

Exploring: An Essay

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Exploring is the optimum mindset for the psychotherapist. From the outset, the project of Family Therapy offered both personal and theoretical support for this position. But have we lost the excitement of exploration in the conservative, correct and individually oriented world in which we practise? And does our style of communication hinder more than refresh us?

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It seems to me now that we should have called the section in our journal *Exploring* rather than the more formal, slightly high-flown, *Explorations*. When I was coordinator of the section, it was difficult to get people to write for it in spite of the inducement that their thoughts could be incomplete, unsubstantiated and even a little off-the-wall. Somehow a journal article could never quite shake the refereed formality and dull hard work it represented in people's minds. I can remember countless times sitting in meetings, supervision sessions or workshops when a germ of an idea would suddenly sprout and grow and flower and push out into the ensuing tea-break and I would say to the person: 'Write it down, even a page or two, and we'll put it in the journal', and that would be the last of it. Like so many blooms over here in September it would:

... blush unseen,
And waste its sweetness on the desert air
(Thomas Gray, 1751).

But exploring; that is not dull or completed; that is a very active verb. When I was seven or eight, 'exploring' was the thing to do. Probably under the influence of Blyton and those thick Annuals with compelling line drawings and a few words of text below, my siblings or friends and I would go exploring. This meant staking out new territory and was a particular pleasure when my family visited small seaside towns on holiday. Not only was there the tropical bush and outcrops of coastal rock and beach to explore, but there was also the house we were renting, or the other houses in the street. Everything was new, everything was exciting, anything was possible.

'It was all sexual of course', says my partner calmly, the way people with a psychoanalytic bent do!

Whatever your preferred psychological view of exploring, it is an activity that is certainly deeply connected to the freedom of childhood and one which needs to be defended in the face of formalities of life like language and science. Take my early fascination with chemistry for example. When I was first introduced to the subject at 13 or 14, I loved everything about it. A world of complex structures and fascinating processes, which one could delve into with that exploring-related word, 'experimenting'. I spent many happy hours experimenting in the garage of my family home with lemon juice, rose petals, caustic soda, bicarb, iodine crystals — the list of things I could obtain seemed endless, and I'd been started by a chemistry set, I think. So when our chemistry master showed us around the lab and took us up to the swimming pool to throw a piece of phosphorus in, my mind was alive with possibilities. Every week I repeated in the garage what we had done in the lab, provisions permitting. But by the middle of that first year, the excitement started to cool and I know exactly what did it. It wasn't the subject — it was the form the learning of it began to take. The terminology alone will do it to the reader who has had my experience: 'aim', 'apparatus', 'methods', 'results', 'conclusion'. So there it was again, a potentially exciting career flattened out and desiccated by the method of instruction!

In my education, only two things would make it past the deadening effects of formal structures. The first was English literature, which I managed miraculously to study at university before 'Professors of cultural studies [taught] students to brush past heart-stopping poetry to seek out "conditions of cultural production"' (Richard Rorty in Denby, 1996: 420). The second was psychotherapy, which, again miraculously, shone through the dreary spectre of psychology (here the words to repel are, among others:



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'statistics', 'test construction' and 'psychopathology') as a territory for endless exploring.

Now I am rapidly approaching the present day, so as not to indulge too much in reverie about the past. On the one hand, I don't want to bore the reader, but on the other, there is the clinical voice which, in spite of all that I know to the contrary, still intones a sort of pious cautiousness about putting anything personal before my client — or in this case, my reader. I have taught a course to the second year Masters students at the University of Western Australia for 25 years. I have had a certain freedom to teach what is essentially a course in psychotherapy in any way I liked. I am still aware that I have carved out a little zone for myself, a sort of diplomatic immunity, which if my classes were conducted in the psychology department rather than the clinical unit, would find me without support.

To be precise, I teach stuff that is not readily backed up by scientific data. The students mostly fare okay with this content, often finding, with enthusiasm, their original love — chemicals, novels, people. I never suggest to these students, or to people I supervise later on in their careers as psychotherapists, that psychotherapy is not an entirely disciplined activity that has to be conducted with absolute rigour. It is just that, with Lynn Hoffman (1998) and others, I do not regard science as the best of academic houses to raise it in. Every year or so, I am invited to give a lecture to the Honours students in the Fine Art department at the same university. I love this kind of cross-disciplinary exploring, and have found that my diplomatic immunity extends nicely to that environment. In fact, I give myself more licence over at Fine Art than I do in the clinical psychology unit. I read poetry, show pictures, quote passages from Fromm or Minuchin or Bateson, and generally have a good time.

In another environment, I suspect I would be interrupted after the first few sentences by the question people in my profession have been haunted by: 'What's your evidence for that?' At best a conflict would ensue, at worst the lecture would fizzle and die, like so many ideas which our journal and others have not published. I am not saying that our journal has not published some great ideas and articles, which have helped the course of psychotherapy in general and family therapy in particular. But, in my opinion, we are still looking for an alternative method of writing, not to replace the one we have, but to augment it with a style that is more in keeping with the work we do.

One of the things I loved about family therapy, when I hit it running at the Second Australian National Conference in Adelaide in 1981, was that it was populated with explorers — people genuinely interested in exploring new territory. With this mindset was an openness to multiplicity and a sincere interest in how other people could do things differently. In fact it seemed to me that difference was endless. We showed each other videotapes back then, knowing that the territory we had explored was new and would be appreciated. Because of this mindset, those early conferences were as exciting to me as the chemistry lab, the beach village, the promise of a new novel or poet. It has stayed my conviction that each

new family, each new psychotherapy session, discovers new territory and is in the process of creating a new language both for the clients and for the therapist. I never expect to get bored doing psychotherapy.

But the students in my class are much more certain about things. They have learned that, in order to justify their existence as clinical psychologists, they will have to subscribe to evidence-based practices. Now, I'm not against evidence — the more we can have it in relation to psychotherapy, the better we will be, and the more likely it will be that the practice will survive. But to be guided by evidence as flat as science, and to write manuals about how to do what we do, seems to be as misguided as to claim that the only way to travel is on a package tour. So I tell my students, like I tell my clients, that if they want to take the exploring out of the work so as to be safe, so as to engage in behavioural technologies, so as to cover themselves in this age of the consumer, they are welcome to do that, it probably has its place, but it's not what I do and it's not called psychotherapy.

But clamping down on curiosity is not only a condition of behaviourism. Any new model of psychotherapy soon develops a language and a theory and a certainty about itself, which gives rise to conflict as people stop exploring and start defending the territory they have discovered. Strange it is, how people forget, so soon, that it was the *process of exploring* that was truly invigorating.

If ever there was going to be a model of psychotherapy that promised to sustain its curiosity and exploring instinct, it seemed to be family therapy. Not only was there the ethos of multiplicity, which derived directly from seeing more than one person in the room. There was also the conviction that if we were to be systemic we would have to include *ourselves* in the formulation of what was happening. Then we developed the idea of circularity, which promoted a kind of restless searching for new patterns rather than a satisfaction with a discovery. Then there was the compelling idea, related to circularity, that everything is on a continuum, that difference provides the information, and of course, with that, the idea that we are all in the same boat. An invitation to continually explore if ever there was one! It was so promising that these features emerged directly from family systems thinking, but I wonder today whether they have been sufficiently nurtured by us? Are they still the guiding principles by which we do our work and by which we teach our students?

These premises lie at the heart of our exploring endeavours, but they are not dictated from local interests or temporary fashions. If ever there was something that needed to be foundational about family therapy it is these four items; namely, multiplicity of perspective, inclusion of the therapist, circularity and continua of difference. They are, I am fond of telling people, like compass readings. They will help you explore wherever you find yourself to be, they will provide general direction, but the terrain will have to inform you of your next move. On the other hand a street directory of downtown Adelaide is not likely to be of much help to you in the suburbs of Perth.

So what might have robbed us, or be robbing us, of our theoretically-backed exploring hearts? Correctness, Conservatism and Individualism. These also are states of mind that feed each other and erode exploring.

Correctness

Correctness is certainty — along with the idea that there is a ‘right’ way of doing things. When I was training as a child psychoanalytic therapist, it was clear to me there was only one way to do things, and this was what my supervisor was thinking at any one time. The distance between my thought and hers on a particular issue was the degree to which I was right or wrong. As it turned out, I was good at estimating what was in her head, so I was right more than I was wrong; but I noticed an interesting pattern developing between us: when I was very wrong, she would encourage me and say that I was making progress; when I was right, she would chastise me, not for my *method* with my patient but for something in myself; ‘When you write, your ego is too much in ascendance, you don’t take notes during a psychotherapy session!’

Now, all these years later, I encourage my students to say whatever it is that’s on their minds about how to proceed: ‘There are no right or wrong things to say or do, only more or less efficient ways to proceed — some turn out to work and others don’t, and we need to be mindful of the difference, but not too critical, because there is always a multiplicity of ways forward’. Though I say this with conviction, it always seems that, especially at first, it is hard for them to believe that this is really the case. As in my experience with the psychoanalytic method, it seems they have learned that there is only likely to be one way to intervene, and this is likely to be the way that has had the imprimatur of research findings. The secondary problem with correctness, which I described above, is a kind of fear that at any moment you could be shown up as being wrong, or failing that, right, but with a ‘bad attitude’. I notice this when I consult with experienced therapists in public agencies too. There is a reluctance to commit to any particular view about what to do next, because of an implied criticism in the air; worst of all, there is sometimes a protective irony, in which the ideas are discussed so as to not reveal that the speaker has any personal relationship to what is being expressed.

This correctness is not just about science and evidence; it is also *political* correctness. But this political correctness is not so much in relation to culture or age or gender these days; the political correctness now is to do with administrative and ethical correctness. Administrative correctness is about ‘covering your ass’ in a system that is not providing an optimal service; everyone knows the service is — *sub-prime* I think the word is now — and as a result, everyone knows that pretty soon someone is going to have a letter sent to the Minister, or someone is going to end up in court. Supervisors now spend a lot of their time not teaching people how to do psychotherapy, but how to interact with

potentially litigious clients with impunity. This is about keeping the right records, not asking certain questions (some of which would be very therapeutic) and asking others (which may not be therapeutic at all). These constraints are directly restraining on the mindset of exploring, and are likely to erode any semblance of psychotherapy. Ethical correctness is also a mindset devoid of the possibility of exploring. Here I am referring not to the deep ethics, which are the building blocks of any psychotherapy practice. Deep ethics involve the determination to think clearly about the best thing to do; to continually monitor one’s work; to act in accordance with deep humanistic principles; to be accountable to the highest standards of practice — in short to go home at the end of every day and look in the mirror and ask the question: ‘Did I do the best I could have done by my clients today, all day?’ By contrast, the sort of ethics I’m referring to are flat prescriptions about how to be a good member of the Psychological Society, or other generic bodies. The ethical guidelines from these organisations are not the problem; in general I find them valid, if a little schoolish in their simplicity and dogma. No. The problem with ethical correctness is the same as that with administrative correctness — they have become ends in themselves.

As soon as the constraints of correctness become the primary concern, rather than a secondary guidance, exploring goes out the window, and with it any hope that what follows will resemble psychotherapy. When an ethically complicated issue arises, the same principles which inform psychotherapy itself should be the guidelines: bring all the complexity to the discussion, discuss it in detail, explore the possible ways forward, and then proceed with the one that looks like it is least likely to cause harm, and most likely to promote the well-being of those involved.

Conservatism

In many ways what I described above as the obsession with evidence is a form of conservatism which, in the understandable quest for certainty and self-respect, robs the practitioner of his or her exploring heart. Family therapists exhibit a particular form of this general malaise of conservatism. In spite of family therapy coming after most of the formative developments in behaviour therapy and psychodynamic psychotherapy, family therapists, especially those who were not formerly trained in other models of psychotherapy, still have a tendency to trip over bits of those two schools as if they were new territory. This might be fine for their own practice, but to assume that they are somehow new to *other* people’s practice and to attempt translation of their usefulness into the family therapy domain seems to me to hold the whole enterprise of family therapy back.

Much of what is written or talked about by these well-meaning people is not new. It is imported from existing, well-defended territories which, at their best, have their own exploring still going on, but which are essentially conservative models when compared to family therapy. A specific incidence

of this is the recent obsession with attachment theory where, with few exceptions, the great and unique steps forward taken by family therapy *inter alia* — circularity, the system as the unit of enquiry, and second order cybernetics — are largely ignored. I have it on good authority that Bowlby himself regarded his attachment theory as lacking a certain relational or circular dimension (Byng-Hall, 2004). With few exceptions the family therapy literature on attachment still disappoints the systemically minded reader.

On a more practical note, family therapists are, like other psychotherapists, vulnerable to the conservative dictates of health insurance companies, now also the Health Insurance Commission, and the great tide of biological conservatism sweeping through the profession of psychiatry. Few family therapists are prepared to hold the relationship line, in the face of escalating symptoms, while anxious family members clamour for the security or fantasised fix of pharmacology. Let me clarify that 'the line' I am referring to is the continued pursuit of psychotherapy, and in particular, the relationship formulation in the face of medical methods and individual descriptions and diagnoses, not necessarily the ignoring or banning of these alternatives in an equally conservative reductionism or territorial war.

Individualism

Individualism and the pursuit of a singular identity is the predominant social construction now more than ever before, and this understandably leads people away from collective organisations like families, work institutions and churches. Eric Fromm wrote about the alienation which he saw as accompanying the capitalist system, where individualism would lead to a sense of freedom for the individual, but that with it would come competition, alienation and isolation. Could he have predicted how accurate this social forecasting would be? It is noticeable, talking about Fromm, that many of the early explorers in the field of psychotherapy were socially and community minded. Freud, Erikson, Rogers, even Skinner, often had their minds on changing not only the individual, but also the society as a whole. It took some years for a systemic theory to emerge that would properly back up these interpersonal sentiments. The interpersonal theories that first emerged, like Bowlby's Attachment Theory, and Object Relations Theory and Harry Stack Sullivan's Interpersonal Psychiatry, were still focused on the individual subject and the interpersonal situation in which they found themselves. It would be another 20 years before early family therapists such as Haley properly described the system as the unit of enquiry, rather than as merely supplying further information for the formulation and treatment of the individual.

There seems to me to be great pressure nowadays on the psychologist or psychiatrist, or even the social worker, to formulate problems in an individual way. I personally have parents wishing to literally drop their adolescent children off at my office without any expectation that they might be involved in the process. These parents would be willing to pay anything not to be involved, but instead to pick up

their child at the end of however many sessions it took to get him or her back on the rails. But I find this is by no means an obdurate expectation. When they are properly involved in communicating with their children, when they are freed from the expected blame (another artefact of the individual formulation) and when they start to see a way forward for the relationship and for the family, it is as if the old sense of community from which we all come and for which we all yearn is re-established, and a new future begins to emerge, which is bigger than the original expected treatment of the individual child.

So, with these and other forces infringing on the basic theoretical tenets of family therapy, and with the effect on the therapist's mindset being a loss of the urge to explore, what can revitalise this state of mind, and how do we communicate it to emerging therapists? I am not a great fan of the rhetoric of uncertainty that burgeoned in the post-systemic 1990s, as people went from 'a position of not knowing' to one of 'authoritative doubt'.¹ While I find myself agreeing with the basic constructivist idea that one can not instruct another, and while I myself wrote a criticism of what I called 'The Lecturette' in therapy, I find 'not knowing' or 'doubt' too passive a stance for the therapist. This may be because I have had a practice that has focused on adolescents.

One of the things adolescents have taught me about psychotherapy is to not be passive. Very often they (and not infrequently their adult counterparts) are not clear about who they are, or what they want, or how to proceed with emotions or relationships or life. Passivity in the face of this can seem psychologically cute or frankly unhelpful, while a more active stance does not have to be telling people how to live or what to do. No, the stance I prefer to assume will be helpful is the exploring one. 'While I don't know what you should do, we could talk about it so as to bring both of our ideas forward, and out of this conversation we may find something or some way forward. In this process, I could ask you some questions about how this came to be like this, and what you might believe in or think or feel. It's like the volume of your own voice has become very indistinct, it's on level one or two; if we listen carefully to your voice, and I don't crowd you out with my voice the way teachers and parents and friends are prone to do, we might discover something. I can also tell you what other people have told me in their exploring, which may or may not be useful to you in yours.'

Once we have situated ourselves in relation to our clients as explorers, we should attend to the language we use in writing about what we do. The videotapes shown at the early conferences had the nuances of the person of the therapists and the interactions they were engaged in, as did some of the early writing on family therapy, which often used transcripts, sometimes of the entire session (see Catherine Sanders' transcript in this issue). As soon as we move away from the actual interaction we are in danger, in our writing, of setting something too firmly, *discovering* more than exploring. (It is striking in this respect that early psychoanalysts seem to have been uptight about personal revelation in their work, while now their literature is full of such references. On the other

hand, early family therapists encouraged such personal revelation, escaping as they were from psychoanalysis. But in time, these personal reflections seem to have become scarcer.) But there are other ways of making our language less vulnerable to the ravages of linearity and completeness. Metaphor, poetic language, and a self-referential style so frowned upon by our disciplines, help with this as they have done for hundreds of years in literature. In the early days of the *ANZJFT*, we had a section called Story Corner, which encouraged this sort of writing, and implicitly helped us away from the heavy pretensions of scholarship. Again, I am not arguing against scholarship, merely that we keep exploring alternative styles of language, in addition to the conservative ones we already have. In recent years I have read nothing more readably informative about the early development of family therapy than Janet Malcolm's (1992) essay on the subject entitled 'The One-Way Mirror'. It has the effortless literary style of serious journalism rather than the flat and dull style of would-be academics.

All therapists should deal in metaphor. In many ways, psychotherapy *is* metaphor, an idea I tried a little clumsily to explore in my paper on Logical Types (Relph, 1991). I have some metaphors that float around in my head repeatedly, and some that emerge new every day. One that I like when thinking of explaining the complexities of exploring is those marvellous early maps by explorers who were still uncertain of the outline of the continents. In Abel Tasman's map of 1642, for example, the whole Eastern side of Australia is missing, though bits of Tasmania and lots of New Zealand are there with some faithfulness. The interior of these early maps often had imaginary animals or geographical features where, as with the east coast, one's mind is free to invent. I think there is something imaginative about exploring. It is maybe the imagination which gives the emotional charge to the activity and makes it so exciting. Cecchin added curiosity to the building blocks his team had established for the family therapy interview (Cecchin, 1987), and his article turns curiosity into the glue which sticks the process of hypothesising, circularity and neutrality together in a recursive human form. His 'curiosity' is like my 'exploring', but exploring has more *imagination* I think.

Lastly, perhaps we should reconsider the place of belief in our work as an antidote to the exclusive reliance on evidence. Some time ago, a local journal asked me to write about psychotherapy in 500 words. What can you say? So I wrote in the style of *This I Believe*, a book of essays based on a precedent in America and Britain, in which eminent Australians were asked to write what they believed in 500 words. I think all psychotherapists should do this exercise, and I encourage some of my clients to do it too. In spite of all the *evidence* in the world, I see many psychotherapists doing in their practice things they *believe* in. This is a good thing, not a bad thing, so long as it is labelled correctly as a belief. We should keep our beliefs and move them along with our development and discuss them with our colleagues and with our clients, but we should try to keep them separate from the things we have learned, either as theory or as scientific evidence.

And today, I ride my bike through Kings Park, and the wildflowers create a new picture around every corner, which will be different again next week. One would be inspired to capture the natural beauty in an impressionist painting, were one so artistically endowed. But what is the natural coherence (Dell, 1982) that one is to make with an ever-changing scene across the random, varied, beautiful, ever-changing bushland? Suddenly I have it! 'What is the natural coherence with this ever-changing beauty of nature?' I call out to my partner. 'Detachment, the Buddhists say detachment', she replies. 'Well, they're wrong,' I protest. 'Detachment is the nearest thing to pessimistic resignation, and despite all the nouveau American psychotherapy papers written about it, I think it has about as little place in psychotherapy as it does in love! No, the proper and natural coherence response to this scene is an open mind, one that explores.'

It always seems to me that David Attenborough is never bored in the face of nature, and in the same way, the nature I see in my consulting room every day leads me on; endlessly, fascinatedly exploring.

Endnote

- 1 The distinction between 'not knowing' and 'authoritative doubt' is nevertheless an important one in the development of family therapy. See, for example, Mason, 1993.

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