

Text and context: narrative, postmodernism and cybernetics

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Currently, the systemic view in family therapy is being substituted by a post-modern narrative approach, while cybernetics tends to be considered an outdated perspective and its contribution to therapy overlooked. This paper proposes an epigenetic view for the evolution of theories, according to which a narrative therapy without systems is incomplete. The paper lists the implicit and explicit prescriptions to which a postmodern narrative therapist is subjected, and reviews some criticisms of the systemic perspective made by postmodern authors. Some internal inconsistencies of post-modern narrative therapies are considered, and some ways forward suggested.

Introduction

The systemic perspective – by which I mean systemic and cybernetic ideas and their associated therapeutic practices – has dominated the field of family therapy for many years (see Nichols and Schwartz, 1998). Towards the end of the 1980s a growing interest in narrative therapy emerged. Developed first in Australia and New Zealand by Michael White and David Epston (Epston, 1989; White and Epston, 1989, 1992a), the term ‘narrative therapy’ began to be found alongside and then increasingly to be substituted for the term ‘systemic therapy’. By 1995, in an editorial in *Family Process*, Peter Steinglass could state: ‘Narrative approaches to family therapy have surely captured the imagination and interest in our field, reflected in the fact that manuscripts about these approaches represent the largest group of submissions to our journal these days’ (1996: 403).

Narrative ideas constitute a wide and complex corpus, involving different disciplines from anthropology to psychoanalysis (Bruner,

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1986; Geertz, 1973; Gergen, 1982; Mitchell, 1981; Spence, 1982). Systemic therapy entered only a particular brand of narrative, linked to social constructionism and postmodern thinking (see McNamee and Gergen, 1992). This led to a flourishing of applications to family and couple therapy (Papp and Imber-Black, 1996; Penn and Frankfurt, 1994; Weingarten, 1998; Zimmerman and Dickerson, 1994), to family counselling in general medicine (Weingarten and Weingarten Worten, 1997), and to research on therapeutic interaction (Kogan and Gale, 1997), although narrative ideas have also been used by authors connected to different family therapy traditions, such as systemic (Boscolo and Bertrando, 1993; Sluzki, 1992) or strategic (Eron and Lund, 1993).

The introduction of narrative thinking in systemic therapy had manifold consequences. Some were extremely positive; for example, the increasing respect for ideas, values and stories brought by clients, with a corresponding irreverence for therapists' theories and hypotheses. Others have been more problematic; particularly the tendency to embrace completely a narrative perspective, at the same time rejecting cybernetics and systemic theory. Such an either-or position, in my view, risks obscuring some of the most precious contributions of both.

Epigenesis of therapists, epigenesis of theories

Substituting the postmodern narrative perspective for the systemic vision is similar to the way, many years ago, the systemic vision replaced the previous psychoanalytic orthodoxy. But I think this very idea of substitution is not so much incorrect as simply impossible. Boscolo and Bertrando (1996) proposed the concept of 'untold' to refer precisely to those theories and experiences any therapist encounters in the course of her life, that become a part of her way of doing therapy and go on working within, whether consciously or not. A therapist of some experience reveals, in practice, much more than is prescribed or allowed by her theory. This hidden area constitutes the 'untold': any therapist, although she can decide to set aside some of her knowledge, in order to learn something new, works by integrating – more or less consciously – the various experiences and theories she has been touched by in the past. Boscolo and Bertrando theorized such an epigenetic model for the therapist (see also Wynne, 1984):

Rather than such progress 'by leaps and bounds', we prefer an epigenetic evolution, in which every change in theory or practice connects up with those experiences that have proven themselves useful. This manner of theorising is not a simple linear process of accumulating new ideas over time, but rather (in harmony with our systemic-cybernetic view) a system of concepts and of experiences recursively connected and in continual evolution. . . .

In our work we find inspiration in the meaningful voices to which we have been exposed during our professional career. In accordance with our epigenetic view, we integrate within our more recent version of the systemic model the theories learned in the past, and all the meaningful 'voices' (professional or simply human) which inspire us in our daily practice and life.

(Boscolo and Bertrando, 1996: 35–39)

When this epigenesis is not acknowledged, the therapist thinks she is a 'purist' in her approach. For example, in the original Milan Team, the team members considered themselves 'systemic purists', but when a psychoanalyst saw them at work in the Milan Centre *circa* 1975, he said he saw four psychoanalysts working with a lot of analytic ideas, but without speaking them aloud. Later on, some of the team members themselves agreed with their colleague (Boscolo and Bertrando, 1996). It is possible to extend this same way of thinking to theories. Theories develop through epigenetic evolution, exactly like therapists. Dell (1989) remembers that early systemic-cybernetic therapeutic theories contained an implicit knowledge of individual (mostly analytic) psychology; the same, in my view, applies to contemporary postmodern therapies, which contain an implicit knowledge of systemic interactions. As Reisman (1991) points out, any historical period emphasizes certain issues, and has concepts that are taken for granted. In the 1950s, psychoanalysis was taken for granted, and it was the systemic (contextual) view that made a difference; in the 1990s, context is obvious, and something else is required to make a contrast.

Narrative postmodern therapists work under powerful influences from their own theories, but, at the same time, they are also influenced by internalized theories and praxes they do not profess.¹ In

¹ See the conversational analysis of one of Michael White's sessions (Kogan and Gale, 1997), where the authors show clearly that the therapist has his own agenda, although he claims this is not the case.

the following section I will render such implicit assumptions more explicit.

Prescriptions for the postmodern therapist

First of all, I want to make one point clear. We (all of us) cannot but be postmodern. Our thinking is, by force of circumstances, 'weaker' than our predecessors' was, in the sense that we cannot have any more certainty of an all-encompassing model to explain the world (not even this small chunk of the world that is therapy). Minuchin's 'voices' (1987), Cecchin *et al.*'s irreverence (1992), Boscolo and Bertrando's epigenetic model (1996), are all examples of the stable settlement of postmodern ideas in therapy. Some therapists, however, consider postmodernism to be a position they should adopt, a set of prescriptions they should conform to, rather than an inevitable consequence of our existing in the present conditions of living. What I am arguing against is the idea of a *deliberately* postmodern therapy which refuses to acknowledge its debt to what has gone before.

Although some postmodern therapists do not adopt such a position (see Frosh, 1997; Pocock, 1995, 1998), most of them apparently do. Let us consider some of the prescriptions imposed on a therapist who adopts a strict postmodern stance.

- First, reality must be considered as a social construction, i.e. realities are but the conversations we have about them, and therefore all views are a consequence of language: every theory and every system of ideas is merely a narrative. Thus the unlimited production of new meaning (of new stories), while keeping open the conversation (Anderson and Goolishian, 1992), becomes the therapist's only task. Furthermore, the emphasis shifts from Bateson's *context* to Derrida's *text*, which becomes the founding metaphor of the new approaches.
- Second, all meta-narratives, i.e. global systems that posit themselves as absolute and 'true', must be rejected. A number of discourses are possible, but usually only some of them are accepted by society at large: the privileged discourses favoured by dominant powers. The others survive as subjugated knowledges. 'What counts as objective knowledge is a power relation, one category of people benefiting at the expense of another category of people' (Farber and Sherry, 1997). In order to avoid the

modernist concept of 'truth', postmodernists claim to accept all narratives, all points of view, refusing to judge points of view as better or worse in the absolute. In the place of a single, progressive history, they substitute 'genealogy' (Foucault, 1966), a fluid process which accommodates not only the great stories but also what is lost, marginal or *alternative*. There is no absolute truth, but rather truths that have a *local* value and validity within the community in which they are defined and accepted. If therapy is but a form of discourse, a conversation between two or more persons in which no one can boast any privileged knowledge, then stories which clients bring to therapy must be listened to 'as they are' (Parry, 1991), because the therapist, deprived of his expert stance, must hold a 'not-knowing' position (Anderson and Goolishian, 1992).

- Third, the therapist must acquire consciousness of his position of power, of his role of agent of power in the life of his clients, for his very belonging to a caste, a gender, etc. At the same time, the therapist should be aware that his own discipline may be considered as a set of power practices and narratives. It is therefore mandatory to discuss the authority of the therapist, as holder of a privileged knowledge (i.e. power). Besides assuming a not-knowing position, the therapist should avoid any practice that could in any way constrain the clients' freedom by forcing them in a particular direction, looking for their collaboration instead (Hoffman, 1992). Since, for the postmodern therapist, the individual is seen as a prisoner of stories which other people tell about him, the therapist's task is to reinstate the rights of the disadvantaged individual in the presence of the family, considering him as a bearer of alternative knowledges and helping him to tell 'alternative stories' of success (White and Epston, 1989). The unit of observation and of maximum interest for the therapist (even if he considers himself as a family therapist) goes back to the individual, rather than to the family or the couple, as Minuchin (1998) has pointed out in his careful examination of the practice of four distinguished postmodern therapists.

Such a perspective adds much to our understanding of individuals and therapies. At the same time, the emphasis on some themes inevitably conceals others. It is one thing to say 'we cannot but be post-modern', and to think that therapists cannot live in the comforting certainty of an all-encompassing theory, but it is quite another to think

that not having a preferred theory is 'correct', and having one is 'incorrect'. Postmodern narrative therapies, in their current versions, tend to create their own orthodoxy, a 'modern version of postmodernism' (Barbetta, 1997), where the shift to postmodernism is implicitly considered a *progress* (that very idea of progress which postmodernists criticize). The most serious risk postmodern therapists run in so doing is to lose, for postmodernism's sake, many positive sides of modernist theories and praxes. Another is the risk of losing contact with – and therefore influence within – fields (for example, psychiatry) where the influence of a modern, highly procedural way of thinking is even stronger and more pervasive than before.

Postmodern criticisms of the systemic model

Mechanism and humanism

Most postmodern narrative therapists claim that, generally speaking, the 'cybernetic metaphor' is a mechanistic way of viewing human interaction in terms of mathematical models, machine diagrams or computers (Hoffman, 1990; Paré, 1996). Such a mechanistic metaphor would not do justice to the humanity of 'human systems', since it is based on analogies completely extrinsic to its object of interest. The narrative view is posited, instead, as a 'humanistic' view, which could render to the human person the 'rights' it is denied by other therapeutic approaches, especially the systemic one (Parry, 1991; White, 1995; Zimmerman and Dickerson, 1994). As White (1995: 216) puts it:

When we connect action to its sense, we are resurrecting and elevating the factor of consciousness in the explanation of the acts and the events of people's lives. We are encouraged to prioritise people's notions of what they are doing and why they are doing it, their views about how things came to be the way that they are, and so on.

In other words, the point is to give back to the *person* (the subject) what had been stolen by so deep a commitment to the relational view, which would ignore persons in favour of relationships (see Bertrando, 1997). In order to underline this new humanism, therapists should use different metaphors; these same authors propose an interpretation of family and small human group interaction by means of other instruments, such as textual criticism, historical analysis or ethnography.

An anti-humanistic stance is surely present in the writings of the first cybernetics (Heims, 1991), but it is by no means its essence. The great idea of the original cybernetics group was not – as many believe – to use analogies taken by the fledgling computer science to explain human behaviour within ‘family systems’. To Bateson (but also other authors, such as Wiener, McCulloch, Mead and von Foerster), cybernetics *is not a metaphor* (if we exclude the idea that the concept of metaphor is itself a metaphor); rather, it is *descriptive language*. According to Bateson, cybernetics describes human interaction, rather than reducing it to a machine (see Bateson, 1972, 1979). Instead, it was Bateson’s followers who, possibly to free themselves of the psychoanalytic ‘humanistic’ language, and to mark the specificity of their own approach, adopted a ‘cold’ language, full of mathematical and mechanic metaphors. This trivialized Bateson’s ideas, turning families into clockwork machines to be repaired (see Watzlawick *et al.*, 1967). A comparison of the original writings of the first cybernetics with the MRI books is sufficient to show the difference.

Hoffman, Parry and White, though, remind us of an important *misuse* of the cybernetic model. Many systemic therapists (especially inexperienced ones) risk a reification of cybernetic metaphors, and imagine seeing *real* circuits, feedbacks and regulators inside families. But the most skilled among systemic therapists avoided this pitfall anyway, and in recent years the potential for this kind of dehumanized reductionism has been lessened under the very influence of narrative thinking.

Technologies and politics

Cybernetics avoided any interest in politics. Such an absence of a political perspective may be seen as due to theoretical stances, like the well-known Bateson’s (1972) idea that power is a ‘metaphor that corrupts’, or to the origins of the approach, born in the 1950s in the United States, when any political reference was suspect in itself. This, in turn, led the early systemic therapists to a practice aimed mostly at a re-balancing and a re-establishment of the status quo ante (e.g. strategic therapies aimed only at the removal of the symptom). Such a therapy becomes by force of circumstances conservative; what counts is to remove any obstacles to a good adaptation to the existing social condition. When systemic therapy became interested in an open exploration into the lives of clients,

the introduction of a political perspective (in terms of an analysis of one's position in regard to power practices) became mandatory, as the feminist critique has thoroughly explained (Hare-Mustin, 1986).

Thus Drewery and Winslade (1997) find the roots of narrative therapy – especially White and Epston's – in the criticism of power practice, a recovery of the discourse Michel Foucault had dealt with two decades before (Foucault, 1971, 1976, 1994). Although Foucault is considered a key figure in cultural and economic history, this *therapeutic* version of narrative is completely different from narrative as it is conceived in general psychology, psychoanalysis or related fields, where the development of Foucault's work is usually ignored (see Bruner, 1990; Mitchell, 1981; Polkinghorne, 1988). Narrative thinking becomes linked to political criticism, but it is not necessary to be a narrativist to be concerned with power relations, as the 1970s European critical psychiatry knew well (see e.g. Basaglia, 1967).

Furthermore, problems may arise if therapists map Foucault's critique of power practices from culture and economy directly on to therapy. Applying Foucault's ideas to therapy means (1) that clients' stories are subjugated knowledges, while psychiatric or 'expert' knowledge is dominant knowledge. In addition, on a subtler level, (2) patients' (i.e. problem-bearers') stories in turn become knowledges subjected to other family members' views, seen as influenced by the dominant political discourse (see White and Epston, 1989). The idea of a family producing a 'dominant knowledge', in contrast to the supposed 'subjugated knowledge' of 'patients', is a metaphor as inappropriate as the mathematical metaphor applied by Watzlawick to the human condition. It becomes the umpteenth example of absorbing into therapy theories unrelated to therapy itself, that same process which led in due course to using ever-different metaphors – always fascinating, always far from therapeutic practice.²

As far as the power position of the therapist is concerned, it is usually stated that a narrative therapist should be conscious of her power position. But here an implicit idea arises: that the therapist should somehow *escape* from the power system. For example,

² For a criticism of such analogies, see Stengers (1995).

Anderson and Goolishian (1992), or White and Epston (1992b) list a number of questions that, for the very fact of being questions and not statements by the therapist, should free the client and empower her.³ But a question may *also* be, as Elias Canetti (1960) knew well, a power practice: it is the police, or the judge, who asks questions, and their questions *have* to be answered – just as a therapist’s questions, collaborative as they may be, still want answers. As Foucault could have put it, if power is a network of relationships connecting all of us, and not the intention of an individual, the very fact of being a therapist (even a benevolent one), and thus the person who may decide to ask questions (even the most liberating), is a position of power, as far as the client accepts the therapist’s right to ask questions and have them answered. It is impossible to escape from this position of power, because power, in this view, is a *relationship*, and a necessary relationship (then again, Jay Haley (1963) might ask: Are we sure that power is evil in itself?).

Knowledge and knowledges

Postmodern therapists criticize the presumption, which even systemic therapists are sometimes prone to, of knowing the ‘true’ sense of clients’ actions. Cybernetic theory would simply pose such a ‘true’ sense within the relational system the individual client is immersed in, instead of a biological cause, or ‘deep’ unconscious drives. Any systemic hypothesis or reframing, then, is but a constriction of the client into a dominant knowledge (the therapist’s knowledge). Anderson and Goolishian (1992), the authors who put forth most strongly such a criticism, claim for the therapist a *not-knowing* position, where the therapist limits himself to keeping the conversation open, adopting a hermeneutic stance:⁴

Not-knowing requires that our understandings, explanations, and interpretations in therapy not be limited by prior experiences or theoretically formed truths, and knowledge. . . the therapist does not ‘know’, a priori, the intent of any action, but rather must rely on the explanation made by

³ Such a faith in the non-authoritarian, liberating value of questions dates back to the Milan Associates’ theory and practice (see Boscolo *et al.*, 1987).

⁴ This echoes the ideas of many earlier therapists (see Bion, 1970; Rogers, 1951), but they are not credited as influences by any member of the Galveston group.

the client. By learning by curiosity, and by taking the client's story seriously, the therapist joins with the client in a mutual exploration of the client's understandings and experience.

(Anderson and Goolishian, 1992: 28–30)

Such a position is a cure for any illusion of having found the 'true hypothesis' which may explain a client or a family, and shows marked analogies with Gianfranco Cecchin's (1987) concept of 'curiosity'. On the other hand, it has its pitfalls: specifically, in an epigenetic view, it is impossible to adopt a true not-knowing position, because the therapist cannot avoid knowing her own experience. Thus, faced with any new situation, she will inevitably remember the theoretical position once assimilated, or anyway make hypotheses based on the analogy to similar situations. Thus not knowing risks either becoming a form of wishful thinking in which knowing simply sinks into the untold, or of becoming a strategic stance; pretending not to have an idea or a point of view is just a *simulation* of not knowing (these points have already been discussed at length in Boscolo and Bertrando, 1996).

Aporias of postmodern narrative approaches to therapy and possible solutions

The postmodern narrative approach has, like any other approach, its own internal inconsistencies, which generate difficulties and even paradoxes. Philosophers call an 'aporia' any problem that cannot be solved because of its inconsistency. I will refer, therefore, to such inconsistencies as the aporias of postmodern narratives. To be clearer, I will start from an anecdote told by Kenneth Gergen, one of the most prominent representatives of postmodern thinking in psychology:

Around the table were a number of scholars drawn to various parts of the postmodern dialogue and anxious to pursue their broader implications. However, one of the participants was not only thinking about the topic, he was . . . 'living it'. For him, every logically coherent proposal put forward by his companions was but a new toy. Each was a target for puns, wordplay, or ironic caricature. For a time the deconstructive antics were enjoyed by all. But slowly, as the luncheon bore on, it became clear that no 'serious discussion' was possible . . . that should all participants 'go postmodern' in this way, we would be reduced to an empty silence. The postmodern player exists, after all, in a symbiotic relationship with 'serious culture'.

(Gergen, 1991: 194)

It is clear, then, that one cannot posit a postmodernism which is not in some ways positional, that is, in a dialectical relationship to a modernism that cannot be 'surpassed' (it is suggested by the construction of the term, which just adds to 'modernism' the prefix 'post-'). The postmodern narrative therapist enters a similar paradox if he 'must' see all narratives as equally valid (therefore all equally true – or untrue, which would be the same). Not accepting any theory is itself a theoretical (or meta-theoretical) position; postmodern therapists thus become self-contradictory, linked to a firm and unmistakable theoretical presupposition: being obliged to disregard any theory. But, for example, what would the majority of postmodern narrative therapists say if someone were to claim that gender, or violence, or abuse problems are 'just stories as any other stories', and therefore subject to the very relativism to which the systemic view is subjected? Yet such claims, abhorrent as they are, would be perfectly legitimate within the postmodern frame.

Actually, both Lyotard (1979) and Derrida (in Kearney, 1984) do not deny the existence of a reality of some sort. They just encourage systematic doubt about one's premises and theories (meta-narratives). Apparently, though, most postmodern therapists tend to turn such a doubt into a certainty, albeit a negative one. The problem is in the *prescription* of a postmodern stance, for example, 'Postmodernism does not accept general theories (narratives), *therefore postmodern therapists must not have any theoretical prejudice*'. The same happens with the prescription of a narrative stance: to say to oneself, 'I must do this the narrative way' is to be credulous to the meta-narrative of narrative therapy. At this moment the postmodern therapist is a modernist.

Individualism

In a narrative key, the therapist's viewpoint shifts more and more towards the individual (or, as Minuchin (1998) puts it, where is the family in narrative family therapy?). To tell a story, a narrator is needed, and the narrator tends to be an individual 'self'. Psychology historian Julian Jaynes (1976) went so far as to state that the very concept of self is nearly useless for everyday life (we can live and move and act without thinking to our-'selves'), were it not for the necessity to give a consistent account of our lives to ourselves and others ('narratize', in Jaynes' word). The self is necessary to tell our own stories.

The narrative view thus leads to an individualistic perspective, where the individual is seen as the starting point for relationships, rather than inscribed in and inseparable from them. In most major therapeutic papers devoted to narrative, the authors refer to the 'client' rather than 'clients'. For example, in his seminal 1991 paper, Parry speaks about how 'a person⁵ tells her story', thus retrieving her own voice. Hoffman (1990) rightly remembers how easy it may be to fall into Bateson's happy mysticism of harmony, where all systems mirror one another, contrasting such an idyllic vision to the hard experience of, for example, the *individual* subjected to abuse and violence. Zimmerman and Dickerson (1994), in a review of the justification for the turn to narrative, state, following Michael White, that *any person* should 'become the author of her own story' (p. 243). Penn and Frankfurt (1994) claim that, when creating new stories, 'the former monological experience become an inner dialogical experience – talking *with ourselves* – and produces a change in our conversation with others. This we feel is the "stuff" of new narratives' (p. 218). Once again, the story brings us straightforwardly to the self and to inner experience, and dialogue simply becomes a second step. This is all most noteworthy, since these authors are inspired by radical social constructionism: they love the idea of dissolving the self into social and linguistic interaction (Shotter and Gergen, 1989), and tend to consider the individual as we know it as a social and historical artefact (Cushman, 1995).

In this perspective, stories are not necessarily owned by individuals: they may be cultural stories or family stories (Byng-Hall, 1988) that determine our very perception of the world. But, in this case, the individual is not fully conscious of them, and there must be another person who has to discover (or uncover) them. Such a person, then, becomes an 'expert' (in discovering implicit, or embodied, narratives). This conflicts with the postmodern notion that 'the client is the expert': if the client is the expert, her expertise must be explicit; and the therapist is compelled to rely on any individual client's self-report. So it is not that stories are necessarily individualistic, but it is the kind of narrative-postmodern thinking used by some narrative therapists that leads to consider them as told by traditional selves and individuals.

⁵ All emphases in this section are mine.

This is not inherently a problem, but may become so if the self (the individual) is seen to be at odds with his or her context. For example, in Michael White's model, a single main dominant story appears to exist within families, which maintains a system of power and exploitation (oppression of women, of 'patients', etc.). The aim of the therapy is to bring forth a new story, where the oppressed should be oppressed no more. Here, the influence of critical theories, such as Foucault's or feminists', centred on the idea of 'oppression' (of subjugated cultures, of the female gender, etc.) by a dominant power (a privileged knowledge, the male gender, etc.), has been decisive. Transferring such positions to family therapy leads to a view of the individual as oppressed by the family system, as representative of the dominant culture: thus the individual client must be 'liberated', becoming the author of his own story.

This is, on one level, a wonderful idea. But, *on another level*, nobody is a hundred per cent author of her own story: all of us, to some extent, 'are told' by language and discourse, as Foucault (1971) himself had observed, and we are told because we are inseparably inscribed within our context. Sometimes, this affirmation of the notion of 'liberation' from context tends to overlook all factors that tie together and harmonize family members. Most families, even the ones that come to therapy, are looking for ways of being together, since they *are* together. And all this conceals a subtler theoretical problem: in a narrative clinical perspective, is it really possible to deal with supra-individual issues? And, if it is not, what is the purpose of family therapy? Sometimes it seems just an individual therapy (liberation) in front of the family.

Contexts

I believe most aporias of postmodern narratives arise from forgetting, or allowing to slide into the background, one basic standpoint of the systemic approach: context. The paradoxical condition of postmodernism and its tendency to individualism are, in the final analysis, problems of contextual vision. Recalling some of Gregory Bateson's ideas might solve such problems, if he had not been almost erased from contemporary therapeutic references. Many of Bateson's contributions (information as difference, holism, circular causality) are being applied by systemic therapists since they were first adopted by the original Milan group (Boscolo *et al.*, 1987;

Selvini Palazzoli *et al.*, 1980). Still, Bateson's conception of context still has to be explored to its full extent.

Being perfectly aware that the systemic view itself is a product of the observer, or 'narrator', Bateson worked, within his holistic thinking, to overcome what he called the false dichotomies, including the one between individual and context (and between the observer and the observed). 'The unit of survival is *organism in environment*, and not *organism versus environment*. The question [is] whether it's you versus me, or you and me *as part of* something which includes us both' (Bateson, 1991: 274). Of course, this mutual embeddedness could be dangerously close to the happy mysticism that Lynn Hoffman feared; but she who avoids such a sticky trap may be freed from the simplistic idea that individuals are suppressed and subjugated by their context, be it family, society or culture. This is not to say that oppression does not exist: the general issue is much more complex – and requires acknowledging the *interdependence*. Individuals and what they do to each other create a texture of relationships, which in turn contextualize their communication, a 'weaving of contexts and of messages which propose context – but which, like all messages whatsoever, have "meaning" only by virtue of context' (Bateson, 1972: 275–276). Messages (exchanges of meaning) create contexts that recursively give meaning to messages. And this texture of relationships is in a constant, evolving flux. Context is thus to be regarded neither as 'what limits' the individual, nor as what contains 'within it' individuals and their actions.

Postmodernists, in line with their linguistic emphasis, are well aware of *linguistic* (semantic) contexts. As Pocock (personal communication) says, 'For example, a client may say "I hate my father". The therapist cannot assume that she knows from the words alone what meaning is being conveyed. The therapist may use "hate" rather differently. Understanding may take place through tying down the context. (Crudely she may ask the client, "How are you using the word *hate*?")'. But a thoroughly contextual vision is still different.

In such a view, the boundaries separating what pertains to the individual from what pertains to be the system the individual is embedded in, become less clear-cut. The system as a whole cannot be fully present in the individual consciousness, just as the system can never fully define the individual (thinking about the individual as defined by the system is one of the most serious errors of the first

generation of systemic therapists, but certainly it was not an error made by Bateson). Here, though, the idea that we are made *just* by the stories we tell ourselves, etc., starts to crumble. Stories exist in our consciousness, but individual consciousness is not all. The unconscious foundations of our understanding of and acting in the world cannot be identified with the 'stories' we tell. Thus one could answer Parry (1991), who states that a therapist speaks to individuals, not to families, reminding us that this is true only if we take for granted that an individual really speaks for herself, and not as part of a wider system, which she is *spoken by*.

The 'story', then, is an exceptionally useful approach for understanding what happens to an individual (his experience of what happens to him). The family interaction, which constitutes the story's immediate context, is on a separate level and is not synonymous with the 'stories' told by other family members about that individual – those are still personal experiences, and stand exactly at the same level of that individual's story. Therapy is on yet another level, and so on. Confusion is generated when we forget such distinctions between contexts, and the fact that any context is in turn contained within a context, in a virtual *regressus ad infinitum* (Goffman, 1974).

If a client tells me a story, it does not follow in any simple manner that she is telling me *her* story. It is the story that the client tells *me* (as a therapist), and it is therefore doubly contextualized: it is told within a two-person relationship, and that two-person relationship is meaningful within a therapeutic context (here a psychoanalyst would probably speak about transference and countertransference). The story which emerges in a family therapy session gets its meaning from being told within that family, *and* for being told to a third person in the presence of the family, *and* for the fact that the third person is considered a therapist, and so on. The therapeutic work becomes, most of all, a reading and a reshaping of contexts. First, the reading of the *therapeutic relationship*, i.e. the primary context of therapy, which gives sense to everything that happens in it; then, of the relational networks and patterns that constitute the life context of clients; then, if it is necessary, of the contexts of those contexts, and so on. These are well-known premises of systemic therapy; but to overlook them – as may easily happen in contemporary practice – brings severe risks.

A contextual approach, instead, may solve several problems posed by narrative therapies. First, the problem of blame, which is

closely linked to the dissolving of the family in narrative practice. The family often seems to be missing from narrative therapy precisely in order not to blame the family. Instead, what is blamed – implicitly – are cultural discourses. The family is either to be blamed or exonerated because narrative therapy conceptualizes the role of the family so crudely. This is why narrative and postmodernism point to the political macro-context, but they overlook the texture of the micro-context that shapes the therapeutic scene. If we think that culture is the context in which the family is embedded, and that it stands on another level from family interaction, it becomes possible to stand against (for example) sexism, without blaming the family or some family members, and thus still to practise family therapy productively.

Language and languages

Narrativists and conversationalists tend to be very attentive to *discourse* and *words*. This is logical, for they are deeply influenced by literary deconstructionism and textual critics like Derrida (1967), who is, after all, a scholar of the written word. The favourite metaphor of those authors is Derrida's text, other similar influences being Wittgenstein's (1953) concept of language games, or Austin's (1962) performative theories. The text metaphor is fascinating; but it risks being misleading exactly because of its fascination – one tends to forget it is a metaphor, reifies it, and treats a therapy just as if it were a written text.⁶

The problem here is the tendency to emphasize one single aspect of the therapeutic exchange. Reifying the text metaphor puts much of the human encounter in the shade. Meanings are surely conveyed in words, but they may be communicated in many other ways: 'A drawing by Mondrian does not represent [*i.e. it does not say*] anything, but it means a lot' (Goodman, 1978). True, all therapy

⁶ There are exceptions to this view, though. For example, Frosh (1997) states that: 'Postmodernism is not built on the argument that language is everything, that true emancipation occurs through story-telling. Instead, postmodernism demonstrates the insufficiency of language, the way in which all this narrativising is a defence against something else, something less easily pronounced, but more powerfully disruptive' (p. 93). And he adds: 'In extolling narrative too enthusiastically, family therapy mistakes the symptom for the cure.'

articles explain that in therapy the 'text' is made by bodies as well as words, but it is also true that, in working pragmatically on the therapy events, the reading is centred on words, giving the idea that one may do a written therapy (Miller and Gergen (1998) went as far as claiming a therapeutic value for Internet forums). This leads to a very partial view of therapy – and of human interaction as well.

Text is surely a powerful determinant of our identities (Shotter and Gergen, 1989), and it is the ground – as Derrida knows well – for anything we are and say. But individuals are not text any more than the blueprint of a plane can fly across the ocean. Contrary to current opinion, in therapy (as in any other human exchange) we do not exchange just words, be they metaphoric, polysemic, or used in various language games. The context of therapy is not defined just by the therapist's or client's words, but also by exchange of meaning through other means: paralanguage (Sebeok *et al.*, 1964), kinesics (Birdwhistell, 1970), proxemics (Hall, 1966), etc.

It seems that the discourse of nonverbal communication is precisely concerned with matters of relationship – love, hate, respect, fear, dependency, etc. – between self and vis-à-vis or between self and environment and that the nature of human society is such that falsification of this discourse rapidly becomes pathogenic. From the adaptive point of view, it is therefore important that this discourse be carried on by techniques which are relatively unconscious and only imperfectly subject to voluntary control. . . .

If this general view of the matter be correct, it must follow that to translate kinesics or paralinguistic messages into words is likely to introduce gross falsification due . . . especially to the fact that all such translations must give to the more or less unconscious and involuntary iconic message the appearance of conscious intent.

(Bateson, 1972: 412–413)

Hoffman (1990) urges therapists to *listen* to their clients. But if we consider Bateson's position, it follows that it might be sensible to detach ourselves from narrative orthodoxy, and remember that it may be a good idea, for all therapists, to learn first to *observe* people, and only afterwards to learn to listen to them. Not only because it is easier to lie with words than with the body, but because body language tells us things that words cannot convey. This is significant also because words are often not so central to therapeutic interaction as clients experience it. As one former client of mine once said, speaking about what she had remembered of me, her therapist, during a two-month break of therapy: 'I remember some expressions

of his face, some tones of his voice. . . these were the memories I bring with me, that are a support for me. And then, surely, some of the words he spoke, just some highlights.' For her, the words had not been by any means the most important pieces of language she had exchanged with the therapist.

Conclusions

The conflict between text and context, between narrative and systemic metaphor may easily have an impoverishing effect on therapy. What I have proposed here is a possible synthesis of these two ways of thinking, that work at different levels in therapy, and have different implications for the therapeutic process. Text is useful in understanding the subjective dimension of experience, the meaning people find for themselves as individuals. Context is useful in grasping some idea of the supra-personal dimension of living, of all those parts of our experience we tend to be unaware of, because they come to existence somewhere beyond our knowledge (and our conditions of knowledge). The therapist continually shifts from the one to the other in her effort to give sense to her relationship with clients.

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