

# Individuals in Context and Contexts in Individuals\*

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*This presentation will explore some ideas about the impact of both external and internal contexts on what we, whether as clients or therapists, do. It will offer a way of thinking about the internal and external as sides of the same coin, and a justification for working directly with one or the other whilst holding both in mind. In reflecting on how the internal and external affect therapists, attention will be given to both the hidden influence of personal experience in our ideas and the influence of radical doubt.*

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## INTRODUCTION

Family therapists have by and large looked to interactional, relational contexts, the 'out there', in their search to understand people's difficulties and to effect change. It is a central argument of this paper that family therapists should also look to the internal context, the 'in here', both our own and clients', given that it has an equally strong influence on how we behave in our interactions with others.

This is far from being an original thought as there has been considerable interest amongst family therapists in recent years in the 'in here'. One group of such practitioners are those who draw on psychoanalytic models in their work. I have in mind here a diverse range of therapists including Box et al., Skynner, Dare and Byng-Hall in London, Flaskas in Australia and Scharff and Scharff, Goldner, Pinsof, and Breunlin in the United States.

Another group are practitioners of narrative approaches who think about the 'in here' in terms of stories which guide behaviour. Whilst such stories are frequently 'aided and abetted' by significant others, it is the individual's internal constructions which are the direct target for change, not the interaction between the individual and others. Australia and New Zealand are the places where narrative approaches have been so innovatively developed by Michael White, David Epston and others and where, more recently, Carmel Flaskas and a group of colleagues including Paul Gibney have been writing so interestingly about psychoanalytic ideas. One of the pleasures for me in being invited to the 1998 Brisbane conference was my assumption that it would provide a hotbed of debate between these apparently

diverse orientations to the 'in here' and I was therefore sorry that there apparently were so few representatives of narrative approaches present.

Having located what I will say as part of a more general groundswell of interest, I'll first of all illustrate what I mean by 'individuals in context and contexts in individuals' with something from my own life, before going on to talk more about the relevance of this principle to my thinking as a therapist.

## My External Professional Context

In 1989, I moved from a team and screen environment at the Family Institute in Cardiff (also the one time home of Brian Cade) to Birmingham, where I have worked generally on my own. This change has had a considerable effect on my work style, influencing me to be more personally connected with clients in lieu of a team. In the absence of a team, I am also inclined to share more of my thinking with a client family, to be more collaborative. These days I have a stronger sense of myself as an autonomous professional without, for good or ill, systemic colleagues of particular persuasions to influence me on a daily basis. I generally feel self reliant (at least on good days) but without a team, difficult families are more challenging, and it is often with relief that I see from my diary that the day's work will be with couples and individuals only.

It is not, though, for this reason that seeing families has become the exception rather than the rule for me nowadays, but more because I tend to get adult referrals (couple problems, eating disorders, sexual abuse and its aftermath), there being good public provision of child services in Birmingham. Seeing more individuals and couples, with its greater potential for intimacy in the therapeutic relationship, has also influenced the change in my work style, as has the move to the private sector with its consequent lessening of pressure to be brief. In response to these changes I have found myself using regular systemic ways of work alongside ways which can

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be loosely identified as deriving from object relations psychotherapy. Probably in an attempt to retain a coherent sense of myself, I have tried to conceptualise what I do in a unified way, that this is *me doing something* rather than the 'something' *belonging to one approach or another*.

So, my change of setting has led to many developments in my work and I would recommend such a change to anyone in any doubt about just how much the outer context influences what we think and do. But it is the contention of this paper that the internal context is also a major influence.

## My Interior Context: A Personal Story

Prior to my ten years at the Family Institute in Cardiff, and immediately post-training, I had worked as a psychiatric social worker in an adult psychiatric unit in the North of England. Besides doing home visits to obtain social histories and running rather amateurish therapy groups with the occupational therapist, I saw people individually and not very successfully for therapy. To underpin this all I had was my social work training and a two year part time psychodynamic psychotherapy training, with little ongoing supervision. As commonly happens in Public Health Service settings in the UK, I was asked to see clients with some of the most challenging difficulties (schizophrenia, depression, anorexia) with a minimum of training and supervision.

It made sense then that my publicly avowed motivation for the move to Cardiff was that I wanted a challenging job but one with supportive, experienced and creative colleagues. The Family Institute's brief, technique-laden methods of work (MRI, structural and Milan approaches) seemed to hold out infinitely more promise than had the long term psychodynamic method I had attempted. My private (and probably not altogether conscious at the time) motivation was an attempt to resolve a personal problem—that of being stuck fast in an unsatisfactory relationship, with my partner and I able neither to make things better nor to face separation. You probably won't be surprised to hear that this personal difficulty was not resolved by the simple geographical move. Instead, I began what turned out to be five years of weekly commuting on five hour train journeys between Leeds and Cardiff with the difficulties between us as bad as ever and worsening.

Against this personal backdrop, I immersed myself in all that was going in family therapy at the time. I and my partner, who was well versed in sociology, philosophy and psychology, talked and talked about the new theories and ideas both in the abstract and in relation to ourselves. We remained stuck. After a while, and in great secrecy from my colleagues, I found a psychotherapist, a psychodynamic psychotherapist. Secretly, because I was ashamed of seeing someone who belonged to a community of therapists so disavowed at that time by my own. But also secretly because I was ashamed that I needed such help, of needing to depend on someone rather than being able to sort things out for myself.

Over a period of three years of weekly meetings, I grew to trust and rely on this man to listen very carefully to what I said (and didn't say) and help me think about what it meant. There were no strategies, paradoxes and few questions, in fact he didn't say very much at all. Initially, I was disappointed that he didn't offer the formal interpretations I had expected and I worried that he perhaps wasn't properly trained. What he did offer, without comment, was a relationship where I could depend on him without him intruding on me and one in which I grew to feel deeply understood and enabled to see myself mirrored in his eyes in a more tolerant and benevolent light.

For years, I had had nightmares of being buried and closed in, typically being in a tunnel and moving towards the light at the end of it, but then seeing the light disappear as a boulder was slowly rolled across the end. As I began to change in the relationship with the therapist, I dreamed about him, dreams where I was still enclosed, swimming under the sea for example, but where he would show me a way out, the way to the surface and freedom. Even now, fifteen years on, I still occasionally dream about him, but now, in the dreams I'm not trapped, I simply need to see him, know I can readily find him and feel satisfied by our encounter.

'It's all very well having a good relationship with a therapist and nicer dreams,' you might say, 'But did you solve the problem?' Yes. A proper separation finally happened. And I met another man with whom I have lived for thirteen years though it did take me six to decide it was safe enough, that there would be emotional space enough, to get married. Antipodean readers might be particularly interested to know that my husband lived in Australia for twenty years, though I can't say this necessarily has anything to do with the satisfactions of our relationship (though it might). I'll return to this personal story in a while, but want first to reflect on some aspects of my work, a sort of RECIPE if you like, whose key ingredients are Relationship, Epistemology, Coins, Internal, Personal and External.

## Relationship

Whether I am seeing individuals, couples or families I constantly think 'Relationship'. As family therapists, we have been most familiar with our clients' relationships with others, both observable relationships with significant others which take place under our noses as we talk with families, and those relationships which clients tell us about, both current and past. Our clients also have relationships with contexts beyond the family including other local systems such as the school and 'big systems': the economy, culture and their dominant discourses such as race and gender. And very fruitful this slant on relationships has been.

What we, as family therapists, have attended to less, at least in the literature, is the relationship between our clients and us. It is salutary to note that only in 1996 was the first book on this matter by family therapists pub-

lished: the excellent *The Therapeutic Relationship in Systemic Therapy* edited by Carmel Flaskas and Amaryll Perlesz.

An aspect of the therapeutic relationship I particularly want to highlight here is the potential it has to be a way of learning about clients and their difficulties and as a context of change in which different, more helpful behaviour and feelings may arise. What can be learnt about clients and their ways of relating from how they relate to us? What do they show us about themselves as they talk to and connect with us? What feelings do they evoke in us and how are we relating to them? How can the relationship between us be used to support change? Family therapists have shied away from thinking about the therapeutic relationship in this way perhaps because it has seemed to have too much of a flavour of the psychodynamic about it. But if instead of theorising the relationship in 'not us' terms of transference and countertransference, we think about it in more familiar terms of pattern, interaction and context, then it may seem more accessible.

## Two Brief Examples

*A 53 year old woman I have been seeing weekly for three years recently had the offer of a full time job with greater responsibilities. I responded with interest to this development in her life and readily agreed to her request for appointments at alternative times to fit in with her new work schedule. I was taken aback when in the next session she expressed deep gratitude. She told me she had expected me to be dismissive and devaluing of her in a work role, as had been her mother who over the years had expressed strong reservations about her working at all (and thus devoting herself less to her husband and family—and to her mother).*

*My response arose from my perception that my client appeared pleased about the job offer and from my own values about the potential place of work in one's life. It was a response which unintentionally challenged my client's assumptions about how I would respond, carried forward from the relationship with her mother. My actual response offered a relational context in which she could be different, where a different pattern could begin to be woven. The quality of the relationship established between us over time is an important dimension here; my response was arresting and influential enough to challenge deeply held assumptions because I had become someone of significance to her, someone whom she trusted and whose opinion she respected.*

I don't always focus on the therapeutic relationship so directly, though probably I do more of it when seeing individuals over the longer term, but even then, I do lots of other standard systemic things besides. When seeing couples and families, I may use my observations about patterns arising in the therapeutic relationship more implicitly to inform a particular line of questioning, rather than commenting on the observations directly. A simple example:

*I had noted over the course of the first two sessions how a 26 year old son with a manic depressive diagnosis continually took the limelight and his parents' apparent rather passive acceptance of this. He made me feel he was unstoppable. I drew on this feeling about his unstoppable as well as on my cognitive awareness of it in a series of*

*questions to him and the parents about their usual patterns of communication and what they thought would happen if they changed them.*

## Internal and External

If I say that I feel anxious at the moment, whilst giving a keynote address, I mean something about myself in a context, something which is jointly about me (and my tendencies to be anxious in certain situations) and about the particular context which calls forth that anxiety. It is not me alone or the context alone which produces anxiety. The context will call forth different responses from other keynote speakers who may have differently patterned tendencies. The point is that it's both sides of the coin that make up the whole.

If we think about a family over time, patterns of interaction in the family's relationships occur, recur and become established. These repetitive patterns are not only visible externally in their behaviour but are also held invisibly, in their internal assumptions about their relationships and their part in them, in the stories they tell themselves about them—as if they hold in mind templates of their relationships with each other. Such internal relational templates composed of repeating and recognisable patterns then in turn come to influence their behaviour and patterns of interaction with each other.

I have inside me a wealth of feelings, assumptions and memories imbued with meaning and emotion about my nine year old daughter and about the patterning of the relationship between me and her. These relational templates are not fixed but are fluid and change over time as our relationship develops and the world beyond our relationship impacts on each of us individually and together. It is as if the templates are continually modelled and remodelled by the weaving of experience. Nevertheless they also have some coherence and consistency. At the same time, I hold within my mind templates of my relationship with my mother and hers with me. These have in turn played a part in the shaping of the relationship with my daughter as have more generalised assumptions about mother–daughter relationships and their possibilities, derived from wider contexts—my extended family, friends and culture, including gender discourses.

Each of us brings these templates to any particular encounter. I help my daughter learn some gymnastic moves. I assume from my experience of her that having decided that she wants to know how to do something, she will usually persist until she masters it. I think that she assumes from her experience of me that I will willingly help, though as the evening wears on I'll begin to tire of the activity, probably before she does, and might get grumbly. I expect from prior experience of her that she will (mostly) be considerate of this while she expects me to be patient (mostly) with her wish to practise. I assume that chances are that we can arrive at a satisfactory compromise. (I am aware of the infrequency of spending time like this with my own mother and my

longing as a child to have had more. This influences me now to believe that I should offer more rather than less to my own daughter and also sometimes causes me discomfort if I feel I am not offering enough.)

In this particular transaction we are not just influenced by the templates we both hold and which generally have some fit with each other, but also by the nature of this particular transaction as it happens in the here and now; as she practises and I help, the sequence between us may tend to fit and reinforce the existing template or diverge and thus subtly remodel it. There is thus a complex looping between our relational templates and our external patterns of interaction, which contributes to their development over time.

The situation is even more complicated when we expand our view beyond a dyad. The relationship between my daughter and me is a sub-system within the wider system of the network of relationships of our immediate family. All of us (the family under one roof consisting of my husband, son, daughter and myself) have templates of the relationships we have with each other and with each other in another family member's presence or absence which also affects our interactions. If my son, for example, were at the gymnastics practice, the template of my relationship with my daughter would be one of 'relationship with my daughter when my son (her brother) is present' and the interactions would also to some extent be different; I might, for example, hurry her along more, conscious of wanting to spend time with her brother too while she, aware of this, might maybe relinquish my attention less easily.

(Anyone who is aware of object relations approaches, Anthony Ryle's cognitive analytic methods, John Bowlby's work and the work of others in developmental psychology on attachment patterns, Daniel Stern's ideas on the infant's generalised mental representation of interaction and John Byng-Hall's work on family scripts will find something familiar here.)

Whilst particular relationships within families, between partners, siblings, parents and children, can be seen to be relatively autonomous of the wider family system, they are also highly connected, connections which in turn influence the whole family system and how any one part of it functions. Thus we live our relationships both 'in here' and 'out there' in a never-ending looping of beliefs and behaviour, internal templates and external interactions, all of which become patterned over time. In this view, 'in here' and 'out there' cease to be either/or and becomes a seamless whole that therapists and clients together can access at different points.

Which particular point of the relationship loop appears most relevant will vary from person to person and also change as the work with a particular person or family constellation unfolds. The therapeutic relationship is a setting in which work may be focused primarily on clients' internalised assumptions derived from past and other current relationships as they get played out in the relationship with the therapist now (as in the case of my client who got the full time job). Or it may be a context for working with current interactional patterns

as they are played out between the family members in front of the therapist: the standard family therapy focus. People, their relationships and their histories can be understood, connected with and influenced in a myriad ways, from different access points, internal and external, all of which have the potential to make a difference.

## The Personal

The more your work revolves around the construction and reconstruction of meaning, (whether you come at it via Milan, narrative or psychoanalytic approaches) then the more it makes ethical sense that therapists should be self reflexive, allowing as much as possible for the impact of their own experience, predilections, values and feelings on the meanings they generate with clients: to coin a phrase, the personal is professional.

I will use 'personal' firstly to denote the knowledge and values we have derived from our individual experience of life (or lack of it) as distinct from our professional learning and experience, and secondly to denote the affective response we have to clients, our feelings towards them as distinct from more detached cognitions about them.

## Our Personal Experience of Life

We are generally eager to acknowledge the links between our practice and complex theories but often remain reticent about the way our local, everyday knowledge drawn from years of experience of our own, friends', relatives' and colleagues' lives massively influences how we understand and construct the lives of our clients. We are happy to argue, 'But Foucault says ...' but much less willing to throw in, 'My Dad always used to say ...' Strange isn't it, given what we do, how impersonal we all are, in what we write at least. It's as if our own experience is not quite acceptable, to acknowledge it would, we fear, bring accusations of a prejudiced, over involved view and no-one would listen to us anymore.

Past and current personal experience loops inevitably into our work: whether or not we know what it is to enjoy an enriching partnership or to suffer in a destructive one, to have children and manage two careers, to be divorced acrimoniously or relatively harmoniously, to live in a stepfamily, to suffer chronic illness, to take care of elderly parents, to be discriminated against. Many therapists have had more than their fair share of life's difficulties to contend with. Such life experiences contribute to what makes us good at our jobs, fuelling our curiosity about the dilemmas of others, enabling us to empathise and understand our clients and similar difficulties more adequately and firing us with enthusiasm to try and help. As the psychoanalyst Nina Coltart says, 'Normal people are not likely to make gifted therapists' (7).

Take my experience as a client, touched on earlier. At the same time as being personally absorbed in the therapy, I inevitably cast a professional eye on it at times. The experience gave me a more sceptical perspective on

the arrogance of some of the 1980s claims for systemic therapy; I knew from personal experience that other methods could be of value and that the straw person of psychodynamic therapy, as constructed by some systemic practitioners, was inaccurate, at least as far as my immediate sample of one went.

I also learned to value aspects of my personal therapy as a way of working with my own clients. These more connected ways of working, as distinct from the brief, detached, systemic, problem-solving ways, chimed in nicely for me with the 1980s surge of interest in feminist approaches. As well as continuing to use a brief, 'Don't just stand there, do something' stance, I also began to use with more confidence what Judith Jordan of the Stone Centre in the States recently described as a 'Don't just do something, stand there' approach.

But a key question is: how to best use our personal experience, whatever it has been, in our work with clients? When does our own experience enrich our understanding and when does it trip us up, and how can we know the difference? It is an everyday experience that clients' issues trigger thoughts about relevant experiences of our own. A fifteen year old girl had stopped going to school because of being teased and tormented about padding her bra with tissues to make herself look bigger. Her mother thought she was making more of a fuss than necessary and wanted her to stand up to the bullies. I remember how as an adolescent, I used to get sties on my eyes and the lengths I would go to to disguise them with a black patch (some disguise!) But I also empathise warmly with the mother's frustration at such an appearance-conscious daughter.

I constantly use my own experience in life like this as a source of comparison, a way of understanding and empathising with what something might mean for someone else. Such comparisons may also be used as sources of ideas for what might be usefully addressed. I have often, for example, when working with couples who face similar dilemmas, drawn on my and my husband's continuing experience of juggling two careers and the needs of children (grown up and young) with a desire to also see each other now and again.

When using our own experience we must take care that we do not let it overly bias our perceptions of our clients. Here we must use professional experience and self awareness to make a careful evaluation of our response, being prepared to change tack when we become aware of inappropriate self interest (due say to a subject's topicality for us).

## **Our Emotional Responses to Clients**

I have a client with whom I sometimes feel sleepy. It is not common for me to feel sleepy with clients though I have only ever known it happen when seeing an individual. I struggle to stay awake and pinch my arms, shuffle in my chair. I reflect on what the sleepiness might be about, why now, and try to make sense of it as part of a meaningful pattern between myself and the

client. Lack of sleep is usually not a factor. Am I bored and if so why? She's repetitious and wants to go over some of her experiences in finer detail than I am tolerant of. Are we both avoiding something more interesting? Is she protecting me or am I protecting myself from something difficult? Why am I not being more lively so that she could be more lively? Perhaps she is behaving on the basis of some internal template whereby she doesn't expect my interest and is used to keeping herself lively rather than enlivening someone else.

My sleepiness is a physical response which I try to understand cognitively. We talk about this sleepiness from time to time, particularly if she notices it, as she often does, and agree that so far, we don't really understand what it means. But it helps us both to give it recognition. The therapeutic alliance is strengthened.

How can we best learn to reflect on our personal experience and responses to clients and draw on them appropriately, in a way that is congruent with our practice? Psychodynamic approaches use extensive personal therapy. Systemic therapy, in contrast, has long made good use of live supervision and consultation, teams and multi-ocular vision to monitor and allow for personal prejudice, values and Achilles heels. Systemic training in the UK now increasingly involves more direct work on the self of the therapist using the training group to focus on the interweaving of personal and professional development (see for example Hildebrand, 1998). There is also a current debate about trainees themselves being required to experience first hand being interviewed as part of their personal system. This seems something well worth trying out though it raises some tricky ethical issues.

But what about us experienced practitioners? How do we keep an eye on how we use ourselves, particularly when working alone? How do we monitor the selection of particular personal resonances and their use? How can we challenge ourselves? Experience of course helps and a lot of daily work can be accomplished without concern that anything is awry. But what about when you sense trouble brewing? Involving a colleague directly in a piece of work is an option but more of a problem in the private than public context because of the money question. I myself have regular general consultation for my family and individual work. I also use specialist consultants on occasion for my work with eating disorders and most frequently at present for my work with a particularly complex client with dissociative identity disorder.

What makes us decide that we need some consultation? The issues I take to my consultants sometimes concern my awareness of persistent negative feelings about clients; for example, I was careful to seek some colleagues' views about the likely impact of parental alcoholism when I found myself feeling judgemental of a mother in a family I was seeing who in her view merely 'self medicates with alcohol'. In this instance, the focus of the consultation was not an exploration of 'my own stuff' about why I might find alcoholism a particular issue but more an opportunity to consider a range of views and values which helped me feel freer

to choose a more appropriate, less personally involved response.

At other times, it does seem appropriate to talk about resonances with my own situation. This arose particularly in a piece of work with a man whom I mostly saw alone but a couple of times with his wife, who lived abroad. I very much liked this man, who had formed a good attachment to me and used it well in his struggle to overcome drug addiction, understand himself and be more connected in his relationships with others, including an older sister. The man reminded me at times of my younger brother whom I saw infrequently because he had lived in Canada for many years. I was aware sometimes of feeling 'older sisterly', the female equivalent (if there is one) of avuncular, and needing to think carefully about what this was about.

In the course of the work, my brother, who had become ill with cancer, died, something the client didn't get to know. Eighteen months later, when my client was leaving therapy because he had decided to work abroad and likely rejoin his wife, I found myself sharing his sense of pleasure at what had been accomplished in therapy but also sadness and tearfulness as we contemplated our last sessions together. This was something I discussed in some detail in consultation, concerned that I was confusing my feelings for my brother and for the client, unsure what belonged where. The consultation helped me sort this out and I was able to share appropriately and more comfortably with the client my feelings about his move.

## Epistemology

Given that so much of our work is with meaning, family therapists' long standing interest in epistemology (questioning the status of what we think we know) has always appeared to me to be entirely ethical and appropriate, and it remains a central concern in my own work.

My epistemological position for many years (see Speed, 1984) has been what I have called co-constructivism, meaning that what we know arises out of the relationship between an external reality and how we perceive it. Over time (and time is very important here) and in social communities, professional or otherwise, models of that reality will be developed which will be more or less adequate, more or less fit what's there, so that knowledge and wisdom gradually accumulate. There are endless examples which could be cited here, drawn from science and everyday life.

The difficulty in applying this to our own field is that human beings and their relationships are massively complex, shifting and multi-layered so that the range of possible perceptions and stories about a family is huge. But at the same time, there are limitations to these possibilities. As current research in areas such as attachment, eating disorders, expressed emotion and schizophrenia, siblings, non-shared environment and so on indicates, family A shows certain patterns and constancies that family B does not. My family is my family and different from your family.

Similarly with the individual. I can tell many stories about myself, who I am and the different selves or parts of me which are called forth in my interactions with others, but they will not be the same as the stories you evolve about yourself. How I behave and feel in any context is not random, but patterned. My life is not a fiction. My core self, 'I', my subjectivity, has some constancy.

Not only is there this massive complexity which makes it difficult to evolve reliable models of human functioning but because we are speaking about ourselves when we speak about others, there is much greater scope than in other fields of investigation for prejudice arising from self interest—disguised, unconscious or otherwise. Hence the necessity to be continually self reflexive and thoughtful about the constructions we evolve. Put simply, this is the 'We would say that, wouldn't we?' position, a phrase which draws our attention to the influence of our own position and interests in why we think what we do. So telling you that I have had psychodynamic therapy allows you to take my potential partiality into account when you assess what I say about it.

Applying this to a therapeutic encounter, clients and I construct together some account of what's going on. It won't be the only one possible, the *truth* about the situation but will have a great deal to do with the cultural, professional and personal glasses I am wearing (I would say that, wouldn't I) and that they are wearing (they would say that, wouldn't they?) through which we together and separately filter and select what we see. There will be other versions of their situation that I (not to mention other therapists) and they together could have constructed that would also have had some fit and been relatively adequate to their situation. An illustration:

*A couple I am seeing came for help following years of unhappiness and dissatisfaction with their relationship. The wife was seen by both of them to have contributed most to their difficulties, partly because of her severely unhappy childhood, from which the husband was seen to have rescued her, and partly because of an affair she had had which had hurt her husband immeasurably. He was perceived by both of them to be very much the injured, innocent party, working all hours for the sake of his family and generally doing his best in the face of a wife who had betrayed him. Both of them also believed that their daughters, now grown up but with considerable emotional difficulties including obsessionality, overdoses and anorexia, were as they were because of their inadequate parenting. Parents and daughters believe that the mother, particularly, has damaged them irredeemably, in the same way that the mother believes herself to have been damaged by her parents. The couple believe strongly in the truth of this account of their experience, what Carmel Flaskas would call 'truth as an emotional process', the experience of knowing subjectively, emotionally, that something is very much the case.*

*I can see things this way too, the mother's belief that she has at times not been a good enough mother fitting with what they tell me (though I have different ideas from theirs about the role the father played in this pattern, as well as different values about dominant cultural beliefs that mothers are more responsible than fathers for their children's difficulties). Something has gone wrong in the relationship between the mother and her daughters which needs to be acknow-*

ledged; she wants me to know how badly she feels and how responsible. For all that it's important to avoid reinforcing clients' pathologising discourses, it's also important to recognise with some clients that despite our best efforts life is sometimes awful—failure, loss, frustration, powerlessness and self- and other-destructiveness are routine.

But as an experienced therapist with ideas of my own I added to the couple's perceptions of their situation. I highlighted the husband's closeness to their daughters, his enjoyment of their company, his tendency to confide in them about his marriage, including his anger with their mother about her affair. I commented that this seemed understandable on the husband's part, given his misery, but also offered the idea that it may have perpetuated some of the difficult patterns between them all by enhancing the wife's exclusion and drawing the daughters into inappropriate side taking. The husband's greater loyalty to the girls than to his wife was at one point framed by me as 'sort of an affair', a comment which shook them.

In talking with these clients, as with others, I am aware of the continual ebb and flow between offering an idea about what's going on, noting responses to it and all the time reflecting on where the idea came from and what legitimacy it might have. As someone with family therapy training of particular kinds, I know I am likely to see systems processes of triangulation, parentification, 'more of the same' sequences, coalition formation and scapegoating. I am also aware of my personal childhood experience of being invited to take sides in a marital war, and aware that this experience may be influencing what I see. So, I allow for my own interest and involvement ('I would say that, wouldn't I').

But such perceptions are more than a consequence of my involvement and may also at the same time be relatively detached, reliable and therefore useful. The fact that Crick and Watson were desperate to be first to produce a model of DNA doesn't invalidate the model they produced. The fact that, as Coltart reports, Freud didn't like being stared at doesn't necessarily invalidate psychoanalysts' use of the couch. The fact that narrativists (because of investment in their model) go for externalising anorexia as an oppressive tyrant separate from the person, Mara Selvini (because of investment in her model) frames it as the girl's self sacrificing hunger strike on behalf of others, or an analytically trained therapist does something quite different from either does not mean that they are not all on to something crucial about the treatment of anorexia: something to do with addressing issues of control and the removal of self blame and shame.

Moving in this way between a belief in the existence of patterns and a questioning of the way I construct them applies to my view of internal patterns, that is, the internalised relationship templates I talked about earlier. To return to my experience of personal therapy to illustrate this: once I knew that the therapist I saw was competent, established initially by recommendation but much more forcefully by my direct experience of him, I did not want to know anything further about him. Absolutely nothing. I was quite unaware at the time of what later seemed to me to be the enormous significance of this—that I needed very much to keep him as

someone who would be there for me; I wanted to know nothing about him in case knowing something would mean that I would have to take care of him in some way (a central pattern in my relationship with my mother).

I don't on the whole believe that I or the therapist invented this unconscious, internal pattern; it was there reflected in my behaviour all along and is congruent with other aspects of my life, though I didn't see it and its significance for a long time. On the other hand, I am also aware that over time, I may construct the significance of this aspect of this relationship in a different way, that this was not the only way it could be constructed, nor of course is it necessarily the way the therapist would have constructed it. Thinking about the legitimacy of what I think I know and what others think they know is never far from my mind; it may be ethical, but it is often exhausting. A little certainty sometimes would be such a relief!

As someone who espouses an 'I would say that, wouldn't I' position, I sometimes ask myself what prevents me entertaining more certainty? Might it be a personal hang up, 'a neurotic compulsion to doubt which permeates and colours my life emotionally and intellectually so that everything is doubtful and nothing is certain'? Fromm goes on to say that such 'irrational doubt' (Fromm, 1986: 200) often 'intrudes upon trifling decisions, such as which suit to wear or whether or not to go to a party'. Yes, yes, oh dear, as an inveterate hedger of bets, I recognise me straight away!

Or have I overdosed on postmodernism, become too drawn in by colleagues overly enamoured of social constructionism in its different guises? Why is it that many family therapists so much want to deny the possibility of knowing anything and have such a vehement disbelief in the possibility of a reality and the development of knowledge about that reality? Let's turn 'We would say that, wouldn't we' on social constructionism itself.

Social constructionism extends in time and subject far beyond family therapy. Variants of the realism vs constructivism or nominalism debate have come and gone throughout history. Why now at this current stage of social development is social constructionism so popular, not only amongst family therapists but also sociologists and social psychologists? What is its appeal and how does it fit within the broader context?

Anthony Giddens, the British sociologist, talks about the reflexivity of modernity (Giddens, 1991); in modern times, because of globalisation (our awareness of social processes on a world wide scale) everything can be compared with everything else, everything is questioned and relativised; decision making and taking a clear, certain position becomes much more problematic because you know more comparisons, more alternative contexts and likely consequences. It is much harder to be definite when there are so many contexts in which something can be assessed.

Even the certainty of our physical selves is challenged and relativised. Technology is highly advanced in modern times, making it possible to reconstruct and reprogram

the body; we can change it by plastic surgery, diets and gyms, we know about cloning, artificial insemination by donor, babies beyond the menopause. Nothing is a given any more, not even our physical self; thanks to viagra and implants, not even breasts and penises are what they were. The ideas of narrative therapy, the promise of continual psychological reconstruction, fit very well with this *zeitgeist*.

It reminds me of 1960s emancipatory ideology when, if you were on the left wing politically, it was mandatory to believe that human behaviour was entirely explicable in terms of nurture and that nature had nothing to do with anything. If everything is nurture-derived, then anything in principle is possible for everyone.

What else might maintain our pull towards radical social constructionism? In an ironical paper entitled 'Social constructionism as a social psychosis', another British sociologist and group analyst Ian Craib (1997) suggests that there is a comforting collective belief in an 'anything goes' position, the idea that one story is as good as another. With this belief, we don't need to know anything, worry about being ignorant of something or acknowledge that any other discipline might know more than we do or, God forbid, offer more adequate explanations.

Epistemology is thus part of my recipe but it is the co-constructivist brand which allows for prejudice and position both personal and professional in what we see ('We would say that, wouldn't we'). But it also asserts that because we are involved doesn't mean that we cannot also be detached and as a profession accumulate wisdom and arrive at models of internal and external processes and patterns which are relatively adequate to some of what is going on in the real world. I have suggested that our thinking in this direction might be facilitated by a more critical posture towards social constructionism.

## Coins (Both Sides of)

When you toss a coin, it falls on one side or the other. But I have sought to underline that the other side is always there even if we are not presently focused on it. The coins I have talked about have been:

1. *Co-constructivism*: a coin which suggests that there is a reality about which we can have more or less adequate models though we need also to be constantly aware of the other side, the 'I would say that, wouldn't I?' position.
2. *The Internal and External* coin. I have argued that external and internal contexts are both highly influential in people's behaviour and that family therapy is rightly now paying more attention to the latter.
3. *The Therapeutic Relationship* coin. I have suggested that the therapeutic relationship is sometimes more of a

backdrop to gathering information and offering ideas for change but that sometimes it can itself be the vehicle of change as a potentially change-engendering context of interaction.

4. *The Involved and Detached* coin. I have argued that we should acknowledge more how we draw on our personal experience and feelings about clients in our work. Such involvement does not mean that we cannot also be detached, be 'meta', be capable of thinking about what is going on at the same time that it's going on.
5. *The Knowing and Not Knowing* coin. As therapists we know something (and if you doubt the importance of this, think about needing to see a therapist and what your criterion for an acceptable therapist might be) but at the same time the other side of the coin may sometimes be to know nothing or assume nothing, shut up and listen to clients more. Knowing something is also to know that sometimes clients may most benefit from clearly offered expertise, strategies and advice but at other times 'expertise' may mean tolerating not-understanding, or sitting quietly for long periods whilst clients explore something very painful such as shame. It means knowing something but also knowing when others (including clients, and therapists using other approaches) know more than you.

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