

## FROM SYSTEM TO DISCOURSE

LYNN HOFFMAN, AMHERST, MASSACHUSETTS

A number of us in and around New England are following a trail blazed by Clifford Geertz, Kenneth Gergen, and other critics of 'social texts' in an analysis of the root metaphors on which family theory and practice are based. The cybernetic or systems analogy of the 50s was suggested by machines that were guided by error-activated feedback loops. It seemed to explain the workings of living unities such as the cell, the nervous system, the ecosystem. The next step was to extrapolate it to persons and social groups: why not a 'family system'? A family came to be described as if it were a homeostatic machine.

The idea of the system was easily assimilated by social scientists because it fitted in with the larger Structuralist framework that pervaded twentieth century social thought. Within each particular domain of study - linguistics, literary criticism, anthropology, sociology, psychology, and psychotherapy, - a hidden structure or system was posited that could be discerned by the accomplished researcher.

Now that the Structuralist project is being challenged, the metaphor of the System is on the chopping block as well. The first sign of that discomfort in the field of family therapy showed itself about ten years ago and hovered about the issue of normativity. If an item has a structure it can be seen as normal or abnormal. Many family therapy models have been built on the assumption that a therapist was supposed to treat an abnormal or, as it was later termed, dysfunctional system. As a result, those of us who felt uneasy with negative labels felt that family therapy had only substituted one form of diagnostic nosology for another.

The discovery of Second Order Cybernetic thinking - I am talking about the work of scientists Heinz von Foerster, (1981), Humberto Maturana, (1980), Ernst von Glasersfeld, (1984) and Francisco Varela (1980) - was an exciting one for our field. First, we could let go of the simplistic homeostatic machine model for family groups. A Second Order view saw the family or any other living unity as autonomous, responding to perturbations according to its own structure. Since it was a 'non-trivial' machine, it could not be programmed from the outside like the input-output model of the engineer.

Second, the idea of the 'observing system' got us off the hook in that we no longer had to treat a problem as if it were outside of us and 'in' a person or a family. We could conceive of it as existing 'within' the therapeutic conversation. Instead of saying 'The system creates a problem' we could say 'The problem creates a system'.

Third, we were released from the notion of 'objectivity'. The medical model, in an attempt to copy the natural sciences, assumed that verifiable criteria existed for assessing mental or emotional states. Family therapy has made its own attempts, but these have now been challenged by the idea that so-called reality is invented, not found. We do not discover reality we create it.

Now it seems that we family systems people are part of an even greater upheaval in the human sciences (or arts) than we had thought. I, for one, had no idea of the kinship to be found with researchers in other social fields until recently. Social Construction theory has seemed to be especially relevant to what we are now calling 'systemic practice'. The belief that ideas and percepts are primarily constructed in the social realm rather than in the biologically closed brain offers a perspective that is liberating for therapists of any kind.

It may help here to look at the relationships between Constructivism (which comes out of cognitive psychology) and Social Constructionism (which has its roots in social psychology). Both schools of thought agree that there is no such thing as 'objective knowledge', and take issue with the idea that there is a 'real world' out there that can be known without being filtered through our nervous systems and mediated by language. Constructivism tends to promote an idea of the nervous system as a closed machine, and sees percepts and constructs taking shape as the organism bumps against its environment. The events and artifacts that appear to us are 'created' by the activity of the brain and are experienced as images, ideas, and memories. Constructivists tend to see themselves as students of the biology of cognition, and their ancestors are mainly European: among others, Vico, Kant, and Piaget.

Social Construction theorists come from an American tradition of social philosophy influenced by social psychology, anthropology, and linguistics, although one important ancestor was Wittgenstein with his concept of 'language games'. Two more recent influences are the Deconstructionist views of writers like Derrida in France, and the Critical Theory that derives from the work of German philosophers like Gadamer, Adorno, and Horkheimer (the 'Frankfurt School'). One must add to this list the writings of the brilliant French social historian Michel Foucault. The position represented by the overall stance of these writers had crystallized in the

term 'Postmo  
this new doct  
that many adh  
entire social s

The social cor  
meanings and  
knowledge, th  
not inside the  
or the 'comm  
amniotic fluid  
of 'self' or a s

This new emp  
interactional s  
using the wor  
and submissio  
allows us to t  
of a therapeut

Finally, I am  
the rubric of '  
researchers V  
Management  
(1987) in his  
questioning of  
collaborative  
(1988). Other  
and Fred Stei  
there is the sp  
They are exp  
therapists and  
they may reje  
that I can leav

The general e  
liken to a Fig  
therapy away  
human events  
assess a dysfu

term 'Postmodernism', with its suggestion that Modernism is now dead, and that this new doctrine has superseded it. Without overstating the matter, one could say that many adherents of Postmodernism have taken on the project of dismantling the entire social science establishment of the twentieth century.

The social construction theorists differ from the constructivists in believing that the meanings and concepts that people live by exist in an 'intersubjective' medium. All knowledge, the social constructionists hold, evolves in the space between people, not inside them; in the realm of the 'common world', the 'collective unconscious' or the 'common dance'. Without language, which could be described as a kind of amniotic fluid that floats outside the mother's womb, no person could attain a sense of 'self' or a sense of 'other'. As Descartes did not say, 'we think, therefore I am'.

This new emphasis on talk and narrative is another welcome shift: words and their interactional surround are what therapists mainly work with. Foucault's way of using the word 'discourse' is also useful. The belief that relations of domination and submission can be located in human discourse rather than in a person or group allows us to target sources of oppression without blame. It also allows us to think of a therapeutic conversation as a political act.

Finally, I am at last seeing a class of therapeutic operations coming together under the rubric of 'reflexivity'. 'Reflexive Discourse' is a term used by communications researchers Vernon Cronen and Barnett Pearce (1982) in their Coordinated Management of Meaning model. It has been extended by psychiatrist Karl Tomm (1987) in his notion of Reflexive Questioning. This practice based on the circular questioning of the Milan associates, is being extended in a less strategic and more collaborative direction by systemic theorists like Ross Draper and David Campbell (1988). Other examples are psychiatrist Tom Andersen's (1987) Reflecting Team, and Fred Steier's (1985) reflexive methodology for research. Last but not least, there is the special contribution of Harry Goolishian and Harlene Andersen (1988). They are experimenting with a model based on an evolving conversation between therapists and clients that greatly de-emphasizes conscious design. I am aware that they may reject my putting their work in this box of 'reflexivity', but I don't feel that I can leave them out.

The general emphasis on unplanned (or less planned) mutual influence, which I liken to a Figure Eight, seems hopeful to me. For one thing, it can lead systemic therapy away from its emphasis on strategy. If there is no hidden structure within human events which can be correctively changed by an expert, there is no need to assess a dysfunction and no call to design an intervention to fix it. As a result, and

this for me is the biggest relief of all, there is no need to maintain an information barrier between therapist and client. The practice of family therapy, or systemic consultation as it is now being called, can at last come out into the open air.

*Requests for reprints should be addressed to Lynn Hoffman, PO 400, North Amherst, Massachusetts 01039, USA.*

#### REFERENCES

- Anderson, T. (1987) The reflecting team : dialogue and meta-dialogue in clinical work. Family Process, 24, 259-271
- Anderson, H. & Goolishian, H. (1988) Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. Family Process. 27, 331-393.
- Cronen, V. & Pearce, W.B.(1982).Communication, Action and Meaning: The Creation of Social Reality. Praeger, New York
- Draper, R., and Campbell, D., (1988) Foerster, H. von (1981) Observing Systems. Seaside, CA. Intersystems Publications.
- Glaserfeld, Ernst von (1987).The Construction of Knowledge. Salinas CA Intersystems Publications.
- Maturana, H.R (1980).Autopoiesis and Cognition : The Realization of Living. D. Reidel, Boston.
- Tomm, K (1987). Interventive interviewing : Part II. Reflexive questioning as a means to enable self-healing. Family Process. December 1987 Vol. 26 pp 167-183
- Varela, F., (1979) Principles of Biological Autonomy. New York, Elsevier.