Muddles, Bewilderment, and Practice Theory

STEVE · de SHAZER

"Useful distinctions in conceptual schemes lead to explanatory or descriptive metaphors that have a clear form. Muddles, on the other hand, are created when useful distinctions that could be drawn are not[,] or when an unnecessary distinction is drawn" (5, p. 71; italics omitted), or when when when a useful distinction is minimized or blurred. The field of family therapy (particularly its theories), as a whole, has various muddles of each kind. The purpose of this essay is to describe some of these muddles (in the field and its theories) and to suggest that the distinctions (a) between descriptions of doing therapy that exclude the therapist and descriptions of doing therapy that include the therapist (1, 5, 6, 7, 8, 9, 11), (b) between explanation and description, and (c) between ideology and grounded theory, are useful, and that in de-radicalizing and minimizing these distinctions, these differences creates mayhem and muddle ₺ a veritable fog of non-clarity.

Fam Proc 30:453-458, 1991

Language is what bewitches but language is what we must stay within in order to cure the bewitchment.
₺ Henry · Staten · (14, p. 91)

EVER SINCE Stuart Golann's essay "On Second-Order Family Therapy" (9). I have been fascinated by this permutation or mutation in the family-therapy-discourse, which seems to have begun (according to Golann) with Lynn Hoffman's article "Beyond Power and Control: Toward a Second Order Family Systems .Therapy" (11). Golann (9) describes second-order family therapy in this way:

If family therapists remain aware of the indivisible and recursive nature of their interactions with families, and if they use this awareness to form a collaborative rather than a hierarchical therapeutic system, and at the same time minimize their attemps to change persons or family structures in strategic or predetermined ways, then they may be said to be practicing a "second-order" family therapy. [p. 51]1

According to Golann (9) and Hoffman (11), the work of Tom Andersen and the work of Luigi Boscolo and Gianfranco Cecchin are illustrative of this move "toward a second-order systemic practice" (9, p. 51). Recently, Hoffman (12) has extended the exemplar to include the work of Harlene Anderson and Harry Goolishian. Although Anderson and Goolishian do not use the label "second-order family therapists" for themselves (1), it is easy enough to see Hoffman's rationale for including them.

A MUDDLE

In a recent essays, Brent Atkinson and Anthony Heath (3) seem to want to undermine and contaminate

Hoffman's distinction by seeing first- and second-order family therapy as complementary. By minimizing this distinction and making it into a both-nd operation, Atkinson and Heath (3) both (a) embrace a certain kind of uncertainty which suggests that "[s]econd-order family therapists will continually recognize and acknowledge that their views are not objective or 'true' in any determinable way" (p. 152) and (b) retain certainty through using a scientific, positivistic, or structural2 view. For example, nothing is a better illustration of the positivistic, structural view than the concept of "symptom" that Atkinson and Heath retain (see 3, pp. 145-146). In Webster's unabridged dictionary, "symptom" is defined as follows:

1. In medicine, any condition accompanying or resulting from a disease and serving as an aid in diagnosis; a perceptible change in the body or its functions which indicates disease.
2. A sign or a token; that which indicates the existence or occurrence would be more of something else.3

That is, traditionally, the word "symptom" is seen as structurally linked to its referent, the concept of symptom.

In post-structural (10) and/or postmodern thought, to use Hoffman's (12) perhaps synonymous term, the structural link of the word "symptom" pointing to the concept of symptom with an underlying, fixed, and determinable meaning or cause is rejected. That is, the word "symptom" may be used without its necessarily pointing to some fixed meaning, without its pointing to the concept of symptom; it may, instead, point to any of a wide variety of other words. Whether or not something is given the label of "symptom," whether the word is used or not, is a matter of negotiation between the people involved; it is not a matter of so-called objective reality, and a "symptom" is not necessarily "an indication that a [family] system is adjusting itself" (3, p. 146). The knower and the known are not that separate: when doing family-therapy, therapists can neither detach themselves from the doing, nor can they detach the family.

To further illustrate this point, let us take a particular "symptom," bed-wetting. Although this may be an over-simplification, traditional family therapy assumed that there was most likely some sort of marital problem, assumed that there was some sort of dysfunction in the marital subsystem of the family system or family structure, and, like Atkinson and Heath assumed that the bed-wetting was "an indication that a [family] system is adjusting itself" (3, p. 146). Clearly, these assumptions fit well with the definition of symptom (above).

A post-structural view, however, involves a very different assumption based on Wittgenstein's advice that "there must not be anything hypothetical in our considerations. We must do away with all explanation, and description alone must take its place" (15, #109). That is, whether or not bed-wetting

would be called "a symptom" (whether or not the word "symptom" might be used) would depend on whether or not the participants in the therapy session agreed to call it "a symptom." Even if the word "symptom" were to be used, it would not mean that the concept of symptom was also carried along because causation is not seen as something that can be determined with any certainty. Whether or not the bed-wetting ended up being constructed as if related (via conversation, not via cause) to some sort of marital problem would depend on how the participants cooperatively described the situation, and on how they decided to label it ȶ if they chose to label it at all. From a post-structuralist perspective, doing therapy can best be seen to work within language; and, of course, language can be seen to work within therapy. In the therapy session itself, there are not wet beds, only talk about wet beds; and all of the descriptions of wet beds are embedded in language and, thus, a part of the conversation itself. The figures of speech we use an accidentally lead us astray when we mistakenly treat the sequential nature of descriptions as if they were cause-effect patterns or explanations.

Atkinson and Heath waant it both ways. They want to concept of symptom to remain a positivistic, structural indicator of something awry in the (reified) family system, and they want therapists to recognize that their views are not objective or true in any determinable way. Simultaneously, they want both (structural) "certainty" and (post-structural) "non-certainty." This desire results in their creating a paradox for themselves. Importantly, for the readers of the family-therapy-discourse, this move of obscuring a radical or discontinuous distinction makes the meaning of their entire essay undecidable. We have to oscillate back and forth, frustrated by this vacillation, this undecidability. Is the therapist to be certain or non-certain? Or both certain and non-certain? Or neither certain nor non-certain?4

Clearly, when watching the activity known as doing therapy ȶ which is what Anderson and Goolishian are trying to talk about, and which I talk about within the brief-therapy-discourse ȶ the therapist is in the picture; therefore, the therapist needs to be included in the description since she or he is part of the negotiations. (It is clear that including the therapist in the description makes the doing of therapy more efficient and more effective ȶ a statement from the brief-therapy-discourse. Viewing the doing of brief herapy through the lens of post-structural thought (8), and viewing the doing of family therapy through the same lens, relieves both kinds of therapists from the perceived problems of (so-called) first-order family therapy (1, 2, 5, 11, 12) and allows therapists to see that they are in a dialogue, a conversation with their clients in which all participants are constructing or shaping as they go along, freed from the "truths" of structural thought and, thus, more respectful of each other ȶ both clients and therapists.