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The Importance of Context

Do not think that an action or a word is its own sufficient definition. I believe that an action or the label put on an experience must always be seen . . . in context

Bateson (1972)

What defines us as systemic is our interest in context and the way that meaning is socially constructed, contextually defined and is therefore capable of being changed

Jones and Asen (2000)

Words do not have any inherent meaning, they only make sense when we know the context in which they are used

Wittgenstein (1953)

Therapists who use systemic social constructionist practices place *context* at the heart of our approach. There are, however, many ways in which context informs our work. One way is that in every context there is potential for numerous meanings if we are willing to see them.

A television advertisement some years ago showed a young punk running full tilt along the pavement and pushing past idling shoppers. He runs towards an older woman with a handbag. She looks round, startled as he stretches his arm out towards her. We assume that he is about to mug her. Then the camera pulls back and we see him pushing her out of the way of a falling piece of debris.

This clever piece of filming (advertising *The Guardian* newspaper) showed that new information can shift the context and the meaning of the action; in this case the young man went from 'villain' to 'quick-thinking hero' in one move. By seeing his action in a different context unnoticed aspects become visible and the whole meaning of the interaction is irrevocably altered. Shotter writes 'By shifting one's stance and position in relation to

one's surroundings, yet further unnoticed aspects become visible' (1997: 16).

In this approach we work with the idea that there are no universal meanings in our social worlds; this helps us become curious about our clients' *unique*, *local* and *specific* contexts and stories, rather than searching for pre-existing theories into which to fit them. We appreciate clients' *particular stories* about identity, family, culture, ethnicity, colour, race, religion, gender, class and age amongst many others. We also recognise the impact of *our contexts* on clients and ourselves. The language we use, our style, manner, tone, gestures, personal and professional stories and our relationships within the setting in which we work will affect therapeutic conversations. Recognising all this enriches our practice and makes it more effective.

The *OED*'s definition of 'context' is, 'the parts that immediately precede or follow a word or passage and clarify its meaning'. However, using *context* simply as a noun, as in asking 'what is the context?' that is, the social setting of a word or action, is a trap, since this creates an assumption that context exists in the world as a *thing*. But like any term, the meaning comes from how we use it in our communications with others.

If we return to the original Latin/Middle English definition we see context as a *process* of making connections and co-creating meanings: '*contextus* . . . means "woven/sewn together or connected . . . the connexion or coherence between the parts of discourse . . . the weaving together of words"' (*OED* 19: 820/1). How does this weaving work in the way that we do therapeutic work?

The meaning of a word or an action depends on the context in which it takes place

Cronen and Pearce's (1991/92) communication model CMM (Co-ordinated Management of Meaning) elegantly demonstrates how we weave (socially construct) meanings in our conversations with each other. This model warrants a more thorough discussion to appreciate its complexity, however, the important principle is that particular stories and actions affect a context and the context in turn affects those stories and actions.

When I am with particular friends in the context of a relaxed evening I connect to the self-identity story that I am witty, and may act in a silly, humorous way. But in the context of a committee meeting in which my ideas

appear to be undervalued I connect to a very different story. This will affect how I talk, act and feel.

Drawing on Wittgenstein's later work, Pearce (1994) says that the language we use and other actions are influenced by what we perceive as the context in which we act (p. 114). It is not so much that I am 'a witty person' in the first context or I am 'an inarticulate person' in the second, it is that each context connects me to certain stories and voices. Using these ideas enables us to help clients make sense of how influential stories affect their responses in a particular context. Certain stories may arise in the context of the person's relationship with the therapist, and/or their family, peer group, and/or the culture in which they live, and so on.

Jenny, a white British woman, could not understand why she had acted 'violently and out of character' when she and her husband Ron were at a party. Although she had been having a good time with friends, she suddenly threw a glass of wine at him, and burst into tears. She had noticed that her husband had been dancing with another, much younger woman.

The therapist may think 'Ah-ha, Jenny was simply jealous of the attention her husband was paying to the other woman; this *explains* her behaviour.'

'Were you jealous of that woman?' the therapist asks. 'Um, maybe' Jenny says doubtfully, 'but not all that jealous'. She says that they have always behaved in a flirtatious way with friends at parties. And the woman was a friend whose boyfriend also accepted this.

So the therapist's original 'explanation' does not quite fit. When we attempt to fit the client's story into pre-existing ideas then this tends to curtail the potentially numerous contexts and descriptions to which the client *could* be connecting.

'What else came to mind in the moment that you threw the wine?' the therapist asks. Jenny now wonders if her impending 40th birthday was a relevant factor.

Maybe age is an important context: 40 could be seen as a 'tricky' age, the other woman was younger than Jenny and youth and attractiveness are linked in our culture.

The therapist explores what nearing 40 means to Jenny. This does not yield anything relevant. However, after some questioning she makes a connection with a powerful family story: when her mother was about 40 and she was 16, her father had left them and 'ruined their life' (financial hardship and her mother's hurt and anger affected Jenny's relationship with both her parents for some years).

Again, the therapist could believe that this 'explains' her behaviour: in the context of being a wife nearing her 40th birthday, disaster looms. The therapist could connect to a theory of abandonment, loss and grief and anger towards her father.

Yet, soon after her parents' split and the initial distress Jenny says that her mother was relieved as she and her husband were not well suited. Jenny forgave her father for leaving them. Both parents had subsequently remarried happily.

So again, the idea that she was identifying with the context of her mother's distress and anger did not quite fit.

'What's Ron's idea?' the therapist asks. Jenny says that he has always made it clear that marriage is for life. He was puzzled about Jenny's actions; in the context of a stable marriage he saw dancing with another woman as 'harmless fun'.

When a story does not fit it is useful to explore other contexts to which the client could be connecting. 'We are never in one conversation at a time' says Pearce (1994). 'Each act we perform is at the nexus of many conversations, each with its own logic of meaning and action' (p. 35).

The therapist now explores who else is significant in Jenny's life. She immediately talks about their 14-year-old daughter Jade, who has learning difficulties, which make both parents want to protect her.

The therapist wondered whether this context is important. Did she want to protect her vulnerable daughter from a fate similar to her own ('abandoned', albeit temporarily, by her father at 14)?

The therapist carefully explored this context. 'What would happen to their daughter should the worst happen and Jenny and Ron's marriage breaks up?' Jenny feels sure that neither of them would want to separate. How is she so sure? Ron needs a lot of reassurance from her. She has always

provided that. As she talks she now remembers that her aunt (her mother's sister) had believed that Jenny's mother had not shown her husband that she had loved him – and had therefore 'lost' him. It was her aunt's words 'show him that you care' that had come to mind during that party.

She had connected to that story and this had 'made her' act in the dramatic way she did. But there was yet another important context: that of her relationship with Ron.

Exploring the 'logic' of crying, Jenny realised that she needed to communicate to her husband that she did not want to hurt and upset him.

Here we can see how various contexts had been woven together into one piece of action. This is very different from using a particular piece of theory, like saying *she was afraid of being abandoned by her husband (as her mother had been, at a similar age)*, and 'placing it on' the client's story.

Working with context can be difficult for therapists who prefer the safety of fitting clients into theories, descriptions and typologies, but when we see the effects on clients' lives this is exciting and wonderfully liberating.

Pearce's (1994) 'atomic' model is a heuristic device that neatly demonstrates this. It provides one way to help us answer the question 'what is going on here?' (p. 34) (see Figure 1). This model does not show the many contexts to which Ron (or anybody else) was connecting. It is a 'snapshot', a moment in time from Jenny's perspective only, and shows the many contexts and conversations to which Jenny was connecting in that moment.

'Hearing' her aunt's voice helped Jenny to understand her actions; she was able to have a different conversation with Ron.

When we are in one context we can connect to a personal identity story, gender, family, ethnic, colour, class, religion, political, economic, sexual story and so on.

Even when we are alone, we may connect to powerful stories and strong voices depending on what context we think we are in.

Maria, a 16-year-old Turkish Cypriot woman, was referred to therapy as she was cutting herself. Maria could not talk openly; however, she eventually said that when she was alone she constantly called herself insulting names; cutting herself was 'a relief'. The therapist patiently explored the meaning of the words and the contexts in which she harmed herself. Maria said she was 'very bad' because she had disobeyed her mother by buying a mobile phone in order to ring her boyfriend. Maria had been forbidden

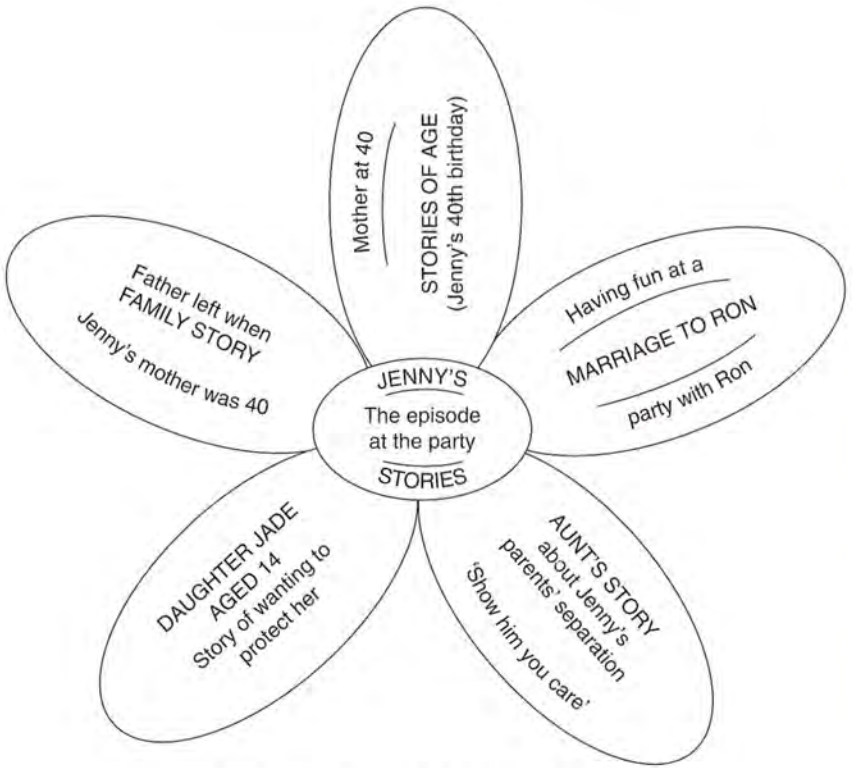

Figure 1 Pearce's 'atomic' model

to have a boyfriend. Her mother had found the phone and had read the text messages Maria had sent and received. Her mother had screamed abuse at her, calling her a 'tart' and a 'whore'. The words were accompanied by slaps. Although Maria was shocked at the force of her mother's anger she was not surprised and was in fact deeply ashamed of herself.

The therapist explored the family and cultural contexts in which these events had happened.

Maria was brought up by strict Turkish Cypriot parents who had come to the more 'permissive' British culture before her birth. Maria was torn between wanting to be a 'good' daughter and doing things that were considered normal in her peer-group.

One could say that Maria was 'caught' between two competing contexts, and/or that she felt loyal to *both* contexts.

Maria says that her father had often called her 'bad names' when she was growing up; now she has learned to use even more graphically abusive words about herself whenever she does something 'wrong'.

It takes time to disentangle interwoven contexts. What made Maria's father so harsh? Here, a family story told within the context of culture and religion helped make sense of Maria's parents' attitudes and her behaviour.

Maria's parents were determined to preserve their deep religious faith. In the context of being 'good Catholics' they were afraid that the 'irreligious' British culture would corrupt their daughter. But it was a particular family story that was informing them. Maria's father had come from a 'better' family than her mother and his parents were against the marriage. The family story became 'No good will come of this marriage.' So, when Maria's aunt (her mother's sister) had a baby out of wedlock when she was 18, this had 'proved' his family right. In the context of the rifts created between the two families, Maria's parents worked even harder to ensure that Maria did not follow her aunt's suit. This made them highly vigilant about Maria's behaviour.

By appreciating the powerful influences of specific voices and stories that can affect a person's 'self stories', the therapist can offer some different ways of making sense of their current feelings and actions.

In the context of trying very hard to be 'good' parents, their harsh words made sense. Her mother's extreme distress when she discovered the mobile phone and the existence of a forbidden boyfriend could be seen as a way of 'protecting' her from her aunt's fate. When Maria recognised this, her self-hatred lessened. Eventually she found less need to berate herself and to self-harm.

Clarifying the context for therapeutic work

Bateson (1972) noted three significant contexts that operate within every conversation:

- the context of time;
- the context of the definition of relationship;
- the context of place.

When we meet a client we set aside a specific period of *time* as a boundary which 'sets the context' for a special kind of conversation. We normally meet in a particular *place,* although there are many variations on the conventional room with two chairs. Because meanings are co-created within the context of relationships, we define *the relationship* as being of a particular kind. However, it is important to be willing to discuss and clarify assumptions and expectations about the meaning that a client puts on a therapeutic conversation. This demonstrates that we value the client as the 'expert in their life'.

Since relationships are made in conversations and conversations are made by the imperfect way in which we coordinate meanings, all relationships are open-ended and mutable. If we work within a particular agency, the relationship the client has with this is also crucial.

A specific place can connect us to particular feelings, thoughts and actions. We call this 'context-dependent learning'.

Benjamin, an African-Caribbean man of 36, came to see me after he had taken an overdose. At the end of the first session he made it clear that he wanted to see me the following week and I respected this. We met every week and I began to notice that he was unable to respond to my opening questions such as 'what are your hopes for today's conversation?' that were intended to set the context and provide a focus for the session. Each week he had no idea about what he wanted; it became a form of humour between us. Another thing that puzzled me was that, despite the many hopeful changes in his life, he invariably opened the conversation by relating something bad that he had said or done. This did not fit with what was actually going on (his 'stories lived') so I asked him to help me to understand the discrepancy. He then 'confessed' that he had seen a psychiatrist for several months the previous year. The psychiatrist expected him to go every week and to talk about ways in which he could do better. Or this is how Benjamin had experienced their conversations.

The context of place, talking to a professional, was informing him about another therapeutic context.

Realising this, Benjamin began to talk about the many ways in which he was doing well.

Inviting the client to join a particular context

What we say when we first meet a client and at all subsequent meetings invites the client into a particular kind of context, or conversation, in Wittgenstein's (1953) term a 'language game'. The meaning of a word or action depends on the context or 'language game' in which it takes place (talking *is* action). Therefore it is important to think about what context we are setting with a client when we first meet them. A therapeutic conversation is special time. So, asking 'How would you like to use the time we have together today?' signals this to the client. Asking 'What would you like to focus on?' invites the client to make decisions about the *focus* of the session. And by asking 'What would you like to work on today?' we set the context for *work.*

If, however, the therapist says 'what seems to be the problem?' a context of 'problem-seeking' is co-created. If we ask 'How can I help you?' this creates the context of a helper and a person who is to be helped. If we sit silently and wait for the client to talk he or she may not know how to respond, or may view this as an invitation into free-association. When we meet the person we ask ourselves what 'language game' are we inviting the client to join; is this one of 'therapist knows best' or one of negotiation and co-creation?

When systemic therapists ask questions we set a context of *learning* about clients' specific contexts. A question like 'What are you hoping for from this conversation?' (and/or therapy?) introduces hope at an early stage, helps the client to clarify their expectations and helps them decide what they want from therapy.

Sandra, a 42-year-old Greek woman said that these questions 'cracked open a door to the future' which she had never before dared to explore.

Context markers

If someone says 'I love you' in an angry or sarcastic tone there is a confusion of contexts, which Bateson said could create a 'double bind', since one would not know whether to believe in the verbal or the non-verbal message or which was the main context.

Therefore we use *context markers* to clarify the context and enable ourselves to shift from one context to another.

It is raining. The therapist invites Rose, a 52-year-old Portuguese woman, to take off her coat and hang it up. 'Ghastly weather' she says and Rose agrees. This can be seen as a context of 'welcoming'. Both sit down and the therapist asks Rose what she would like to work on today. This opening question signals that they have moved to the context of talking.

Bateson (1972) originally noticed that monkeys who were nipping each other playfully used *context markers* to indicate that they were in the context of 'play' rather than a context of 'combat'. They would signal this by nipping and nuzzling interchangeably. He says that these signs or signals showed that they had the ability to meta-communicate (to communicate about the whole communication) (p. 179).

Angelina, a 45-year-old Irish woman, came to see me at the suggestion of her GP. I noticed that she constantly frowned and screwed up her face as if in pain. Indeed she was in considerable physical pain she said and had asked to be referred to a pain management clinic, but this had not happened. Apart from the effect of the pain, her life was good. Unfortunately her grimaces gave her the appearance of someone who was not very bright, whereas she was actually a bright professional woman. When I tentatively asked whether her facial expressions were a way to 'tell' people about the pain she was astounded that this was what she had been communicating and I referred to the way I had been speaking more slowly than usual. She found my meta-communication extremely useful. We then had a more flowing conversation and she vowed not to make these facial expressions, unless she was in an appropriate context.

Acting out of and into contexts

We simultaneously act 'out of' numerous contexts and 'into' other contexts that we imagine, perceive or invent, and together we constantly co-create new meanings (Pearce 1994: p. 209).

When a client comes to therapy they 'act out of' the numerous stories about themselves arising from their unique position in life, their gender, age, colour, ethnicity and so on. They will also have ideas about what constitutes a therapeutic conversation and what it can do for them, based on societal stories or (as we have seen) their own previous experience. They will 'act into' the context of therapy based on the context we have set through our publicity material, what others say about us, our geographical and physical environment as well as our own style and manner.

Contexts out of which clients are acting

Every client will come with unique stories drawn from their position in their family and community, their personal identity stories, political affiliations, their age and gender, their class, culture, specific religious and ethical values. They will have unique skin colour, body size and so on. They will be embodied, normally within a male or female body, although this in itself is an assumption, as about one in a thousand will be born intersexed (Geertz 1983: pp. 80–1). There will be particular physiological advantages and disadvantages to their embodiment. All these contexts inform clients' stories. Our job is to be curious about them.

Contexts out of which therapists are acting

Therapists' professional and personal contexts have the potential for enormous power in the conversation.

Joan, a 34-year-old white British woman, told her therapist that she had recently been divorced. The therapist inevitably connected to many societal, cultural, religious and personal stories about divorce, such as the idea that Joan's marriage had 'failed', that she might feel hurt and angry or that as a woman she could be disadvantaged financially.

When we work with clients we draw from a wealth of personal and professional stories. But they may not be relevant to this particular client.

The therapist asked Joan about the specific context of her divorce, and she said that whilst she does feel lonely at times, she is enjoying the physical space and that divorce has meant financial independence.

As with clients, our personal stories derived from numerous contexts affect how we think, feel, talk and act. In addition we will also have political ideas and stories from our professional training about best practice, preferred ways of working, ideas about what is 'normal' and 'abnormal', experiences of working with particular kinds of issues and so on.

If I have been able to do successful therapeutic work with young women who have starved themselves I will be more optimistic than someone who has not had these experiences.

The therapeutic setting: the context into which clients are acting

When a person comes for help the context into which they believe they are acting, their view of us and the contexts in which we work are extremely important in shaping their expectations of therapy. Also, what other people say about us can also affect what clients think about us. Particular stories that clients and other professionals tell about our service or agency will affect our conversations, and co-create the stories that people tell about therapy in general. So the way we communicate both verbally and in writing can enhance or damage these relationships.

I once spoiled the easy access I had with a patient who was staying in a psychiatric hostel by a chance remark about their rather strict rules, which the warden overheard on a telephone extension.

Clients may connect with specific stories; they may have heard that 'this place helps people sort out their benefits, but you have to tell them your life story first.' Or 'my friend felt better after she talked to someone here.' Some people may work in contexts that are less conventional than a room in a building.

A colleague lives and works in a small religious community and she goes out on the streets to meet sex workers in their own contexts. Because of the respectful and humorous way in which the Sisters work, one vulnerable young woman said 'I don't believe in all that God rubbish but I'd rather trust you than anybody.'

We can become so accustomed to the geographical area, the building, the name of our place of work and our own job title that very often we forget the impact of this on those who come to talk to us.

A client once said that the title on my door 'Head of the Counselling Service' made him feel nervous. He wondered whether I would be in regular conversations with the head of his department.

Clients may make assumptions about conversations that are taking place between the professionals involved, unless we explore the relationships between all of us and clarify the confidentiality issues.

When we have worked in a system for some time we may take the referral system for granted, rather than exploring the meanings of that process with the person who comes to talk with us. But if we are curious about the

unique pathway that the client took to reach us this will give us useful information about their network of relationships.

Ben, a 16-year-old white British boy, whose family had been involved with Social Services for many years, had refused to talk to all professionals, but when his mates said that the people at a local voluntary project were 'all right', he talked to the therapist there.

If a therapist works within a context such as a GP surgery, hospital, or community mental health service, clients may assume that the therapist will share the same 'language games' of health and illness, diagnosis, treatment and medication.

When I worked as a hospital psychiatric social worker, Geraldine, a 62-year-old Italian woman with complex family issues who had been 'in the psychiatric system' for over 25 years, was referred to me for therapy by her new consultant psychiatrist. My conversations with Geraldine were frustrating and repetitive until I explored the processes of the referral and discovered that she had a strong story that because she regularly saw a psychiatrist and took medication she 'must be mad', there was something wrong with her brain and she was incurable. All our conversations about her current, future and past relationships made no sense to her because every time she saw the psychiatrist her 'mad' story was reconfirmed. Although the consultant affirmed that talking could be helpful, the very fact that she had regular appointments with him and received medication continually reconnected her to the 'madness is untreatable' story. I would like to report that we were able to destabilise this powerful story, but the context of 'merely talking' with a lowly social worker was always superseded by the context of place (Psychiatric Out-Patients) and the context of relationship (a male high-status consultant psychiatrist).

Setting the context for a therapeutic conversation

By 'setting the context' we mean 'locating' or situating, not 'setting' as in aspic or stone. Even before any therapist speaks to, or meets, a client, the design and language of any publicity material set a particular context for potential clients.

Talking with clients for many years can blind us to the meaning of a first meeting for a client, so being willing to notice the 'taken-for-granted' by taking the client's reactions seriously is another way in which we show

respect. Everything, from the geographical environment, the type of organisation in which we work (if we do), to the building and the room creates meaning for clients. Going to talk to somebody in Social Services has a different meaning from going to a private house.

The area and the building itself will all create important communications for clients who go to see a private therapist, as well as the décor and the objects in the room. Our clothes, manner, tone of voice and accent will all help to create a particular kind of context. My preference is for a comfortable setting and a warm, welcoming yet professional approach and manner. However, we can never know what meaning the client will take from any of these.

Julia, a white British woman in her early 30s, said that a flower painting in the waiting area was 'middle-class' and off-putting, whilst my intention was to create a beautiful calming atmosphere.

All these aspects create an invitation to join a particular kind of narrative into which the client will act. There can be any number of expectations, which are useful to clarify at the outset. For example we do not know what prior experiences they have heard about therapeutic conversations.

However, Julia appreciated my interactive style as she said that the many counsellors/therapists she had tried had allowed her to sit in silence for much of the session, which had been unproductive.

We also get important information when we check out why and for what reasons the client has decided to come to talk to us. We may find that another professional, or a partner, a family member or friend has made the suggestion, which will help us to map the network of their relationships. The early Milan team's paper 'The problem of the referring person' shows how other people's concern can create 'a person with a problem' (Selvini et al. 1980).

When a therapist working in a GP surgery asked Carla, a 55-year-old African woman, what made her decide to make an appointment she was puzzled: she had simply followed her GP's advice after she had cried in the surgery.

Sharon, a white British woman in her late 20s who was doing a degree in Psychology and Counselling, went to see one of the therapists at the

University Counselling Service but could not articulate her needs or wishes despite the therapist's patience and inventiveness. Exploring how she had got the idea to come to talk, Sharon said that a tutor had urged everyone to 'work on their personal issues' if they were to be of any use to others. She had followed this suggestion but had little idea what she wanted to talk about.

Transparency

Being transparent means being open and clear with clients about our ways of working. Systemic therapists prefer to involve clients in collaborative conversations about frequency of meetings, focus for the work and so on. The position we take is that the therapist is the participant-manager of the conversation and the client is the expert in their life (Anderson and Goolishian 1988, 1992). Whilst *we* can help in the process *they* will make ultimate decisions about how to live their lives.

It is important to be transparent about one's qualifications, confidentiality policies and so on. Those who work in specific contexts will have other policies to which they must adhere. This may entail offering a certain number of sessions or working within a geographical location or with a certain client group. Having clearly written publicity information is invaluable, but it helps to clarify the meaning verbally with each client.

In the Counselling Service at Roehampton University where I work transparency means offering clients access to their notes; we have developed a way of involving clients in the co-creation of their notes in the first session, which they can later modify (Hedges 2000) (see Appendix 2 to this volume).

Negotiating the fee

Discussing the fee can bring private therapists out in a cold sweat. It is useful to decide whether to have a sliding scale or to simply have a standard fee and negotiate with each client. Negotiation is a central part of systemic approaches so therapists must be prepared to negotiate about money. It is also important to clarify whether the client is expected to pay for the session if they cancel it less than 24 hours in advance and so on. Inviting a partner or family member may involve a different fee, particularly if another therapist is involved.

Making an appointment with a client on the telephone

The telephone is often the first contact that a client makes with a therapist or agency, and this first impression is crucial. Managing this process requires enormous, much-undervalued skill, whether this is done by a receptionist or by the therapist. The tone, manner, pace and the actual words used will 'set the context' for how the potential client or referrer describes the therapeutic setting. If a non-therapist answers the telephone, a professional, warm, courteous, gentle yet *brief,* response will define the relationship clearly as that of 'receptionist' and the context as 'making an appointment', rather than responding to distress or giving information about the process.

I was given a useful piece of advice about making appointments on the telephone when I worked in a complementary health centre. Instead of saying 'I can't offer you an appointment until . . .' a better way is to say 'I am able to offer you an appointment on . . . at . . .'.

If we have to telephone a new client in response to their inquiry it is important to be sensitive. Mobile phones can be extremely convenient in one way but pose other problems, since the person may not be in a convenient or confidential place where they can talk. It is therefore best to:

- choose an appropriate time to call;
- identify the name of the person who answers;
- explain who you are;
- check out if it is a convenient time;
- not declare one's profession (or agency), if another person answers the telephone;
- use the title appropriate to the context: in some agencies one may be called a 'counsellor' or have some other title.

Negotiating a contract

In some agency contexts there are contractual issues that must be addressed at the outset. These can include:

- the length of the sessions;
- whether there is to be a different length of time for the first meeting from subsequent ones;

- the frequency of meetings;
- how frequency is agreed;
- whether the client is likely to be referred on to another therapist (or agency) after the first meeting;
- the arrangements for making and cancelling appointments;
- the number of sessions that can be offered;
- the length of time that a client can continue to have therapy;
- arrangements for holidays;
- fees (if relevant);
- discussion of other therapies as well as talking;
- how far clients can negotiate any of the above.

It is also important to discuss the issue of confidentiality, particularly if another professional has referred the client. Therapists can make the assumption that they will not discuss the client with other professionals, but may need to spell this out and outline briefly the circumstances in which confidentiality could be broken, such as if the client becomes a danger to him or herself or another. Having printed information also clarifies the context.

If workers are in multiple roles and contexts, it is crucial to discuss the different rights and responsibilities involved within each context. This is also useful when there is a mixture of family therapy, group and individual work, where the client may fear that information disclosed in the individual session could be inadvertently 'leaked' in other contexts.

Workers who do a mixture of formal and informal, practical and therapeutic work will find it helpful to clarify the context of a particular conversation. Lang et al.'s (1990) concept of 'domains' is useful: in the 'domain of productivity' one could be organising something practical; in the 'domain of explanation' one is doing therapeutic talking work. Simply by moving from an easy chair to a desk will signal that one is moving from one context to another, but doing this verbally also helps.

Multiple contexts

In some settings we may have relationships with other workers that involve several different roles or positions, for example we may work with someone who is our manager in one context, but a colleague in a systemic team seeing a family in another context. A supervisor may also become a friend, or a friend may become a supervisor. These multiple-contextual relationships create many opportunities for misunderstandings if we do not clarify

the rights, responsibilities, contractual implications and the expectations of each context. Yet they also afford many opportunities for creative work. It is useful to recall Bateson's three context markers: time, place and relationship. So, for each context one could meet in a different place, clarify the time that has been set aside for that specific task and define the relationship by giving it a title.

Context

- Every client comes from, '*acts out of*', a *unique* set of contexts.
- When we talk with a client we are '*acting into*' their contexts.
- Every therapist comes from, '*acts out of*', a *unique* set of contexts.
- When a client comes to talk they are *acting into* our contexts.
- Thus we *co-create* a new unique context with the client.
- When a client describes thoughts, feelings and actions in their lives all these have taken place within *the context of particular relationships*.
- The language we use fits into a particular context, that is, a statement, question, demand and so on. (Wittgenstein (1953) called these 'language games'.)
- Words do not have an intrinsic meaning, but *a use only within a context* – they are best seen as tools or instruments for use in the making of meanings.
- We use a sign or signal as a *context marker*, to indicate a new context.
- Signalling a new context requires the ability to *communicate about the communication*: to meta-communicate.
- All actions are communications and verbal (and non-verbal) language *is* action.
- Being clear about the context helps to prevent misunderstandings.

Therapists working with context will

- explore the therapist–client context with clients;
- be transparent about the impact of our contexts/organisations on the client;
- explore clients' expectations of therapy;
- clarify the relevant policies of our agency with the client;
- explore the client's specific *local* contexts (relationships and stories);
- involve clients in continuing conversations about the effects of all relevant contexts on them (including political, economic, cultural contexts and so on);
- explore ways in which our personal contexts (self-identity, family, culture and so on) and professional contexts (agencies, political stories and so on) affect our conversations with clients.