

EPISTEMOLOGIES OF DISCUSSANTS AND OF OBSERVED THERAPISTS

A meta-discussion of Bernard Prieur's session

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Discussing another therapist's clinical work entails a complex process. Should the discussant observe and discuss standing on his own understanding (in the sense of epistemology) or should he/she make an effort to climb down from it and, reaching the nirvana of "curiosity" *a la* Cecchin, try to tease out the epistemology of the observed therapist-in-action through the session and, from within it, comment on its degrees of internal consistency and coherence of assumptions?

These considerations are pertinent in any discussant-observed and also supervisor-supervised context, as the degrees of fit between a discussant's preferred models and practices and what he/she is observing when analyzing a session (and therefore reacting to the models of practice of the therapist) constitutes a potential source of harmony but also of bias and assumptions of rights and wrongs that assures a useless clash.

As an attempt at exorcizing those risks, it may be useful to announce (or is it to denounce?) some key conceptual dichotomies that play roles in this process.

- Focus of attention on problematized individual (in context) vs. family and social network (in context)
- Assumptions of "first order" cybernetics (strategic, structural) vs. of "second order" cybernetics (complex systems, narrative/constructionist views)
- Non-circular (non-recursive) vs. recursive/complex assumptions, hypothesis-making and questions (in this case, focus on one family member while leaving aside alternative stories by other members)
- Emphasis of origins in the past (e.g., intergenerational processes) vs. current, observable process (e.g., destabilization of stories); i.e., exploration toward the development of causal hypothesis vs. assumption of reciprocal/systemic processes (and of "punctuation of the sequence of events")
- Persistent exploratory stance of the therapist vs. conversational interaction, i.e., formal ("interrogator") vs. self-revelatory (open to resonances)
- Non empathic, formal vs. empathic-expressive style ("Serious" vs. "friendly")

- In therapeutic conversation, no themes are explicitly left out vs. silence about whatever the family tend to keep silenced (such as, in the session presented, issues of adoption)
- Assuring that all voices are heard, valued, and respected vs. skew (such as, in this session, the risks of putting words in child's' mouth)
- Alliance w/all participants vs. so some members at the expense of others (in this case, developing an alliance with the parents through focus on child, confirming his IP role; or against the parents by leaving them aside in interaction with their children)
- In interpersonal conflicts, explorations in terms of reciprocal "fit" (cf. my article in Cahiers Critiques 2010) vs. in terms of deviation of one (in this case, a glaring lack of fit of style between parents' and adopted child, kept silenced by silencing the adoption as well as the forced privileged position in the fratria.)
- Attempts to consensually --or "hypnotically"-- organize different (better formed) stories (discussed in my other EFTA presentation) vs. prescribing, recommending, analyzing.

Those conceptual ravines, while making the topography of the field of family therapy so interesting and varied, require detailed maps in order to know where to stop and what to bypass so as to allow for meaningful dialogues. The alternative is to interact only with colleagues that think exactly as we do, and run the risk of stagnation.

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