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Approach, Method, Technique: Making Distinctions and Creating Connections

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APPROACH - METHOD - TECHNIQUE:
MAKING DISTINCTIONS AND CREATING CONNECTIONS

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ABSTRACT

As the works that systemic practitioners are involved in becomes more multifarious, the systemic model itself evolves to different levels of complexity. A model that was once associated almost exclusively with seeing families in therapy has during the last decade developed into a movement that offers potential for practitioners working in the broader domain of human systems. Within this movement there have been several notable papers which offer helpful clarifications for practitioners seeking ways to employ systemic perspectives and practices in different ways [eg. Lang, Little and Cronen (1990)]. This paper is part of that movement in proposing that organizing what a systemic practitioner does around the distinctions of approach, method and technique, offers different possibilities for refinement and development within each level and enhances the potential for a creative relationship between the levels. It is also proposed that by making these distinctions within a model it becomes possible to employ a greater range of methods and techniques while remaining coherent within the practitioner's preferred theoretical orientation or the model in which they are currently training. Another consequence of this proposal may be that by using the distinctions of approach - method - technique, practitioners may be facilitated to enjoy the feast of techniques that abound in the field of therapeutic practice without the, often feared, consequence of "not being systemic".

Although this model is explicated in terms of the systemic model it could also be used to explore and clarify other therapeutic approaches.

INTRODUCTION

Along with many other practitioners who came to the systemic model through family therapy, the term family therapy gradually became restrictive for myself and close colleagues as we began to see and experience the other human systems with whom we could work using the same ideas and techniques (Harris and Burnham 1985). What follows is a personal account of how I arrived at and relate to the framework of Approach, Method and Technique. The work, discussion and development within

this position have evolved within the context of my continuing professional partnership with Dr Queenie Harris at the Charles Burns Clinic. References to "my" practice are usually to be read within that context.

Seminars and presentations to training groups began to contain more and more examples of work with individuals, couples and non-family systems such as therapy teams and other work groups. Students who had come to a series of seminars designated as family therapy at times expressed curiosity and questioned why these examples were being included and requested a definition of the approach I was representing. In response to these requests I proposed the three levels of approach - method - technique. Initially these levels were used to distinguish between a family therapy approach (family as a system), family therapy methods (different ways of practising family therapy) and family therapy techniques (different activities within a family therapy method), (Burnham 1986). However this posed difficulties manifested in such apparently contradictory phrases as "doing family therapy with an individual". This dilemma was dissolved when I like other practitioners in the field began to socially construct human systems as the highest context marker (Cronen, Johnson and Lannaman 1982) rather than family systems. The level of approach changed to systemic therapy rather than family therapy. A further development took place when I along with other colleagues and students with whom I worked and conversed, re-cognised that although all of the work a systemic practitioner did was with human systems not all of the work I did could be called therapy. Other activities including: teaching; supervision; and consultation were organised by systemic ideas but not designated as therapy. This prompted a redefinition from systemic therapy(ist) to systemic practitioner which indicated practices informed by systemic ideas included therapy as one of the activities influenced by these ideas. (Indeed the inception and realisation of this Journal can be regarded both as a formal fruition and herald of such a movement). With this further redefinition the distinctions became systemic approach, method and technique and are described in the rest of this paper.

MAKING DISTINCTIONS

Working descriptions of Approach, method and technique.

Approach: This level influences the way in which practitioners orient themselves towards all aspects of their work. The level includes theoretical constructs with emerging concepts and ideas which constitute the epistemological and socially constructed framework of those participants involved in co-creating a practice culture. At any particular time, and for a variety of reasons, one or other of these frameworks will be given a privileged position in leading the approach and shaping the methods and techniques.

This level in systemic culture includes theoretical lenses such as systemic theories, cybernetics, constructivism, and social constructionism. Concepts emergent from these lenses include working ideas such as: circularity; patterns which connect; connections which pattern; rigour and imagination; recursiveness; reflexivity; double description; both/and; observing systems; multiversa; socially constructed realities; stories told and stories lived, a preference for questions rather than statements as a therapeutic posture and other ideas which inform systemic practice whatever the system in focus.

The level of approach is more than a collection of theories, concepts and working ideas. It embodies a practitioner's disposition towards their work with clients, colleagues and institutions. Theory is a component but not the whole of this disposition. A practitioner's approach also comprises the values and assumptions associated with aspects of their selfhood such as their (dis)ability, intellect, sexuality, gender, race, religion, age, class, culture and ethnicity and other facets of social difference[1]. These values and assumptions may be said to pre-exist and influence the choice of theoretical model. Together the values, assumptions and chosen theoretical model(s) combine recursively to influence how each practitioner participates in the social and ethical construction of their work.

Method: This level refers to the organisational patterns or practice protocol used both to set forth and bring forth aspects of the approach. Method encompasses the ways in which the activities of the systemic practitioner are both organized by the approach and facilitate the enactment of the approach. It can be thought of as the ways in which working practices, customary and otherwise, are described to others "The way in which we work is ....". Using a team model in the practices of therapy, training and consultation may be seen, at different times, as a manifestation of ideas such as "multiversa" and "socially constructed realities". Using a one-way screen and videotaped recordings of clinical practice, the ritual of the session, the particular gap between sessions can be viewed as facilitating the development of notions such as "observing systems".

Technique: This level refers to those specific activities practised by users of the approach that can be observed and even "counted" by an observer of the activity. For example in the process of therapy it would be those practices and tools which systemic therapists use, such as: circular questions, systemic summaries, interventive statements, reflecting teams, team consultation, and so on. In the process of training activities such as: Circular questions; simulated practice; reading seminars; live supervision; team discussions; reflecting supervision teams (Campbell 1990) may be construed as techniques of training as well as techniques of therapy.

Relationships between the levels

As with Coordinated Management of Meaning (Pearce and Cronen, 1980) the levels can be viewed as:
i   hierarchically organised
ii   theoretically and clinically coherent
iii   recursively connected

i Hierarchical organisation The hierarchical pattern can be usefully understood as different levels of abstraction (generality) rather than an expression of superior/inferior qualities between the levels.   Each level can become the context for understanding the others.

An approach may be considered as more abstract than the levels of method and technique, in the sense that techniques are more immediately visible (can be seen during a systemic interview) than an approach or method.

Techniques can be acquired through rote learning whereas changes at the level of approach requires changes in deutero learning (learning to learn) (Bateson 1973).

The levels may be thought of and used interdependently and independently. Practitioners may relate to the levels in different ways.   Some practitioners may choose to use aspects of a model(s) such as technique while continuing to organise their work under the influence of a different approach.   Other practitioners may develop an approach that is connected to and different from several other models. For instance the coupling together of such terms as "cognitive-behavioural", "cognitive-analytical", "structural-strategic", strategic-systemic" may be seen as practitioners relating to more than one model simultaneously and creating an approach that is different from both.   Some practitioners continue as 'purists", developing their perspectives and practices within and through a single approach.

Practitioners in formal or developmental training may also relate to these distinctions within a model in different and equally valid ways.   For example, some trainees may relate to a model by introducing specific techniques or methods into their work and are facilitated towards learning the approach through the experience of "doing". Others may prefer to experiment with the approach through discussion and are then facilitated towards using the methods and techniques.

ii Theoretical and clinical coherence When the connection between levels can be seen to be theoretically and clinically coherent this enables an aesthetically effective practice. It becomes possible to "track" a distinction at one level through the levels to consider its different manifestations at approach, method and technique.   One could view, for example:

APPROACH: observing systems as a working idea,

METHOD: live supervision as an organisational pattern

TECHNIQUE: observer perspective questions as a tool

as being coherently connected to one another in ways which promote coordination and reflexivity between the levels.

For the time being, this paper will continue to describe the model from the position of pursuing coherence within and between the levels. The complementary distinction of incoherence, while generally being seen as a less desirable context, also has an important place within the model. A particular contribution of incoherence may be the creation of contexts for the emergence of distinctions and connections which are discontinuous from those which are currently popular. The distinction of incoherence and its importance to the evolution of AMT will be developed more fully in the discussion.

iii Recursive connections Each level is capable of being created as a context for the others.

The working ideas of contextual and implicative influence (Cronen, Johnson and Lannaman 1982) would suggest that change in a model could be triggered/facilitated by a difference introduced at any of the three levels. For example, something introduced as a difference at the level of method may fit with the prevailing levels of approach and technique thus its contribution may be valuable but limited in the sense that it "only" extends the repertoire of methods available to practitioners. However, in some instances what initially seems to be "only" a difference at the level of method may implicatively perturb the prevailing approach and contextually perturb existing techniques, so that changes are triggered/facilitated at those levels also. So the "new" method becomes the context for the development of approach and technique. An example of this phenomenon may be the "reflecting team". (Anderson 1987). This seemed initially, to be a novelty at the level of method as used by a team of therapists re-organizing the relationship between a team the therapist and their clients. However, the influence of the reflecting team seems to have prompted and facilitated a reconsideration of the concepts and actions which were being used within the relationships between all those involved in the domain of therapy and training. For example, the reflecting team may be considered to have implicatively, triggered or promoted the idea of constructing solutions with clients. At the same time, the reflecting team as a method may be seen to have become a context within which practitioners emerging from behind the one-way screen, created a different set of techniques. Teams generated different techniques that enabled them to discuss ideas in front of a therapist and clients that had previously been located

out of the hearing of the client. Therapists developed techniques for responding to ideas which they and the clients heard at the same time, which previously the therapist would have been 'delivering' to the clients as a prepared message.

Other techniques which could be viewed as having significant implicative effects on method and approach include specific hypotheses and related circular questions about the relationships between clients and referrers (Selvini et al 1978). These variations in technique may have been an early influence in the development of the concept of "Problem Determined Systems", articulated by Anderson and Goolishian (1986).
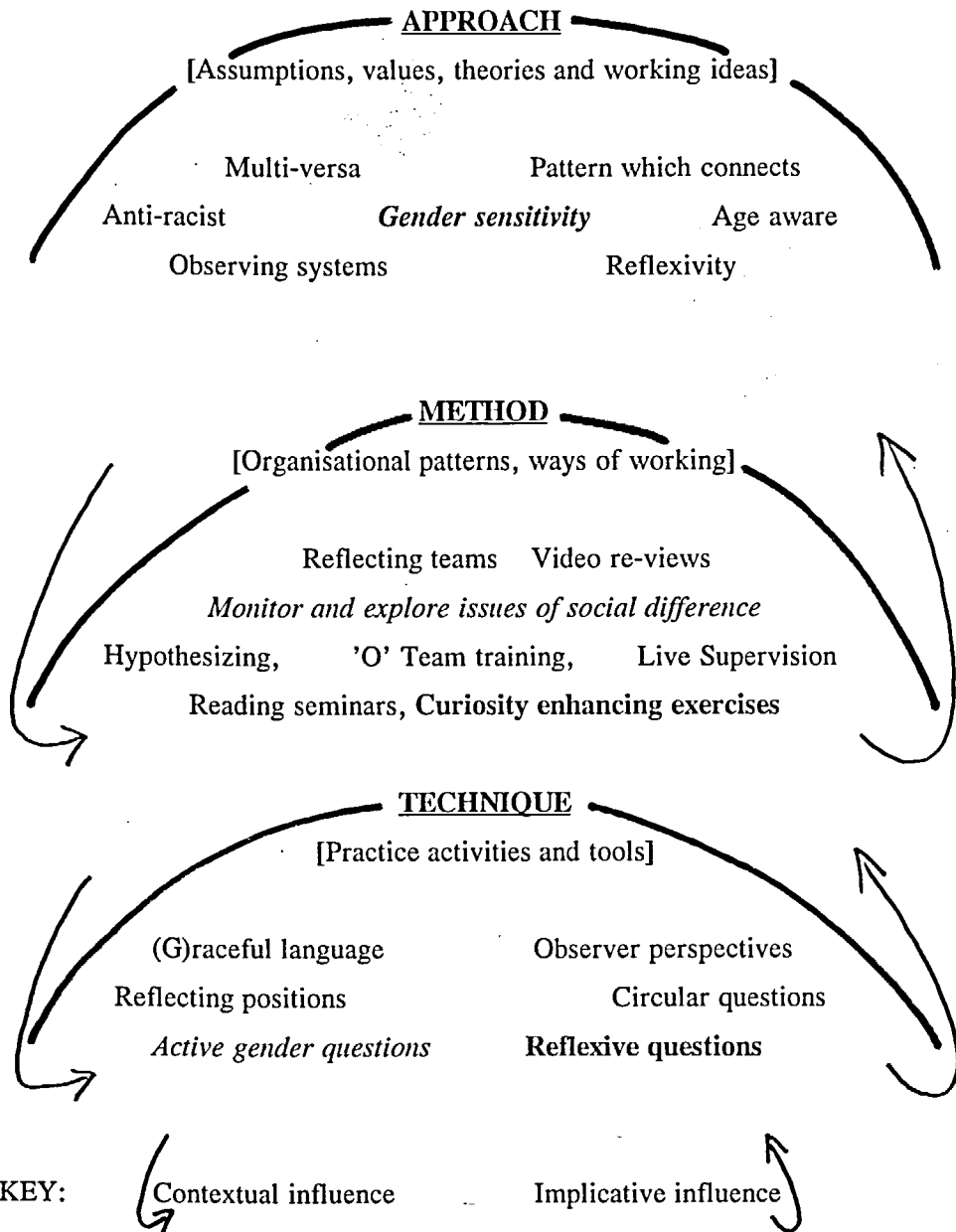
In the same way a "new" idea may be coherent with pre-existing epistemology and have the effect of "adding" to the range of ideas that confirm and refine the pre-existing methods and techniques. Alternatively a "new" idea (or a reconstruction of an existing idea) may be discontinuous with aspects of the pre-existing epistemology triggering a creative incoherence which may have the contextual effect of perturbing levels of method and technique in a way that creates differences at those levels also.

The variety of the relationship patterns between the levels of approach, method and technique can be represented graphically as shown in Figure 1.

The relationship patterns between the levels can be described in various ways and there are multiple ways of reflexively creating coherent connections within and between the hierarchy of the levels. Within each level there are different possibilities in terms of which theory, assumption, value will be used to create a context for understanding other theories and for selecting methods and techniques. For example, some practitioners may use an anti-racist perspective as their highest context marker within which to select other theories or working ideas. Others may privilege a particular theoretical framework as their highest context marker within which to understand issues such as race.

Moving contextually or implicatively from one level to another presents different opportunities. Some connections may seem more "obvious" than others while less "obvious" connections may open up previously unthought of possibilities. For example (see fig I), it may appear "obvious" to connect *'gender 'sensitivity'* (approach) with *'monitor and explore issues of social difference'* (method) to *'active gender questions'* (technique). Perhaps a less "obvious" connection would be to move from *'gender sensitivity'* (approach) to *'curiosity enhancing exercises'* (method) and to evaluate the effects of the ideas and questions emerging within the exercise through **circular questions (technique).** -

FIGURE I

APPROACH

[Assumptions, values, theories and working ideas]

Multi-versa   Pattern which connects

Anti-racist   *Gender sensitivity*   Age aware

Observing systems   Reflexivity

METHOD

[Organisational patterns, ways of working]

Reflecting teams   Video re-views

Monitor and explore issues of social difference

Hypothesizing,   'O' Team training,   Live Supervision

Reading seminars, **Curiosity enhancing exercises**

TECHNIQUE

[Practice activities and tools]

(G)raceful language   Observer perspectives

Reflecting positions   Circular questions

Active gender questions   **Reflexive questions**

KEY: Contextual influence   Implicative influence

In both examples a practitioner is likely to enhance their work by adopting an observer perspective in relation to   the   reflexive effects of the outcome of a difference at one level on the others.   These two brief examples may give some indication of the variety of ways of productively, experimentally, experientially and creatively connecting the levels.   Readers are invited to make their own AMT patterns according to their own preferences and imagination.   The next section suggests some relationship patterns and connections created within the context of practice examples.

CREATING CONNECTIONS - EXAMPLES FROM PRACTICE

The following examples are included to illustrate different relationships between the levels of approach, method and technique. The intention is to show how a difference that apparently "begins" within a particular level can reflexively trigger/promote developments at other levels. Here I take a slightly different position from Sluzki who says, when talking about the contribution of a particular theory (constructivism) to the systemic approach:
"Being a theory of knowledge rather than a set of techniques, constructivism offers us not a particular way of helping clients, but a way of understanding how we use our clinical tools and the interplay between practitioners' beliefs and practice." (1988)

In this useful, though limiting sense I think Sluzki refers to a way in which a theory becomes part of an approach by helping practitioners to understand those methods and techniques which they already use. Using AMT, practitioners can actively use unique contributions such as constructivism by including methods and techniques in their individual and/or team practice which organise them to reflexively entertain questions such as: What would happen if I/we were to develop new techniques in the light of this idea?"   "What kind of organisational pattern would I/we have to construct so that I/we could put this idea and the emerging techniques associated with it into action?"   "If I was to regard the outcome of this technique as a sign that there were other ways in which I could use this theory to develop my repertoire of "constructivist methods and techniques" what might I create?"   The following examples are just a few ways in which AMT can be used to further practices. They are chosen without reference to or as an attempt to create any particular system of classification or categorisation so as to avoid any unintended implication that AMT should be used in a specified way. The examples include more references to social constructionism than to other theories and indicates my current preference towards that theoretical disposition. In most of the examples that follow, I make some interpretation of the process in relation to AMT. In those examples where I do not (and also when I do), this may be taken as an invitation for the reader to make their own interpretation(s) in relation to AMT as proposed.

1. From observed to observing systems.......
Constructivism, expressed by writers such as von Foerster (1981) invites therapists to consider their descriptions of clients as information about the distinctions they draw as *observers* rather than as information about the clients being *observed*. As the differences between the notions of observed and observing systems were adopted as part of a systemic approach this enabled many changes in the methods and techniques used by systemic practitioners as they began to perceive themselves as participants in constructing what they observed. Therapists were enabled to make distinctions between constructing patterns between family members (observed systems) and patterns between themselves and family members (observing systems). Similarly teams became able to make distinctions between constructing patterns between therapists and families (observed system) and between the team and the therapist-family system (observing system). These distinctions offered both a different way of understanding some current practices and opportunities for creating different therapeutic possibilities. For example, messages that ended sessions began to be focused not only on the client system but on the client-therapist system (Burnham and Harris 1985). Tomm (1987) articulated the observer perspective questions as an important category in the range of "reflexive" questions. Anderson's reflecting positions (1990) offers further scope for observing perspectives, Burnham and Harris (in preparation) illustrate how moving the formal activity of hypothesising to different positions in the five part ritual of a session can enliven the observing system process between client and therapist. As the contextual influence of observing systems began to manifest itself through the multiplication of different methods and techniques, the outcome of these techniques began to create an implicative curiosity in therapists about other ideas within the approach. For example, Penalosa (1992) develops the technique of 'observer perspective tentative statements', which, as well as extending the repertoire of systemic techniques also challenges the idea that statements are necessarily less systemic than questions. In relation to AMT, this process illustrates reflexive activity from approach to technique, from technique to approach. Similarly, other theoretical notions such as multiversa, structure determinism and non-instructive interaction, from the apparently esoteric world of constructivism can be employed for the benefit of clients. The use of criteria such as " ..for the benefit of clients.", is an important one in the evaluation of this process of translating ideas from approach to method and technique. If such criteria are not prominent in the process and evaluation of translation then one may fall into the trap of "selling the meta-theory" [Gergen (1992) personal communication] rather than maintaining the clinical effect/outcome for clients as a main context marker.

2. "I would like to be introduced...."
Social constructionism proposes that realities are constructed socially between people in communication over time. Thus, "The events and objects of the social world ....

are not external "found" things. Rather, they are the product of social action whose continued existence depends on their reconstruction in patterns of communication" (Pearce 1989 p.19). Adopting social constructionism as part of a systemic approach led the teams of which I am a part, to pay more attention to the patterns of communication that a therapist participated in and how their participation in these patterns contributed to the social realities which were constructed. In particular we looked for how in the words/grammar used by a therapist may be setting forth and even imposing a particular reality in clinical sessions. A specific example is the shift made at the beginning of sessions. After introducing myself and the method of interviewing I used to ask one person:

> "Would you introduce me to your family?"

This early way of beginning a session when viewed through the lens of social constructionism meant that one person was selected by the therapist to introduce the family. I moved from this to:

> "Would someone introduce me to your family?"

This was an improvement but still implied that one person should do the introducing and what appeared more important was the implication that the therapist already viewed and constructed the relationship between the people as "family". While this may fit the way many of the people who came for therapy saw their relationships it did not fit others. Given the possible power relationships between a professional therapist and themselves it may not have been easy for people to challenge this construction. It may also have triggered a hypothesis in the minds of the clients about the therapist having a value that being a "family" was the "right way to be". Out of the context of this and related ideas I moved to:

> "Would someone introduce me to the people here?"

This was preferable since it did not specify/impose a relationship between the people who had come to the session (which could be enquired about later if the people did not say, by asking "and how are you related to one another?"). However it still appeared as implying/directing that someone should take on the task of introducing the others. Likewise, if the therapist prefaced the question with "would you introduce yourselves to me?" indicated a particular way of the clients introducing themselves. The most recent opening statement is:

> "I would like to be introduced to the people here?"

By shifting from "Would someone introduce me..." to "I would like to be introduced ..." a therapist indicates what they would like to happen not how it should happen.

This leaves the people "free" to choose how to let the therapist know who has come and how they define their relationships with each other. This can be particularly useful when working with professional - client relationship systems. It has opened space for socially constructing introductions that respect the variety of human relationships systems who attend for consultation/therapy.

This process is given in detail to illustrate two points in relation to AMT. Firstly, how an abstract idea(s) from the level of approach, in this instance social constructionism, can be used to deconstruct a specific technique, in this instance client introductions, and reconstruct the technique in a way that enhances practice and fits with the adopted theory. Secondly, how using this technique of deconstruction/reconstruction repeatedly can become a method for evaluating therapeutic practices in general. The pattern may go as follows: take a specific theory or idea as a lens; view a particular aspect of practice through this lens and ask questions such as: "In the light of this idea what does my/our practice look like now and if I/we were to reconstruct our/my practice in light of this idea what might we/I do?" As Lang (1992) expressed it, to make theory 'lived practice' and practice 'lived theory'.

3. "From power to participation....."
Earlier models of systemic practice concentrated on how "to change systems" with interventions and other therapist behaviours that were described as "powerful" (Selvini et al 1978). More recently the notion of empowerment has become increasingly popular and has led practitioners to describe their therapeutic intent as "to empower" clients rather than "to change" them. The concept of empowering appears more desirable than changing in that it may enable practitioners to describe their work in more just and egalitarian language. However, linguistically it remains within a frame of the therapist "doing" something to the client, that is empowering rather than changing. It could imply that a therapist perceives themselves as having the power to empower. Reviewing this through the lens of social constructionism has led me to linguistically describe what I am doing as : *participating in the social construction of contexts in which clients may experience empowerment.* This attempts to convey a relationship based on participation rather than power.

The concept of participation is intended to indicate that the therapist has an important part in the social construction of the context, but is not intended to imply that the influence is equal. For example, in a therapy where I was the therapist[2] with an adult female who had come to therapy as part of her "rebellion" (McCarthy and Byrne 1990) against the experiences of sexual abuse in her teenage years, the woman exclaimed in response to a statement I made "Well you would think that wouldn't you, you're a man aren't you!" This episode brought forth an aspect of the therapist's selfhood in a therapeutic relationship. Inspired by a recent reading of Walters et al (1988) I resisted an immediate temptation to apologise for this aspect

of gendered difference or to privilege it as I was particularly interested in the influence of gender in therapeutic relationships. Instead, I chose to explore the issue of social difference within the definition of the relationship through asking particular types of circular questions: "There are many things about me that could annoy you as well as the fact I am a man. For example, you may think that I have had more education than you, I am in employment, you probably think that I am an expert about people in your situation and so on ...... *what is it about me that annoys you the most?* The conversation proceeded usefully in a most unexpected way. She replied that the thing that annoyed her the most was that she trusted me. She had promised herself that she would not trust anyone again after that experience and it annoyed her that she was doing so now. In terms of AMT this example illustrates, for me, the way in which those aspects of social difference which are an integral part of a therapists approach can be included in the therapeutic domain in a way consistent with the theoretical components of their approach. ".... what is it about me that annoys you the most?" It also illustrated how a clients response can have profound implicative effects on conceptual notions that become almost taken for granted within a therapists approach. In this particular instance, the notion that "trust" is automatically a useful aspect of a therapeutic relationship and something always to be aimed for as a pre-requisite for therapy to begin. If a therapist can open space within a therapeutic conversation to consider issues of social difference then the ways in which they may be *participating in the social construction of contexts in which clients may experience empowerment.* can become part of the conversation with clients.

4. What do you call......
Adopting either a social constructionist or a constructivist position encourages therapists to pay attention to the language they use in the domain of their practices. When therapeutic activity becomes organised around the nosology of a clients symptom then it can be helpful in the way that it can concentrate professional activity and encourage the development and refinement of methods and techniques in relation to particular difficulties referred to professional agencies. So we see the creation and development of clinics for Anorexia, Child Sexual Abuse, Sleep Problems, Addiction Units, Alcohol Programmes and so on. Professionals develop specialist shorthand terms and phrases to describe their clients and their reason for referral, eg "anorectics", a CSA case, addict and so on [what White (1989) refers to as problem saturated descriptions]. While this may have some benefit of rapid communication between the professionals concerned, when used in conversation with clients it can close down space for them to describe their own emotional experience in the "local grammar" of their significant relationship systems. As Harre (1986) proposes: ".... the dominant contribution to the way that aspect of our lives (emotion) unfolds comes from the local social world, by way of its linguistic practices and the moral judgements in the course of which the emotional quality of encounters is defined."

Opening space for clients to define their own experience in such areas of work as sexual abuse can be facilitated through such questions as:

T: "What do you call what happened that led you to be referred here?"
F   I sexually abused my daughter
T: Before you heard that term what did you call what happened?
F: I'm not sure
T: For example, when you were talking to your daughter what words did you use?
F: Are you going to give us a bit of love then?
T: How did you choose those words then?
F: Well that's how it started out really..and it went wrong
T: When did you begin to think that it was going wrong?
F: When I realised that it was hurting her.
T: How does realising that it hurt her make a difference to what you might do now?....
F: Well, I might think about her more than me ...

This excerpt shows how inviting the client to describe a situation in their own language opens space for them to describe their experience in a way that may also lead them to question the experience and challenge their own thoughts and behaviours rather than the challenge being made by others.

5. Domains of professional action
A different kind of example may be seen in the work of Lang, Little and Cronen (1990). This work deconstructed the theoretical notions of domains of action from the work of Maturana (1985), connected them with the notion of neutrality (Selvini et al 1980, Cecchin 1988) and reconstructed a theoretical rationale that included both and went further than either. They proposed that by employing systemic concepts to organise and influence professional action rather than being organised by a particular systemic posture such as therapy, it became possible to use systemic methods and techniques in a greater range of professional tasks than was hitherto thought possible. The particular distinctions they employ are the domains of production, explanation and aesthetics. In my experience these distinctions have had the effect of empowering many practitioners who are not designated therapists to practice systemically in areas of work that had been hitherto considered as systemic "no go" areas. [see Herington (1990)]

6. But is it systemic......?
In my own development I have experienced episodes in my practice when I have been attracted towards using a new technique from a different model or using a technique that I used previously when following a different model of practice.

Regarding myself as a "systemic purist" this sometimes posed something of a dilemma. What would I think of myself, what would systemic colleagues think of me if I began to do this. On the other hand how could I deny myself (my clients) the opportunities to employ new and effective ideas and techniques. The dilemma was eased when I began to use the notions of AMT in a way I had not done previously. Before I had used them to distinguish "pure" systemic AMT, but they became useful in a different way. [This position connects with Cecchin et als (1992) position of Irreverence and Radovanovic's posture of Positive Delinquency (1992)] For example, the technique of enactment is associated with the structural model (Minuchin 1974). It is a technique that I found very useful in many situations but abandoned when adopting the systemic approach. The abandonment was based on the belief that a systemic therapist shouldn't be using a structural technique. On reconsidering enactment and other techniques which I had similarly reified, I have found it helpful to deconstruct the technique into its component parts. This allows me to distinguish between those aspects of the technique which are coherent with a systemic approach and avoid those aspects which are not consistent with my idea of a systemic approach. That is, I may now invite clients to interact with one another by enacting a particular piece of conversation or behaviour and then continue the conversation with them in a way that connects with what happens and/or what is said. I choose not to continue by "judging" whether the interaction was a good way of interacting or not. This fitted with the idea of creating a context that promoted "interactional information " (Selvini et al 1980) without instructing clients how to be.

Two interesting examples have recently emerged in the literature from graduates of training courses at KCC (Silver 1991 and Wilkinson 1992). In each of these papers therapeutic practices (advice giving and empathy, respectively) that were apparently not considered as valid systemic techniques were reviewed in the light of developments within the level of approach and reconstructed and 'released" as techniques that can enhance systemic practice and remain coherent with the systemic approach. Such a reversal can often be triggered when a particular systemic position is taken to a point where it apparently "contradicts" itself ie creates an incoherence/paradox for practitioners. This can be creatively dissolved by placing the incoherence in the context of another systemic idea or aspect of the systemic approach. For example, advice giving may have been seen as being incoherent with a systemic position not to give advice. Advice giving being perceived as contradicting constructivist notions such as "non-instructive interaction" which had been embraced by a systemic approach. However always taking the position of not giving advice and indeed saying to clients "I do not give advice" is a form of advice and so the position contradicts itself. Placing this apparent incoherence within the context of "both-and" creates a context for systemic practitioners to become curious. When might it might be useful to give advice and how can they orient themselves to the likely effects of giving or not giving advice? For example, if a question such as

", J."

"If I were to give you some advice would this be the same or different to what people usually do?" elicited the response "different" then giving advice might be indicated, if it elicited the response "same" then giving advice might not be indicated and it may be more useful to explore the meaning of giving/taking advice. So being able to act from a position in which giving advice and not giving advice are both possibilities is perhaps is more coherent with a systemic approach than being constrained to take an either/or posture.

Taking the position of deconstructing "non-systemic" techniques can open possibilities for practitioners to use methods and techniques from other models, which at first may appear to be alien to their AMT. Aspects of other models and schools of therapy may then become more available to be reconstructed in ways which are more useful and coherent within a practitioners AMT.

7. Both-and -and- Either/or.....

This next example is included to illustrate how ideas within the level of approach can be used to develop one another in a way that enhances each idea, recreates others and leads to developments in other levels. One of the most useful concepts within a systemic approach is the notion of reflexivity. This notion proposes that turning something back upon itself can offer different and enlightening perspectives to practitioners. This concept can be applied to **techniques** (eg asking circular questions about how you use circular questions) **methods** (eg. what methods do we have for exploring the methods that we have) and **approach** (eg. what ideas do we have about our ideas? and what assumptions do we have about our assumptions?). A particularly useful and enduring idea within the systemic approach is the idea of both-and in preference to either/or. I have referred to it favourably and preferentially throughout this paper. In brief, this preference for a both-and position invites practitioners to avoid the true/false, real/not real dichotomy of choice proposed by taking an either/or position in relation to different views. Instead the both-and position invites practitioners to entertain the value/opportunities offered by **both** views and thereby create other perspectives during the process of embracing/entertaining both perspectives. There are many examples of this popular systemic notion but here I want to consider how working within one level (approach) it is possible to use one concept (self-reflexivity) to challenge/enhance/develop another (both-and). If one adopts a reflexive posture towards both-and then we would not always choose the position of both-and, since this would be taking an either/or position between **either** both-and **or** either/or!

Continuing to adopt a reflexive posture towards this apparent dilemma we may say that a both-and position would lead us to entertain **both** a both-and position **and** an either/or position. This kind of reflexivity could have the effect of introducing unwanted confusion into a preferred clarity or it may dissolve a kind of uneasy

certainty that too much clarity can produce within systemic communities. Taking the both-and **and** either/or positions can lead to some interesting practices: in any particular situation we may say "what if we were to consider **both** perspectives in this situation **and** what might happen if we were to consider only one? More generally it might lead practitioners to ask themselves the question "when is it useful to adopt an either/or position and when is it useful to take a both-and position? In relation to clinical sessions, therapists may ask clients, "when faced with choices are you more likely to see them as competing with each other and feel compelled to choose one or the other or more likely to consider both views and come up with something quite different?" The clients response may orient the therapist to the clients pre-existing position and how a difference may be introduced. If a client usually takes a both-and position then either/or may be useful. This encourages therapists not to assume that the preferred theoretical position is always the most useful.

8. But that's not what we meant.....
An example which highlights another aspect of the reflexive relationship between the levels is a story taken from the period when the faculty at the University of Calgary Family Therapy Programme began to use the Coordinated Management of Meaning, (Pearce and Cronen 1980). The story goes that Karl Tomm arranged for Barnett Pearce and Vernon Cronen to visit the faculty in Calgary to enable the whole team to develop the theoretical model in their clinical work. After the first meeting the clinical team worked hard to apply this theory in their practice and presented some of their work to Pearce and Cronen at their next visit. At a particular point in the presentation Pearce commented that the team had interpreted the theory in a way in which he and Cronen had not intended! The story continues by recounting how, instead of this being a 'mistake' and an episode in which practitioners had interpreted a theory 'wrongly', the theorists remarked that this 'mistake' was in their view an improvement on their original exposition and they would be amending their position in the context of this development. Thus, in episode 1 the theory (approach) had been the context for the re-vision and development of practice (method and technique). In episode 2 the practice had become the context for the re-vision and development of the theory. Theory had been put into practice and practice had been put into theory. This illustrates that the levels of approach, method and technique are usefully thought of as having the potential for being the context for one another in a circular, reflexive fashion: Technique, Approach and Method; Method, Technique and Approach and so on. One important "lesson" from this story is that practitioners who do not regard theory or other aspects of approach as absolute and superior to their practices are more likely to be able to adopt a reflexive position to the theories, values, preferences and assumptions that constitute their approach.

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9. Patterns of learning.....

So far this paper has focused on how the model can be useful to practitioners in thinking and acting upon how they organise themselves in relation to these distinctions. This final example invites readers to consider how these distinctions can be useful in helping a practitioner to develop their abilities to organise their thinking and techniques in the domains of therapy, consultation and training in relation to a participant's preferred posture. That is how do clients, consultees or trainees organise themselves in relation to the therapists distinctions of AMT and how might they reflect upon and evaluate this position reflexively?

A connection which may be thought of as common to each of these contexts is 'patterns of learning'. In this instance it can be useful to think of the distinctions as being: Approach, **why** something is done, Method, **how** it is done and Technique as **what** is done. Some further distinctions within the 'patterns of learning' can be:

Orientation

In each of these contexts of learning it may be useful for practitioners to **orient** themselves at different stages in the relationship:
"When you (as a family, team, trainee) are faced with this kind of situation (problem, dilemma, training choice) what are you more likely to do first, to think about **why** it might be happening, **how** it came about or **what** kind of things happened to bring it about?"

"In thinking about change are you more likely to prefer to **think** about different ways of **approaching** the situation before **doing** something different or are you more likely to prefer to **do something** differently first and then new ways of **thinking** about the situation will come later (if at all).

In orienting themselves in this way a practitioner can avoid operating/privileging the domain of approach with a client/consultee/trainee whose usual preference is to begin in the domain of method or technique or vice versa. This may help practioners to avoid the emerging and unhelpful dualism between apparently competing solution-focused/meaning-focused ways of working.

Other sample questions include:
"Are you looking for a different explanation for what is happening so that you1 can develop your own ways of doing things differently, or suggestions for what you might do differently and then you can develop your own ideas?

"When you come to learn something new, do you usually proceed by wanting to understand it first and then try it out or do you tend towards trying it out and understanding follows later (if at all)?"

"When you invited us to come along as consultants to your team was your request more organised by a wish to explore your thinking, your methods for organising or specific activities?"

Reflexivity

As work progresses it can be useful to initiate opportunities for reflexivity with questions such as:

"As you become more competent at performing that particular technique which organisational patterns or previous assumptions are you becoming more curious about or finding unnecessarily constraining?"

"If you introduce this different idea into your practice which methods and techniques might you elaborate/change/use in a different way?"

"Since you found a different way to organise your life together which ideas or values have you begun to have second thoughts about?"

"Suppose you were to take a break from trying to do something differently and tried to organise what you do differently, or consider your situation from a different perspective, are you more likely to experiment with reorganisation or different perspectives...."

"Let's suppose that you temporarily gave up the quest to understand what is happening in your life and decided to experiment with doing things differently without necessarily understanding it first, what kind of activities might you begin with?"

Evaluation

Evaluation of an activity (therapy/consultation/training) in relation to expectations within a network of significant people, could be enhanced through questions such as:

"How is this work influencing you most, in the way you approach your tasks, the methods you use to organise yourself or the particular techniques you use to do the job?"

"Compared to how you hoped the therapy/consultation/training would influence your relationships/work/practice, what kind of effects have you noticed it having at this stage?"

"In what ways are other people who are important to you noticing the effect of the work we are doing together, (consider feedback in terms of AMT), do they generally approve of the effects or were they hoping for something different?"

Timing

The questions might be asked at any particular stage in an activity such as therapy, consultation or training for different reasons.

Initially it may be useful to orient a practitioner towards the current preferences of the client, consultee or trainee so that they can begin to coordinate their action around levels of meaning and action within the particular domain in which they are working.

Further on in the work questions may be asked to evaluate how the work is progressing and what different coordinations are being developed and might be useful to further develop. It may be that sufficient movement has taken place at one level and further development requires shifting to, connecting with a different level. It could be that the initial effects of the activity are not in coordination with the expectations of the participant (client/consultee/trainee) or significant others (relations/colleagues/management). Feedback through evaluation may promote useful coordination.

These examples are intended to suggest a selection of question patterns that could be used in a variety of contexts. The particular grammar of each question can be created with the client, consultee, trainee according to the nature of particular activity being conducted.

DISCUSSION

While writing this paper I have been prompted to think about how to set out something clearly without giving the impression that clarity and other qualities such as coherence, reflexivity, aesthetics and elegance are the only desirable and useful positions. These are qualities to which practitioners often aspire and give more status than the complementary positions of incoherence, lack of fit and inelegance. To advocate aspiring to these positions without considering how their complementary positions can also be useful may appear to imply that the distinctions of AMT, and coherent connections proposed between these distinctions are being presented as real and absolute, rather than as useful guidelines. To address this general dilemma I will elaborate on the specific issue raised earlier in the paper in relation to a place for incoherence in a coherent model.

Coherence is often portrayed as the elegant and desirable position and incoherence (lack of fit) may be seen as something undesirable and so perhaps a condition to be avoided. This view may create an either/or dualism which itself can be viewed as incoherent within a systemic approach. It may be more useful to regard coherence and incoherence as two different kinds of relationships between the levels. Taking this both-and position would lead us to consider what place coherence and incoherence have in the evolution of a model. Coherence (Pearce 1989) is concerned with the fit between the levels and the way in which the levels could be reversed and still make "sense" in relation with one another. Incoherence may be indicated when there is a lack of fit between levels and prompts a confusion (temporary or otherwise) in thinking and practices. If incoherence and the ensuing confusion are always viewed as undesirable and conditions to be avoided then prevailing clarities and coherences will be called forth. If, however episodes of incoherence and confusion are viewed as an important context/opportunity in an evolutionary process then a practitioner's response is likely to be more open to creativity. More generally it might be valuable to think (for a while) that any position that becomes permanent, regardless of context, will become less useful and that all positions can be useful, temporarily, given a liberating context.

Pearce (1989) uses the term mystery in a way which I think facilitates a different and potentially more creative description of the state often experienced as incoherence. Pearce points out that whereas coordination and coherence tend towards clarity of interaction and agreement of meanings, mystery (incoherence) "is the reminder that such lines are ultimately arbitrary distortions, no doubt necessary but not to be read with a complete suspension of disbelief. Without such reminders, hard eyed men and women forget that, for example, "time" is the basis for coordination and coherence, not a map of reality." (Pearce 1989 p81). The term mystery also invites an observer to include their observing in their 'not knowing', whereas the idea and language of incoherence tends to draw attention to what is 'not known' about the observed system. Instead of saying that something, such as an episode of human interaction, is chaotic or incoherent we could say that the episode is a mystery to me/us. In this way we include the observer in the description and create a state of curiosity for exploring our assumptions about how we are observing as well as what we observe.

So readers are invited to view the distinctions of AMT as intending to be useful rather than representing a fixed reality. When there is a lack of fit between the levels this can be thought of as a mystery which invites practitioners into contexts of curiosity, exploration and experimentation which may at a later stage lead to a different coherence within and between the levels of the model. Thus I am advocating that the levels of Approach, Method and Technique may be used as handy guidelines towards rigorous clarification leading to coordination and coherence but that they are not intended to be regarded as fixed. Incoherence can be welcomed as

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mystery and an invitation to imagination and experimentation. Practitioners can come to appreciate coherent models and incoherent muddles, each has a place, time, context and utility in the evolution of any approach. As Bateson, rather more elegantly, said, "we shall know a little more by dint of rigour and imagination, the two great contraries of mental process, either of which by itself is lethal. Rigour alone is paralytic death, but imagination alone is insanity" (1980 p.233)

CONCLUSION

In conclusion I would like to offer two ways of concluding this paper. For readers who prefer to follow the pathway that indicates further clarity read conclusion A. For those readers who are more interested in further mystery read conclusion B. Those readers who are organised by neutrality read either both and/or neither.

Conclusion A

In concluding this paper I invite readers to consider three questions:

How has this article effected you at the levels of AMT?

When are you more likely to develop the Approach, in preference to method and technique, Method in preference to approach and technique, Technique in preference to method and approach?

What sort of circumstance are likely to open up space for you to experiment with a different approach, method or technique.

Conclusion B

In writing this paper I repeatedly found myself going along a pathway, clarifying as I went, only to meet myself coming the other way[3] arguing from a complementary position in a way that confused my clear position, so carefully created. How am I to understand this? I would propose quite clearly that for the systemic practitioner it is not so much the individual positions, levels, ideas, techniques .... that are important but the ability to move within and between the individual techniques, positions, levels and ideas ... and so create different levels, positions, techniques, ideas .... in their own practices. Yet, this in itself is privileging the particular 'position' of movement and implicitly devaluing 'movements' for permanency. Perhaps this is a time to privilege stopping. (for me that is, you are welcome to read or think on ...).

NOTES

1. This range of social differences creates the acronym DISGRRACCE, which I use and recommend as a prompt in therapy and training. I include as a reminder to myself that it may be considered a DISGRRACCE if these aspects are not included in the thinking and practices of therapy and training. An extension of this may be to think about becoming GRACEFUL through the evolution of therapies and trainings which actively develop approaches, methods and techniques that enhance abilities in these areas.

2. My team colleague in this case was Dr Ros Jamieson.

3. My thanks to Imelda McCarthy and Nollaig Byrne (1990) for introducing me to this definition of self-reflexivity.

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REFERENCES

Anderson, T. (1987) Reflecting Teams: dialogue and meta-dialogue in clinical work. *Family Process.* 26, 415-428.

Anderson, T. (1990) The Reflecting Team: Dialogues and dialogues about the Dialogues: *Volume 2 in Systemic Studies,* Borgmann, J. (ed) Borgmann Publishing Limited.

Anderson, H., Goolishian, H., & Winderman L. (1986) Problem Determined Systems: Towards Transformation in Family Therapy. *Journal of Strategic and Systemic Therapy,* 5, 1-11.

Bateson G. (1980) *Mind and Nature: A Necessary Unity,* Fontana: London.

Bateson G. (1973) *Steps to an Ecology of Mind.* Paladdin London.

Burnham, J B, and Harris, Q (1985) Therapy, Supervision, Consultation Different Levels of System, in Campbell, D, and Draper, R (eds) *Applications of Systemic Therapy: The Milan Approach.* Grune and Stratton.

Burnham, J. B. (1986) *Family Therapy: First Steps Towards a Systemic Approach.* Tavistock Publications.

Burnham, J. B. and Harris, Q. (1992) *Ideas and ideation - Resisting reification* in preparation.

Campbell, D. (1990) Proceedings of *"Developments of Systemic Practice"* Conference organised by the Family Institute (Cardiff).

Cecchin, G., Lane, G. and Ray, W. (1991) From Strategizing to Non-Intervention: Towards Irreverence in Systemic Practice, Pre-publication copy.

Cecchin, G (1987) Hypothesizing - Circularity - Neutrality Revisited: An Invitation to Curiosity. *Family Process,* **26,** 405-413

Cronen, V., Johnson, K. and Lannaman, J. (1982) Paradoxes, Double Binds and Reflexive Loops : An Alternative Theoretical Perspective. *Family Process,* **21,**

Gergen, K. and McNamee, S. (1992) *Social Constructionism and Family Therapy.* A Two day workshop presented by KCC (London)

Harre, R. (1986) An Outline of the Social Constructionist Viewpoint in Harre, R. (1986) (ed) *The Social Construction of Emotions.* Blackwell

Harris, Q. and Burnham, J.B. (1985) A Training Programme in Systemic Therapy: The Problem of the Institutional Context. in Campbell,D. and Draper,R. (eds) *Applications of Systemic Family Therapy: The Milan Approach.* Grune and Stratton.

Lang, W. P., Little, M., & Cronen, V.(1990) The Systemic Professional: Domains of Action and the Question of Neutrality. *Human Systems,* **1,** 39-55.

Lang, P. (1992) Personal communication.

McCarthy, I. and Byrne, N. (1990) Proceedings of *"Developments in Systemic Practice"* A Conference organised by the Family Institute (Cardiff).

Maturana, H. (1985) Oxford Conferences. Jointly organised by Kensington Consultation Centre, The Family Institute (Cardiff) and the Charles Burns Clinic (Birmingham).

Minuchin, S. (1974) *Families and Family Therapy.* Tavistock Publications: London

Pearce, B. & Cronen, V. (1980) Communication, Action and Meaning: *The Creation of, Social Realities.* Praeger: New York.

Pearce, W.B. (1989) *Communication and the Human Condition.* Southern Illinois University Press.

Penalosa, A. (1992) *Systemic statements.* Unpublished dissertation. Kensington Consultation Centre.

Radovanovic, D. (1992) *Rules of Systemic Therapy towards Positive Delinquency.* In preparation.

Selvini Palazzoli, M., Boscolo, L., Cecchin, G. and Prata, G. (1978) The problem of the referring person. *Journal of Marital and Family Therapy,* **6.**

Selvini Palazzoli M, Boscolo L, Cecchin G, Prata G. (1978) *Paradox and Counterparadox.* Jason Aronson: New York.

Selvini Palazolli, M, Boscolo, L, Cecchin, G, and Prata, G., (1980) Hypothesizing - Circularity - Neutrality: Three guidelines for the conductor of the session. *Family Process,* **19,** 3-12.

Silver, E. (1991) But I don't give advice .. *Journal of Family Therapy.*

Sluzki, C. (1988) Case Commentary II, *Family Therapy Networker,* 12:5, 79-81.

Tomm, K. (1987) Interventive Interviewing : Part II: Reflexive Questioning as a Means to Enable Self Healing. *Family Process* 26: 167-183.

von Foerster, H. (1981) *Observing Systems.* Seaside California, Intersystems Publications

Walters, M, Carter, B, Papp, P and Silverstein, O.(1988) *The Invisible Web: Gender Patterns in Family Relationships,* Guildford Press.

White, M.   (1989) The Externalising of The Problem and the Re-Authoring of Lives and Relationships. *Dulwich Centre Newsletter (Special Edition)* Summer 1988/89.

Wilkinson, M. (1992)   How do we understand empathy systemically? *Journal of Family Therapy* **14**, 193-205.