

A QUESTION OF PERSPECTIVE

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In exploring the question, "Where Is the Family in Narrative Family Therapy?" Sal Minuchin has touched on some important trends within the field of family therapy. The first of these trends has to do with the relative shift away from a focus on interaction patterns within families per se, to a focus on the effects of cultural beliefs and practices on interactions among family members. For instance, cultural assumptions about gender relations are increasingly recognized as a primary source of patterns of male privilege and dominance within families. As a result, more therapeutic efforts are being directed at helping both male and female family members liberate themselves from traditional cultural stereotypes when gender inequity is identified as a significant source of family conflict. The second trend raised by Minuchin has to do with the increasing tendency of family therapists to work with the life stories of individuals. Individuals are seen as attributing idiosyncratic meanings to their life experiences which are connected to form personal stories. These meanings and stories have become a focus of therapeutic intervention because it is believed that they organize the behavior of individuals in all life situations, including their families. Minuchin points out that the explicit emphasis on the family system as the primary unit for assessment and intervention appears to have diminished in both of these trends.

Thus, from a first-order perspective, I agree with Minuchin that there appears to be less focus on the family these days. I also concur with Minuchin that social constructionism and narrative family therapy have been instrumental in these developments. However, Minuchin's claims that in social constructionism, "the systemic idea that family members coconstruct meaning . . . is lost," or that in narrative therapy, "the family . . . disappears from practice," are provocative and obfuscating overstatements. From a second-order perspective, the richness of systemic family therapy is being extended and enriched by these recent developments. The family is still recognized as central in mediating the effects of larger cultural systems on smaller individual systems. In my opinion, little, if anything, has been lost. To the contrary, much has been added to our understanding and work with families in systemic family therapy.

The first-order perspective to which I am referring is the theoretical position of seeing families as observed systems. This perspective is grounded in traditional systems theory and first-order cybernetics. The therapist as observer remains outside the system being observed and interacts with the system as he or she sees it. The therapeutic enactments that Minuchin is so skilled at orchestrating are most easily understood within this frame of reference. The second-order perspective refers to the theoretical position of observing sys-

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tems. This perspective is grounded in Maturana's bringforthism, Gergen's social constructionism, and von Forester's second-order cybernetics. From this perspective, the phenomena of observing and of being influenced by the observations being made are part of the systems with which the therapist is working. The perceptual and conceptual habits of family members in seeing things in certain ways are a major component in generating and maintaining specific patterns of interaction. The therapist as observer is also part of the system of therapeutic observation. He or she must examine his or her patterns of looking and must work to understand how looking and seeing things in different ways has differing effects on his or her behavior and patterns of interaction with family members.

The first wave of family therapies, including Minuchin's structural family therapy, tend to give priority to the perspective of observed systems. The second wave of family therapies, which includes the Milan systemic therapy of Boscolo and Ceccihin, collaborative language systems therapy developed by Anderson and Goolishian, solution-focused therapy as practiced by deShazer and Berg, and the narrative therapy of White and Epston, tend to give priority to the perspective of observing systems. Individual therapists vary with respect to the degree to which they work from a first- or second-order perspective. Furthermore, the same therapist varies from moment to moment in the degree to which he or she works from one perspective or another, or from a varying mixture of both. A first-order perspective orients us as therapists to intervene directly in family interaction to enable therapeutic change. Therefore it is more important for multiple family members to be present. When immersed in first-order thinking, a therapist is much more liable to lament the physical absence of additional family members. The second-order perspective orients us to intervene in the ways we as therapists see things and into the ways in which family members see themselves, each other, and their relationships. Changes in patterns of interaction occur secondarily to changes in patterns of seeing and giving meanings. Consequently, the physical presence of multiple family members is less essential. Contrary to Minuchin's assumptions about social constructionism and narrative therapy, family members are seen as extremely influential in the generation and maintenance of specific meanings in the second-order perspective. It is for this reason that second-order therapists still prefer to work with multiple family members. But it is not as crucial as it is for first-order therapists.

I will leave it to Combs, Waldegrave, and White to respond to Minuchin's comments on their work and will try to clarify how the second-order perspective enabled my family work with the individual to whom Minuchin referred in his essay. A colleague had asked me to provide consultation after she had seen this family in varying constellations 5 times over a period of 2 months. The reason for this consultation was that the long-standing rivalry between the two adolescent sisters was not diminishing; it was getting worse. Indeed, a crisis had emerged during which the older sister physically attacked the younger sister causing facial lacerations that required several sutures. Minuchin failed to mention that I saw the mother alone because both sisters and the stepfather refused to attend the consultation in spite of the fact that they were strongly encouraged to attend by the treating therapist. The mother considered canceling the consultation because, in her words, she "thought it would be a waste of time to come alone." She did come alone, in part out of loyalty to the therapist who had arranged the consultation, but mainly because of her intense worry about what she described as her older daughter's depres-

sion and propensity to angry outbursts. While I would have preferred to meet with the whole family, I still had the opportunity to work with the mother directly and with the daughters indirectly.

My clinical work has been influenced more by Maturana's theory of cognition than by Gergen's social constructionism. But both theories help by explaining how all human knowledge is generated in social interaction, including the knowledge we have about how knowledge is generated. In other words, knowledge about oneself, about others, about relationships, and about therapy, is first and foremost social. It is only secondarily internalized as psychological. There is nothing in either social constructionism or bringforthism that excludes or minimizes family interaction as part of this social interaction. Indeed, Maturana's emphasis on love in the process of social interaction in generating language favors the centrality of the family in the creation of knowledge among its members. Both theories recognize that no family is an island. Families are embedded in a larger culture and are profoundly influenced by it. This perspective has helped me come to a position of seeing the notion of "the self" as being constituted of an internalized community, including the family. This view has made it easier for me to interview any member of that internalized community as part of the self, and also as part of the community of that person. Minuchin's comments are based on a portion of a videotape, which he saw at a New York conference, which showed me interviewing the older daughter as an "internalized other" within the mother. When I interview the mother's internalized daughter, I am interviewing both the "internalized other" of the mother and the "distributed self" of the daughter. In the process of doing so I am mindful that I am in interaction with both the mother and daughter and am potentially influencing patterns of interaction between them.

When I use the method of internalized other interviewing in practice, I ask the person with whom I am speaking (the mother in this situation) to take the "I" position of another person (in this case, the daughter) and to speak from their experience of the innermost experience of the other. To enable this process I look at and ask the mother questions as if she were the daughter and I use the name of the internalized daughter repeatedly. I ask a series of reflexive questions to the internalized other about herself (the daughter), the mother, the interaction between them, their relationships with other family members such as the sister, and their sociocultural context. These questions become invitations to the mother to listen to her listening, to hear how she hears her daughter, and to experience her daughter's experience more fully. This method of questioning encourages the person to adopt a second-order perspective on their relationships with others. The mother subsequently reported that through this interview she came to know something that she had already known, but in a new way; the daughter felt the mother loved the sister but did not love her. This realization made it possible for the mother to make a conscious choice to act more consistently to convince the daughter of her unconditional love.

The day after the consultation the mother spontaneously took her daughter out for coffee and a donut. She told her daughter about the interview and the things she had said when answering from her internalized daughter's experience. In effect, the mother invited the daughter to meet her "distributed self" as she was being lived by the mother. The daughter was pleasantly surprised at how well her mother actually understood her. This affirmation from the daughter supported the mother's resolve to make changes in their relationship. I spoke to the mother on the telephone one year after the interview both to inquire about the outcome and to obtain her consent to write about her experience. She

reported, "things are now going amazingly well," not only with the eldest daughter but for all family members. She said that during the interview, "a light went on for me." The mother attributed the beginning of this change to the internalized other interview, which is especially significant as there had been no further therapy sessions.

In retrospect, it seems reasonable to say that in our interaction, the mother and I generated new knowledge about the relationship between mother and daughter that subsequently altered the family's patterns of interaction. What were some of the key elements of this interaction? I listened carefully to the mother's construal of her own and her daughter's experiences and used my knowledge of common patterns of family interaction to respond therapeutically to what I heard. I distinguished several pathologizing patterns, such as "mother blaming," within the family. These patterns had been internalized by the mother. I asked selective questions aimed at deconstructing these patterns and to bringing forth healing patterns, such as "mother appreciation." Some of my questions were oriented toward larger cultural patterns. For instance, I raised concerns about cultural expectations for parents to treat their children "exactly the same." When children internalize this value, they tend to become more vulnerable to noticing when they are being treated differently. This supports an escalation of sibling rivalry. The competitiveness between the daughters had made it impossible for the older daughter to allow herself to acknowledge any of her own mistakes for fear that she would lose more of her mother's love. Indeed, her denials of any wrongdoing whatsoever had been a major source of conflict in the household. During my interview with the internalized daughter, I brought forth the possibility of a preferred value of treating children with uniqueness rather than with sameness. This value makes it much easier for children to accept their parents treating them differently. Through my reflexive questions the internalized daughter came to accept this alternative value, which the mother subsequently shared with the actual daughter. In the follow-up discussion, the mother reported, "the sisters don't fight nearly as much as they used to," and "when they do argue, it is with more respect" with willingness to agree to disagree. "They don't have the emotional outbursts that they used to."

I disagree with Minuchin that in doing this kind of interviewing, I "have returned to an emphasis on individual human psychology that is not only traditional but does not fit the parts of postmodern theory that emphasize social relatedness." I see myself working in the areas of overlap among interaction patterns within family members (which have a history and tend to be enduring), between family members (which tend to be transient unless supported by internalized patterns), and between family members and their cultural context (which can be very powerful in maintaining individual and family patterns). I do, however, agree with Minuchin that in this work I ask questions with some expertise. I also agree that my questions provide "active guidance" toward what I anticipate might "be productive." I take issue with Minuchin's statement that "the questions were clearly posed by an expert who knew. . ." I do not work with such certainty. In my view, the issue here is not whether I interview with expertise or not, it has to do with how I use my knowledge of social interaction in the construction of therapeutic realities. Do I act as an expert who imposes his knowledge or do I act as a facilitator who invites clients to generate new knowledge including new ways of seeing and hearing? I consciously strive for the latter.

The question about how we use our knowledge arises from the second-order perspective that exposes the power dynamics in the generation and maintenance of knowl-

edge and its influence in determining social structures, including major social injustices. It opens space for clinicians like myself to make clearer choices about preferred ways of seeing things that guide patterns of interaction as therapists. It remains possible, however, to employ the theory of social constructionism to impose and exploit if a person chooses to do so. It is a matter of ethics whether the potential power of the second-order perspective is used to improve the human condition and add to a person's life, or is used for the advantage of those who are already privileged in having access to this kind of knowledge.