



## **Theoretical frameworks for working with harder to reach families: lines, curlicues, and spirals: comment on Donovan and Pocock**

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This article comments on the Donovan and Pocock articles appearing in this issue, both of which address the evolution of theory and practice in family therapy. An emphasis is placed on the importance of integration and a shared philosophy of theory and practice in our current political and economic managed care climate, in which it is critically important to embrace the integrated and chaotic whole of what is happening in theory and in practice.

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I was delighted to be asked to write a comment on the two articles by Donovan and Pocock appearing in this issue. It is exciting to read the work of systemic therapists as they integrate worlds, offering wonderful and useful frameworks and interventions for work with hard to reach families. Here are two examples of systemic therapists who think and act creatively, adding their voices to the recent heated discussions about scientific truth and practical reality.

Years ago, at my first job as a clinical social worker, I was told by a supervisor that my problem as a practitioner was that I thought and acted in curlicues. This supervisor attributed the problem to my being out of my element, as I was a non-Jewish person working in a primarily Jewish hospital. (Jewish people apparently thought in straight lines). I was devastated. As the years have gone on, however, I have come to think of the curlicue description as huge praise and, perhaps, an acknowledgment of my lack of fit in linear environments.

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Theory informs practice and is useful as it serves to support and organize practitioners in their facilitation of change processes. This requires the theory to fit the context within which practitioners are working – politically, socially and personally. Berger and Luckmann (1967), in their seminal book, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*, spoke of the dialectic between objective and subjective realities, and the importance of coming to terms with the two in some form of integration of shared meaning. Bateson (1979) said that reality lay somewhere between the view of the observer and the context in which the observation was occurring. He talked about ‘the difference which becomes information by making a difference’ (p. 68), and the importance of binocular vision, a complicated ‘synthesis of information’ (p. 69).

It is through engaging in practice pursuits that theory becomes real, and the recent dialogue between proponents of evidence-based practice and practice-based evidence examines the complex relationships between research, practice and theory. In the current managed care climate in the USA (and, I suspect, many other countries, though I cannot speak to these), much of what is practiced is mandated by research, and much of the research is supported by funding streams based in the current political and economic managed care climate. Brief manualized treatments are supported, and theoretical knowledge based on narrowly funded research defines what is considered to be best practice in this context. According to Flaskas (2014), who has written about the recursive relationship of theory and practice, ‘it is the practice capacities of knowledge that define good theory, and it is practice that challenges the limits of theory, not the other way round’ (p. 284).

The process of facilitating change, at whatever level – the larger system, the group, the family or the individual, requires certain frameworks within which to think, act and be. Situated in a constantly fluctuating context of politics, social forces and individual preferences, family therapy has undergone an evolution of theories and practice as it has undergone its own developmental phases. These theories and practices consist of all that we are and all that has come before; they inform our work and the ways in which we view it and engage with it. In the more than 50-year evolution of family therapy theory, we have moved from linearity (positivism), to circularity (postmodernism) to a current position that I would characterize as spirality – a form of integration of realities. We have come to a point of being able to think and act in spirals that turn back upon

themselves in constantly shifting arcs of motion as they move in multiple directions out and back, gathering and sustaining what has been found to be useful to each individual practitioner in varying contexts across time. We are always arriving.

In her 2002 article, Flaskas spoke of ‘the freedom of engaging with diversity and tension in knowledge’ (p. 221), and the messy richness in the recursive spiral of the relationship between theory and practice in the therapy field. This brings to mind the spiral of internal structure that evolves as one develops an authentic self with which to venture forth. It is a flexible and resilient, constantly moving structure that organizes the world as it is organized by it. In order to be able to practice in our particular environments, we must have frameworks and interventions that resonate with our own personal ways of being, as well as those of our clients. It is the hard to reach clients who often test our theories and practices. Elsewhere I have written that ‘there are no untreatable clients, there are only inadequate treatment modalities’ (Lord, 2007, p. 209), and our most difficult client situations challenge us to make better and better mistakes as we strive to facilitate change.

It seems that we have come to an exciting new place in the evolution of theory and practice, a paradigm shift in which arguing polarities is no longer useful. A shared philosophy appears to be developing. We have achieved a ‘level of organization at which disorganization is possible’ (Lord, 2007, p. 202), and are able to call upon whatever is useful to the moment, embracing the integrated and chaotic whole of what is happening in theory and in practice.

A number of recent articles have focused on aspects of this paradigm shift. They point to a shift that integrates theories and practices and offers hope for a creative future. Flaskas (2014) identified ‘three “Rs” of teaching and learning in family therapy: “reflection, recursivity and reflexivity”’ (p. 292). She spoke of the tensions and balances between one’s individual passions and ways of working, factors of therapeutic change and theoretical frames.

Gergen (2014) makes a compelling case for a ‘future forming orientation to research’ (p. 1), in which we perform and create fluidly together. He makes a strong justification for a ‘radically new vision of research and its potentials’ (p. 4), encouraging us to move from research that mirrors to research that is generative and that illuminates potentials. We are constantly in flux, always arriving at a place that can never be reached. It is in the flexible movement toward new

forms of being that we are able to be fluid and alive. Inquiry, dialogue and relational theory and practice are all examples of future-forming research in action. Practice-based evidence, practice that is constantly evaluated and adjusted in a dialogue between clients and clinicians, keeps things real and true and useful.

David Pocock's 'A philosophy of practice for systemic psychotherapy: the case for critical realism' (2015) and Mary Donovan's 'Systemic psychotherapy for 'harder to reach' families; mentalization – based therapeutic interventions for families (MBT-F) and the politics of empiricism' (2015) add substantial weight to this shift. Both offer rich discussions and examples of integrating theoretical and practice worlds in ways that are useful to practitioners in today's political context. They challenge us to expand our theories and practices in creative and fluid ways in order to meet our 'harder to reach' clients and to facilitate their growth and evolution into new forms and flexible ways of being.

David Pocock offers a comprehensive view of the ontology – 'what there is to know' and epistemology – 'how we know' (2015, p. 5) of systemic psychotherapy. He writes about critical realism and the importance of a unified philosophy of practice rather than a divisive positioning or stance. He encourages a multiplicity of voices, defining critical realism as 'the philosophy that reality exists independently of all our thoughts and ideas about it and assumes that knowledge can, under some circumstances, adequately represent the world as it is' (p. 4). He says that it is necessary to move beyond the limits of postmodernism and straightforward social constructionism. His shift towards critical realism can be viewed as a major shift in a scene that has been so long dominated by some form of constructionism. If the emergence of constructionism as the reference theory for family therapy dated back to 1984, this would mean that realism had been relegated to the background for the past 30 years.

Ironically, the act of writing, putting thoughts on paper and publishing them, punctuates and concretizes ideas in time and space and, the moment they move out into the theoretical and practice realm, they are already outdated and perhaps no longer applicable. For example, Pocock (2015) identifies Gergen as a 'strong constructionist' (p. 4), while Gergen's recent 2014 work might be identified as moderate constructionism or even critical realism. I am curious to know how Gergen might characterize himself; perhaps as a person in motion, open to whatever might come. As the field of practice is fluid and constantly evolving, as clients and therapists are constantly

evolving, so are theorists and what becomes captured in literature constantly evolving. Theories are developed and carried forward by people, as are practices.

While Pocock offers an integrative theoretical frame, Donovan (2015) offers an integration of mentalization-based therapeutic interventions for families (MBT-F) and systemic therapies as a way to work with 'harder to reach families'. She eloquently delineates the narrowing effects of the empiricist tradition from which mentalization comes, and identifies areas of commonality between systemic practice and MBT-F. She speaks of crossing boundaries and bridging gaps, and the Kantian philosophical system, which 'left space for that which cannot be known' (p. 16). She points out that this integration of mentalization within systemic family therapy is happening mostly at a technical level, without any attempt to promote integration at a theoretical level, a situation which she sees as potentially dangerous for the field.

Most importantly, Donovan addresses the tensions between empirical research and 'our multi-layered, socially constructed world' (p. 14). She asks the critical question, 'Are we in danger of moulding therapy to fit an empiricist frame?', saying that 'we need to be careful that restrictive paradigms do not beget restrictive and, indeed, restricted psychotherapy, at least for those who cannot pay for it themselves' (p.16).

The current political, social and individual climate calls for an openness to new ideas and practices in order to be able to meet our clients where they are and offer best practices that are ever-evolving in response to lived experiences. Rather than fit ourselves and our clients into the boxes required by the manualized evidence-based practices of the managed care system or argue one position against another, it would serve us well to harness our strengths and imagine ourselves into new futures.

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