it. Cecchin et al. (1994) warned that irreverence does not just constitute another addition to the existing arsenal of therapeutic models, tools and techniques; in fact, therapists who adopt an irreverent stance have to accept that they are running the "risk of deconstructing the entire family therapy movement" (p. 60).

From this summary one can infer that Cecchin et al. (1992, 1993, 1994) based this concept on the following underlying assumptions or prejudices, among others (see chap. 4 of Cecchin et al., 1994):

1. "Truth" is irrelevant to therapy, and flexibility and a sense of relativity are more useful to therapists than rigidity and dogmatism.

2. Therapists always have opinions and beliefs about a wide variety of matters, and these prejudices will influence their conceptualisation of and behaviour in therapy - whether or not they are aware of this.

3. It is more useful - and more ethical - for therapists to acknowledge their opinions and to examine them critically from time to time than to attempt to suppress, deny or hide them.

4. However widely accepted a given therapeutic model, approach or technique may be, therapists still have to assume personal responsibility for choosing to use it with particular clients in particular contexts.

5. Therapists have to take full responsibility for their own thoughts, feelings and behaviour towards clients.

There are a number of similarities between these assumptions and those underlying curiosity, such as the emphasis on respect for clients, on utility, on encouraging a diversity of views rather than pursuing "truth", and on the therapist's accountability for his or her ideas, feelings and behaviour. This means that the concept of irreverence, like that of curiosity, is consistent with a "second-order" approach (Hoffman, 1986). Yet there are also some differences in emphasis between these two sets of assumptions, and to clarify these it may be useful to take another look at theoretical - and metatheoretical - developments in the family therapy field during the period in which the concept was developed.

Postmodernism and Psychotherapy

Introduction to Postmodernism

Since the 1970s, a movement now known as postmodernism has been emerging among philosophers and social scientists, and in literary and art circles (Doherty, 1991). The term itself implies that postmodernism follows and transcends modernism, and postmodern thinking is in fact defined in contrast to modernism: whereas modernist thinking was based on an appreciation of certainty, clarity, structure and order, postmodernism has at heart a profound uncertainty, a basic questioning and reevaluation of whatever was presumed to be definite, clear or certain (Doherty, 1991; Hoffman, 1992; Lax, 1992).

Two authors in particular have made major contributions to postmodern thinking: the social historian Michel Foucault and the literary theorist or deconstructionist Jacques Derrida (Doherty, 1991; Lax, 1992; Hoffman, 1992). Postmodern writers have been strongly influenced by Foucault's (1972, 1980) ideas about the inseparability of power and knowledge; according to Foucault, any knowledge implies power, and the propagation of general theories or norms entails the subjugation of people in particular contexts, in that their own unique traditions and experiences are denied and disqualified (Amundson et al., 1993; Doherty, 1991; Hoffman, 1992; White & Epston, 1990).

Derrida's contribution lies mainly in the postmodern emphasis on language, and hence on texts, narratives, and meaning. According to Derrida (cited in Lax, 1992), whatever is said simultaneously evokes ideas about what is *not* said. Since any statement or text involves a tension or interplay between what is said and what is not said (Derrida's *différance*; see Lax, 1992, p. 72), there is always the potential for new perspectives to emerge; even the simplest text may be deconstructed so as to discover a multitude of meanings (Doherty, 1991; Lax, 1992). Deconstruction, or the "unpacking" (Amundson et al., 1993, p. 116) of such meanings, is fundamental to postmodern thinking and serves to "distance us from and

make us skeptical about beliefs concerning truth, knowledge, power, the self, and language that are often taken for granted" (Flax, cited in Lax, 1992, p. 71).

Postmodernism fosters complexity and ambiguity, expanding Auerswald's (1985) idea of transcending dualisms (i.e. either/or thinking) by emphasising neither/nor as well as both/and (Andersen, 1987, 1992; Lax, 1992). To the postmodernist, "all meanings... are open to perpetual reevaluation" (Doherty, 1991, p. 40), yet there can be no appeal to any "outside true perspective" (Doherty, 1991, p. 41), since scientists have no greater claim to accuracy or truth than anyone else (Gergen, 1985; Gergen & Kaye, 1992). Scientific discourse, consisting in the theories and views of "experts", is simply another narrative or story, as valid and as open to different interpretations as any (other) work of fiction (Gergen & Kaye, 1992). Postmodernism is highly subversive, challenging and questioning the relevance of any general view or theory (or dominant discourse, to use Foucault's term) to particular contexts (Lax, 1992), for the validity of any theory or belief is considered to be bound up with "a particular historical context and value system" (Doherty, 1991, p. 40). Hence "local rules or conventions" (Gergen & Kaye, 1992, p. 173) are preferred to "expert" knowledge derived from other contexts, and hierarchical structures make way for contexts of participation and collaboration (Hoffman, 1992).

Implications for Therapy

Adopting a postmodern orientation to therapy involves a rather radical shift away from traditional (modernist) approaches to and models of therapy (Hoffman, 1990a, 1992). Simply speaking, it entails continuously questioning (or deconstructing) one's own views and assumptions; exchanging one's status as expert for that of equal participant in the discovery of alternative life stories for clients, and valuing local, naive knowledge (i.e. the meanings generated in the course of one's conversations with clients) rather than theoretical or global knowledge (Amundson et al., 1993; Doherty, 1991; Gergen & Kaye, 1992; Hoffman, 1990a, 1992; Lax, 1992).

In the postmodern era therapists can no longer simply conceptualise a family's problem in terms of their preferred model, set therapeutic goals, and apply the techniques associated with that model in the certainty of "doing the right thing". In fact, postmodernism undermines the very notion that there can be a "right thing" to do, and every step of the therapeutic process, every thought and action of the therapist, becomes subject to self-reflexive questioning and reevaluation (McNamee & Gergen, 1992). No wonder that family therapists, who had rejected individual-oriented therapeutic models with such certainty and enthusiasm, were slow to relinquish their status as pioneers to embrace postmodern notions (Lax, 1992).

Yet the subversive voices of the constructivists discussed in the previous chapter had already begun to make themselves heard in the 1980s, and they were soon joined by those of feminists and social constructionists, who explicitly identified themselves with a postmodern orientation (Hoffman, 1990a, 1992).

Applications in Therapy

Doherty (1991) and Hoffman (1992) regarded the work of Tom Andersen (1987, 1992), that of Harry Goolishian and his colleagues at the Galveston Family Institute (Anderson & Goolishian, 1988, 1990, 1992; Epstein & Loos, 1989a, 1989b), and the more recent work of Michael White and his co-workers "down under" (Epston, White, & Murray, 1992; White & Epston, 1990), as distinctively postmodern. Since Andersen's work was discussed in the previous chapter, I shall now focus on the other two groups, both of which adhere to a "narrative" approach to therapy (Anderson & Goolishian, 1992, p. 26; White & Epston, 1990, p. 40). This means that, like a number of other authors (Falzer, 1986; Hoffman, 1992; Zimmerman & Dickerson, 1994), they have rejected cybernetic conceptualisations in favour of metaphors borrowed from literary theory and presumed to be more suitable for describing human contexts (e.g. thoughts, relationships and interactions): the text, narrative, story or discourse.

The Galveston Group's "Not-Knowing" Approach

Like Andersen (1987, 1992), Anderson and Goolishian (1988, 1990, 1992) saw therapy as a conversation or dialogue between therapist and clients. Heeding Bogdan's (1984) earlier warning against the reification of families, Anderson and Goolishian (1988) acknowledged that "the systems we work with exist only in our... descriptions, ... only in language" (p. 379). Consequently they no longer focused only on families, but on "those who are in a languaged context about a problem" (p. 379) (which could involve individuals, families, referral sources, neighbours, etc.), and the therapist joined these people in their ongoing conversation to form a "problem-organizing, problem-dis-solving system" (p. 372).

Anderson and Goolishian (1988) saw problems as "a form of co-evolved meaning that exists in... dialogical communication" (p. 379), and therapy involved the co-evolution of new meanings and understandings, until the problem was "dis-solved". With reference to the philosopher Gadamer's work (see also the discussion of Derrida's work above), Anderson and Goolishian (1988) regarded the main resource for change as "the not-yet-said", or the "circle of the unexpressed", which, if explored, could lead to "new themes, new narratives, and new stories" (p. 381).

Anderson and Goolishian (1992) emphasised that the "client is the expert" (p. 25) with regard to the problem, not the therapist; the therapist's expertise lay in the management of the therapeutic conversation, in which he or she collaborated with clients (on an equal basis) in the generation of alternative descriptions and stories (Anderson & Goolishian, 1988, 1992). To achieve this, the therapist had to "adopt a *not-knowing* position" (Anderson & Goolishian, 1992, p. 29), which involved being equally curious, enthusiastic and respectful about all ideas that were expressed, without showing any personal preferences.

Although Anderson and Goolishian (1992) acknowledged that therapists inevitably have preconceived ideas and values when they enter the therapeutic context, the position of "not-knowing requires that our understandings, explanations, and interpretations in therapy not be limited

by prior experiences or theoretically formed truths, and knowledge" (p. 28). Hence therapists should pay more attention to the meanings that their clients attach to their experiences than to their own observations, and they should carry on a "dialogical conversation" (Anderson & Goolishian, 1988, p. 383) with themselves to ensure that they remain open-minded and multipartial.

The Re-Authoring or Re-Storying Approach

According to Epston et al. (1992), "life is the performance of texts" (p. 98), in the sense that we use language to give meaning to our experiences in the form of stories or narratives, and in turn, these stories, which we co-evolve with others, influence and determine our experiences, relationships and behaviour. Our life stories, like all stories, inevitably contain certain ambiguities and inconsistencies, which may be interpreted in ways that are not necessarily consistent with the dominant theme (Epston et al., 1992; White, 1993; White & Epston, 1990). Problems are experienced when the dominant narrative excludes or contradicts certain "significant aspects of [our] lived experience" (White & Epston, 1990, p. 28) and is insufficiently flexible to accommodate new meanings and new behaviours.

Following Foucault (1972, 1980), White and Epston (1990) described therapy as a process in which therapist and client work together to rediscover "subjugated knowledges" (p. 31) or "unique outcomes" (p. 32) - that is, knowledge about the client's lived experience that contradicts the dominant, problematic narrative. Thus therapy enables clients to "re-author their lives according to alternative knowledges/stories... that have preferred outcomes" (Epston et al., 1992, p. 108).

Although a re-authoring therapy involves the use of the technique of externalisation rather than the not-knowing position (Anderson & Goolishian, 1988, 1992), the therapeutic process seems similar to that described by Anderson and Goolishian (1988): the conversation continues until the problem has "dis-solved" (p. 391), and an alternative, more acceptable story has evolved. But Epston et al. (1992) maintained that it is

not sufficient for just client and therapist to acknowledge the new story; the client should also "have a convincing picture to show others" (p. 111). Thus a re-authoring therapy also entails that the therapist, and sometimes the client, produces written texts (e.g. letters and/or certificates) that stimulate and validate the new narrative in the client's interactions with people outside the therapeutic context (Epston et al., 1992; White, 1993; White & Epston, 1990).

Critical Comments

At first glance, both of the above approaches clearly embody the spirit of postmodernism. Yet if one examines them more closely, some inconsistencies appear - as they do in any narrative or text (Epston et al., 1992).

Anderson and Goolishian's (1988, 1990, 1992) "not-knowing" approach serves two basic purposes: it enables the therapist to actively participate in the generation of multiple alternative views without favouring any, and it reverses the conventional hierarchy in which the therapist's expert status can disempower the client. Let us take a closer look at each of these.

Social constructionism (and narrativism) has at its foundation the notion that "people live and understand their living through socially constructed narrative realities that give meaning and organization to their experience" (Anderson & Goolishian, 1992, p. 26). Hence it is impossible for therapists to enter into a therapeutic conversation without preconceived ideas. Anderson and Goolishian (1992) acknowledged this, but they nevertheless stated that therapists should "listen in such a way that their pre-experience does not close them to the full meaning of the client's descriptions of their experience. This can only happen if the therapist approaches each clinical experience from the position of not-knowing" (p. 30). And not-knowing, as pointed out above, involves not letting our thoughts and actions in therapy be influenced by our preconceived ideas.

So although our preconceived ideas always influence our thoughts and actions, we have to prevent this from happening by not letting our ideas influence our thoughts and actions...

To my mind this is a more sophisticated and more honest version of the basic contradiction that was touched upon previously, in the discussion on neutrality: we experience our interactions with clients in terms of our preconceived ideas and our feelings, and yet the therapeutic process would be undermined if we imposed these biases on our clients, since this would limit the number and kinds of alternative meanings that could emerge. Although Anderson and Goolishian took this problem very seriously, I believe they were unable to resolve (dis-solve?) it.

Unfortunately the not-knowing approach can therefore easily be understood as a "mask of general inquisitiveness" (Efran & Clarfield, 1992, p. 210) or a *pretence* of ignorance. Interestingly enough, Hoffman (1992) remarked that Anderson and Goolishian's not-knowing approach "often irritates people who watch them work, because it seems so clearly not true that they 'don't know'" (p. 18). If observers could get this impression, why not the clients themselves?

When we explore multiple views and meanings in our conversations with clients, we will inevitably be guided by certain biases - whether or not we acknowledge or express them. Since these biases will be communicated to clients anyway (Atkinson & Heath, 1990; Efran & Clarfield, 1992; Furman & Ahola, 1988; Golann, 1988), it seems more appropriate for the therapist to take responsibility for them and to make them explicit (Colapinto, 1985).

This brings us to the second point, namely that the not-knowing stance allows the client rather than the therapist to be "the expert" (Anderson & Goolishian, 1992). In terms of a postmodern orientation, knowledge may be equated with power, and it seems logical that the therapist's not-knowing stance would imply a more balanced distribution of

power within the therapeutic system. Yet Hoffman (1992) cautions that "power relations [may often be] hidden within the assumptions of any social discourse" (p. 22), and in my view this is also the case here (see also Golann, 1988; Hoffman, 1986).

Various authors (Efran & Clarfield, 1992; Fruggeri, 1992; Nichols, 1989) have pointed out that clients' expectations are bound up with the general social definition of therapy as a context in which one pays the therapist to provide expert assistance with problem solving and personal growth, among other things. They warned that therapists who ignore this social definition of the therapeutic context by taking a unilateral decision to eliminate hierarchical arrangements may be entrenching covert hierarchies rather than eliminating them. Indeed, the therapist does remain the expert: in the words of Anderson and Goolishian (1992), the "therapist exercises an expertise in asking questions from a position of 'not-knowing'" (p. 28). In terms of the discussion above, this means that the therapist is an expert at appearing to be a nonexpert in conversation with the client - who is expecting the therapist to be an expert and to behave like one! Although this approach may certainly be useful (Young & Beier, 1982), it cannot be regarded as transparent and collaborative. The tentative, "not-knowing" therapist may be regarded as the exact opposite of the typical confident, "all-knowing and wise" (Gergen & Kaye, 1992, p. 171) modernist therapist. Yet postmodernism involves transcending dualisms rather than perpetuating them (Gergen, 1985; Lax, 1992).

With regard to White's re-authoring approach (Epston et al., 1992; White & Epston, 1990), Gergen and Kaye (1992) warned that it closely resembles the modernist "replacement of a dysfunctional master narrative with a more functional one" (p. 181). Gergen and Kaye argued that such a "more functional" narrative, although preferred by both therapist and client, may be just as limiting as the client's original story; if clients simply commit themselves to the new story or new belief about themselves, without regard to context, this limits the range of experiences, behaviours and relationships available to them.

Gergen and Kaye (1992) felt that the approach could be limiting to therapists as well, since it "carries the seeds of a prescriptive rigidity... which may confirm an illusion that it is possible to develop a set of principles or codes which can be invariantly applied irrespective of context" (p. 181). It is ironic that the re-authoring approach, which is intended to liberate clients from the oppression of "global discourses" (White & Epston, 1990, p. 26) and to facilitate the rediscovery of their own, unique resources, may have the opposite effect on therapists. According to Gergen and Kaye, therapists who adhere blindly to the re-authoring approach mirror the rigidity or stuckness of their clients; postmodernism, on the other hand, implies flexibility and sensitivity to contexts - for clients *and* therapists.

An Alternative View

I have stated above that postmodernism involves a profoundly questioning stance, an emphasis on contexts rather than on general rules, and a tolerance of uncertainty (Doherty, 1991; Gergen & Kaye, 1992; Lax, 1992). It seems logical that there could be no one specific "postmodern" approach to therapy, involving certain specific conceptualisations and techniques, since that would imply a "prescriptive rigidity" (Gergen & Kaye, 1992, p. 181) in the sense that that approach would be presumed to take precedence over the particular stories and biases of clients and therapists in particular contexts.

In discussing constructionist approaches to therapy, Efran and Clarfield (1992) pointed out that writers and readers often confuse *descriptions* of therapy with *prescriptions* for doing therapy. Efran and Clarfield used the term "descriptions" here to convey more or less the same meaning as Dell's (1986a, 1989) term "explanations", namely as a means of conceptualising problems and therapeutic interactions. Social constructionism is not a model or approach; it is a metatheory or context within which to understand and conduct therapy (Efran & Clarfield, 1992; Sluzki, 1992). According to Sluzki (1992) and Efran and Clarfield (1992), "conversation" and "narrative" are *metaphors* which may be applied to any type of therapy - regardless of the model or techniques used by the

therapist. It is the therapist's theoretical and personal biases with regard to the client's story that will determine which techniques are used. Thus the conversation between therapist and client could also include tasks and rituals, for instance (Sluzki, 1992).

As regards the postmodern emphasis on naive or "local knowledge" (White & Epston, 1990, p. 26) rather than decontextualised theoretical knowledge, Amundson et al. (1993) proposed that theoretical knowledge should combine with the therapist's "moment-by-moment experience in the room" (p. 115) to form a kind of "double description" (Bateson, 1985, pp. 227-228). They added that it is only when our theoretical knowledge blinds us to our naive experiences with clients that therapy degenerates into "colonization" (Amundson et al., 1993, p. 121). Yet to my mind it is impossible at any given moment to draw a rigid distinction between theoretical knowledge and personal or experiential knowledge; what we see and hear is determined by what we have learnt and experienced before, and the striving for "naive" experience appears to be as futile as the striving for its modernist counterpart of "objectivity".

In this regard Epstein and Loos (1989) (who also form part of the Galveston group) stated the following:

We do not believe that we as therapists know any better than our clients how to run their lives. Yet we cannot deny that we make judgments about these issues. Ultimately, all we can do is to be accountable for the things we say and do to the people with whom we are in conversation, by openly acknowledging our prejudices and offering them up for change through dialogue. Accountability (therapeutic responsibility) occurs only at the local level... there is no universal ethic to which one can appeal in making... decisions. (p. 418)

This view was echoed by Efran and Clarfield (1992), who added that it could be more patronising to pretend to clients that one has no personal or professional opinions of one's own than it would be to openly

acknowledge one's biases - as biases, not "truths". Moreover, they pointed out that therapists who do not take responsibility for their own values and beliefs cannot reasonably expect their clients to do so.

Although postmodernism also implies that the therapist's status as an "expert" should be questioned and deconstructed (Gergen & Kaye, 1992), this does not necessarily mean that the therapist can *never* admit to expertise or assume a "one-up" position. Rigid adherence to such a general rule would, in fact, be contrary to the very relativity and reflexivity that lies at the core of postmodernism (Hoffman, 1992; Lax, 1992).

Irreverence and Postmodernism

(Note to Reader: If by now you have forgotten what the purpose of this discussion was, as I nearly did, kindly refer to pages ⁶⁰61 to ⁶⁵66 to refresh your memory before you continue.)

If the "not-knowing" (Anderson & Goolishian, 1988, 1990, 1992) and "re-authoring" (Epston et al., 1990; White & Epston, 1992) approaches are regarded as the norms, then an irreverent stance can certainly not be regarded as postmodern. Not only do Cecchin et al. (1994) conceptualise therapy in cybernetic terms (a metaphor that is explicitly rejected by Anderson & Goolishian, 1990), they also condone and encourage the occasional use of strategic interventions and/or social control measures - both of which are anathema in terms of these approaches.

Yet if one regards self-reflexivity, doubt (or relativity) and a profound sensitivity to contexts as fundamental to the postmodern movement, as did the authors cited in the preceding section, then irreverence may be regarded as fitting squarely within the postmodern tradition. (Note that Cecchin et al., 1994, p. 33, describe their work as "post-ideological" rather than postmodern.) To borrow a phrase from

Gergen and Kaye (1992), the adoption of an irreverent stance involves both an acknowledgment of and an earnest attempt to undermine "the tyranny of the implied authority of governing beliefs" (p. 182) - for ourselves and for our clients.

METALOGUE

Reader: (Heaves a sigh of relief.) At last. Irreverence. I thought you'd never get to it.

Author: (Sweetly) Surely sometimes the journey may be just as important as the destination? Especially if it's shared?

Reader: Hmm. Whatever. Anyway, now that we're at our - ah - destination, I'd like us to tie up some loose ends.

Author: Such as?

Reader: Well, in terms of our previous conversation, I think you're implying that irreverence could help a therapist to overcome all those dualisms that we've looked at. Manipulation versus passivity, linear versus circular conceptualisations, cybernetics versus hermeneutics, social control versus noninterventionism, expertise versus equal collaboration, arrogant certainty versus simulated ignorance, and so on. But *how*?

Author: That's just the trouble, isn't it - there are *no recipes or general rules*. Each of us has to decide for ourselves, in every context, what to do. That's always been the case, it's just that it's not usually made explicit that we do always make that choice, and that we're always responsible for our choices and their consequences (Epstein & Loos, 1989; Gergen & Kaye, 1992).

Reader: There's something that bothers me about a choice you've made, though: I don't feel that you've made a clear enough distinction between constructivism and social constructionism.

Author: No, I probably didn't. They have a lot in common: an emphasis on multiple stories or versions of reality (Keeney, 1983; Lax, 1992), and on language, meaning and context (Efran & Lukens, 1985; Lax, 1992); the metaphor of conversation for therapy (Efran et al., 1988; Gergen & Kaye, 1992); and -

Reader: Yes, but there are differences between them as well, and that's what I'm interested in.

Author: Well, social constructionists sometimes accuse constructivists of solipsism (Gergen, 1985; Hoffman, 1990a, 1992), and yet Maturana and Varela (1992) emphasise that "we bring forth [our world] in our coexistence with others" (p. 241), and that "human reflection [is]... a constitutive social phenomenon" (p. 245). The origins of both include the philosophy of Immanuel Kant (Efran et al., 1988; Gergen, 1985); to my mind the main difference between them lies in the traditions or disciplines through which their ideas were filtered. Constructivism came to family therapy via biology and cybernetics (Hoffman, 1990a), whereas social constructionism incorporates elements of literary theory, semiotics and hermeneutics (Gergen, 1985).

Reader: So you're saying it's a question of "Pick your tradition: frogs or books"?

Author: (Laughs.) Something like that, yes. Some authors, such as Sluzki (1992) and Efran and Clarfield (1992), simply use ideas from both perspectives, and I'm inclined to go along with that. Of course I realise that there's a considerable difference between the two traditions, and that literary theory is a more "human" discipline than biology, since it focuses on meaning. But I'd like to retain the flexibility to *choose* the metaphors I want to use in particular contexts - texts are not necessarily always more appropriate than frogs...

Reader: In terms of the sources you've referred to in our conversation as a whole, I'd say you identify more with frogs than books...

Author: (Clears her throat.) Well... umm... that's an interesting version of a reality we've both shared. I must say that I tend to agree with Nichols (1989) that it's ironic that the social constructionists, who place such emphasis on language and the

intelligibility of texts (Gergen, 1985), can write such terribly turgid prose themselves. Not that Maturana (1975, 1978) - on the constructivists' side - is any less heavy going, but at least Jay Efran (Efran & Clarfield, 1992; Efran & Heffner, 1991; Efran & Lukens, 1985; Efran et al., 1988, 1990) is a pleasure to read, and so is Keeney (1983). But that's just my bias as an ex-translator, I suppose.

Reader: What about a feminist bias - would you say you had that? I noticed that you mentioned feminists as being part of the postmodern movement in therapy, and yet you didn't discuss them at all. Why?

Author: Well, I'm ambivalent about feminism. On the one hand, I strongly support the basic principle of deconstructing chauvinist discourse, like any other decontextualised discourse. But I share Doherty's (1991) concern about the feminists' lack of consistency. Although they criticise family therapists for perpetuating chauvinist discourse, they "adhere to the modernist ideas that gender is a fundamental, irreducible category of human experience and that objective social structures of oppression should be critiqued and overturned" (Doherty, 1991, p. 41; see also Cecchin et al., 1993). I find any kind of rigidity or dogmatism "potentially oppressive" (Doherty, 1991, p. 41), even if it purports to be liberating. For that reason I find Keeney and Bobele's (1989) flexible approach to family violence (and, by implication, gender issues) far more useful than that of authors such as Bograd (1987), Goldner (1985), Imber-Black (1986), MacKinnon and Miller (1987), and Taggart (1985).

Reader: So now I know a bit more about your personal biases - for frogs, flexibility and texts that are easy to read. My last question: how

do I actually go about achieving an irreverent stance? Yes, yes, I know you said there are no general recipes and no specific techniques, but surely we could come a bit closer to the pragmatics of therapy (Keeney, 1983) than we have so far?

Author: We could always try...

PART THREE

THE DIY SECTION

CHAPTER 5

IRREVERENCE AS (DE)CONSTRUCTION IN PRACTICE

Introduction

In the previous chapter we took a closer look at how Cecchin et al. (1992, 1993, 1994) defined irreverence, and at some of the assumptions underlying an irreverent stance. It should be clear by now that irreverence is *not* a new therapeutic model or set of techniques, and that it therefore does not involve discarding one's preferred models or techniques. On the contrary: an irreverent stance expands the range of choices available to a therapist rather than limiting them. The difference lies simply in the idea that the irreverent therapist assumes personal responsibility for the choices he or she makes in particular contexts.

I have mentioned elsewhere that Cecchin et al. (1994) have associated irreverence with the deconstruction of family therapy, and indeed, the working definition of deconstruction provided by Michael White (1993) closely resembles that of irreverence:

Deconstruction has to do with procedures that subvert taken-for-granted realities and practices: those so-called "truths" that are split off from the conditions and the context of their production; those disembodied ways of speaking that hide their biases and prejudices; and those familiar practices of self... that are subjugating of persons' lives. (p. 34)

This definition was taken from White's (1993) discussion of re-authoring therapy, as the process by which *clients* are liberated from subjugating narratives and "practices of self" (p. 34). Irreverence, however, also entails the deconstruction of the discourses and practices that subjugate *therapists*. But what does this involve at the pragmatic level?

To find answers to this question, I believe it may be useful to distinguish the possible "targets" of irreverence - the components of an irreverent stance - as implied by Cecchin et al. (1992, 1993, 1994), and to examine the potential utility of practical suggestions made by these and other authors. The discussion below deals with irreverence towards the

therapist's own views (self-reflexivity), towards the client's views (orthogonality), towards therapeutic theories and models (flexibility), and finally, towards normative expectations with regard to the role of the therapist, whether personal, interpersonal, societal or institutional (accountability). Since irreverence is a unified stance and not a set of techniques, these components are all interrelated and interdependent. It should also be noted that these components were not explicitly identified by Cecchin and his co-workers, and that others could therefore be distinguished by other observers.

Constructing an Irreverent Stance

Self-reflexivity

Irreverence, like charity, starts at home. An irreverent stance has at its foundation the basic epistemological premise that nobody has access to reality: if there is such a thing as "truth", we can never know it (Cecchin et al., 1992, 1993, 1994). Yet it is also based on the assumption that all our thoughts, feelings and actions flow from our prejudices - opinions and beliefs that we hold to be "true" at an experiential level (Amundson et al., 1993; Cecchin et al., 1992, 1993, 1994). These two equally important tenets are complementary rather than mutually exclusive. In practice, they translate into the following self-reflexive credo (which is essentially Martin Luther's famous credo looping back on itself): I see what I see and believe what I believe in terms of my life experience thus far; although my views and beliefs seem like the truth to me, they reflect my biases, and if my client(s) and I do not find these views and/or beliefs useful, we have the option of exploring other alternatives.

Hence the deconstruction of the therapist's "expertise" involves neither a negation of one's own views (as in the assumption of a not-knowing position), nor an unquestioning implementation of such views (as is the case in strategic approaches). Instead, it consists in a willingness to acknowledge one's prejudices to clients, to discuss the differences and/or

similarities between one's own views and those of clients, as well as the possible implications of such differences or similarities, and to explore alternative views with clients if necessary.

But before we can acknowledge our prejudices to clients, we need to become aware of them ourselves - not just once and for all, but through an ongoing process of self-reflexive critical inquiry, since the temptation to slip back into complacent certainty is ever-present (Amundson et al., 1993). By what means can a therapist make self-reflexivity part of the therapeutic process?

Cecchin et al. (1994) proposed that the one-way mirror and team, which have been somewhat less popular in recent years because of the postmodern tendency towards transparent and equal collaboration, be reintroduced as a means of helping therapists to become - and remain - aware of their own prejudices. The team may be assigned the task of identifying the therapist's prejudices and the ways in which these interact with those of the client(s), leaving the therapist free to act on his or her convictions. The team may then discuss their observations - which obviously reflect their own biases! - in front of therapist and clients, following Andersen's (1987, 1992) reflecting team format, or they may share their views with the therapist after the session, so that he or she can discuss these with clients in the next session. The concept of temporary certainty may be useful in this regard, in that therapist and client may agree to adhere to any of the different views that are expressed (the therapist's, client's or those of the various team members) for a given number of sessions, after which they may reevaluate their position.

However, like Andersen (1992), Anderson and Goolishian (1988), and Efran and Clarfield (1992), Cecchin et al. (1994) warned that teams may easily foster competitiveness and rigidity (in terms of dualisms such as right/wrong, true/false, good/bad) rather than flexibility and self-reflexivity. For the same reason discussions with colleagues (with or without videotape recordings of sessions), though potentially useful

(Cecchin et al., 1992, 1994), may also not guarantee or even facilitate self-reflexivity. Ultimately, the responsibility for maintaining a self-reflexive stance rests with the therapist alone.

Of course the notion that therapists should reflect on their own ideas and feelings about clients, though strongly associated with postmodernism (Gergen & Kaye, 1992; Hoffman, 1992), is far from new: it has played a role in conceptualisations of psychotherapy ever since Freud introduced the concept of countertransference (Campbell & Draper, 1994). But long-term, intensive psychoanalysis, edifying though it may be, hardly seems to be the most functional method for achieving self-reflexivity in one's day-to-day practice. Fortunately there is a simpler, less time-consuming option: that of an internal dialogue with oneself both during and after psychotherapy sessions (Anderson & Goolishian, 1988, 1992; Atkinson & Heath, 1990; Efran & Clarfield, 1992; Epstein & Loos, 1989; Stewart et al., 1991). (Therapists who do not feel comfortable talking to themselves may prefer to follow the suggestion made by Keeney & Ross, 1992, namely of leaving the room momentarily to consult with an imaginary team...)

The literature provides hardly any examples of actual questions that therapists may ask themselves in this regard, but to my mind questions such as the following may be useful (see Stewart et al., 1991, p. 25; White, 1993, pp. 41-42): How convinced am I of my view of the client's problem? How does my view correspond to or differ from the client's? What would need to happen for me to see this problem in a completely different light? Would I have experienced this client's problem and my interaction with him or her differently if I were male (or female, in the case of a male therapist), or if I had a different religious, political, or sexual orientation, or if I belonged to a different cultural, racial, or age group? How would my thinking have been different if I had been trained in terms of a different model (e.g. solution-focused, structural, client-centred, psychodynamic, behaviourist)? Is there a possibility that any of these alternative views could be more useful than my own? Am I actually prepared to consider other options, or am I determined to adhere to my own point of view?

The answers to questions such as these, and their possible implications, may then be discussed with clients so as to open up more therapeutic possibilities (Cecchin, 1992).

Orthogonality

An irreverent stance also involves deconstructing clients' views, thereby "undermin[ing] the patterns and stories constraining [clients], promoting uncertainty, and thus allowing... clients... an opportunity to evolve new beliefs and meanings and less restrictive patterns" (Cecchin et al., 1992, p. 9). Again, the basic idea that therapists should interact with their clients in such a way that clients develop a different view of their problems and that different behaviours or solutions become available to them, has been fundamental to both family therapy and individual psychotherapy for many years; for instance, it prompted strategic therapists like Watzlawick and his colleagues (1967, 1974) to develop techniques such as positive reframing nearly three decades ago. More recently, authors who base their work on that of Maturana (1975, 1978; Maturana & Varela, 1992) have used the terms "orthogonality" (Kenny, 1989, p. 45) and "orthogonal interaction" (Efran & Clarfield, 1992, p. 214) when discussing the application of this idea in therapy.

According to Kenny (1989) and Efran and Clarfield (1992), orthogonality involves interacting with clients in such a way that the problem is not perpetuated, in the sense that clients are prompted to expand their existing framework of ideas and behaviours - both with regard to the problem and in general. More specifically, a therapist's interaction with a client is orthogonal if the therapist's responses to the client's statement or enactment of the problem do not correspond to the client's expectations (in terms of how people usually respond), so that the client gets a "new experience" (Young & Beier, 1982, p. 264). For example, a therapist whose client complained of having had a very "bad week" asked her why anybody should be concerned about that, and what difference it would make even if anybody were to be genuinely concerned (Efran & Clarfield,

1992, pp. 214-215). Client and therapist then started to critically examine her ideas about the approval of others, and she subsequently took some steps that she experienced as directly satisfying.

If, in the course of therapy, clients' original experience and understanding of their problem are complexified or relativised by new experiences and/or new understandings, so that they can either overcome it or it ceases to be a problem, then the therapist's behaviour towards them has been orthogonal. In terms of our discussion, orthogonality involves utilising the differences and similarities between the therapist's prejudices and those of clients, in that the irreverent therapist can confidently offer his or her opinion to a client, not as the "correct" view, but as one that is as biased, as subject to revision, and as potentially useful or useless as the client's own.

For instance, Cecchin et al. (1994, pp. 20-21) stated that in the case of clients who present themselves as helpless and in need of advice, therapists may choose any of the following options, depending on their own biases: (a) to point out that it is against their principles to take charge of clients' lives, since they believe that clients always have the resources to overcome their own problems, even if these are not apparent; or (b) to point out that they are naturally inclined to take control when confronted with people who appear to be so desperate and confused; and (c) in *both* cases, to explore with clients the possible consequences should they agree to take charge, such as that the clients might become even more helpless. If clients still insist that they need active guidance, the therapist may agree to assume authority temporarily, with the proviso that clients should speak up if the therapist becomes "too bossy" (p. 21).

There are about as many ways of interacting orthogonally with clients as there are different therapeutic approaches and techniques. In general, such approaches and techniques may be regarded as belonging to three broad groups, involving a focus on behaviours, on ideas or conceptualisations of the problem, or on both. It should be clear by now that irreverent therapists may use any, all, or none of these techniques, depending on the context, their clients, and their personal and theoretical

biases. The important factor is not which techniques we choose, but *how* we use them: self-reflexively rather than dogmatically. A limited number of these approaches and techniques (those that appeal to me?) will be discussed very briefly below.

Frank Farelly's (Farelly & Brandsma, 1974) provocative therapy, which was developed in the context of a psychiatric institution, involves the prescription and encouragement of symptoms to the point of absurdity, with liberal use of humour. Humour and "reductio ad absurdum" are also common denominators in Carl Whitaker's therapy of the absurd (1976), Milton Erickson's (1982) hypnotic utilisation techniques, and Maurizio Andolfi's (Andolfi et al., 1983) own brand of provocative therapy. Although these four approaches differ considerably in many respects, they share the assumption that the therapist's uniquely provocative style may challenge clients into exploring different behavioural alternatives, which may lead to new, more useful ideas about themselves and/or their problems.

This is also the notion underlying Young and Beier's (1982) asocial approach: if the therapist's responses differ markedly from those the client has come to expect, the client may experience a "beneficial uncertainty" and be "obliged to discover new behavioral styles" (p. 264). Young and Beier distinguished four types of "asocial responses" (p. 268) that therapists could use for this purpose, of which the last two may be particularly useful: making clients aware of one's impressions of their nonverbal behaviour ("labeling style of the interaction", p. 270), and giving clients an exaggerated, humorous version of the response one believes they expect ("paradigmatic responses", p. 271).

The work of Tom Andersen (1987, 1992), Anderson and Goolishian (1988, 1990, 1992), Amundson et al. (1993), Furman and Ahola (1988a), and Michael White (Epston et al., 1992; White, 1993; White & Epston, 1990) may be regarded as belonging to the second broad group that was identified above, in the sense that the therapist's orthogonality is directed primarily towards clients' ideas (or stories), and takes the form of different conversational techniques such as circular questioning. Readers who are

drawn to this type of approach may want to refer back to the discussions on the work of Andersen, Anderson and Goolishian, and White elsewhere in this dissertation.

The third broad group identified above includes the work of authors such as Brad Keeney (1983, 1990a, 1990b), Jay Efran (Efran et al., 1988, 1990; Efran & Clarfield, 1992; Efran & Heffner, 1991), and Carlos Sluzki (1992). (Note that the work of Cecchin et al., 1992, 1993, 1994, may also be regarded as belonging to this group.) These approaches share a joint emphasis on clients' behaviour *and* ideas, and include a range of techniques - from reflections to rituals and beyond - that is limited only by the therapist's own imagination and resourcefulness.

Flexibility

Since all therapists have been trained within the framework of particular models, and are subject to the basic human tendency to make sense of what they experience (Amundson et al., 1993), they will always be inclined to conceptualise therapeutic interactions and their clients' problems in terms of those models. Yet various authors (Farely & Brandsma, 1974; Furman & Ahola, 1988a; Gergen & Kaye, 1992; Keeney & Ross, 1992; Whitaker, 1976) have pointed out that such theoretical formulations may inhibit the therapist's ability to explore a wide range of alternative meanings, and may limit his or her behavioural flexibility.

For this reason Cecchin et al. (1993) stated that the "irreverent therapist fights the temptation of ever becoming a true believer in any approach or theory" (p. 129). They added that therapists "can believe strongly in a model, or an idea, or hypothesis, while being free to discard it when it is no longer useful" (p. 131). This is the third component of an irreverent stance, involving the deconstruction of the therapist's own adherence to particular therapeutic theories or models.

In this regard, Farely (Farely & Brandsma, 1974) suggested that therapists occasionally "throw therapy out the window" (p. 16), in the sense of rejecting their theoretically-based notions of what they *ought* to be

doing as therapists in favour of their intuitive responses in particular therapeutic contexts. This view was echoed by Whitaker (1976), who advised experienced therapists to trust their clinical intuition rather than theoretical constructs to guide them in their interactions with clients. (This is reminiscent of the postmodern emphasis on naive experience, discussed in the previous chapter.) The concept of temporary certainty (Cecchin et al., 1993, 1994) may be invaluable here, since it allows therapists to believe in a given intuitive or theoretical conceptualisation, to discuss this with clients and to negotiate a circumscribed period after which this view may be reevaluated by both parties. This is similar to Whitaker's (1976) suggestion that therapists learn to "retreat and advance from every position... [they] take" (p. 164). This type of flexibility may be distinguished from attempts to appear impartial; instead, it constitutes a commitment by therapists to the notion that the only changes they can be sure of in therapy are those that occur in themselves (Anderson & Goolishian, 1988, 1992; Atkinson & Heath, 1990; Cecchin et al., 1994; Gergen & Kaye, 1992; Lane & Schneider, 1990).

A therapist's ability to improvise (see Keeney, 1990a, 1990b) may also be enhanced by means of self-reflexive questions such as those listed above, particularly ones directed towards eliciting and challenging his or her personal reasons for adhering to particular therapeutic models. For instance: If I had been trained in terms of a different model, how would this have affected my view of the client and his or her problem? How many differences can I find between this client's situation and those of other clients whose problems I have conceptualised in similar terms? If I were in a situation similar to the client's, would I still be conceptualising the problem in terms of this model? If I had had no training whatsoever in psychotherapy, how would my experience of the client and the problem have been different? If I knew that this client had already seen all the best therapists in the world, what difference would that make to my views? Conversely, if I knew that the therapy was going to have an outcome that was satisfactory to the client irrespective of what I do, how would that affect my ideas and behaviour?

Keeney (1990b, pp. 108-113) also provided a lengthy and playful questionnaire designed to assist therapists in identifying their own resources and to stimulate their flexibility and creativity. This includes questions such as the following: "What one word is the least descriptive of your work? Now, what is the opposite of that word?" (p. 109), and "Imagine writing to the therapist you respect most and asking for a one-sentence summary of advice. What's your best guess as to what would be said?" (p. 110).

To summarise: irreverence towards therapeutic theories and models (i.e. flexibility) does not involve a rejection of certain models in favour of others, nor does it entail a dogmatic refusal to believe in any particular theory or model. It does involve an acknowledgment of one's preferred theories, models, conceptualisations and techniques, and a willingness to entertain and pursue alternative views in particular contexts.

Accountability

Cecchin et al. (1992, 1993, 1994) stated emphatically that irreverence is a highly ethical stance, in which accountability plays a vital role. Actually, accountability is implicit in all the facets of irreverence outlined above, and requires no more and no less than these.

Pragmatically speaking, accountability therefore involves becoming aware of one's personal and theoretical prejudices (self-reflexivity) and evaluating their usefulness in the context in question (flexibility) while formulating an opinion about the client's problem and interacting with the client in terms of that view (orthogonality). Therapeutic accountability also stems from the irreverent therapist's willingness to discuss such views with clients, and to negotiate a limited time frame for them (Atkinson & Heath, 1990; Cecchin et al., 1992, 1993, 1994; Epstein & Loos, 1989; Hoffman, 1990a, 1990b). In doing so, the therapist makes it "clear that these convictions are not a truth independent of the observer and the context but... stem from the therapist's personal history, cultural context, and theoretical orientation" (Cecchin, 1992, p. 93). Note that this does *not* mean that irreverent therapists apologise for their "lack of objectivity"; on

Sarah has a new client, a 26-year-old woman who also comes from a supportive, wealthy family, and who is three months pregnant. Joanne, the client, is not married, but Sarah feels that she can really join with her. They have a great deal in common, including their age. Joanne has come for therapy because of problems in her relationship with her boyfriend. He's a cocaine addict, and often beats her up badly. Joanne loves her boyfriend but suspects she should leave him. Sarah explains that if Joanne wants to stay in the relationship, she will have to bring her boyfriend along for couples' therapy, particularly since there's a baby on the way.

At the next session, Joanne says she's decided she wants to get out of the relationship. Her boyfriend has beaten her up yet again, and he found the idea of going for therapy with her quite ludicrous. Joanne finds she can now look at him quite coldly, and no longer feels afraid of making a life for herself alone. Her family, she knows, will support her. She's also decided that she wants an abortion, and has already seen a gynaecologist with this in mind. Her appointment with the psychiatrist, who will assess whether she is psychiatrically fit to keep the baby, is for next week.

Sarah finds she can't join as strongly with Joanne this time. She keeps thinking how well Joanne looks - healthwise, certainly, there's no reason for not keeping the baby. Apart from everything else, an abortion at this late stage simply poses too big a health risk. If Joanne keeps the baby, there won't be any financial problems - her family will definitely see to that. And in a close family like that, emotional support won't be lacking either. An abortion is actually the last thing Joanne should be considering, but Joanne is so excited about her decision that it will be very hard to dissuade her. Sarah considers phoning the psychiatrist to explain her own view of Joanne's situation to him.

Self-reflexivity

Sarah's views of Joanne's situation are naturally influenced by her own present and past life experience. No wonder she is able to identify so strongly with Joanne - during the initial interview, the differences between the two women's situations remain relatively unobtrusive. By the last session, however, these differences have become far more salient, giving

rise to Sarah's sensation of discomfort and disengagement from her client. If Sarah were to strive for greater self-reflexivity, she would ask herself questions relating to possible differences in their experience of their lives, and others like those listed earlier on in this chapter, so as to open her own eyes to alternative ways in which to conceptualise Joanne's problems. To mention just one example, in the final session she could ask herself in what way her ideas would be different if she had had an abortion herself, or if she had had to bring her own baby up by herself, or if her husband had physically abused her baby. Above all, Sarah would discuss her biases and their possible implications with Joanne - particularly her personal conviction that Joanne ought to keep the baby.

Orthogonality

Sarah's request that Joanne bring her boyfriend along for therapy may be regarded as orthogonal since it addresses Joanne's ambivalence about this problematic relationship. (The expected response would be to encourage Joanne to leave him.) Sarah could also explore issues around Joanne's disempowerment with her, for instance by enquiring whether there are other areas in Joanne's life in which she experiences herself as equally powerless, and whether Joanne can think of any instances in which she has experienced herself as in control. (See White, 1993.) By the next session, Joanne has transcended her ambivalence and helplessness but has decided to take a step that clashes with Sarah's personal convictions - to have an abortion. Although Sarah's ideas about Joanne's proposed abortion certainly differ from Joanne's, they cannot be regarded as orthogonal. In fact, Joanne does not seem to regard her decision to have an abortion as a problem at all; only Sarah does. In this session, orthogonality (in terms of the presenting problem) could entail supporting Joanne's decision to leave her boyfriend, whether or not she keeps the baby.

Flexibility

If Sarah were irreverent towards her own belief that couples should be seen together, and not apart, she could discuss the implications of this view with Joanne. Questions such as the following could be explored: If

Sarah were to continue seeing Joanne alone, would that jeopardise the couple's chances of improving their relationship? Or would individual therapy with Joanne in fact be a more feasible way of sorting out their relationship problems, given the boyfriend's reluctance to participate? In the next session, Sarah could explore with Joanne all the worst and best possible scenarios if she were to either keep or abort the baby. If Joanne then reconsidered her decision to have an abortion, Sarah could discuss with her the possibility of giving the baby up for adoption, or of exploring Joanne's parents' views about the baby's future in a session with her family of origin. Obviously there are many more possibilities.

Accountability

As it stands, Sarah's story suggests that she has not assumed responsibility for her prejudices. If she adopted an irreverent stance, her accountability would be reflected in her acknowledgment of her personal and theoretical biases, her willingness to discuss these with Joanne, and in her openness to alternative views.

Anne's Story

Koos is referred to a community psychiatric clinic for psychotherapy by a GP. The referral note states that Koos has massive frontal lobe damage sustained in a car accident a year ago. He is severely depressed and suicidal. He has uncontrollable rage outbursts, is unemployed and unlikely to find any employment in future as a result of gross psychomotor spasms which cause his arms and legs to periodically twitch and flap wildly. He has always been the sole breadwinner, and his wife and two children have no other source of income. He refers to himself as "die gemors". Neuropsychological testing by Anne, the therapist, confirms that the frontal damage is extensive, and that Koos may also have some temporal lobe impairment.

Anne knows very little about neuropsychological rehabilitation, so she refers Koos to a neuropsychological rehabilitation centre. He returns: he cannot afford the treatment. Anne suggests family therapy. She may, at

least, be able to help them adjust to Koos's impairment. They come to one session and no more. Marie, Koos's wife, is busy job-hunting and the entire family agrees that the main problem is Koos's brain damage, which has destroyed their secure existence. Anne is stuck. She studies neuropsychological textbooks and comes up with practical interventions, which Koos forgets as soon as he leaves. They explore Koos's ideas about the meaning of life in general, the meaning of his own life, the implications of his brain damage, his relationships with his family of origin, and his intense frustration at his inability to control the flapping of his arms and legs. Koos dutifully arrives every week, but nothing changes. Anne realises that the therapy is a failure and decides to start terminating.

At about this time, Anne discovers 3D pictures, which have just become the rage. She becomes fascinated with them, and buys dozens of 3D postcards. She carries four or five in her handbag wherever she goes and entertains herself with them whenever she has a free moment.

When Koos arrives for the next session, Anne tells him that she feels stuck: nothing seems to have worked, and she actually agrees with Koos that it's futile to try and help him inject meaning into a life that was essentially destroyed along with his brain cells. In turn, Koos admits that he's bored with life and with therapy. Yet therapist and client like each other, and Koos requests another session simply because there's an appointment available and he has nothing better to do. Impulsively, Anne proposes an antidote to boredom (one that has worked for herself, at any rate) for the empty week that lies ahead for Koos. She lends him some 3D postcards, and shows him how to change focus until the picture emerges.

At the next session Koos says he sat staring at the postcards all week and didn't manage to see a single 3D image. This is finally a challenge Anne *can* deal with. Of course, it has nothing at all to do with therapy, but after all, they've virtually terminated. Anne and Koos hold the cards this way and that way, Koos rubs his eyes, squints, and at last - aha! Koos sees the picture. For the first time since the beginning of therapy Koos becomes enthusiastic, and she notices that Koos's body becomes motionless while

he's concentrating on the postcards. Another session is arranged, and Koos spends another week staring unsuccessfully at 3D postcards. And again, he comes for his session and sees the images under Anne's guidance.

The next session is arranged for 3 weeks later, after Anne's annual holiday, and Koos leaves clutching a handful of 3D postcards, grimly determined to see the images on his own, at home.

When Anne returns, Koos is exultant. He saw all the images in his homework postcards, plus some 3D pictures he found in his wife's magazines. Over the next three sessions, Koos reports that he has taught his children how to see the images as well, his wife has started a job which entitles her to a housing subsidy, he is far less aware of his flapping arms and legs, his brother has lent them some money, and he will be supervising the construction of their house on the site they have bought. Their garage will be big enough to contain a workshop for him that will serve as a basis from which he can work as a handyman...

REFERENCES

- American Psychological Association. (1984). *Publication manual* (3rd ed.). Washington, DC: Author.
- Amundson, J., Stewart, K., & Valentine, L. (1993). Temptations of power and certainty. *Journal of Marital and Family Therapy, 19*(2), 111-123.
- Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process, 26*, 415-428.
- Andersen, T. (1992). Reflections on reflecting with families. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 54-68). London: Sage.
- Anderson, C.M. (1986). The all-too-short trip from positive to negative connotation. *Journal of Marital and Family Therapy, 12*(4), 351-354.
- Anderson, H., & Goolishian, H.A. (1988). Human systems as linguistic systems. *Family Process, 27*, 371-393.
- Anderson, H., & Goolishian, H.A. (1990). Beyond cybernetics: Comments on Atkinson and Heath's "Further thoughts on second-order family therapy". *Family Process, 29*, 157-163.
- Anderson, H., & Goolishian, H.A. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 25-39). London: Sage.
- Andolfi, M., Angelo, C., Menghi, P., & Nicolò-Corigliano, A.M. (1983). *Behind the family mask: Therapeutic change in rigid family systems*. New York: Brunner/Mazel.
- Atkinson, B.J., & Heath, A.W. (1990). Further thoughts on second-order family therapy: This time it's personal. *Family Process, 29*, 145-155.
- Auerswald, E.H. (1985). Thinking about thinking in family therapy. *Family Process, 24*, 1-12.
- Bateson, G. (1972). *Steps to an ecology of mind*. Northvale, NJ: Jason Aronson.
- Bateson, G. (1985). *Mind and nature: A necessary unity*. London: Fontana. (Original work published 1979)
- Bentovim, A. (1987). Physical and sexual abuse of children: the role of the family therapist. *Journal of Family Therapy, 9*, 383-388.
- Bianciardi, M., & Galliano, M. (1987). Hypothesizing or provocation: A comparative analysis of two Italian schools of family therapy. *American Journal of Family Therapy, 15*(1), 3-13.

- Bogdan, J. (1987). "Epistemology" as a semantic pollutant. *Journal of Marital and Family Therapy*, 13(1), 27-35.
- Bogdan, J.L. (1982). Paradoxical communication as interpersonal influence. *Family Process*, 21, 443-452.
- Bogdan, J.L. (1984). Family organization as an ecology of ideas: An alternative to the reification of family systems. *Family Process*, 23, 375-388.
- Bograd, M. (1987). Case commentary 1. *Family Therapy Networker*, 11(3), 56-57.
- Boscolo, L., & Bertrando, P. (1993). *The times of time: A new perspective in systemic therapy and consultation*. New York: Norton.
- Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy: Conversations in theory and practice*. New York: Basic Books.
- Burbatti, G.L., & Formenti, L. (1988). *The Milan approach to family therapy*. Northvale, NJ: Jason Aronson.
- Campbell, D., Draper, R., & Huffington, C. (1989). *Second thoughts on the theory and practice of the Milan approach to family therapy*. London: DC Associates.
- Campbell, D., & Draper, R. (1992). Editor's foreword. In G. Cecchin, G. Lane, & W.A. Ray, *Irreverence: A strategy for therapists' survival* (pp. vii-viii). London: Karnac.
- Campbell, D., & Draper, R. (1994). Editor's foreword. In G. Cecchin, G. Lane, & W.A. Ray, *The cybernetics of prejudices in the practice of psychotherapy* (pp. xi-xii). London: Karnac.
- Carroll, L. (1965). *The works of Lewis Carroll*. Feltham: Hamlyn.
- Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process*, 26, 405-413.
- Cecchin, G. (1992). Constructing therapeutic possibilities. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 86-95). London: Sage.
- Cecchin, G., Lane, G., & Ray, W.A. (1992). *Irreverence: A strategy for therapists' survival*. London: Karnac.
- Cecchin, G., Lane, G., & Ray, W.A. (1993). From strategizing to nonintervention: Toward irreverence in systemic practice. *Journal of Marital and Family Therapy*, 19(2), 125-136.

616.89156 cccc

ch. 4

- Cecchin, G., Lane, G., & Ray, W.A. (1994). *The cybernetics of prejudices in the practice of psychotherapy*. London: Karnac.
- Colapinto, J. (1985). Maturana and the ideology of conformity. *Family Therapy Networker*, 9(3), 29-30.
- Coleman, S. (1987). Milan in Bucks County. *Family Therapy Networker*, 11(5), 43-47.
- Copi, I.M. (1978). *Introduction to logic* (5th ed.). New York: Macmillan.
- Dell, P.F. (1982). Beyond homeostasis: Toward a concept of coherence. *Family Process*, 21, 21-41.
- Dell, P.F. (1985). Understanding Bateson and Maturana: Toward a biological foundation for the human sciences. *Journal of Marital and Family Therapy*, 11(1), 1-20.
- Dell, P.F. (1986a). In defence of "lineal causality". *Family Process*, 25, 513-521.
- Dell, P.F. (1986b). Toward a foundation for addressing violence. *Family Process*, 25, 527-529.
- Dell, P.F. (1986c). Why do we still call them "paradoxes"? *Family Process*, 25, 223-234.
- Dell, P.F. (1989). Violence and the systemic view: The problem of power. *Family Process*, 28, 1-14.
- Dell, P.F., & Goolishian, H.A. (1981). "Order through fluctuation": An evolutionary epistemology for human systems. *Australian Journal of Family Therapy*, 2(4), 175-184.
- De Shazer, S. (1991). Here we go again: Maps, territories, interpretations, and the distinction between "the" and "a" or "an". *Journal of Marital and Family Therapy*, 17(2), 179-181.
- DiNicola, V.F. (1990). Contrasting visions from Milan: Family typology vs. systemic epistemology. *Journal of Strategic and Systemic Therapies*, 9(2), 19-30.
- Doherty, W.J. (1991). Family therapy goes postmodern. *Family Therapy Networker*, 15(5), 37-42.
- Efran, J.S., & Clarfield, L.E. (1992). Constructionist therapy: Sense and nonsense. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 200-217). London: Sage.
- Efran, J.S., & Heffner, K.P. (1991). Change the name and you change the game. *Journal of Strategic and Systemic Therapies*, 10(1), 50-65.

- Efran, J.S., & Lukens, M.D. (1985). The world according to Humberto Maturana. *Family Therapy Networker*, 9(3), 23-25, 27-28, 72-75.
- Efran, J.S., Lukens, R.J., & Lukens, M.D. (1988). Constructivism: What's in it for you? *Family Therapy Networker*, 12(5), 27-35.
- Efran, J.S., Lukens, R.J., & Lukens, M.D. (1990). *Language, structure, and change: Frameworks of meaning in psychotherapy*. New York: Norton.
- Epstein, E.S., & Loos, V.E. (1989). Some irreverent thoughts on the limits of family therapy: Toward a language-based explanation of human systems. *Journal of Family Psychology*, 2(4), 405-421.
- Epston, D., White, M., & Murray, K. (1992). A proposal for a re-authoring therapy: Rose's revisioning of her life and a commentary. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 96-115). London: Sage.
- Erickson, M.H. (1982). *My voice will go with you*. New York: Norton.
- Falzer, P.R. (1986). The cybernetic metaphor: A critical examination of ecosystemic epistemology as a foundation of family therapy. *Family Process*, 25, 353-364.
- Farely, F., & Brandsma, J. (1974). *The beginnings of provocative therapy*. Cupertino, CA: Meta.
- Fish, V. (1990). Introducing causality and power into family therapy theory: a correction to the systemic paradigm. *Journal of Marital and Family Therapy*, 16(1), 21-37.
- Foucault, M. (1972). *The archaeology of knowledge*. London: Tavistock.
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings*. New York: Pantheon.
- Fruggeri, L. Therapeutic process as the social construction of change. (1992). In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 40-53). London: Sage.
- Furman, B., & Ahola, T. (1988a). Return of the question "why": Advantages of exploring pre-existing explanations. *Family Process*, 27, 395-409.
- Furman, B., & Ahola, T. (1988b). Seven illusions. *Family Therapy Networker*, 12(5), 30-31.
- Gergen, K.J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275.

- Gergen, K.J., & Kaye, J. (1992). Beyond narrative in the negotiation of therapeutic meaning. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 166-185). London: Sage.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Golann, S. (1987). On description of family therapy. *Family Process*, 26, 331-340.
- Golann, S. (1988). On second-order family therapy. *Family Process*, 27, 51-65.
- Goldner, V. (1982). Trialogue: Philadelphia child guidance clinic. *American Journal of Family Therapy*, 10(2), 65-68.
- Goldner, V. (1985). Warning: Family therapy may be hazardous to your health. *Family Therapy Networker*, 9(6), 19-23.
- Goldner, V. (1988). Generation and gender: normative and covert hierarchies. *Family Process*, 27, 17-31.
- Haley, J. (1964). *Strategies of psychotherapy*. New York: Grune & Stratton.
- Held, B.S. (1990). What's in a name? Some confusions and concerns about constructivism. *Journal of Marital and Family Therapy*, 16(2), 179-186.
- Held, B.S., & Pols, E. (1985). The confusion about epistemology and "epistemology" - and what to do about it. *Family Process*, 24, 507-522.
- Hoffman, L. (1981). *Foundations of family therapy*. New York: Basic Books.
- Hoffman, L. (1986). Beyond power and control: Toward a "second-order" family systems therapy. *Family Systems Medicine*, 3, 381-396.
- Hoffman, L. (1990a). Constructing realities: an art of lenses. *Family Process*, 29, 1-12.
- Hoffman, L. (1990b). A constructivist position for family therapy. In B.P. Keeney, B.F. Nolan, & W.L. Madsen (Eds.). *The systemic therapist* (Vol. 1, pp. 3-30). St Paul, MN: Systemic Therapy Press.
- Hoffman, L. (1992). A reflexive stance for family therapy. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 7-24). London: Sage.
- Imber-Black, E. (1986). Maybe "lineal causality" needs another defence lawyer: A feminist response to Dell. *Family Process*, 25, 523-525.

- James, K., & MacKinnon, L. (1990). The "incestuous family" revisited: A critical analysis of family therapy myths. *Journal of Marital and Family Therapy*, 16(1), 71-88.
- Jones, E. (1988). The Milan method - quo vadis? *Journal of Family Therapy*, 10, 339-356.
- Jones, E. (1993). *Family systems therapy: Developments in the Milan-systemic therapies*. New York: Wiley.
- Kaplan, H.I., & Sadock, B.J. (1990). *Pocket handbook of clinical psychiatry*. Baltimore: Williams & Wilkins.
- Keeney, B.P. (1979). Ecosystemic epistemology: An alternative paradigm for diagnosis. *Family Process*, 18, 117-129.
- Keeney, B.P. (1982). What is an epistemology of family therapy? *Family Process*, 21, 153-168.
- Keeney, B.P. (1983). *Aesthetics of change*. New York: Guilford.
- Keeney, B.P. (1990a). Improvisational therapy: evolving one's own clinical style. *Contemporary Family Therapy*, 12(4), 271-277.
- Keeney, B.P. (1990b). *Improvisational therapy: a practical guide for creative clinical strategies*. St Paul, MN: Systemic Therapy Press.
- Keeney, B.P. (1994). Foreword. In G. Cecchin, G. Lane, & W.A. Ray, *The cybernetics of prejudices in the practice of psychotherapy* (pp. xiii-xv). London: Karnac.
- Keeney, B.P., & Bobele, M. (1989). A brief note on family violence. *Australian and New Zealand Journal of Family Therapy*, 10(2), 93-95.
- Keeney, B.P., & Cromwell, R.E. (1977). Toward systemic diagnosis. *Journal of Family Therapy*, 4(3), 225-236.
- Keeney, B.P., & Ross, J.M. (1992). *Mind in therapy*. Pretoria: University of South Africa.
- Kenny, V. (1989). Life, the multiverse and everything: An introduction to the ideas of Humberto Maturana. In A.L. Goudsmit (Ed.), *Self-organization in psychotherapy: Demarcations of a new perspective* (pp. 17-47). Berlin: Springer.
- Lane, G., & Russell, T. (1987). Neutrality vs. social control: A systemic approach to violent couples. *Family Therapy Networker*, 11(3), 52-57.
- Lane, G. & Schneider, A. (1990). Ein Ritual von Achtung und Respekt [A therapeutic ritual of respect]. *Zeitschrift für Systemische Therapie*, 8(2), 103-108.

bib. 8^a 20 SELF

- Lax, W.D. (1992). Postmodern thinking in a clinical practice. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 69-85). London: Sage.
- Levant, R.F. (1982). Client-centred family therapy. *American Journal of Family Therapy*, 10(2), 72-75.
- MacKinnon, L.K., & Miller, D. (1987). The new epistemology and the Milan approach: feminist and sociopolitical considerations. *Journal of Marital and Family Therapy*, 13(2), 139-155.
- Marchetti, M.C. (1993). *A critical appraisal of the work of Mara Selvini Palazzoli*. Unpublished doctoral dissertation, Rand Afrikaans University, Johannesburg.
- Masson, J. (1988). *Against therapy: Emotional tyranny and the myth of psychological healing*. New York: Atheneum.
- Maturana, H.R. (1975). The organization of the living: a theory of the living organization. *International Journal of Man-Machine Studies*, 7, 313-332.
- Maturana, H.R. (1978). Biology of language: the epistemology of reality. In G.A. Miller, & E. Lenneberg (Eds.), *The psychology and biology of language and thought* (pp. 27-63). New York: Academic Press.
- Maturana, H.R., & Varela, F.J. (1992). *The tree of knowledge* (rev. ed.). Boston: Shambhala.
- McNamee, S., & Gergen, K.J. (1992). Introduction. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 1-6). London: Sage.
- Minuchin, S. (1991). The seductions of constructivism. *Family Therapy Networker*, 15(5), 47-50.
- Nichols, M.P. (1987). The fox and the bear: Gianfranco Cecchin and Maurizio Andolfi debate neutrality vs. provocation. *Family Therapy Networker*, 11(1), 59-62.
- Nichols, M.P. (1989). Some irreverent comments. *Journal of Family Psychology*, 2(4), 422-425.
- O'Hanlon, W.H. (1992). History becomes herstory: Collaborative solution-oriented therapy of the after-effects of sexual abuse. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 136-148). London: Sage.
- Penn, P. (1982). Circular questioning. *Family Process*, 21, 267-280.

- Prigogine, I., & Stengers, I. (1984). *Order out of chaos: Man's new dialogue with nature*. London: Heinemann.
- Selvini, M. (1988). The evolution of her clinical work. In Selvini, M. (Ed.), *The work of Mara Selvini Palazzoli* (pp. 1-20). Northvale, NJ: Jason Aronson.
- Selvini Palazzoli, M. (1986). Rejoinder to Anderson. *Journal of Marital and Family Therapy*, 12(4), 355.
- Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1978). *Paradox and counterparadox*. New York: Aronson.
- Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing - circularity - neutrality: Three guidelines for the conductor of the session. *Family Process*, 19, 3-12.
- Selvini Palazzoli, M., Cirillo, S., Selvini, M., & Sorrentino, A. (1989). *Family games: General models of psychotic processes in the family*. London: Karnac.
- Selvini Palazzoli, M., & Prata, G. (1988). From interpretations to the prescription of family rituals. In Selvini, M. (Ed.), *The work of Mara Selvini Palazzoli* (pp. 301-304). Northvale, NJ: Jason Aronson.
- Simon, R. (1985). A frog's eye view of the world. *Family Therapy Networker*, 9(3), 32-43.
- Simon, R. (1987a). Good-bye paradox, hello invariant prescription. *Family Therapy Networker*, 11(5), 17-25.
- Simon, R. (1987b). An interview with Mara Selvini Palazzoli. *Family Therapy Networker*, 11(5), 26-33.
- Sluzki, C.E. (1992). Transformations: A blueprint for narrative changes in therapy. *Family Process*, 31, 217-230.
- Stewart, K., Valentine, L., & Amundson, J. (1991). The battle for definition: the problem with (the problem). *Journal of Strategic and Systemic Therapies*, 10(2), 21-31.
- Taggart, M. (1985). The feminist critique in epistemological perspective: Questions of context in family therapy. *Journal of Marital and Family Therapy*, 11(2), 113-126.
- Tomm, K. (1984). One perspective on the Milan systemic approach: Part I. Overview of development, theory and practice. *Journal of Marital and Family Therapy*, 10(2), 113-125.

- Tomm, K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions? *Family Process*, 27, 1-15.
- Treacher, A. (1988). The Milan method - a preliminary critique. *Journal of Family Therapy*, 10, 1-8.
- Varela, F.J. (1989). Reflections on the circulation of concepts between a biology of cognition and systemic family therapy. *Family Process*, 28, 15-24.
- Watzlawick, P., Beavin, J.H., & Jackson, D.D. (1967). *Pragmatics of human communication*. New York: Norton.
- Watzlawick, P., Weakland, J.H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.
- Whitaker, C. (1976). The hindrance of theory in clinical work. In P.J. Guerin (Ed.), *Family therapy: Theory and practice* (pp. 154-164). New York: Gardner.
- White, M. (1993). Deconstruction and therapy. In S. Gilligan & R. Price (Eds.), *Therapeutic conversations* (pp. 22-61). New York: Norton.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Wilkinson, M. (1992). How do we understand empathy systemically? *Journal of Family Therapy*, 14, 193-205.
- Willbach, D. (1989). Ethics and family therapy: The case management of family violence. *Journal of Marital and Family Therapy*, 15(1), 43-52.
- Young, D.M., & Beier, E.G. (1982). Being asocial in social places: Giving the client a new experience. In J.C. Anchin & D.J. Kiesler (Eds.), *Handbook of interpersonal psychotherapy* (pp. 262-273). New York: Pergamon.
- Zimmerman, J.L., & Dickerson, V.C. (1994). Using a narrative metaphor: Implications for theory and clinical practice. *Family Process*, 33, 233-245.