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INTEGRATING CONSTRUCTIVIST AND SYSTEMIC METATHEORY IN FAMILY THERAPY

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In this article, we critically review the epistemological transition from a modernist or first-order cybernetic approach in which subject-object dualism is implicitly assumed and enacted within the therapeutic relationship, to the current postmodern, second-order approach. Problems associated with both epistemological persuasions are examined. We propose a theoretical way out of the epistemological corner defined by a former naive realism, on the one hand, and the current potential for a nonfunctional relativism, on the other. This route is created through an integration of systemic and constructivist metatheory whereby therapist knowledge, as fallible as it may be, is afforded a rightful place within the therapy relationship. Moreover, participant-observation is considered a necessary extension to the postmodern emphasis on therapist reflexivity because it reinstates the importance of therapist knowledge (i.e., objectifications of family dynamics and experiences). It is suggested that the willingness to engage in the process of intersubjective meaning creation, guided by the therapist and the client, but driven by the client's own knowing and experiencing, is central to the success of therapy.

It was not too long ago that a fatalistic shadow had been cast over the field of family therapy: "The systemic paradigm [is] slowly dissolv[ing] into incoherence" (Erickson, 1988, p. 234); "as the systems era disintegrates" (Goolishian and Anderson, 1992, p. 35). With proclamations such as these, the very foundation of family therapy had been thrown into question. The era of postmodernism had arrived, and, for a time,

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it seemed as though the system had no place in it. However, it was not systems theory per se, but the modernist distortion and reduction of it that threatened its demise. The systemic paradigm, in and of itself, is not incompatible with a postmodern sensibility.

Nevertheless, the transition from a modern to postmodern practice has not come easily for many family therapists. The systemic model has suffered in its postmodern translation owing to a dialectical swing away from the certainty of authoritarian objectivism, to the paralysis of nihilistic relativism. Alongside the recognition that knowledge is never absolute or objective, and that what we know is steeped in our subjective experience, has come a denunciation of the objectification process itself. This rejection of the object has proven problematic because the ability to objectify is necessary in order to guide our actions. Simply stated, what therapists believe they know based on their construction of the client's reality, will determine what they do. Thus, if systemic family therapy is to be a viable therapeutic modality in a postmodern world, we suggest it will be necessary to reclaim the objective, not as an arrogant Truth but as a fallible yet often functional (Agnew & Brown, 1989a, 1989b) means of informing our therapeutic activity with families and the individuals who comprise them.

In this article, we describe the movement within family therapy from a modernist or first-order cybernetic practice based on an artificial separation of the observer from the observed, to a postmodern or second-order cybernetic practice in which therapists are acutely aware of their own hand in the family's interactional matrix. Problems inherent in both epistemologies will be examined. Our intention is to demonstrate that neither an uncritical adherence to the objectified component of our experience, nor a reactionary rejection of it will benefit our work as psychotherapists. Rather, the disciplined and critically reflexive use of the systemic paradigm to frame our objectifications and guide our interventions, combined with the therapist's capacity to act as a participant-observer in the therapeutic situation, is considered integral to the integration of the subjective and the objectified components of our own and our clients' experiences.

HISTORIC ROOTS AND ADVANCEMENTS IN SYSTEMIC THEORY AND THERAPY

Personal Meaning Systems and Collective Family Constructs

With the emergence of postmodernism and a constructivist ideology, we are at a pivotal point in the development of psychotherapy

practice in general and family therapy in particular. This relatively recent transformation in family therapy was similar in magnitude to that which took place roughly half a century ago when cybernetics (Wiener, 1948) and general systems theory (von Bertalanffy, 1968) were first introduced into the field of psychotherapy. Within the family systems paradigm, the focus of the therapist shifted away from the experiences of the individual to the patterning and processing of communication within the family in an attempt to discern and modify the repetitive styles of interaction that characterized interpersonal and familial disturbances.

The systemic model provided a framework with which to comprehend the unfathomable complexity of individuals in dynamic interaction with one another. Essentially, it acted as a more explicit heuristic guiding the therapist's tacit construing processes, or a professional subsystem (Kelly, 1955). As such, it restricted the information that was attended to but simultaneously provided a more "manageable frame of reference" (Agnew & Brown, 1989a, p. 154) making it possible for therapists to organize clinically relevant events and navigate their way through an infinitely complex therapeutic encounter. Therefore, the application of systems theory to working with families has helped make a potentially overwhelming amount of information cognitively digestible.

Because of its emphasis on process and patterning at various levels of organizational complexity, the systems model bears the potential of being a highly flexible and incorporative tool. Functioning in this way, as a metaperspective rather than a rigid model, the systemic paradigm is similar to that of constructivism. A universe viewed through a systemic lens is comprised of hierarchically organized sets of reciprocally interconnecting elements. These range from the subatomic, to the biological, to the psychological, to the social and the political. Each more encompassing level builds upon the prior one in ever-far-reaching complexity. The whole of one strata constitutes a part of the next, which has led certain theorists to favor the term "holoarchy" over "hierarchy" (e.g., Koestler, 1976; Wilber, 1995).

Systems notions have been the subject of much rebuke within the field of family therapy because of the ways in which they have been narrowly interpreted and restrictively applied. However, systems theory, being implicitly contextual, is inherently an inclusive model. One does not have to stretch very far to incorporate meaning and construing processes into the systemic framework. Individuals will influence and be influenced by one another, not only on the level of behavior, but also on the level of how they construct one another's behaviors, and how they construct one another's constructions (Bogdan, 1984; Kelly, 1955). These interpersonal constructions, in turn, have

consequences for behaviour and for the maintenance and alteration of personal constructs (Feixas, 1990a, 1990b).

Construing systems are thus systems within systems. An individual's means of making meaning relies on language and other verbal and nonverbal symbols of thought and feeling provided by the social system within which the individual communicates. In this way the whole is within the part(s) insofar as the ways individuals construe their experiences are influenced by the larger systems of which they are a part. Conversely, and consistent with the systemic holoarchy, the whole is also constituted by the part(s). That is, in order for the family system to exist as an entity it must be constituted by the input from the individual members. In other words, there is a reciprocal relationship between the coconstructed interpersonal meaning between two or more persons and the idiosyncratic intrapersonal construing of each of the individuals. The expression that the whole is greater than the sum of its parts is central to systemic thought and captures the idea that levels and parts are continuously operating synergistically.

The supposition that construing systems are systems within systems is supported by a number of investigators who have helped expand the horizons of family therapy by introducing Kelly's (1955) personal construct paradigm into the sphere of the family. Each has demonstrated that "family constructs" (Feixas, 1990a, 1990b, 1995; Procter, 1985), or "family epistemologies" (Alexander & G. J. Neimeyer, 1989) are coconstructed through the mutual interaction of personal meaning systems. Such collective acts of knowing have been defined as "those evolving networks of meaning that are forged and affirmed through intimate familial interaction" (Alexander & G. J. Neimeyer, 1989, p. 111). Feixas (1990a, 1995) contends that the two areas, personal construct therapy and family systems therapy, were artificially and unnecessarily separated for many years owing to the former's focus on the individual and the latter's focus on the group. In his integration of the two models, he illustrates how personal constructs bear systemic properties and how a constructivist epistemology strongly influenced the practice of many family therapists.

The integration of personal construct theory with family systems theory has the value of identifying an essential motivation for the existence and purpose of collective membership—communication among individuals so as to provide meaning and understanding. According to Kelly (1955), meaning relies on comparison of similarities and contrasts in order to construe experience and events. Each individual, functioning like a scientist to use Kelly's metaphor, has a pervasive interest in comparing his or her constructions with those of others. Individuals rely on communication with others in order to clarify and

gain confidence in their understanding. This motivation to compare views is predicated on the tacit awareness that one's experiences and subsequent views are potentially different from those of others. There is therefore, an essential motivating tension between the individual's construction and the common view of the larger social system.

The recent expansion of family therapy models to include constructivist notions is very consistent with the thinking of Gregory Bateson. For Bateson (1972), systems are founded upon the construction of meaning. The act of communication is based on the transmittal of "messages of difference," and interactions between individuals and their environment are defined in terms of message pathways, not concrete structures or interpersonal groupings. Thus, the contexts that we create conceptually in order to define levels within the systemic holoarchy assume their relevance only in terms of their communicative effectiveness. We should therefore resist the temptation to regard each successive whole as a clearly demarcated entity as in the person, the family, and so on, although, descriptively, we may be reliant upon such categories. By focusing on the transmission of messages and not the categories themselves, Bateson invites readers to look between the cracks of their systemic constructs:

The contexts have communicational reality only insofar as they are effective as messages . . . and this system is not the physical individual but a wide network of pathways of messages. Some of these pathways *happen* to be located outside the physical individual, others inside, but the characteristics of the system are in no way dependent upon any boundary lines which we may superpose upon the communicational map. (1972, p. 251, original emphases)

In light of Bateson's original formulation of systems thinking as founded upon communication and, thus, intrinsically meaning driven, and in building upon the aforementioned theoretical contributions, we approach the system-individual interface from the perspective that the constructivist paradigm is inherently systemic, that the systemic paradigm, when not reduced, is inevitably constructivist, and that the two are amplifying complementary aspects of the same phenomenon, socially embedded human consciousness and action.

The Demise of "the System" in Family Therapy Models

Most models of family therapy inadvertently adopted a modernist approach to understanding families that enabled clinicians to capture theoretically the redundant pathological styles of interaction in families. From

this fundamental belief followed many important assumptions of far reaching consequence. First and foremost, the clinician was therefore the expert who possessed the God's eye view of the family and could, by way of assuming this privileged position, posit to exist out there in the family such dysfunctions as, "enmeshed boundaries," "schizophrenogenic mothers," "triangulations," and "undifferentiated ego masses." These attributions were separate from the therapist, and thus, did not have any bearing on him or her or vice versa. There was a solid delineation between the observer and the observed. However, the fundamental premise of subject-object dualism underlying first-order cybernetic applications was deeply flawed in the sense that it was not at all systemic. Bateson parted company with his colleagues on this very point regarding their dualistic assumption as an "epistemological error" (1972). "The observer must be included within the focus of observation, and what can be studied is always a relationship or an infinite regress of relationships. Never a 'thing'" (1972, p. 246). A discipline presumably founded upon systems theory and holistic principles was being defined by practitioners who were divorcing themselves from their context, the families they were intending to help. Despite all of Bateson's admonitions to the contrary, the map had indeed become confused with the territory, while the mapmaker had disappeared, altogether unnoticed.

Jacobson (1989) recounts a story of how he stumbled upon this dualistic assumption in his own work as a clinician and couples therapy researcher. For two years, he employed the best cognitive-behavioral strategies to assess couples and teach them how to communicate more constructively. However, regardless of how adept the couples seemed during the therapy session at reframing their situation, paraphrasing the other, or controlling their angry outbursts, once back in their home environments, the couples regressed into what Jacobson described as "highly destructive, quickly escalating negative interaction cycles." He subsequently learned from his research interviews with the couples, that when partners were distressed and arguing, they either did not think of the skills they had been taught, or deliberately rejected them in the heat of the moment. In other words, marital partners' personal needs and intentions in the moment superseded Jacobson's best therapeutic intentions. This experience caused him to reconsider his approach of applying rigid rules rooted in behavioral theory to working with couples, even though these solutions appeared plainly visible to himself and his colleagues. His findings incited him to give up his distanced stance as the professional expert and sit down with each couple to learn more about what their fighting meant to them.

The limitations of the modernist approach are made visible in

Jacobson's story where he came to understand the truth of the saying, "if you cannot find the solution, you may be part of the problem" (Jacobson, 1989). The first-order practitioner lost sight of the fact that the system was only a metaphor to help guide understanding, not an indisputable, immutable truth. "Once a metaphor has done its job of sense making, the metaphoric quality tends to become submerged. Unless constantly reminded of the 'as if' quality of the expression, users of the term may treat the figure as a literal expression" (Sarbin, 1986, p. 5). Not only had the system become a real object, but it also became invested with human qualities (Dell, 1982; Erickson, 1988; Guttman, 1991). And as the system became real, the real person was lost or marginalized. When individuals were acknowledged, they were most often defined in systems terms, rather than on their own terms, the terms of subjective experience. The emphasis on behaviors and interactions within the system resulted in a role reversal of sorts whereby individuals receded into the background providing the context for the anthropomorphized system. People became cogs in a systemic apparatus. Meaning and purpose were attributed to the system but extracted from the individuals comprising it.

The neglect of the individual was a possible pitfall in the application of systems theory, one that von Bertalanffy (1968) was keenly aware of: "The dangers of this new development, alas, are obvious and have often been stated. The new cybernetic world . . . is not concerned with people but with 'systems'; man becomes replaceable and expendable" (p. 10). Invariably, personal experiences and needs of individuals comprising the system are diminished or squelched (Epstein & Loos, 1989). As Hoffman comments, 20 years ago she "engaged in a project to disappear the individual," (1992, p. 10) but more recently she has begun to see this practice as a "particularly offensive kind of ecological fascism whereby the individual may be sacrificed for some greater good of the whole" (1990, p. 6). Moreover, by extracting the human element from systems, the therapist was able to view himself or herself as capable of controlling or influencing the system in predictable ways. Thus the reification of the systemic metaphor paved the way for therapists to gain an illusory sense of their own power.

In light of the above, Erickson's (1988) charge that family therapists have adopted a model of family change that empowers therapists before their clients is not altogether unfounded. He asserts that power differentials are reinforced by techniques such as the use of the one-way mirror, stating "narrative content is enacted on one side and the meaning produced on the other" (1988, p. 231). Hoffman agrees, "From its inception, family therapy had a one-way mirror built into its core. The professionals were the observers, the families were the

observed" (1992, p. 15). The popular use of the one-way mirror has thus come to concretely symbolize the dualistic thinking so prevalent in traditional family therapy practice.

In addition to the subjugation of the individual and the reification of the system, broader contextual issues were often ignored. Not only were the needs and intentions of its members discounted, but the system came to exist in a vacuum, in decontextualized isolation, failing to account adequately for the sociopolitical factors impacting upon the family (Sheridan, 1980; James & McIntyre, 1983). Issues such as oppression, role definition, normative functioning, and distribution of wealth, have been generally overlooked within the application of the systemic framework. It is indeed ironic that a model designed to encompass all living systems would be so restrictively employed. MacKinnon and Miller (1987) highlight the danger of viewing the family as a closed system. To see the family as a self-governing system, or as capable of finding its own solutions,

assumes that families . . . are functioning for the ultimate good of all members. This does not take into consideration the fact that families have 'found their own solutions' for centuries and that these solutions have been primarily at the expense of women and children. (p. 150).

SYSTEMS RESURFACING

The recognition of subject-object interconnectedness has spawned the second-order cybernetic movement within the field of family therapy. Moreover, modernist assumptions regarding therapist power and influence had led some family therapists to feel a nagging sense of unease with traditional systems approaches (e.g., Hoffman, 1985; 1990). The work of constructivist thinkers, Maturana and Varela (1987), von Foerster (1981), and von Glasersfeld (1984) resonated more deeply for many therapists than did a general systems model that did not adequately account for the influence of the observer on the observed and vice versa. Thus began the postmodern revolution within family therapy, and the beginnings of a "second-order cybernetics" (von Foerster, 1981).

According to Maturana and Varela (1987), perception is not the product of a one-to-one mapping of the world onto ourselves, rather we dynamically construct the world as we interact with it, which in turn alters our perceptions. As practitioners working with families we are therefore, "watching as participants of the interaction, from inside it, not as observers from outside it" (Hayward, 1996, p. 222). Instead of standing above the family, apprehending their faulty structures and

dysfunctional patterns, and eliciting changes *out there in them*, the therapist assumes a more egalitarian, collaborative position, whereby he or she helps to create a context for the coconstruction and coevolve-ment of healing narratives. Assuming a second-order stance in therapy requires a holistic nondualistic approach to knowing (Keeney & Sprenkle, 1982).

The constructivist movement in family therapy is remarkably similar to Bateson's original vision of the application of systems principles. His influence brought epistemology and the examination of our knowing to the fore for many family therapists (Feixas, 1995), and would account for the relatively early epistemological debates among family therapists (see for example, *Family Process*, 1982, vol. 21). Bateson viewed all biopsychosocial interactions as an intricate web of circular causation. Individuals were always acting upon and being impacted by the greater ecology. It was sheer grandiosity to conceive of oneself as ever having unilateral control over anyone else in the system, a fundamental error of epistemology, because it was beyond the capacity of human consciousness to ever possess the "aesthetic wisdom" necessary to predict or conceive of the total impact of one's actions. "No part of such an internally interactive system can have unilateral control over the remainder or any other part" (Bateson, 1972, p. 315). In contrast, when not distorted to suit the individual's agenda, a cybernetic orientation and the perception of oneself as only a fragment of a far greater social and ecological whole, would instill a sense of humility in the person (Atkinson & Heath, 1990).

The more recent influences of Maturana and Varela (1987) add an additional dimension to the question of power and control in therapy. According to their view we are "self-determined" systems in that internal structures determine how we react to environmental occurrences, not the occurrence itself. As an "informationally closed" system, someone can never dictate a specific change outside of the system. Change is self-rather than other-determined making predictable change through manipulation and instructive interaction of the first-order variety impossible. Therapists are only in a position to "perturb" the system, not to exercise power over it. We may think we know where an intervention will lead, but it is only ever a probability of knowing, and that probability decreases exponentially the broader one's view of the system and with the passage of time. Thus, according to the current second-order view, a perspective that is not at all discordant with a Batesonian interpretation of systems theory, control is essentially a first order, linear myth (Bateson, 1979; Keeney, 1983).

Therapists following a second-order framework are acutely aware of the proactive role they assume in the coconstruction of their clients'

narratives and realities. With the recognition that one's influence upon another individual or family is a far more complex and interactive process than originally conceived, the focus has quite naturally turned from that of the expert looking objectively at the family (i.e., the observed), to attempting to look at the family's epistemology from within (i.e., the family as an observing system), and to the therapist's reflexive self-awareness during therapeutic encounters.

This redirection has placed subjectivization front and center, but at great cost to objectification. The second-order therapist is surely involved in a process of looking both within and without, regardless of how true to form these views may be. The second-order theoretical emphasis on reflexivity has actually steered attention away from the individuals and the family relationships that the therapist is construing (Golann, 1987). In a later section of this article, we discuss participant-observation as a means of expanding the use of therapist reflexivity within the second-order model so as to include other objects (i.e., family interactions, intrapsychic processes, experiences, etc.) in addition to the self-object of the therapist. We also assert that, as self-determined systems, clients will inevitably interpret and apply any coconstructed understandings in their own, idiosyncratic ways. The idea of coconstruction can therefore be somewhat misleading if it is meant to imply that two people are equal participants in the creation of a story about only one of them. The more subtle challenge from a systemic-constructivist viewpoint is to participate collaboratively with the client, while remaining observant that the collaboration is focused on helping the client learn to author, edit, and produce his or her own liberating narratives.

White and Epston's (1990) popular approach to narrative therapy is of relevance here. It arose out of a disenchantment with modernist approaches, and was influenced by Bateson's views on communication and how people mapped their worlds through discourse. The approach seeks to facilitate the client seeing him or herself and the problem in a new light, and to enhance the client's sense of agency relative to others by accounting for cultural beliefs and social-political forces that pervade interpersonal relationships. Techniques like externalizing the problem are applied to help clients free themselves from the dominant discourses that controlled or delimited their existence. A depressed woman, for example, may be asked to externalize her condition by articulating what the depression does to her and her marital relationship.

The narrative metaphor is powerful in its simplicity and ease of comprehension by clients. However there are notable limitations to its application (Nichols & Schwartz, 1998). First, the narrative approach

has tended to place inordinate emphasis on singular, individual viewpoints and pays seemingly less attention to the fact that viewpoints within the family are interactionally derived, that is, an "our story" in which each participant plays his or her part. If family members could coconstruct an externalization of how the conflict is dividing them, that coordination of authorship would be more systemic. Another risk is that once a client has reconstructed a story that the therapist has seemingly coauthored, that story can then become the new dominant discourse that marginalizes the client's inner voice. This becomes problematic when clients encounter new developments at home or work that do not fit with the story that client and therapist have coconstructed. New narratives produced within the therapeutic relationship should be ecologically sound in the sense that they be coherent with the client's everyday experiences and not strictly dependent upon therapist validation.

RECLAIMING THE OBJECT IN THERAPY

Family therapists have had a long-standing reputation for reaching outside the boundaries of traditional psychology and psychotherapy, and looking toward other disciplines in an effort to more adequately describe and help families. What might have been characterized as an openness to interdisciplinary influences, has instead been criticized as a discipline-wide proclivity toward fleeting captivations with "bright baubles of theory . . . and pretty new models" (Constantine, 1989, p. 112). Critics view the current love of constructivism and social constructionism as no exception to family therapy's long-standing list of infatuations. Family therapists have once again adopted a new language, an epistemological-speak, or "epistobabble," to articulate their new ideas (Coyne, 1982). Yet it is questionable whether all the epistemological hype and interdisciplinary shopping have led to any dramatic improvements in therapeutic practice (Golann, 1988; Held, 1995).

Some have gone so far as to suggest that the adoption of a second-order attitude may actually impede therapeutic efforts. Certain second-order ideas are considered simply too relativistic and abstruse to translate readily into concrete therapeutic activity. (Efran & Clarfield, 1992; Hayward, 1996; Nichols, 1987). As an example, one might agree in theory that the therapist cannot engineer specific outcomes and that enduring changes can only come about through an organic evolution from within the system itself. However, the promotion of systemic self-control via "conditions that might facilitate the emergence of a consciously pragmatic strategy informed by the kind of systemic

wisdom that delicately balances natural systems without the benefit of human planning" (Atkinson & Heath, 1990, p. 146), is hard to conceive, let alone execute, particularly when confronted with a family in crisis.

Hayward (1996) maintains we need to take a good, hard look at the theories undergirding our practice if we are to survive in a results-oriented world. Although the writings of Maturana and Varela (1987) have contributed substantially and meaningfully to the paradigmatic shift in the field of family therapy, their promotion of reflexivity as a tool with which to become constantly aware of the tenuousness of our knowing, has been interpreted by some as an unfathomable undertaking. According to Agnew and Brown (1989c), Maturana and Varela may be expecting impossible feats of consciousness:

They ask us to refrain from the temptation of certainty by the process of reflection. . . . Our best Neureyev cognitive leap lasts only seconds and Maturana and Varela want constant levitation supported by what? By the sky hook of reflection! . . . No we cannot dance with Maturana and Varela, those epistemological magicians. Their construing lies well beyond the farthest reach of our intuitions. . . . (p. 194).

This attraction for the ethereal begs the question, How might we structure a very real world activity, like helping people in pain while floating inside the black hole of a relativistic abyss? Would we be able to retain a shred of confidence in anything? Many have implicated the radical constructivist rejection of the real as the root of all applied problems within second-order practice. "If nothing is true, there is no reality and we cannot influence people to function better, what is the point of anything let alone therapy?" (Hayward, 1996, p. 235). They advocate adopting a critical realist approach that recognizes the subjective nature of knowledge but assumes there are external constraints that interact with social and cultural influences to determine what we know (Mahoney, 1988). Although we can apprehend the world around us only indirectly, as Plato's chained prisoners observed, the shadows cast upon the cave wall, there is nevertheless something real being cast (Agnew & Brown, 1989a). From this perspective, descriptions of family interactions are not arbitrary, there is a given (Pocock, 1996) that accounts for "a range of consensus" among observers (Golann, 1987) which determines whether the description is "relatively object adequate" (Speed, 1991). We are not merely hallucinating, fantasizing, dreaming or tricking ourselves.

In this vein, Golann (1987) persuasively urges us to reclaim the value of representational description in family therapy. He argues that

the radical constructivist perspective adopted by many second-order practitioners, a perspective that prizes the observing systems stance to the exclusion of the observed, actually opposes the postmodern tenet of participatory interaction. It also undermines the systemic notion of recursive influence. In ironic hindsight, Varela (1979) saw the potential for a dialectical drift away from objectivism toward an "anti-realist" (Held, 1995) position. According to him, the negation of objectivity would not be an advance over the former modernist perspective, and only through a "full appreciation of participation" would we be any better off (p. 276). Golann echoes this view, "Systemic family therapy would appear ready to look both inward and outward; but, when embracing constructivism, it looks only inward and thereby may have lost not only the 'innocent eye' but all vision as well" (1987, p. 337).

Taking Golann's point one step further, the abilities to objectify, to observe ourselves and interpret others, to assess, discern and discriminate, are necessary precursors to action. Without them we would be blind, unable to act and, ultimately, unable to survive. The process of objectification, a highly adaptive human capacity, has become confused with naive claims to objective knowing. Because such epistemological naivety opened the door to control, domination, exploitation, and the potential abuse of others, it would appear that the process of objectification has, by association, been saddled with a very bad reputation. However, this reputation is unwarranted. If we are to participate with greater ease and more freedom in therapy, we will need to reclaim our professional voice by stripping the object of its encrusted stigma.

Our opinions, interpretations, descriptions and the like, as products of our capacity to objectify, are of tremendous value to our clients. These differences are what enable us to interact orthogonally with them and are essential to the process of change (Efran and Clarfield, 1992). But rather than blindly forging ahead with our observations, which would likely render a collision of constructs, we run alongside our clients' construct systems in an effort to "subsume" them (Kelly, 1955). Our sensitivity to variations in modes of construing allows for the presentation of information that is novel enough to make a difference, yet sufficiently familiar so as not to be immediately rejected by the client (Mahoney, 1995). We may do this for example, by elaborating on a client utterance with an idea of our own but using phrases or metaphors indigenous to the client. Moreover, as postmodern therapists we operate under the assumption that although our objectifications are never perfect or absolute, they are potentially valuable, and thus we are able to act purposefully and directly without becoming

too attached to outcomes (Atkinson & Heath, 1990). We carry our models and opinions lightly with a recognition that they are always inherently limited. Our expertise then, lies not in what we observe and our ability to transmit that into our clients' heads, so much as in how we use these observations in our interactions with our clients.

FALLIBLE BUT FUNCTIONAL KNOWING IN THERAPY

Critics of the second-order movement have argued that we need to believe that a reality actually exists in order to apply our knowledge (e.g., Pocock, 1996; Speed, 1984, 1991). However, it is not necessary to adopt an ontological position in order to render observations and descriptions that are pragmatically useful. Mahrer (1995), for example, is able to sidestep the ontological debate altogether by relying on models of how clients construct their worlds. He picks up and discards these models depending on their present state usefulness, instead of having to wed himself to a particular philosophical stance or therapeutic approach. In therapy, ontological truth, by necessity, is replaced with pragmatic truth. "The test for pragmatic knowledge is not whether it produces a picture that corresponds to the real . . . the test for pragmatic knowledge is whether it functions successfully in guiding human action to fulfill intended purposes" (Polkinghorne, 1992, p. 151). And what is true or real for our clients determines the usefulness of our actions as therapists.

Truth in the psychotherapeutic sense is neither etched in stone, nor completely arbitrary, but rather grounded in the subjectivity of our clients. Correspondingly, if our knowledge leads to desirable outcomes, it does not necessarily mean that this knowledge was right or true in a realist sense; the knowledge was right for the moment because it was useful, because it was in accordance with the system's own internal coherence (Dell, 1982), and somehow made an important difference. And although such knowledge may be fallible, surveys indicate it is still quite useful despite professional differences (Seligman, 1995).

But what exactly can and do therapists know given that the therapeutic presentation is simply too vast to grasp in its totality, and that we have to rely on our compromised construction of it in order to help our clients? Despite the crudeness of our representations, it would be impossible to navigate our way through this infinitely complex surround without our constructing maps. These maps anticipate what we see, as well as determine what we come to know, acting as "feedforward mechanisms . . . [that] serve as hidden-hand editors,

[selecting and transforming] the data they deliver" (Agnew & Brown, 1989b, p. 168). The viability of our constructions is determined by "subjectively construed goodness-of-fit criteria" between our anticipations and the feedback we receive (Agnew & Brown, 1989a, 1989b). The systemic map that family therapists have used over the past four decades provided a heuristic to guide the therapist's tacit construing processes. This map was functional, not because it was isomorphic with the family's dysfunction, as modernist practitioners believed, but because it reduced the complexity of interpersonal dynamics to a size where the therapist's "bounded rationality [could] construct order" (Agnew & Brown, 1989b, p. 170). This constructed picture of the family, in turn, provided the basis for therapeutic interventions.

However, even though constructivist psychotherapists may know full well that reality, writ large or small, is always beyond their complete grasp, they believe wholeheartedly in one particular reality, that of the client. And although we may never be able to get inside our clients' skin to seize their reality as they do, we sure try as hard as we possibly can to do precisely just that. In other words, our work in psychotherapy is guided by our representation of the client's reality making, and we are always trying one way or another to get at that reality regardless of our ontological outlook. Our construction of our client's assumed reality, in turn, provides the foundation for our knowing and actions in therapy.

PARTICIPANT-OBSERVATION AS INTEGRAL TO A SYSTEMIC-CONSTRUCTIVIST APPROACH

Second-order therapists are committed to recognizing the tenuousness of the observations or truths underlying their therapeutic interventions. However, they nevertheless need to have their truths, and need to believe in them wholeheartedly, in order to intervene from one moment to the next. Constructivist psychotherapists are very sensitive to the consensual cues of their clients. They ask, "Does my description, statement, opinion, observation resonate for my client?" And so, the door is opened for collaborative coconstruction, albeit one where the client is considered the author, editor, and arbiter of the adequacy of the construction. But this activity does not negate the process of objectification; it depends on it. In this sense, the therapist is both a participant and an observer, experientially engaged while being meta-cognitively involved in sensitively facilitating the client's becoming aware of his or her knowing.

In the present discussion, the second-order position is furthered

by reinstating the value of the therapist as one who functions to construct observations of pragmatic utility while also acting as a reflexive agent. The object is not just the client or family, nor just the therapist him or herself, but rather both are afforded a complementary standing. Moreover, in the proposed systemic-constructivist framework, therapists use their capacity as participant-observers (Sullivan, 1954) to assist clients to engage in their own process of participant-observation. When clients can begin to use their reflexive faculty to gain a greater perspective, viewing themselves in the context of their own interpersonal environments rather than in the blur of subjective experience, then they may begin to see alternative ways of engaging within their own systems (Fergus & Reid, in press; Reid & Dalton, 2001).

An expansion of Sullivan's (1954) original formulation of participant-observation, and one which is critical to postmodern, systemic-constructivist practice, is that the therapist is not merely participating in the interaction on the basis of past experiences that color what the clinician observes, he or she is also actively and intentionally engaged in the process of constructing therapeutic observations or objectifications. This process entails two modes of participation on the part of the therapist: A bottom-up activity of intentional subjectivity or empathic relating whereby we actively and intentionally utilize the subjective self in order to feel our way into the client's experience. Or a top-down activity of conscious witnessing whereby we take a stand back to observe clients in action and interaction, bearing in mind that we are not separate from these observations, that ours is not the only interpretation.

These two modes of therapeutic participation and engagement are common distinctions that Rennie (1998) has elaborated upon at length and constitute the information-gathering instrument of the therapist. Both render objectifications that are of therapeutic utility. When this capacity is employed within a systemic framework, the range of application expands to include the collective as well as the individual. This acquired knowledge is then brought forth for "testing" to determine the "object adequacy" of the interpretation in a circle of consensual validation or "negotiated intelligibility" (Gergen, 1985). The goodness-of-fit criteria of the therapist's observations are therefore determined through the unfolding of an intersubjective, dialogical process.

In our view, it is the constructivist therapist's willingness to engage in this intersubjective winnowing process that renders the therapist's fallible knowledge functional. This attitude entails a valuing of our own and our client's knowing, because we need knowledge to get by in the world. Yet we treat such knowing rather lightly with the recognition that all knowledge, including that of ourselves and our

clients, is grossly finite and fundamentally, drastically limited. It is this attitude of respecting our clients' unique construing processes while attempting to discipline our own that lays the groundwork for flexible and creative therapeutic interaction.

The following is an example of a systemic-constructivist intervention that worked with marital partners' implicit knowing of each other and the relationship and, in so doing, contained ecological validity. A couple presented for systemic-constructivist therapy after a number of unsatisfying attempts at family counseling. The husband was a lawyer and devout Muslim, and the wife was a Catholic, elementary school teacher from Holland. Over 20 years ago, the couple met and began courting in Canada. They were married a few years later. At the time of assessment, the couple was in staunch disagreement over how to accommodate their two teenage daughters' desires to date in accordance with North American customs. The father insisted that the daughters refrain from dating altogether, as was customary in his culture, while the mother defended her daughters' desires be treated "normally" like their high school peers. Although the parents were both very capable of articulating their problems on a rational level, their immense distress was palpable to the cotherapists. Nevertheless, the therapists understood that, although they could offer their perspectives on the couples' feelings and behavioral dynamics, they could not possibly experience the complexity and depth of pain that the partners themselves experienced. Thus the imperative for the therapists was to become participant-observers within this couple's context in order to facilitate the couple's processing of their own despair, and to help them tap into the tacit understanding they shared of themselves and their relationship.

After three two-hour sessions of carefully listening to the couple, tentatively reflecting the therapists' observations, having the partners describe their relationship dynamics and, on occasion, enact them in session, the therapists had learned of many intimate matters. These included the parents' compelling story of what it was like for them to overcome the pressures of their respective backgrounds in order to date one another and eventually raise a family in a manner consistent with North American tradition. During the fourth session, the "internalized partner" procedure was applied (see Reid & Dalton, 2001). The therapist, calling the wife by her husband's name, interviewed her as her husband. The beginning questions were deliberately mundane, and then gradually, as the wife became more inducted into being her husband, "he" was asked about more emotional issues such as, "What was it like for you when your daughter drove off with that man without your meeting him?" Subtly, parallels were drawn

between the daughter's behavior and the father's behavior when he first began dating in a foreign culture, and how he had had to transgress Muslim cultural prescriptions.

The respondent is typically surprised at how well he or she can communicate the other person's attitudes and feelings, and the other, in turn, often feels validated when his or her experiences are accurately portrayed. This procedure is done with everyone in each other's presence so that all participants begin sharing and appreciating not only the knowledge they have of the other, but also, the knowledge that other family members have of them. The procedure is designed to access family members' mutually constructed identities, both shared and personal. One of several results is that a deeper awareness of the other creates a greater sensitivity to the other person's responses and feelings, and more understanding and appreciation for why the other person acts as he or she does. The presenting problem of how the parents will deal with the daughters' desires and maturation alongside the father's beliefs and pride remains. But now the family is in a position to negotiate their own behavioral prescriptions and thereby pragmatically adjust their family culture to be consistent with the larger, North American culture in which they live. With the assistance of the therapist who consciously shifts between modes of experiential engagement and self-disciplined, descriptive objectification, clients learn to exercise their own expertise within their own systems.

CONCLUDING THOUGHTS ON EXPANDING THE SYSTEMIC PARADIGM

The systemic model has endured over the years because, as a heuristic device, it has helped therapists restrict the search space of family dynamics to a manageable size, and, as a therapeutic model, it has helped therapists render descriptions that are of pragmatic utility. A new interpretation of systems theory that improves upon, rather than negates the old, "should be comprehensive enough and holistic enough to . . . include some of the advances produced by family therapy's prior emphasis on behaviour . . . as well as meanings, and should allow the therapist to act on both of these levels of experience" (Feixas, 1995, p. 321). A postmodern rendition of systemic practice requires the practitioner to assume the role of participant-observer, and to be capable of working with both the implicit and explicit aspects of human relational functioning, at different points along the relational holoarchy (Alexander & Neimeyer, 1989; Feixas, 1995; Keeney & Ross, 1985; Proctor, 1985). And perhaps it is not the attainment of the goal

per se, but the willingness to work towards it that renders the therapist's fallible knowledge functional: "The object of the dance, after all, is not to finish; the object of the dance is to dance" (Mahoney, 1989, p. 188).

McConaghy and Cottone (1998) see constructivism as an alternative to systems thinking, claiming that systemic theorizing can be highly damaging. We would suggest that systemic thinking, when not reduced, is complementary to constructivism and dovetails smoothly with postmodern epistemology and therapeutic practice. Reductionism, in the current theorizing context, is the act of focusing on any aspect of the systemic holoarchy to the exclusion of any other. As Wilber (1995) went to great lengths to illustrate, to focus on the whole at the expense of the individual regardless of how holistic it may sound or seem, is quite a reductionistic act, just as is focusing on the part to the disavowal of the whole. Moreover, to focus only on inner world experiences, with no credence given to the more observable components of experience, particularly those aspects of ourselves that others see and we may not see, or those aspects of ourselves that others may see differently than we do, is no less reductionistic than focusing only on observable exteriors be they of the part or the whole. And of course, reductionism can be taken to a depth, as has been traditionally characteristic of psychology, by externally dismantling the complexity of human experience into the Aristotelian tripart of thinking, feeling, and behaving, and then by focusing on only one component of the trilogy in isolation, or only on a sliver of one component in isolation, or only on interactions of slivers in relation to each other but in isolation from everything else—ad nauseam.

But lest we forget ourselves and get caught up in modernity bashing it is important to remember that our constructions, be they modernist or any other, are there for a reason, and as inadequate as they may be, they do enable us to get by, however feebly, in the world. And, although it is not a very popular practice these days to reduce or exclude, our cognitive apparatus is structured in such a way that we do reduce or exclude, for we operate with just enough information to function (Fiske, 1992). Reductionism begins with the symbolization process itself, and this is why we cannot even begin to "language" about a constructivist epistemology without inherently contradicting ourselves (Held, 1990). Whether we are looking at fingers pointing at moons, or shadows flickering across cave walls, we are always reliant upon sign language to convey our experience. In our experience, systems theory has served as a reminder that there is always more to the story than our personal constructions can convey.

Thus, in agreement with Taggart (1985), we believe the systemic model, as it has traditionally been used, has not been systemic enough.

But just because we have barricaded ourselves into one wing of a mansion, does not mean we have to sell the estate in order to find more room somewhere else. Nor does it mean we would be any better off renouncing bricks and mortar altogether. What makes the systemic model so useful is that, as a model, its walls are permeable, expansive, and flexible enough (1) to enable us to determine the focus of our gaze in the moment-to-moment process of therapy from the individual to the collective and back again (via intentional subjectivity or conscious witnessing), and (2) to provide us with a structure or means of constructing multiple interactional processes. Although we may indeed choose to specialize at one place or another along the systemic holoarchy (R. A. Neimeyer, 1995), we should never lose sight of the fact that each level involves both meaning and structure, process and patterning (Wilber, 1995). Family therapies may have been slower than individual therapies to demonstrate such integration because the systemic model, as it has formerly been distorted and narrowly used, was treated as an either/or proposition.

From a postmodern perspective, the dualistic thinking of modernist or first-order family therapy practice was flawed because the individual's influence can never be teased apart from that which he or she is observing. From a systemic perspective such thinking is flawed because no part (therapist or otherwise) is ever separate from the whole, and thus no part can have unilateral control over the whole or any other part. Constructivist and systemic paradigms are both implicitly contextual and relativistic but with differing emphases. The former emphasizes meaning and mutually derived understanding; the latter emphasizes placement and componential interaction. Both are flip sides of the same coin, inextricable in their interconnectedness.

For the therapist, constructivism is an attitude toward knowing, whereas systems theory is a way of seeing. Systemic-constructivism incorporates a respectful attitude toward doing therapy, and a disciplined approach toward objectifying ourselves, our clients, our clients in relation to each other, and ourselves in relation to our clients and the greater ecology. In this article, we have attempted to counter some of the diversionary tactics that have artificially separated the face from the person, and the system from the people who dwell within it, the system that, through this indwelling, people coconstruct and that we, in turn, as therapists have interpreted.

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