Title A Systematic Constructionist Approach to the Therapeutic Relationship and Emotion: Practical Theory for Psychotherapy and Consultation

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A Systemic Constructionist Approach to the Therapeutic Relationship and Emotion: Practical Theory for Psychotherapy and Consultation

by

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Submitted to the University of Bedfordshire for the degree of Doctor of Philosophy

June 2008
I declare that this thesis is my own work. It is being submitted for the degree of Doctor of Philosophy at the University of Bedfordshire.

It has not been submitted before for any degree or examination in any other University.

Glenda Robyn Fredman
June 2008
Abstract

This paper discusses how I have made an original contribution to the field of family therapy and systemic practice in relation to three themes: the therapeutic relationship; working with emotions in therapy, and self-reflexivity in practice. I track how these three themes have developed in the course of my research and clinical practice between 1983 and 2008 and then go on to show how I have developed these themes into an original ‘practical theory’ that has broader application to the field of family therapy and systemic consultation. I put forward eight publications, focusing on my two books, ‘Death Talk: Conversations with Children and Families’ (Fredman, 1997) and ‘Transforming Emotion: Conversations in Counselling and Psychotherapy’ (Fredman, 2004). I show how my original contributions to the field of family therapy theory and systemic practice take forward the following issues debated in the field in the past ten years:

- systemic therapy’s theorising of the therapeutic relationship;
- the use of cybernetics, psychoanalysis and social constructionism in systemic family therapy;
- the relationship between modern and postmodern approaches in the field of family therapy;
- the relationship between theory and practice

Keywords

Therapeutic relationship, use of self, self-reflexivity, emotion, social constructionism, systemic psychotherapy, practical theory
For

Sheila and Gus Fredman, Emmah Gumede, Gianfranco Cecchin and Tom Andersen who continue to guide me.
# Contents

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
</tr>
<tr>
<td>List of Contents</td>
</tr>
<tr>
<td>Lists of Figures and Tables</td>
</tr>
<tr>
<td>Acknowledgements</td>
</tr>
<tr>
<td>1 Introduction</td>
</tr>
<tr>
<td>2 The Meaning of Problems and Possibilities is Constructed in Relationships</td>
</tr>
<tr>
<td>3 Theorising the Therapeutic Relationship</td>
</tr>
<tr>
<td>4 Using the Theory that Fits</td>
</tr>
<tr>
<td>5 A Systemic Constructionist Approach to the Therapeutic Relationship</td>
</tr>
<tr>
<td>5:1 Relationship to help</td>
</tr>
<tr>
<td>5:2 Coordinating and managing meanings of ending</td>
</tr>
<tr>
<td>5:3 Creating a context of knowing and telling</td>
</tr>
<tr>
<td>5:4 Emotional presupposing</td>
</tr>
<tr>
<td>6 A Systemic Constructionist Approach to Emotion</td>
</tr>
<tr>
<td>6:1 Denial - a kind of knowing</td>
</tr>
<tr>
<td>6:2 Transforming emotion – A repertoire of relational emotion practices</td>
</tr>
<tr>
<td>7 Therapy as Social Construction</td>
</tr>
<tr>
<td>7:1 Becoming an observer to our own beliefs</td>
</tr>
<tr>
<td>7:2 Coordinating a multiplicity of views</td>
</tr>
<tr>
<td>7:3 Distinguishing and coordinating emotion discourses</td>
</tr>
<tr>
<td>8 Self-Reflexivity in Practice</td>
</tr>
<tr>
<td>8:1 Using our beliefs and discourses as a resource</td>
</tr>
<tr>
<td>9 From ‘Borrowing’ and ‘Blending’ to Bridging</td>
</tr>
<tr>
<td>9:1 Approaching all theories as potential ‘knowledges’</td>
</tr>
<tr>
<td>9:2 Approaching our professional training as cultures</td>
</tr>
<tr>
<td>9:3 Practising ‘Irreverence’</td>
</tr>
<tr>
<td>10 Methodology</td>
</tr>
<tr>
<td>11 Towards Practical Theory for Psychotherapy and Consultation</td>
</tr>
<tr>
<td>11:1 Evaluating the practical theory</td>
</tr>
<tr>
<td>References</td>
</tr>
<tr>
<td>Appendix</td>
</tr>
<tr>
<td>Key Publications to be considered for PhD by publication</td>
</tr>
</tbody>
</table>
Lists of Figures and Tables

Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>6</td>
</tr>
<tr>
<td>F2</td>
<td>7</td>
</tr>
<tr>
<td>F3</td>
<td>39</td>
</tr>
</tbody>
</table>

F1 The Milan team focused on the client's relationship to the problem and the client's contribution to the therapeutic relationship.

F2 We took into account not only what the client brings to the therapeutic relationship but also the contexts the therapist is acting out of.

F3 Creating a context of knowing and telling

Tables

<table>
<thead>
<tr>
<th>Tables</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>46</td>
</tr>
<tr>
<td>T2</td>
<td>47</td>
</tr>
</tbody>
</table>

T1 Comparing relational and autonomous emotion discourses

T2 Contrasting relational and autonomous emotion practices
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Without the loving and generous encouragement and commentary of Philip Messent none of the works submitted would have happened. I hope that somehow he too will benefit from the fruits of my endeavours.
1. Introduction

The eight works I present in this paper span twenty-five years, representing my research and clinical practice between 1983 and 2008. In this paper I track three themes as they emerge in the course of my work:

- the therapeutic relationship
- working with emotions in therapy
- self-reflexivity in practice.

Drawing on my relevant publications, I discuss how I have made an original contribution to the field of family therapy and systemic practice in relation to these themes. Focusing on my two books, 'Death Talk: Conversations with Children and Families' (Fredman, 1997) (4) and 'Transforming Emotion: Conversations in Counselling and Psychotherapy' (Fredman, 2004) (7), I go on to show how, informed by social constructionism, I have developed these themes into an original 'practical theory' that has broader application to the field of family therapy and systemic consultation.

2. The Meaning of Problems and Possibilities is Constructed in Relationships

I have selected my 'Critical review of the classification of reading disorders' (Fredman, 1989) (1), as my starting point as it marks the beginning of my application of systemic thinking to clinical practice and shows the seeds of my developing social constructionist perspectives. In this paper I critically review different approaches to the classification of reading problems in the light of findings from a range of research studies designed to distinguish different
types of reading disorder. These studies used both quantitative and qualitative research methods within a positivist paradigm and include my own research (Fredman and Stevenson, 1988), which compared a clinical sample of children identified with reading disability against controls that I assessed as part of epidemiological research into reading disability (Stevenson, Graham, Fredman and McLoughlin, 1983; Stevenson, Graham, Fredman and McLoughlin, 1987). My 1988 findings suggested that 'specific reading retarded' and 'reading backward' readers (a classification system used extensively by clinical psychologists and psychiatrists at that time) were not distinct clinical groups in terms of how the children read.

In this review (1) I questioned the clinical or educational usefulness of reading disability classifications and the validity of subtypes or categories of reading disability. Instead I proposed a continuum of reading competence, rather than reading subtypes, moving away from classification altogether, towards a more process-oriented approach with an emphasis on reading strategies, developed to address the uniqueness of each child's needs. Thus I deconstructed a diagnostic approach to the classification of reading disability and went on to offer practitioners a wider systemic perspective on the assessment of reading disability than the individual-focused approaches to assessment of reading disability reviewed in the paper. I considered the meaning of the (reading) problem in the contexts of not only neuropsychological explanations of the individual child but also the child's family (Stevenson and Fredman, 1990). Further I proposed that practitioners consider the meaning of the referred problem in the context of communication and relationships between health and education systems that are informed by
their respective procedures and policies, embedded within broader political contexts.

Although approaching problems in the contexts of relationships was central to systemic theory and practice at that time, this was a novel approach to the assessment of reading problems, which until then took only an internal, individual, neuropsychological perspective. Thus I made an original contribution by applying systemic theory to the assessment of reading difficulties and neuropsychological assessment, moving away from a more mechanistic approach with a focus on reading deficit, towards contextualising the reading process with a focus on competence and possibility. I ended the ‘Critical Review’ with a recommendation to practitioners to address the meaning of the presenting (reading) problem in the contexts of wider systemic relationships, not only within the family but also between different professional systems. Hence my work brought to light an approach to connecting the relationship between the problem, the client and the practitioner, that my colleague Peter Reder and I go on to elaborate in our paper (2) ‘The Relationship to Help: Interacting Beliefs about the Treatment Process’ (Reder and Fredman, 1996) in which we address the therapeutic relationship.

3. Theorising the Therapeutic Relationship

Together with a systemic therapy team, Peter Reder, my co-author and I developed clinical practices to explore what we called clients’ and professionals’ ‘relationship to help’ to inform our preparations for inviting families to therapy sessions. Around the time this paper (2) was published
Flaskas (1997) was arguing, "the therapeutic relationship and engagement have been under theorized in systemic therapy" (p. 263) and was proposing a "borrowing approach" from psychoanalysis to remedy this situation. In her paper Flaskas shows how she imported psychoanalytic concepts of 'transference', 'counter transference' and 'projective identification' into her work with families to give an account of the therapeutic relationship. The first part of our paper (2) reflected this tendency in the field of systemic therapy to draw on psychoanalytic ideas to theorise the therapeutic relationship. Like Flaskas we too 'borrowed' or imported the psychodynamic concept of 'transference' in order to give an account of what was happening between the client and therapist in relation to the client's non-engagement in therapy with us. For example we discussed our "making links...between (the client's engagement)... and her early experiences of rejection, dependency and fears that she had not existed in her mother's mind..." (p. 460). However we also pointed out that "making these links did not appear to alter significantly the process of (the client's) contact with us ... (despite) in the end she confirmed many of the interpretations...." (p. 460). In this paper (2), therefore, we provided some evidence to challenge Flaskas's (1997) rather sweeping critique of family therapy's ignoring the therapeutic relationship.

Despite Flaskas's claim, addressing the therapeutic relationship in systemic therapy was not new at that time. In their paper on 'the problem of the referring person', a team of four psychiatrists developing systemic practice in Milan (Selvini Palazzoli, Boscolo, Cecchin and Prata, 1980b) actually did address the therapeutic relationship. At that time, now referred to as 'first-order cybernetics', family therapy was using the language of cybernetics to
theorise relationships thereby employing the metaphor of physical systems to guide practice. The therapist was seen as outside of the therapy system, working 'on' families, much like a repairer might work on a machine. Therefore, coherent with a cybernetic approach, the Milan team focused only on the client's contribution to the therapeutic relationship (Figure 1), addressing the client's relationship to therapy; the contexts the client was acting out of; the stories the client might bring, and the client's relationship to the therapist.

Our 'relationship to help' paper (2) took forward the 1980 ideas of the Milan team into what we now call 'second order cybernetics', where the therapist is seen as part of the therapy system working collaboratively with clients. Hence we took into account not only what the client brings to the therapeutic relationship but also the contexts the therapist is acting out of (Figure 2). We also went beyond Flaskas's 'borrowing approach' to use a different language-game (Wittgenstein, 1953, p. 7) from psychoanalysis to theorise the therapeutic relationship. We moved on to use the theory and thus language of social constructionism, which I will elaborate in more detail on page 16. This was innovative in the field of family therapy at that time, when systemic theorists and practitioners were drawing either from psychoanalysis, like Flaskas above, or cybernetics, like the Milan team (Selvini Palazzoli, Boscolo, Cecchin and Prata, 1980), to theorise what was happening between clients and therapists.
Figure 1: Coherent with a cybernetic approach, the Milan team focused on the client's relationship to the problem and the client's contribution to the therapeutic relationship.

\[ P = \text{problem} \]
\[ \rightarrow = \text{direction of relationship} \]
Figure 2: We took into account not only what the client brings to the therapeutic relationship but also the contexts the therapist is acting out of.

4. Using the Theory that Fits

Since its inception the systemic approach has been criticised for its failure to theorise the therapeutic relationship and emotion. Systemic therapists have themselves complained about the absence of a systemic framework to give
an account of feelings as well as a lack of systemic techniques to work practically with feelings within families and between therapist and clients in therapy. Practitioners like Flaskas have relied on the language of psychoanalysis to theorise the therapeutic relationship by importing ‘borrowed’ concepts like ‘transference’, ‘counter transference’ and ‘projective identification’ into systemic therapy. Translating psychoanalytic theory into systemic practice, however, has not always proven useful and practitioners have found themselves floundering when these theories do not fit with the people or situations with whom they are working. So in ‘Death Talk: Conversations with Children and Families’ (Fredman, 1997) (4), I challenge the universal application of any theory of grief and mourning. I discuss how over time I noticed that I was having a limited range of conversations about death and bereavement with clients. Despite the rich variation among the people with whom I was talking, I recognised that I was returning to the same restricted repertoire of theories to inform my thinking and hence what I said. I give several examples of clients showing or reporting how the ideas and practices, informed by developmental psychology and psychoanalysis, that I was using, did not fit with their needs or experience – for example, the age of the dying patient or mourning family member, their stage of life or death or their religious or cultural beliefs. I therefore began to conceive of the different psychological theories of death and bereavement that I was using at that time as just one set of narratives. Hence I went on to develop alternative narratives to help me evolve new ways of talking with families about death and mourning, which might afford a more useful fit with their cultural contexts.
Several writers have criticised family therapy for failing to use the theory of psychoanalysis. For example Luepnitz (1997) states, “most family therapists entirely neglected to theorize the unconscious” (p. 305). Flaskas (2005, p. 193), paraphrasing Pocock (1995), writes that the history of family therapy has used psychoanalysis as the ‘discredited other’ to establish legitimacy for the systemic approach. Flaskas suggests that systemic knowledge has often been constructed around the ‘fault line’ of dichotomies between the two approaches. My work in ‘Death Talk’ (4) and ‘Transforming Emotion: Conversations in Counselling and Psychotherapy’ (Fredman, 2004) (7) takes the field of systemic practice forward by using the language of social constructionism to construct new systemic theory to account for and work with the therapeutic relationship and emotion. I emphasise here that I am not, as Flaskas might suggest, ‘discrediting’ the psychoanalytic, cybernetic or developmental approaches by offering a new and different theory. To set up dichotomies with the intention of promoting ‘either – or’ goes against a key principle of a second-order systemic approach, which is to respect multiple perspectives and hence acknowledge ‘both-and’. Therefore, in ‘Death Talk’ (4) I went on to place developmental and psychological theories about death and mourning alongside other conceptualisations - for example cultural, religious, or philosophical. Rather than elevating one set of theses to truth status, I approached them all as neither right nor wrong ways to believe about death, but as different ways of perceiving. Moving away from the idea that there is a hierarchy of theories, with some more worthy than others of respect, attention and ‘truth’ status, I approach all theories as potential ‘knowledges’ that take their place among other ‘knowledges’ – cultural, religious, communal, or personal. Thus in ‘Death Talk’ (4), I offer a systemic
constructionist practical theory, commensurate with a second-order and postmodern systemic approach that privileges ‘authenticity’ rather than ‘truth’, ‘process’ rather than ‘outcome’ and what is ‘valuable’ rather than what is ‘valid’.

Over the past ten years or so, the family therapy field has been passionately addressing concerns about the use of social constructionist and postmodern theory with systemic practice. For example systemic writers have considered whether we might be ‘abandoning our grandparents’ (Dallos and Urry, 1999), and have proposed instead ‘looking for a common ground’ between therapeutic approaches (Larner, 2000) or ‘border-crossing’ (Flaskas, 2002).

Like Freedman and Combs (1996) and Dallos and Urry (1999), in ‘Working Systemically with Intellectual Disability: Why Not?’ (Fredman, 2006) (8), I use the term ‘phases’ to track the systemic developments that guide thinking and practice of systemic practitioners over time. I point out that the metaphors used in these phases both highlight and obscure what practitioners attend to. I emphasise that the use of the word ‘phase’ here is intended to connote continuity rather than discontinuity, implying that the systemic principles and practices have emerged during a particular phase and then continue to evolve and influence practice in different ways over time. Hence I am not suggesting that systemic ideas or practices identified as emerging during one phase are viewed as fixed in that time of history or seen as out of use in current practice.

Rather I point to what Bertrando (2000) has called an “epigenetic evolution” of systemic theory and practice in which “every change in theory or practice connects up with those experiences that have proven themselves useful rather than seeing progress in terms of ‘leaps and bounds’” (p. 85). In paper
(8), I identify 'context', 'communication', 'relationship' and 'circularity' as robust systemic concepts that, having emerged in the first (cybernetic) phase, are implicit in and continue to be useful and evolve with systemic theory and practice over time. From the second (second-order cybernetics) phase I highlight both 'collaborative practice', with a shift from seeing therapists as experts to seeing them as 'co-participants' in the process of therapy, and 'curiosity' about and valuing of 'multiple perspectives', with a move away from the idea that anyone could perceive an objective reality. From the third (post modern) phase I note developments in 'attention to differential power', 'including all voices', 'co-creating meanings', 'choice' and 'competence'.

Therefore, like Bertrando, I propose that as systemic practice has evolved, so the language and theory has had to change to fit the practice of which it gives an account. I theorise the therapeutic relationship and emotion using the grammar of social constructionism that attends to context, is relational, understands beliefs and behaviours as connected in a circular relationship, addresses communication and is coherent with 'second-order 'systemic practice as it has evolved to take account of the therapeutic relationship. Thus my approach is commensurate with the ethics of systemic family therapy practice that attends to the effects of differential power, not only within clients' lives, but also particularly within the therapeutic relationship. It therefore works to develop practices that include all voices with a view to enhancing choice and bringing forth competence rather than emphasising deficit.
5. A Systemic Constructionist Approach to the Therapeutic Relationship

5:1 Relationship to help

Drawing on social constructionism in our ‘relationship to help’ paper (2), my co-author and I introduced multiple levels of context to give meaning to the therapeutic relationship (Cronen and Pearce, 1985). Thus we went beyond relationship with mother, which we privileged in the first part of the paper, to include contexts of family, culture, society as well as previous experience with professionals and services to give meaning to clients’ relationship to help. We described clinically how clients and professionals bring to their relationship with each other beliefs about the helping process, which can significantly influence the outcome of the referral and treatment. We suggested that both parties, clients and therapists, come to the therapeutic relationship with complex collections of beliefs about the helping process, which include ideas about the meaning of turning to someone else for help as well as assumptions about offering help. Hence interactions between clients and professionals are influenced by the stories they have constructed about help-seeking and help-giving. Using case material we discussed some of the beliefs that influence the helping relationship, how they may affect the engagement or treatment process and how the therapist can work with them.

Both the ‘relationship to help’ paper (2) and paper (3) ‘Ending discourses: implications for relationships and action in therapy’ (Fredman and Dalal,

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1 The word ‘privilege’ is used as a verb connoting ‘make the highest context’, ‘highlight’ or ‘emphasise’.
extend the ‘therapeutic relationship’ to include relationships between not just a single therapist and client or family but also the wider network of involved practitioners. This is more coherent with a systemic approach which commonly includes all members of a system, both family and practitioners, in therapeutic thinking and practice. Both papers (2) and (3) use the Coordinated Management of Meaning (CMM) theory (Cronen and Pearce, 1985; Pearce, 1994), to theorise the therapeutic relationship because it offers the opportunity to address the coordination of not just a single therapist, but a number of people involved in ‘therapeutic’ help with the clients. A social constructionist communication theory, CMM offers a heuristic for making sense of people’s logic of meaning and action. CMM starts from the premise that we always act out of and into multiple levels of context (for example, speech act, episode, relationship, and other stories of self, culture, profession etc). The model allows us to explore how we coordinate our meanings and actions with each other in terms of the stories and moral orders we draw from our multiple levels of context.

5:2 Coordinating and managing meanings of ending

Our ‘endings discourses’ paper (3) brought to the foreground the therapist’s contribution to the therapeutic relationship and her role in coordinating different ending discourses in order to manage a coherent ending for all members of the system. Our literature review pointed to the limited range of ideas about ending in the systemic field. We identified three discourses, ‘loss’, ‘cure’ and ‘transition’, which dominated the field of psychotherapy and family therapy at that time, informing the questions practitioners would ask clients to
explore ending and the therapy approaches they used. We offered another two possible discourses, 'relief/release' and 'metamorphosis' as alternative options to inform conversations with clients in the final stages of therapy. We discussed the reflexive relationship between the different 'ending discourses', the therapeutic relationship and the approach to termination in therapy. In this way the 'Ending discourses' paper extended the use of CMM theory (Cronen and Pearce, 1985) to further theorise the therapeutic relationship.

Previous to the 'ending discourses' paper (3), systemic and family therapy was adopting what Flaskas might call a 'borrowing approach' to endings in therapy. In our paper (3) we noted a particular penchant towards what we called the 'ending as loss' discourse borrowed from psychoanalysis, which sets the context for construing the therapeutic relationship in terms of dependency, thereby emphasising the importance for clients to 'mourn' the end of therapy. The 'ending discourses' paper offered a range of different ending discourses and discussed the implications of these discourses for the therapeutic relationship and the therapist's action in therapy. Using examples from practice we showed how we could use these discourses to inform the sorts of conversations we have and questions we ask in the termination phase of therapy. Introducing practitioners to the notion that 'how we end therapy' and 'our beliefs about ending' are connected with the discourses we act out of, was an original contribution to the field of family therapy. Bringing into relief the implications that different discourses (in relation to ending in this case) could have for the therapeutic relationship introduced a new development in the theory of systemic therapy.
There have been few other publications to guide systemic practitioners with endings in therapy before or since this paper and none that offer the practitioner a repertoire of therapeutic questions informed by different discourses. Hence, this paper appears on several family therapy and clinical psychology course-reading lists. Practitioners have also applied the idea to ending in other contexts. For example Mattison and Pistrang (2000) refer to the paper in their book ‘Saying Goodbye: when key worker relationships end’ with people with learning disability in care.

5.3 Creating a context of knowing and telling

In ‘Death Talk’ (4) I propose that the few psychological theories of experts in the field of loss and grief have been ritualized and turned into policy and procedures for good practice on how to deal with dying and bereavement in order to manage the associated pain and anxieties. Although helpful for making sense and guiding practice in challenging situations, in some circumstances commitment to such theories and policy has dominated helpers’ relationships with clients. I present examples of what clients actually say to me to illustrate situations in which premises and practices conventionally used in bereavement work neither meet their needs nor reflect their experience and how in some circumstances they experience such approaches as undermining or an affront. For example many clients have shown me that, contrary to the expert death theories of that time, they do not necessarily want to talk about their grief or bereavement with a professional and that they can hold a number of different sometimes contradictory beliefs about ‘talking about death’. Therefore in ‘Death Talk’ (4) I propose how to set
a context for 'talking about death' and dying, which takes into account whether and when to talk as well as the relationships and identities of the clients and professionals involved. Thus, again, coherent with a systemic approach, I extend the therapeutic relationship to include the wider professional network and invite the family and all those practitioners significantly involved to become observers to their own beliefs, feelings and relationships and to share such observations in our creating together a 'context of knowing and telling'.

5.4 Emotional presupposing

Above I question Flaskas's (1997) critique that family therapy has not theorised the therapeutic relationship, proposing that the Early Milan team's consideration of 'the problem of the referring person' (1980b) specifically addressed the therapeutic relationship. Furthermore, the Milan team's 'pre-session hypothesizing' (1980) was intended to enable practitioners to 'be with' clients in different ways by helping them enter sessions curious about clients' constructions of their problems rather than "married to" their own, possibly pathologizing or negatively connoting perspectives (Cecchin, 1987, p. 412). However during this sort of pre-session preparation, coherent with a 'first-order cybernetics' approach, practitioners using this model in the 1980s and 1990s often would be seduced by the content of the theories relating to the problem, finding ourselves moving away from the relational dimension of the work. That is we would become drawn into a focus on the client and their relationship to the problem rather than attend to how to be with the people we were meeting. Even when we did hold the relational perspective, and move beyond the client to include the therapist, our pre-session hypothesizing
tended to focus primarily on the client’s contribution to the therapeutic relationship and how clients might be feeling or what they might be expecting when they arrived (see Figure 1).

The original pre-session hypothesizing ritual was developed in the phase of first order cybernetics when the therapist was seen as outside of the family system. With a move to a second-order cybernetic perspective that included the therapist and team in the therapeutic system, many practitioners questioned or gave up the practice of pre-session hypothesizing. In ‘Transforming Emotion: Conversations in Counselling and Psychotherapy’ (7) (Fredman, 2004, chapter 5), I offer an additional complementary pre-session ritual, ‘emotional presupposing’, coherent with a second-order systemic approach, to help practitioners keep the therapeutic relationship in focus, thus addressing not only how the client might meet and receive the therapist but also how the therapist might meet and receive the client. This ritual offers practices for practitioners to prepare their selves, including their bodily postures, for meetings with clients and their significant networks. It is of particular use when practitioners experience unwanted feelings before meetings. Drawing from developments in systemic thinking and practice over the past twenty years, I developed the practices of ‘emotional presupposing’ through weaving inspirations from social constructionism, positioning theory (Harré and Van Langenhove, 1999) and communication theory with systemic methods and techniques, including interventive interviewing, hypothesizing and reflecting teams.
In this pre-session ritual, I approach ‘the body as communicator of feelings not as container of feelings’ (Fredman, 2004, p. 68). My intention is to enable practitioners to prepare their selves to enter a meeting and join the relationship in a ‘posture of tranquility’ (Griffith and Griffith, 1994, p. 66) towards inviting the client into a relationship marked by curiosity, mutual listening and respect where touching each other with words and actions is mutually enjoyable and attention is focused on connecting with each other and on reflecting and musing. Practitioners are therefore invited to anticipate the emotional flow between themselves and others in the forthcoming (therapeutic) conversation. To help practitioners become reflexive to their selves, I offer practices to help stay mindful of how our language constitutes our emotional postures and hence our relationships. Practitioners are also invited to reflect on the positions they might take and offer and how they and their clients and colleagues might be positioned in each other’s storylines. The ritual is intended to help practitioners consider ways to position their selves to transform their own unwanted postures like defending, controlling, blaming, irritation or frustration, towards preferred postures that are more likely to invite collaborative relationships involving mutual listening and appreciation between clients and practitioners. This ritual has proven valuable in therapy, supervision and consultation as well as for meetings with professional colleagues (for example Fredman (7), p. 83). By acknowledging and offering an approach to working with practitioners’ embodiment of emotion, I offer another new development for systemic theory and practice.
6. A Systemic Constructionist Approach to Emotion

Systemic therapy has been criticised for not providing family therapists with a theory of emotion or a repertoire of practices with which to approach emotion in therapy. Previously, as with ‘the therapeutic relationship’, systemic therapists have ‘borrowed’ from psychodynamic theories and methods to inform their approach to emotion. The use of the psychodynamic concept ‘denial’ to account for people’s failure to talk about or openly express feeling about a distressing problem is one common example of this ‘borrowing’.

In ‘Death Talk’ (4) I move away from the notion of emotions as descriptions of self, inner states, or ways of being, which should be attributed by professionals to clients. Instead I construe emotions as constructed in communication with people with whom we are in relationship. Therefore, instead of construing ‘denial’ as a symptom belonging to the client and a state outside the client’s conscious intention, I draw from my conversations with ‘denying’ clients to show that they have a degree of awareness of which practitioners are not conscious. Thus I show that clients control how much they want to know or not know in relation to contexts of time, place, relationship and who is available to support them.

6:1 Denial - a kind of knowing

with the perspective that denial is not a state outside of clients’ consciousness, but rather a sort of “knowing” that they are showing in that particular context. Moving away from the view that they are resisting the truth of their situations, I see them as persisting for the time being with a particular version of knowing. Seeing clients as embracing several ‘kinds of knowing’, rather than as having no knowledges at all, frees practitioners from the need to identify the cause of this denial, to remove it, or to fill the clients with the correct knowledge. Instead, in a respectful and even handed way, it opens space for the practitioner to explore with clients the different sorts of knowing they have access to; to whom they show their different knowledges; which situations and relationships invite or constrain what sorts of knowing, and the possible consequences of the different sorts of knowing. It also opens space for practitioners to ask themselves what sorts of knowing they value and what kinds of relationships between staff, patients and families would make different sorts of knowing possible.

Here I have created a ‘new’ theory, a practical systemic constructionist theory, to account for the processes described in psychoanalysis as ‘denial’. Above I discuss the need to develop a theory commensurate with systemic practice as it evolves. My account of ‘denial’ as a ‘kind of knowing’ is therefore not an attempt to replace or translate a concept from one theory to another, or to merge theories into one meta-narrative. Rather it is an example of my creating a theory commensurate with the systemic approach as it has evolved – one that is relational, contextual, about communication, including practitioners in the process, focusing on competence and that opens space for choice. In
‘Transforming Emotion’ (7) I go on to further develop a practical theory of emotion that is commensurate with systemic practice.

6:2 Transforming Emotion – A repertoire of relational emotion practices

In Transforming Emotion (7) I not only offer a repertoire of relational practices coherent with a systemic approach, but also theorise this approach to emotion using a constructionist grammar. Within this perspective I incorporate the physical experience of emotions, and also go beyond sensation to approach emotion as a narrative, which incorporates stories about the body in the context of relationships and meanings. I also address the performing of emotions in the context of this matrix of relationships and meanings. Hence I approach emotions as constructed in relationship and context and in the ‘doing’ of the feeling between people. In this way I approach emotions as activities, abilities, relationships and performances rather than as an expression of what is inside. Thus I look at expressing emotions as people’s ways of ‘being with’ each other.

‘Transforming Emotion’ (7) does not offer simple techniques and rules, but rather guidelines or frames of possibility within which practitioners can develop their abilities to talk about feeling, to explore feelings with people, to make sense of feelings, to create and develop feelings, to use feelings and to co-ordinate feelings in relationships. I have integrated a range of systemic approaches with my own developments into a coherent systemic constructionist approach to emotions. Thus I offer an approach to creating a shared language and common understanding of emotion, which involves
‘joining the language of the other’ (Fredman, 1997, p. 55); adopting an attitude of curiosity (Cecchin, 1987); acknowledging the expertise of the other (Anderson and Goolishian, 1992) and ‘exploring emotions through the contexts of peoples’ lives’ (Fredman, 2004, p. 34). I also offer a repertoire of systemic practices to ‘transform’ emotion including approaching people’s display of emotion as an invitation to respond; deconstructing emotion words and meanings by going inside (rather than behind) words (Andersen, 1995) and externalising emotions (White, 1989). My approach to weaving preferred stories of emotion by interlacing strands of experience, with judgement and action through multiple contexts of people’s lives is an innovative application of CMM to the practice of working with emotion (Fredman, 2004, p.112).

Central to my (relational) approach is a perception of people as not in isolation but as part of relationships, be they families, teams, organizations or cultures. Thus I propose a shift in focus from the individual to the relationship, from the ‘he’ or ‘she’ to the ‘we’ with the consequent move away from a focus on individual intentions, motives or responsibility. In this way I am locating the emotion not within the individual but within the relationship thereby focusing on patterns of relating rather than on problems inside people. Approaching the patterns as a relational ‘dance’, I seek to join the dance with a view to offering and inviting more enabling steps to the dance. In terms of this approach then, a good outcome is people’s enhanced sense of their ability to create and perform in relationship, rather than primarily their proficiency to express themselves. Thus again I create a practical theory commensurate with systemic practice. Rather than borrow from psychoanalytic theories of emotion, I provide an approach to emotion that is relational, contextual, about
communication, includes practitioners in the process and focuses on competence and opening space for choice.

In 'Transforming Emotion' (7) I have taken the perspective that no one theory provides an all encompassing description and explanation of emotion. Approaching our professions and trainings as one of our cultures, alongside the cultures of our ethnicity, gender, age, religion and sexuality, I acknowledge that there is no universal theory of emotion necessarily acceptable or familiar to all cultures. I also do not propose that one emotion 'worldview' is superior to another. However I am clear that I am not taking a position of moral relativism, whereby all perspectives are seen as equally desirable. Since each emotion discourse shapes our experience and thereby enables and constrains what we feel, think and do, I acknowledge that I might differentially affect people's sense of belonging and self worth if I privilege one discourse over another while engaging with them in emotion. Therefore I propose that we reflect on, evaluate and take responsibility for the consequences of adopting different emotion practices for our selves, for others and for our relationships. According to McNamee (2004), "selecting a theory or technique as a practical option (as opposed to a truthful option) for action enhances our ability to be relationally engaged with clients. We become sensitive to their stories as well as our own stories in ways that allow us to be responsive and relationally responsive" (p. 237). Below I go on to discuss how in 'Transforming Emotion' (7) and 'Death Talk' (4), I offer practitioners a practical approach to developing the sort of 'relationally responsive' abilities McNamee is talking about.
Cecchin, Lane and Ray (1994) propose that therapy occurs in the interplay of the beliefs and assumptions (what they call "prejudices") of both clients and therapists, hence their term a 'cybernetic of prejudices'. Drawing on Bateson's (1972) idea of levels of content and process, they suggest practitioners should look not at simply the content of prejudices, but rather the relationship between prejudices of the therapist and client as they emerge in the context of therapy. They suggest practitioners consider how the therapist's own prejudices fit, are affected by and influence the organisation of the prejudices and actions of the clients. To this end Cecchin et al (1994) suggest that the therapists reflect on the biases implicit in their work, and then reflect them back to the family at the next session. Thus in their book 'Cybernetics of Prejudices' they offer examples of how they playfully (and sometimes perhaps paradoxically) make their prejudices transparent to clients. I develop Cecchin et al's (1994) 'prejudices' approach further. Going beyond simply naming and reflecting back our own prejudices, I offer practitioners a set of 'steps' or 'moves' towards coordinating clients' and practitioners' meanings in therapeutic conversations.

7:1 Becoming an observer to our own beliefs

In 'Death Talk' (4) I suggest how practitioners might 'become an observer to their own beliefs' (p. 103) by identifying the beliefs and stories (about death and mourning) that they draw from their different personal and professional
contexts. Thus I invite them to ‘generate a repertoire or ecology of ideas’, beliefs, theories or theses in relation to the issue, problem or dilemma in question. I show how we can simultaneously hold a range of beliefs or ‘prejudices’ (for example about ‘talking about death’, ‘tasks of mourning’; ‘what children can and should know about death’), which we draw from our personal and professional contexts such as those of family, culture, gender, religion, and training. I report what people say to me, to illustrate how beliefs about death might sit comfortably together or contradict each other, creating conflict or confusion within or between individuals. I show how professionals sometimes elevate professional theories over personal views to reconcile these sorts of dilemmas. Therefore I invite people to locate their own beliefs or prejudices in their multiple professional and personal contexts, address the fit between the beliefs of all involved, and consider which beliefs might dominate in which situations.

7: 2 Coordinating a multiplicity of views

McNamee (2005) notes that Cecchin’s (1987) ‘curiosity’ and ‘prejudices’ (Cecchin et al, 1994) approaches require the therapist to hold not only their own perspectives but also the perspectives of the other (with a family this might include multiple views), so managing the “tensionality of dialogue” (p. 77). This is what McNamee means by “co-ordinating of multiplicity of views” and how CMM explains the process of therapeutic change as it happens in the Milan approach (Cronen and Pearce, 1985). For Cecchin, it is in this dialogic space, where the different beliefs and meanings co-exist, that
therapeutic change happens and for McNamee this conversational process is 'therapy as social construction'.

In 'Death Talk' (4) I 'practicise'² this 'coordination of multiplicity of views'. By practicise I mean generating practices to perform the theory. Here I make an original contribution to the field of systemic therapy. Informed by CMM theory, I offer practitioners a set of 'moves' or 'steps' to generate and explore a multiplicity of views and manage the 'tensionality of dialogue' with clients in conversations. For example I offer guidelines for - creating a non-evaluative atmosphere; generating and elaborating a repertoire of stories with clients; addressing the fit of different stories between people and with contexts, such as place, time, culture, religion; co-constructing preferred stories with significant people involved; reflecting on the effects and meanings of new stories for individuals and relationships; and translating the stories into action (p. 61).

7:3 Distinguishing and coordinating emotion discourses

In 'Transforming Emotion' (7) I distinguish different discourses of emotion that tell a different story about the nature, location, function, meaning and development of emotion and therefore inform the language, rules, words and bodily expressions we use to speak about and perform emotion. For example, an autonomous discourse locates emotions within the individual and therefore views emotion as innate, universal, subjective, personal and essentially

² I use the term 'practicise' as a counterpoint to 'theorise' where 'theorise' refers to creating theory out of practice and 'practicise' points to generating practices to perform the theory.
bodily. Autonomous emotion practices would therefore most likely focus on the sensation and distinction of the emotion like the naming, interpreting and encouraging expression of emotion. A relational discourse on the other hand approaches emotion as created between people and therefore communal and connected with cultural logic. Relational emotion practices would therefore focus on coordinating with others and on how emotion stories are created in the contexts of relationships and cultures. I locate the systemic approach within a relational discourse because it takes an inter-subjective and communal perspective with a focus on interpersonal relationships. With practical examples, I show how practitioners might explore the emotion discourses they and clients privilege, paying careful attention to the language, rules and theories of all people in the conversation as well how the different discourses fit together. I go on to offer an approach whereby practitioners might invite coordination of different discourses so as to facilitate more coordinated than colonizing emotion talk by ‘adopting an attitude of curiosity’ and ‘exploring language through the contexts of people’s lives’ (p. 32). Thus I discuss how in a therapeutic conversation the therapist could choose to remain connected to the client by joining the client’s discourse if an alternative discourse is too different for the client and work towards co-creating new, shared language and rules that open space for transforming emotion through our emotion talk.

8. Self-Reflexivity in Practice

The ‘Endings Discourses’ paper (3) offers a practical approach to the sort of ‘coordination’ McNamee is proposing. It draws a thread between the ideas
and practices presented in 'The Relationship to Help' paper (2) and my theses in 'Death Talk' (4). We can see a weaving together of my ideas about multiple stories or discourses (what I call ‘knowledges’ in 'Death Talk' (4)), the therapeutic relationship and ideas about loss. In particular we introduce the notion that multiple discourses inform our relationships to specific problems and hence our relationships with the people (clients and other practitioners) with whom we work. We go on to show how therapists can use these different discourses to inform their practice with people in therapy and consultation.

8:1 Using our beliefs and discourses as a resource

The 'Endings Discourses' paper (3) suggests that the therapist could hypothesise about the discourses (about ending) in use in the system. Hence she could take a self-reflexive stance in relation to her own preferred narratives to generate an increased repertoire of ideas and stories about endings. She could go on to use these stories to inform the questions she asks clients to explore the process of ending. In this way she could expand the choices available to her as she considers how to act. Thus we suggest how therapists might use these different discourses as a resource to guide their conversations with clients in the final stages of therapy. We note that in this way the therapist could be seen to take the role of coordinating different narratives in order to manage a coherent ending for all members of the system.
My approach to coordinating the multiplicity of views of both self and clients can guide practitioners through a process of 'therapy as social construction' in which the practitioner is able to hold both her own perspectives and 'let the other happen to her' (Stewart and Zediker, 2000). For Cecchin, Lane and Ray (1992), it is adopting a position of 'irreverence', staying with 'doubt' in the face of certainty, which makes it possible for the practitioner to juxtapose ideas that might seem contradictory. They point out that 'excessive loyalty' to a specific idea pulls an individual away from taking personal responsibility for the moral consequences of their practice. When therapists reflect on their own presumptions and examine the pragmatic consequences of their own behaviour, they take a position that is both ethical and therapeutic. Therefore Cecchin et al (1992) put forward the posture of 'irreverence' to enable therapists to juxtapose ideas that might seem contradictory to them and hence attain self-reflexivity.

In 'Death Talk' (4) I frame the discourses, stories and beliefs out of which we act as 'resources' in the process of self-reflexivity. Instead of construing our beliefs as obstacles to overcome, therefore, I take the view that practitioners can use their own and client's beliefs to guide therapeutic conversations. I also introduce the notion that we can use our cultural beliefs and stories as resources, treating them as alternative theories alongside our professional theories.

In this way I offer a systemic constructionist practical theory of 'use of self'. Drawing on CMM theory, I show how practitioners can 'play with different levels' (Cecchin et al, 1992) of their beliefs and stories as resources to their
therapeutic conversations (Fredman, 1997, p. 107). With practical examples, I show how therapists can generate their different beliefs about the issue from their personal and professional contexts including their relationship with the client; consider which beliefs they want to keep or discard; reflect on which beliefs fit with or contradict other beliefs; look at the discarded belief from different perspectives and consider its opposites and alternatives. Stepping back and considering the influence of this exploration on her future work as well as her relationship with the client, the therapist can go on to consider how she might use her new perspectives to inform her conversations with the client. By identifying steps in this process, I enable the therapist to juxtapose different, perhaps seemingly contradictory, ideas from a range of different contexts, both hers and the client's, towards developing the sort of self-reflexivity Cecchin et al (1992) describe in their work on irreverence. Thus I am offering practitioners an approach to 'doing irreverence', a practical theory of self-reflexivity in practice.

9. From 'Borrowing' and 'Blending' to Bridging

Lang (2005) says "we cannot translate; we can only be guests in each other's cultures". Pearce (1991) throws light on this challenge to translation across cultures by distinguishing 'commensurable' from 'incommensurable' theories or discourses. Belief systems that are 'commensurable' share a common logical or rational structure and meaning system allowing the possibility of point-by-point comparison (or translation). When belief systems are 'incommensurable', on the other hand, their basic beliefs are seen as

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3 Peter Lang draws on Ricoeur (1996).
essentially contradictory so that the different ideas cannot be logically accommodated in a coherent and internally consistent meaning system. Therefore the absence of a common structure makes point-by-point comparison (or translation) illogical.

McNamee (2004) challenges systemic and family therapists to “see a model, technique or even a theory as a discursive option” (p. 236) rather than to try and merge models into one meta-narrative. Later McNamee (2005) suggests ‘bridging’ incommensurate models rather than trying to make incommensurate discourses commensurate and proposes that ‘bridging requires coordination’. McNamee puts forward Cecchin’s (1987) ‘curiosity’ and ‘irreverence’ (Cecchin et al, 1992) as postures the therapist might adopt to ‘construct bridges’ across incommensurate discourses. For McNamee, it is the process of bridging, rather than trying to blend into one discourse that opens space for what Bateson calls the ‘difference that makes the difference’. It is this bridging that we call ‘co- construction’. In ‘Death Talk’ (4) and Transforming Emotion (7) I offer practitioners moves or steps towards creating the sorts of ‘bridges’ in conversations between practitioners, colleagues and clients that McNamee refers to.

9:1 Approaching all theories as potential ‘knowledges’

In ‘Death Talk’ (4) I suggest that we see all theories as potential ‘knowledges’ that take their place among other ‘knowledges’ - cultural, religious, communal, or personal. Instead of identifying any particular theory or
discourse as the best way to work or think therefore, I invite both clients and practitioners to evaluate the different 'knowledges', theses or stories according to how they fit with their personal and professional contexts and with the contexts of the people (clients and colleagues) with whom they work. Therefore in 'Death Talk' (4) I do not propose that practitioners give up the (often psychodynamic) theories of loss and mourning they have been using. Instead I present an approach that enables practitioners to incorporate rather than exclude a range of different theories about death and dying, adding them to their repertoire of personal and cultural stories and practices.

9:2 Approaching our professional training as cultures

In 'Death Talk' (4) and 'Transforming Emotion' (7) I approach our professional disciplines and trainings as one of our cultures, alongside the cultures of our ethnicity, gender, age, religion and sexuality that construct what it is we know, how we come to know it and what we are allowed to include in our knowing. I go on to offer systemic practitioners steps towards coordinating the multiplicity of views we can draw from our multiple cultural contexts as alternatives to 'translation'.

In 'Transforming Emotion' (7) I present a systemic constructionist approach to emotion, not as a replacement for, translation of or meta-approach to incorporate other approaches. Rather I start from the position that there is no universal story of emotion necessarily acceptable to all cultures and that we cannot assume a common language of emotion that accurately transfers meanings and experiences between people. Therefore rather than borrowing
from or blending with individual psychology practices that are incommensurate with a systemic epistemology, I offer systemic practitioners a range of relational practices commensurate with a relational discourse of emotion. In this way I make an original contribution to the practice of systemic psychotherapy. By addressing the different discourses of emotion and their implications for relationships and practice in therapy and consultation, I also make an original contribution to the theory of systemic psychotherapy.

9:3 Practicing ‘Irreverence’

Cecchin et al (1992) propose adopting a ‘state of irreverence’ as a means of moving beyond endless debate about dichotomies or which approach is more correct. In ‘Transforming Emotion’ (7) I distinguish the two discourses, relational and autonomous, at contrasting ends of a continuum, locating the systemic approach within a relational discourse and the medical, developmental and psychoanalytic approaches within the autonomous discourse. Here I am not proposing one or other discourse as better or worse, or as Flaskas (2005) may fear, I am not setting up a ‘fault line’ of either / or dichotomies to use one discourse to discredit or legitimate the other. Rather, by creating difference along a continuum, my intention is to bring forth the construct, which practitioners can go on to explore in conversations with clients. In fact, in ‘Transforming Emotion’ (7, p. 20) I share examples of how conversations with clients encourage me to explore and deconstruct the relational – autonomous dichotomy I have set up, enabling me to learn more about and join in the clients’ preferred theories of emotion.
Therefore in 'Transforming Emotion' (7) I do not promote one approach or set of emotion practices as better or worse. I point out that if we are to let go of the idea that there is a right or wrong approach to emotion and acknowledge instead the wide range of possible emotion stories and practices, then the responsibility falls to each of us to consider which emotion practices to adopt. I also propose our need to consider the possible consequences for everyone involved as we adopt one emotion practice rather than another. To this end I invite practitioners to attend to the consequences of following one discourse or another with questions like: 'In what ways does this language or vocabulary enhance or diminish how these people value themselves and each other?' 'If I choose this discourse, how will it inform my relationship with this person?' 'How will it enhance or constrain our being together or their being with each other?' 'How will our actions differ if we use this metaphor or another?' Addressing the consequences, opportunities and constraints of adopting different emotion discourses leads us into ethical considerations about how we treat people within the different forms of discourse and hence whether we bring forth enhancing rather than diminishing stories of identity, positive rather than negative experiences of relationships and whether we create collaborative rather than isolating experiences for people.

10. Methodology

In my personal journey as a researcher I have travelled through different paradigms. My earlier works were conducted within a positivist paradigm and used quantitative and qualitative research methods and analyses (for example, Fredman and Stevenson, 1988; Stevenson and Fredman, 1990;
Wolpert and Fredman, 1994; 1996). My more recent works (for example, Fredman and Fuggle, 2000, Christie and Fredman 2001, Fredman, 2002; Fredman, Christie and Bear, 2007) as well as the works presented in this paper, are informed by a constructionist paradigm and the qualitative research methods I use include recording and documenting examples from practice or 'case studies'.

By paradigm here I mean the belief system or worldview that guides the researcher not only in purposes and methods of the research but also ontologically and epistemologically (Guba and Lincoln, 1994). Situating my research within a constructionist paradigm, I acknowledge that, as researcher, I "both construct and am constructed by my interactions with people in dialogue and vice versa" (Chen and Pearce, 1995, p. 145). Therefore I recognise that the events explored in my research are jointly created within the process of our researcher–participant relationship. This research paradigm is commensurate with a practice discipline that approaches therapy as social construction where the process of therapy can be seen as co-research between therapist and client. Thus I view what clients and I do together as a form of practical enquiry (rather than scientific research) where the research design is emergent rather than predetermined and the choice of research methods is based on a ‘fit for purpose’, driven by the questions that emerge from practice. The ‘data’ in this enquiry then is ‘practice’, which includes the events explored and recorded in the course of my observations, interactions and talks with clients and colleagues in episodes of therapeutic conversation.
The 'Relationship to Help' (2) paper draws on clinical work with families and practitioners undertaken at Charing Cross Hospital (Department of Child Psychiatry) between 1986 and 1995. 'The Endings Discourses' (3) paper collected material from three sources: a workshop on endings in therapy that my co-author Caroline Dalal and I held in 1996 at KCC; our pre- and post session planning meetings for family therapy sessions, and my therapy sessions with families around the time I was leaving my post at Charing Cross Hospital (which Caroline Dalal, as co-therapist, observed and recorded behind a one-way screen). 'Death Talk' (4) collects together a body of my work spanning eight years between 1988 and 1996 based on my clinical practice (individual and family therapy sessions with clients and supervision and training with practitioners) at Charing Cross Hospital and Great Ormond Street Hospital for Children. 'Parents with Mental Health Problems' (6) was based on my work with families in an Adult Mental Health service at Chelsea Westminster Hospital between 1997 and 1999 and reports on a single case study. 'Transforming Emotion' (7) collects a body of my work spanning eight years between 1996 and 2004 involving conversations with clients in therapy and with practitioners in supervision and training at Charing Cross Hospital, Great Ormond Street Hospital for Children, Chelsea Westminster Hospital and the Middlesex and University College London Hospitals. The approaches presented in this book include work with a range of client groups including children, adults and older people as well as professionals with whom I work individually, in families and in staff teams. In addition to my work with clients and/or practitioners, what we might call 'case studies', I have also drawn on two other data sources: reviews of theoretical literature and retrospective reviews of my own systemic practices.
In 'Death Talk' (4) and 'Transforming Emotion' (7) I used qualitative methods to collect data occurring naturally in the settings of therapy, consultation, supervision and training. These methods included observation, video and audio recordings and verbatim transcripts of conversations. I also generated data from retrospective session notes and diary entries of particular ‘arresting moments’ (Shotter and Katz, 1998, p. 81) in practice as well as verbatim quotes of words or phrases people used in the course of conversation. These unstructured methods were intended to be sensitive to the social contexts of study and to capture data that was rich, detailed and complex. Like the ethnographer, I employed writing as methods of both data generation and analysis, recognising that the process of writing always involves interpreting. Thus my writing aims not to ‘explain’ but rather to ‘portray’, that is to sketch a picture that “brings alive the qualities of the phenomenon”, the ‘living moments’ (Shotter and Katz, 1998) in terms of situated, local meanings. To the reader this may look like a more informal or conversational style of writing. As Shotter (2004) says different writing styles involve different methodological and ethical commitments, not only to those whom we address but also to those who are the supposed subject matter of our writing. Thus we might say that writing is itself a research method and a methodology and with ‘Death Talk’ (4) and ‘Transforming Emotion’ (7), my intention was to depict the richness and particularities of unique cases, to “inscribe social discourse (by) writing it down (thus) turning the passing event ... into an account” (Geertz, 1973, p. 19). Thus I presented the “case-as-a-thing-itself” (Chen and Pearce, 1995, p. 137), rather than an instance of something else or a means of studying other cases.
11. Towards Practical Theory for Psychotherapy and Consultation

The relationship between theory and practice in a practice discipline is "more like a recursive spiral" (Flaskas, 2002, p. 225) than any close-fitting one-to-one relationship. Theory is generated primarily through practice and the knowledge generated guides future practice, which in turn confirms and/or challenges the developing theory.

The 'practical theory'\(^4\) (Shotter, 1984; Cronen, 2001) presented in 'Death Talk' (4) emerged through my use of grounded theory (Strauss and Corbin, 1990). Through listening to recordings and/or reading transcripts of therapeutic conversations and consultations several times, I intended to privilege the voices of clients (children, family members and staff). Therefore, reviewing sections of transcripts, my (field) notes and diary entries of session moments, I identified codes using their words and phrases. By 'tacking back-and-forth'\(^1\) (Geertz, 1983, p. 33) between my portrayals of striking moments from practice, the emergent categories and themes, and my accounts of connections between practice examples and themes, I developed multilayered practical theories.\(^5\) For example, from initial codes like 'not talking'; 'refusing to speak'; 'keeping silent'; 'denying'; 'colluding'; 'telling the truth'; 'lying'; 'knowing (about dying)' emerged categories and themes like 'meaning of talking'; 'talking preference'; 'context for talking: time /

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\(^4\) Practical theory as distinct from 'applied theory' rejects practitioner-theorist and professional-participant dualism; is informed by data created in the process of engagement with others; is heuristic; facilitates joining and co-creation (Cronen, 2001).

\(^5\) I am using Chen and Pearce's (1995) definition of 'theory' here as a "set of systematically collected accounts of socially and culturally specific stories" (p. 46).

38
relationship'; 'belief about talking'; 'knowing - who knows what' and 'telling - who can / should tell'. Through memo writing, diagramming and continually revisiting practice, I went on to weave these themes into the practical theory of 'Creating a Context of Knowing and Telling' (Figure 3) discussed in section 5:3 of this paper. I have continued to elaborate this practical theory through

**Figure 3. 'Creating a Context of Knowing and Telling'**

Using it in different contexts, for example with ‘talking about talking’ about mental health problems with parents and children (Fredman and Fuggle (6)).

In 'Transforming Emotion' (7) I used discourse analysis (Potter and Wetherall, 1987) to identify the discourses (resources) and discursive practices I was
using in 'emotion talk' with clients and practitioners in therapy and consultation. Table 1 shows the discourses I identified (Fredman, 2004, p. 14) which I discuss in section 7:3 of this paper. Identifying the different emotion discourses and practices and exploring the consequences of the different discursive frameworks with clients and colleagues pointed me towards new emotion practices. Thus, as theory emerged from practice and practice became theory, I was able to elaborate further repertoires of emotion talk towards increasing the choice of moves available to systemic practitioners. Table 2 presents the repertoire of discursive practices described in detail in 'Transforming Emotion' (7) and outlined in section 6:2 in this paper.

The theory building in both 'Death Talk' (4) and 'Transforming Emotion' (7) was collaborative. Positioning myself as 'co-researcher' throughout the process, I checked carefully with clients and practitioners to ensure that the ideas and practices I was offering were relevant and usable in their specific circumstances. I modified and elaborated the theory in response to feedback from clients and practitioners so that the theory co-evolved in the course of practice. Thus my approach to research involved a mainly inductive, rather than deductive analytic process and the process of therapy was one of social construction.

A good theory from a social constructionist viewpoint should "address the multilayered and continually evolving complexity of each instance under investigation while having the power to engage in self-critique" (Chen and Pearce, 1995, p. 148). The aim of a practical theory then is not to predict or control but to "enlighten" or "illuminate" (Chen and Pearce, 1995, p. 149).
Criteria for ‘good’ practical theory are congruent with criteria for ‘good’
constructionist therapy and research in that they should be ‘trustworthy’ in
terms of their ‘credibility’, ‘transferability’, ‘dependability’ and ‘confirmability’
and they should be ‘authentic’ in their ability to ‘enlarge personal construction’;
‘lead to improved understanding of others’ constructions, and ‘stimulate and
empower action’ (Guba and Lincoln, 1994, p. 114).

11:1 Evaluating the practical theory

Support for the credibility of my original contribution to a practical theory of
the therapeutic relationship and emotion is demonstrated by a number of
citations of my works in both systemic and psychology literature. Several
authors have cited their use of the ‘The Relationship to Help’ (2) in engaging
clients. For example, Donati et al, (2000) and Cardone and Hilton (2006) use
the approach to engage people with learning disability; Wilson et al (2001)
use it with adults with psychosis, and Christie and Fredman (2001) describe
how it enables a pre-admission process to engage adolescents, families and
practitioners in a medical context. Rikberg Smyly (2006), Martin and Milton,
(2005) and Anderson, (2005) use the approach to facilitate connection with
staff teams, while Lynggaard et al (2001) use it to help them introduce
systemic ideas into multidisciplinary teams.

My approach to creating a ‘context of knowing and telling’ has been used by a
number of practitioners in the field, confirming the usability of the practical
theory presented in ‘Death Talk’ (4). For example, Cardone and Hilton (2006)
show how my approach informs engaging people with learning disability and
their families; Scior and Lynggaard (2006) apply my ideas to explore difficult issues with an adult individual with learning disability, and I have extended the approach to talking with children and parents about a parent’s mental illness, reported in the paper, 'Parents with Mental Health Problems: Involving the Children.' (Fredman & Fuggle, 2000) (6).

Further evidence of the wider relevance of my practices to different client groups beyond children is demonstrated by Mattison and Pistrang (2000) and Pote (2006) who use our ‘Endings Discourses’ (3) approach with people with learning disability and Hedges (2005) who cites this work in a general systemic therapy introductory text. The ideas from our work on ‘Relationship to Help’ (2) have made an impact in the field of systemic and family therapy across a wide range of client groups. For example Baum and Lynggaard (2006) use the approach with people with learning disabilities and Martin and Milton (2005) use it with older people and their systems. The paper appears on many family therapy and clinical psychology training course-reading lists and is often quoted in publications and conference presentations addressing the engagement of clients in therapy.

The above citations point to the transferability of my work across client groups and contexts. Further examples of the transferability of ‘Death Talk’ beyond the fields of child and family and bereavement are Clegg and King’s (2006) use of my approach to sharing expert knowledges in their work with families with learning disabilities. Also Dixon and Curtis (2006) and Dixon (2006) use ‘creating a context for knowing and telling’ as the titles of their papers, which address talking with families where an older person has
dementia. They discuss how my approach “although working with a very
different client group …… resonated with our clinical and personal
experience and helped to focus our own ideas” (Dixon and Curtis (2006) p. 7).

‘Death Talk’ (4) has been accredited for making a valuable contribution to
the field of family therapy and bereavement (Hildebrand, 1999). In his
forward to the book, Campbell writes that I “make the ideas accessible to a
wider range of practitioners than trained psychotherapists and family
therapists” and that the book “makes a great contribution to shifting the focus
to the child” and Wilson (1998) acknowledges that ‘Death Talk’ has
contributed to remedying the exclusion of children from therapeutic
conversations. Translated into Danish (Fredman, 2002) and German
(Fredman, 2001b), ‘Death Talk’ (3) has also had a broader impact on the
field beyond therapy. Dixon and Curtis (2005) cite ‘Death Talk’ in relation to
‘use of self’ in training and the Association of Family Therapy Confederation of
Family Therapy Training Institutions (CONFETTI, 1999) recommended
‘Death Talk’ in their bibliography in relation to race, ethnicity and culture for
family therapy training as a “particularly helpful ….. way for therapists to
explore cultural beliefs and to find ways to position themselves in relation to
their own beliefs and professional knowledge” (Barratt et al, 1999, p. 9).

Systemic therapists have themselves complained about the absence of a
systemic theoretical framework to give an account of feelings as well as a lack
of systemic techniques to work practically with feelings in therapy (Krause,
1998). ‘Transforming Emotion’ offers systemic practitioners the opportunity to
counter these critiques. It makes an original contribution to the theory of
psychotherapy by addressing the different discourses of emotion and their implications for relationships and practice in therapy and consultation. The approach has been well received at national and international conferences (see Appendix). At workshops I have presented nationally and internationally, practitioners from different disciplines have given examples of their use of the practices I have developed. Anderson (2005) has used 'emotional presupposing' with 'engaging families and colleagues' in mental health services for older people.

In 'Working Systemically with Intellectual Disability: Why Not?' (8) (Fredman, 2006) and in Fredman (2001) I addressed several discourses posing obstacles to the use of systemic approaches within public services. I then went on to deconstruct what I called these 'conversations of impossibility'. Practitioners, including myself, have used these papers with managers to justify resources for systemic and family therapy services with a range of different client groups. Baum and Walden (2006) and Lynggaard and Baum (2006) discuss how the examples I report in these publications have inspired them to develop equivalent practices with people with learning disability highlighting what Guba and Lincoln (1994) call the 'authenticity' of my work to 'stimulate and empower action' (p. 114).

All my work presented in this paper was intended to produce 'knowledges' of practical use to practitioners or policy makers towards preferred outcomes for the people using their services. Consistent with a constructionist research agenda, I have aimed to capture and communicate stories, record unintended consequences of therapy and explore the layers of context, stories and
discourses that could contribute to ‘thick descriptions’ (Geertz, 1973, p. 6) of people’s lives. Therefore the purpose of my research was to discover, rather than to verify, to “gain access to the conceptual world” (Geertz, 1973, p. 21) of clients and practitioners with whom I work (and research) so that I might converse with them aesthetically (Lang, Little and Cronen, 1990). This is a goal not only of the ethnographer, but also the constructionist therapist. I aim to develop ‘thick descriptions’ towards generating what Chen and Pearce (1995) call “wisdom in action” (p. 140), a “practical wisdom or good judgement” (p. 146) about how to act into and out of a specific situation. Thus my work has aimed not at developing explanatory theory, but at providing practical theory that opens space for new ways of looking and knowing how to go on (Wittgenstein, 1953; Shotter, 2006).

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6 Lang, Little and Cronen (1990) use the term ‘aesthetic’ to acknowledge both the therapeutic intention and effect and thereby the ethics of practice.
Table 1. Comparing relational and autonomous emotion discourses

<table>
<thead>
<tr>
<th>RELATIONAL</th>
<th>AUTONOMOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inter-subjective</strong></td>
<td><strong>Subjective</strong></td>
</tr>
<tr>
<td>Emotions are created between people:</td>
<td>Emotions are internal:</td>
</tr>
<tr>
<td>a social form of action to invite others to respond</td>
<td>an expression of something inside</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communal</strong></td>
<td><strong>Personal</strong></td>
</tr>
<tr>
<td>Emotions are shared and not bounded.</td>
<td>Emotions are an individual experience</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contextual</strong></td>
<td><strong>Bodily</strong></td>
</tr>
<tr>
<td>We learn to do emotions and the appropriate situations to do them</td>
<td>Our emotions are the feelings inside our bodies</td>
</tr>
<tr>
<td>No separation of mind and body</td>
<td>Emotion is contrasted with reason</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Focus on interpersonal relationships</strong></td>
<td><strong>Focus on sensation</strong></td>
</tr>
<tr>
<td>There is no direct correspondence between sensation and meaning.</td>
<td>We think about our feelings (bodily sensation) with our minds.</td>
</tr>
<tr>
<td>Emotions are distinguished according to relationships and meanings</td>
<td>Emotions are classified according to body and facial expressions</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relate a narrative (process)</strong></td>
<td><strong>Name a sensation (state)</strong></td>
</tr>
<tr>
<td>Our emotion stories reflect an interweaving of the judgements we make</td>
<td>The feelings are inside the body</td>
</tr>
<tr>
<td>about our sensations and actions in the contexts of our relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cultural</strong></td>
<td><strong>Innate and universal</strong></td>
</tr>
<tr>
<td>We learn to do emotions as we live in cultures.</td>
<td>We are born with emotions.</td>
</tr>
<tr>
<td>Cultures have their local emotion grammars.</td>
<td>Emotions are universal.</td>
</tr>
<tr>
<td>Therefore there is a wide range and number</td>
<td>There are a set number of core emotions.</td>
</tr>
<tr>
<td>of emotions.</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Contrasting Relational and Autonomous Emotion Practices

<table>
<thead>
<tr>
<th>RELATIONAL</th>
<th>AUTONOMOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Externalizing the emotion</strong></td>
<td><strong>Internalizing the emotion</strong></td>
</tr>
<tr>
<td>- position feeling outside of person</td>
<td>- position feeling within person</td>
</tr>
<tr>
<td>- separate person from feeling</td>
<td>- encourage persons to acknowledge their own feeling</td>
</tr>
<tr>
<td>- objectify or personify emotions that are undermining of identity</td>
<td>- clarify ownership of feeling</td>
</tr>
<tr>
<td><strong>Co-creating name and meaning of feeling</strong></td>
<td><strong>Constructing emotion on behalf of other</strong></td>
</tr>
<tr>
<td>- join language</td>
<td>- name feeling for other</td>
</tr>
<tr>
<td>- ask questions with curiosity</td>
<td>- explain, inform or interpret with certainty</td>
</tr>
<tr>
<td>- acknowledge other's expertise</td>
<td>- adopt expert position on other's feeling</td>
</tr>
<tr>
<td><strong>Approaching display as invitation</strong></td>
<td><strong>Approaching display as personal expression</strong></td>
</tr>
<tr>
<td>- explore intended communication</td>
<td>- explore how individuals feel</td>
</tr>
<tr>
<td>- address function and consequences of emotion</td>
<td>- encourage expression of feeling</td>
</tr>
<tr>
<td><strong>Deconstructing words/meanings</strong></td>
<td><strong>Interpreting and analyzing</strong></td>
</tr>
<tr>
<td>- examine meanings of words closely</td>
<td>- interpret or analyse feelings for other</td>
</tr>
<tr>
<td>- look inside words</td>
<td>- look for meaning behind words</td>
</tr>
<tr>
<td>- explore meanings through contexts</td>
<td>- name and explain feelings for other</td>
</tr>
<tr>
<td><strong>Weaving preferred story of emotion</strong></td>
<td><strong>Facilitating expression and ventilation</strong></td>
</tr>
<tr>
<td>- change the emotion storyline</td>
<td>- get the feelings out</td>
</tr>
<tr>
<td>- weave strands of experience, judgement, action, through contexts</td>
<td>- help get in touch with feelings</td>
</tr>
<tr>
<td>- explore the moral order of the emotion</td>
<td>- educate the right/wrong way to feel</td>
</tr>
<tr>
<td><strong>Body as communicator</strong></td>
<td><strong>Body as container</strong></td>
</tr>
<tr>
<td>- invite stories connected with preferred body postures</td>
<td>- facilitate ventilation of feelings</td>
</tr>
<tr>
<td><strong>Collaborating in joint activity</strong></td>
<td><strong>Focusing on individuals</strong></td>
</tr>
<tr>
<td>- explore ways people can perform together</td>
<td>- explore how individuals feel</td>
</tr>
<tr>
<td>- approach expression as a form of action</td>
<td>- approach expression as a form of representation</td>
</tr>
<tr>
<td>- facilitate connections between all involved and affected by the feeling</td>
<td>- separate the individual displaying the feeling</td>
</tr>
<tr>
<td>- pool abilities of all involved</td>
<td></td>
</tr>
</tbody>
</table>

47
References


Appendix

National and International Conference Presentations


National and International Workshops

Fredman, G. Working with People in Illness and Dying: A Systemic Approach

1999 - One-day workshop with Institute of Family Therapy, London, May.
1999 - One-day workshop with Royal Marsden Hospital, London, July.
2000 - One-day workshop with Parkside Clinic, Birmingham, January.
2000 - One-day workshop with Institute of Family Therapy, May.
2000 - Two-day workshop with GCK, Gothenburg, Sweden, November.
2001 - One-day workshop with Family Therapy Special Interest Group, Bristol, March.
2001 - Two-day workshop with Platform, Assen, the Netherlands, June
2002 – One-day workshop with St Michaels Hospice Hereford, May.
2004 – One-day workshop with Relate, London, January 31\textsuperscript{st}.
2005 – Beyond Grief and Loss in Later Life. One-day workshop with Family Consultation Service: Psychotherapy Department, Warneford Hospital, Oxford, April 11\textsuperscript{th}.
2007 – One-day workshop New Zealand College of Clinical Psychologists, Wellington April 4\textsuperscript{th}.

Fredman, G. Working with Emotions and Feelings in Therapy and Consultation: A Systemic Approach
2004 – Two-day workshop with Danish Psychological Society, Copenhagen, Denmark, November 22\textsuperscript{nd}/23\textsuperscript{rd}.
2005 - One-day workshop with Manchester AFT, February.
2005 - One-day Workshop with Centre for Systemic Therapy, Athens, Greece, April 23\textsuperscript{rd}.
2005 - One-day workshop with Norfolk and Waveney Mental Health Partnership Trust Halesworth, November 11\textsuperscript{th}.
2007 – One-day workshop with Hampshire Association for Family Therapy and Systemic Practice Eastpoint Centre, Southampton February 12\textsuperscript{th}.
2005 – One-day workshop with GCK, Gothenburg, Sweden, May 24\textsuperscript{th}
2007 – One-day workshop New Zealand College of Clinical Psychologists, Wellington April 4\textsuperscript{th}.
Other workshops


Fredman, G. (2004). ‘Working with Children, Families and Significant Networks: A Systemic – Constructionist Approach’. Workshop with PPR Herlev, Copenhagen June 7\textsuperscript{th} and 8\textsuperscript{th}.


Key Publications to be considered for PhD by publication


