



© The Association for Family Therapy 2008. Published by Blackwell Publishing, 9600 Garsington Road, Oxford OX4 2DQ, UK and 350 Main Street, Malden, MA 02148, USA.
Journal of Family Therapy (2008) 30: 333-348
0163-4445 (print); 1467-6427 (online)

Therapeutic challenges of multi-being

Kenneth J. Gergen^a

Q4

This paper emerges from an attempt to shift the locus of understanding human action from the individual to relationship. In doing so we come to see persons as multi-beings, that is, as constituted within multiple relationships from which they emerge with multiple, incoherent, and often conflicting potentials. Therapy, in this context, becomes a collaborative relationship with the aim of transforming the client's broader relational network. In this view, schooling in a singular practice of therapy artificially limits the therapist's potential, and thus the possible outcomes of the client-therapist relationship. Invited, then, is a reflective eclecticism, in which the myriad potentials of both the therapist and client are considered in tandem. This view is illustrated by contrasting three relational conditions in which clients find themselves, each of which invites a different form of self-expression from the therapist.

I am reviewing the first draft of Fred's dissertation. On one page I find myself scribbling in the margin, 'this is inconsistent with the previous chapter'; on other pages I write, 'incoherent', 'colloquial', or 'awkward phrasing'. I also have my moments of congratulation: 'elegant', 'good point', or 'nicely prepared'. I proceed with little reflection. I am simply participating in a tradition that aims to educate individuals to become clear and coherent in their thinking. Yet there is a certain irony in my comments to Fred. As I sit here writing this paper, I am filled with doubts and turmoil. I am aware that for much that I wish to say, I also carry a critical voice. At each sentence I am confronted with other ways of putting things, and dozens of criteria for judging. It is a major effort to suppress all this nattering, but I am in peril if I do not. Specifically, if I do share the full cacophony with you, the reader, you will soon respond as I did to Fred. 'This is totally incoherent!'

The view of the ideal person as a coherent unity has a long tradition in the West.

It is evident in the Christian tradition, with its emphasis on the purity of the soul, and the clear divide between good and evil. The

The Taos Institute

© 2008 The Author. Journal compilation © 2008 The Association for Family Therapy and Systemic Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

1 philosopher Stephen Toulmin (2001) traces the emphasis on logical
2 coherence to the rise of Modernism, and particularly the influence of
3 the Cartesian view of reason as the centre of human action. Good
4 reasoning is clear and logically consistent, ideally approximating
5 mathematics. The maturing individual should thus aspire to a coherent
6 way of thinking about the world, one that integrates disparate facts
7 into a single, overarching theory. These same values are also inscribed
8 in clinical practice. George Kelly's widely acclaimed *Psychology of*
9 *personal constructs* asserts that all people attempt to build conceptual
10 systems that are internally consistent. Prescott Lecky (1973) argued
11 that the 'normally' functioning human being strives for consistency in
12 all aspects of his life. Mental suffering is equated with blockage of
13 consistency-striving. It is no accident that the profession's labels for
14 mental illness include schizoid thinking, bipolarity, dissociation and
15 multiple personality disorder.

16 In what follows, I wish to first explore the possibility of an
17 alternative to the traditional conception of the whole and coherent
18 person. It is a view that emerges from my attempt in recent years to
19 develop a relational conception of the person. Such a view replaces
20 the traditional emphasis on independent, autonomous agents with a
21 vision of individuals as fundamentally intertwined. A full account of
22 this vision is contained in my forthcoming volume, *All my Relations*
23 (Gergen, in press). This is not the context for a full account on this
24 vision. However, its concern with what I call multi-being raises
25 particularly challenging issues relevant to therapeutic practice. It is
26 to a range of such challenges that final attention will be drawn.

27 28 **The self as multi-being**

29 Although internal conflict has long been the hallmark of psychody-
30 namic theory, such theory is also lodged in a view of biologically based
31 motivation. The nature of conflict is thus viewed as inherent in the
32 individual, and is limited by one's view of biological drives. Further,
33 such conflict is viewed as debilitating. In developing a relational
34 account of human action, all these assumptions are challenged. In
35 my view, behind the façade of unity, coherence and wholeness lies an
36 oppositional world of discord. However, it is a world of enormous
37 potential, gaining daily in dimension. Consider its genesis. As we
38 engage in relationships, both significant and superficial, we are
39 continuously absorbing potentials for action. Every relationship pro-
40 vides three points of origin for these potentials. First, others' actions

1 serve as *models* for what is possible. As we observe others in action they
2 fill our consciousness, thus providing a first step towards incorporat-
3 ing their actions into our own repertoire. This process, variously
4 called imitation, modelling or identification by social scientists, is often
5 credited as the fundamental engine of socialization. It is exemplified
6 in the therapeutic work of Karl Tomm (1998) and Richard Schwartz
7 (1995). Yet, the traditional view of modelling does not take us far
8 enough. Within any relationship, we also *become somebody*. That is, we
9 come to play a certain part within the relationship itself. With my
10 mother I come into being as a child; with my children I come into
11 being as a parent, and so on. Each relationship will bring me into
12 being as a certain sort of person, and the actions that I acquire will
13 enter the repository of potentials for future use.

14 Multi-being is also constituted by a third residue of relationship, the
15 interactive scenarios that we perform together. When we learn to
16 dance, we acquire the ability to move our bodies in the prescribed
17 way; we also watch our partners, and possibly could imitate them as
18 well. Of equal importance, however, I learn the coordinated activity of
19 the dance itself, how it goes when I move in this direction, or you
20 move in that. In the same way, I learn what it is to participate in the
21 give and take of an argument, the coordinated action of making love,
22 or scenarios of emotion. Harry Stack Sullivan's (1968) concept of 'me-
23 you' patterns is relevant here. In sum, our participation in relational
24 process leaves us with potentials to be the other, to be a certain kind of
25 self, and a form of self/other choreography. From these three sources,
26 we emerge with enormous possibilities for being.

27 There are a number of important consequences of this view.
28 Among the most prominent is obviously its contrast with the tradi-
29 tional vision of the unified and independent self. The ideal of an
30 internally integrated, harmonious and coherent mind is replaced by a
31 view of the person as fundamentally disorderly and inconsistent. The
32 individualist view of individuals as independent agents is also replaced
33 by a vision of the person as fully embedded in relationship. It is only
34 from one's immersion in relationship that the very semblance of
35 separate identities emerges. The well-ordered and independent mind
36 is no longer the goal of maturity, but a sign of constricted relations.
37 For the multi-being, coherence and integration may be valued, but
38 only within particular relationships. Rather, one may celebrate the
39 myriad potentials for effective relationships.

40 It also follows from this vision of multi-being that for anything we
41 hold as reasonable or good, we may very well harbour the potential



Figure 1

As Figure 1 suggests, these relational residues resemble the wing of a butterfly. This wing enables one to soar in many directions. However, like the butterfly, two wings are required for flight. In Figure 2, we add the wing. As we see, in any relationship, there are

© 2008 The Author. Journal compilation © 2008 The Association for Family Therapy and Systemic Practice



Figure 2

virtually infinite possibilities for coordination. Failure is also possible. It is this very condition in which the therapist and client find themselves together.

Multi-being and reflective eclecticism

The implications of multi-being for therapeutic practice are many and complex. At this point I wish only to open the door to exploration. In particular, I wish to call attention to the challenge to the tradition of univocal or single-school therapy that has long pervaded the profession. From Freud to the present there is a strong tendency for practitioners to employ a particular form of therapy (e.g. psychodynamic, cognitive behavioural, systemic, narrative, brief) regardless of the circumstances of the client. It is true that many therapists are more eclectic in their orientation, essentially adapting their approach to the context at hand. In taking account of multi-being we find reason to press further, towards what may be viewed as a *reflective* eclecticism. The condition of multi-being asks us to reflect on the kinds of

© 2008 The Author. Journal compilation © 2008 The Association for Family Therapy and Systemic Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

1 coordinated actions required to bring about change in the character of
2 this client's life conditions. If therapist and client are to take flight in
3 their relationship, there should be deliberation on the particular
4 combination of feathers best suited for the journey. In what follows
5 I wish to contrast three conditions.

7 **Progressive isolation**

9 I have become intrigued in recent years with what appears to be an
10 increasingly pervasive social pattern, that of progressive isolation. By
11 this I mean an individual's circular, self-sustaining trajectory in which
12 a minor form of deviance and doubt invites others' avoidance, which
13 in turn triggers further doubt and deviation, with the result of once
14 again increasing social rejection. Consider: As a result of our multi-
15 being, virtually all of us dwell at the borders of the unacceptable. Most
16 of us labour with questions of being too fat or too thin, too short or too
17 tall, too quick or too slow, too talkative or too silent, too ambitious or
18 too lazy, too emotional or too rational, and so on. Typically, however,
19 we find ways of escaping criticism and not stepping on too many toes.
20 Most importantly we overcome doubt and sustain our sense of being
21 'OK' through our relation with others. We draw continued nurtur-
22 ance from the subtle affirmations of daily interchange. Energetic
23 greetings, the unselfconscious sharing of conversation, congenial
24 laughter, making plans together and so on all affirm one's member-
25 ship inside the walls of the acceptable. For most, these commonplace
26 scenarios are sufficient; for others, they are not.

27 In the common hustle-bustle of life we tend to avoid anyone who is
28 too loud, aggressive, silent, incoherent, critical, slow, unpredictable or
29 otherwise bothersome. In the individualist tradition, we understand
30 that we must take care of the self first, that everyone is responsible for
31 his or her own behaviour, and that the deviant stands in the way of our
32 progress. Confrontation with deviance can also be unpleasant and
33 time consuming; avoidance is the best option. Yet, if we happen to be
34 the offensive one, we are left floating in a sea of uncertainty. 'Have I
35 done something wrong; I was only doing my best; I am only reason-
36 able; why is that so bad; what is it about me?' Such doubts can first give
37 way to rejecting others ('I don't care what they think') and then to
38 avoiding them ('They don't like me, so why hang out with them?'
39 'They don't appreciate me, so what's the point?'). At the same time,
40 avoidance of contact functions as a further barrier to affirmation. Self-
41 questioning intensifies, often leading to uncontrollable rumination.

1 To combat the whirl of self-defeating suspicions, one may draw
2 from the repertoire of multi-being: 'I am a person of especially deep
3 feelings, and they are superficial.' 'I am just smarter . . . more creative
4 . . . more insightful.' Again affirmation is lacking, opening the way to
5 actions appropriate to the private reality but nowhere else. First there
6 are actions that confirm the negative visions: cutting one's body, binge
7 eating, starving oneself. Alcohol and drug addiction are especially
8 invited, as they both punish the individual while simultaneously
9 allowing moments of ecstatic forgetting. Most problematic are actions
10 that punish those responsible for the ejection. One may, for example,
11 adopt more extreme behaviours, understanding full well that others
12 will be anxious, frightened or irritated. Disrupting conventions yields
13 a satisfying revenge. Offensive clothing, slovenly or menacing actions,
14 muttering to oneself are all options. As others' avoidance is further
15 increased, there are no limits to one's imagination. And this may
16 include inclinations to eliminate the arrogant abusers. Here we have
17 an incubator for extreme actions, such as stalking, paedophilia and
18 school massacres.

19 Recent decades have multiplied the potential for progressive
20 ejection. This is so for two reasons, both related to twentieth-century
21 technologies. On the one hand, technologies of communication
22 contribute to the multiplication of *oughts*. We are bombarded, for
23 example, with advertisements regarding the proper body shape,
24 clothing styles, arrangement of the teeth, texture of the hair and so
25 on. The media inform us of what is 'in' in the way of music, books,
26 restaurants, film and wine. Everywhere we encounter the 'top 100',
27 'the top ten' and 'number one'. Rapidly the standards are multiplied
28 and proliferated, so 'every savvy person' knows the rules of accept-
29 ability on the club scene, at the beach, in the classroom and so on.
30 When oughts are multiplied, so is deviance.

31 Further, there is a dwindling number of people who can provide
32 the needed affirmation. Twentieth-century technologies have quick-
33 ened the pace of life. With increased capacities to move about the
34 globe – both physically and electronically – we find ourselves with
35 more opportunities, more invitations, more information to process,
36 more open vistas, and more things that we 'must do'. Most of us
37 find ourselves continuously under pressure – so many demands,
38 so little time. Work on the job is extended into the home; home
39 life is interrupted by travel requirements, lessons, meetings and
40 children's activities. Extended time together is reduced to 'quality
41 time', and relationships in depth are replaced by an extended

1 and superficial network of acquaintances. Under these conditions
2 it is difficult to find others to trust with one's secret doubts and
3 yearnings; it is equally difficult to locate others who have the time to
4 listen, probe and understand. There is simply no time for deviants
5 (Gergen, 2001).

6 In my view, therapists from virtually any school – from psycho-
7 analysis to Buddhist meditation – can provide important resources for
8 enabling clients to escape the Charybdis of isolated self-torment. This
9 is so because all can affirm the individual as a valid participant in the
10 social world as opposed to treating him or her with disbelief or
11 disregard. All may establish a relationship of care, thus contributing
12 to the special advantage of therapy over other forms of responding to
13 deviance. At the same time, there are great variations in how much of
14 the client's private wandering will be affirmed and legitimated within
15 the conversation. In many respects, Carl Rogers' (1995) non-directive
16 orientation sets a standard for practices that are maximally affirming.
17 For Rogers, all self-doubts, private fantasies or hidden loathings are
18 invitations to the therapist's unconditional regard. As many contem-
19 porary therapists would say, Rogers was *fully present* to his clients. Yet
20 Rogers was also committed to his own particular theory of dysfunction
21 and cure. Essentially he knew the source and cure for clients'
22 problems before they entered the room. While he listened fully and
23 affirmingly, his responses were virtually scripted before the client
24 spoke the first word.

25 In this respect I am drawn to Harlene Anderson's (1997) proposals
26 for bracketing the demands of theory in favour of full attention to the
27 client's accounts. It is not simply that the 'knowing' therapist may
28 shape the client's account so that it confirms the therapist's pre-
29 established theory. Strong theoretical commitments also encourage
30 selective listening. Especially for the diagnostically oriented therapist,
31 there is the danger of questions that position the therapist as the judge
32 of the client's sanity. As one of Anderson's clients reported, when his
33 previous therapist asked him 'Is this an ashtray?', he was thrown into a
34 panic. He needed to talk about his fears, and not to be placed under
35 evaluation. Anderson proposes, instead, a form of curious and
36 responsive listening in which one treats the client's story as a
37 trustworthy and legitimate reality. One responds 'into' the client's
38 story world, accepting the language, vocabulary and metaphors. The
39 client's reports are not treated as an indication of something 'behind'
40 the words – a hidden, unconscious problem, for example, but as one
41 might the words of a close friend. Therapy, in this sense, is a

collaborative relationship in which responsibility is shared for the outcome (see Anderson and Gehart, 2007).

Suspending realities

Let us now consider a contrasting condition. For many anguished people, the affirming voice of a therapist may remove plaguing doubts and restore a sense of ontological security. With potentials restored, they may also move more effectively in the extended dances of relationship. Yet, for many therapeutic clients, it is not a sense of spinning into a vortex of doubt that is troubling; rather it is an altogether compelling reality that crushes them in its grip. We are not dealing here with people who writhe in ambiguity, but with those locked within debilitating patterns of relationship from which there is no apparent exit.

How do people become so inflexibly committed to a self-defeating way of being? Let us place this question in the context of multi-being. As outlined earlier, normal life equips us with innumerable potentials for relating. However, in this case we confront people whose patterns of action are narrowly constrained. Rich potentials remain unrealized. We often view such persons as problematic personalities: 'Jack is aggressive; Jill is a chronic depressive.' This is to mistake the self of the moment for the potentials in waiting.

If our potentials for action originate in relationship, so must we turn to relationship to understand the origins of constriction. There are two major forces at work in such cases. The first may be located in ongoing relations in which the person is immersed, and the second in the past history of relationship. Each requires special therapeutic attention. With respect to ongoing relations, it is useful to consider cross-time patterns of collaborative action. There are the common patterns, such as playing games, gossiping and exchanging gifts. There are also patterns that are degenerative in their effects on the participants. Among the most common are arguing, exchanging criticism and mutual blaming. Participants move slowly towards the demise of their relationship. To be sure, in all scenarios, certain potentials are suppressed. Learning how to play one game proficiently may mean being unskilled in others. However, in the case of degenerative scenarios, the suppression is more lethal. In generative scenarios, the door is always open to creative change. The exchange of affirmation sets a context that is congenial to expanding expression. However, in degenerative scenarios, the other becomes an alien. One

1 does not wish to explore, because the other is rejected. Thus, couples
2 play games in which they subtly undermine each other, they isolate
3 each other, or lure each other into mutual rage. Exploration of
4 alternatives is difficult, and this includes acts of affirmation. As
5 communication specialists Pearce and Cronen (1982) point out,
6 many people form patterns of relating they know are harmful to
7 their relationship. They have bitter fights, engage in mutual blame
8 and so on. However, they are so well practised in these routines that
9 they become 'just natural'. In effect, they become self-sustaining.

10 Most therapies offer resources for challenging the client's life
11 world. This is so in large part because most therapies are theory
12 driven. That is, the therapist enters with a set of understandings
13 shared within his or her professional enclave. These understandings
14 will seldom duplicate the discourse used by the client. Thus, whenever
15 the therapist asks a question dictated by his or her theoretical back-
16 ground, it will typically function to dislodge the presented reality of
17 the client. The client wants to talk about family problems but the
18 humanist therapist asks about his feelings; the client talks about how
19 everyone is laughing at her, and the cognitive therapist asks her if they
20 could they be laughing at something else; the client talks about
21 problems of sexual perversion and the psychoanalyst shifts the
22 discussion to childhood experiences. All such questions move towards
23 dislodging the taken for granted (Spence, 1984). At the same time,
24 they lure the client into an alternative world that may or may not be
25 relevant to existing conditions.

26 Significantly more flexible in opening up spaces for new flights of
27 relationship are the discursively oriented practices of therapy. Classic
28 is the work of the Milan School and the development of *circular*
29 *questioning* (Becvar and Becvar, 1999). Such questioning is often
30 successful in shifting the family's understanding of 'the problem'
31 from the traditional orientation to 'troubled individuals' to troubled
32 relationships. Within this new space of understanding, many possibili-
33 ties may unfold. Distinctly devoted to expanding the range of
34 possibilities are the practices of the reflecting team. Discussions
35 provoked by a reflecting team may stimulate a new range of dialogues
36 for the participants, while simultaneously generating an appreciation
37 for multiple realities. Narrative therapy is especially sensitive to
38 locating evidence within the life history of the client that may be
39 used as a scaffold for building an alternative to the dominating reality
40 (White, 2007). In effect, the therapist enables the client to locate
41 forgotten feathers with which to fly.

Relinquishing private relations

So far we have focused on constricted patterns of action that derive from ongoing relations in the present, and have touched on several practices designed to reduce the power of these restrictions. However, as multi-beings we also carry with us the residues of the past. Most of these residues are valuable resources, available to enrich the present. At the same time, some inheritances from past relationships are strangulating. They become so hardened that we are insensitive to the changing situation; they are knee-jerk responses that disrupt and destroy ongoing relations. For example, one may harbour an obdurate vision of his or her inferiority, failure or undesirability; or one may be overtaken by an unstinting sense of injustice, jealousy or insufferable others. Other people find the world all too dangerous, threatening, or replete with forces beyond their control. Here we are also dealing with people whose relational partners may find themselves in despair. Nothing they do seems to invite change. They want their wafer-thin daughter to eat more, their mate to be less sullen, their father to be less aggressive and so on. How, then, do we account for the continuation of such inflexible patterns of being?

Being locked in the past is to remain bound in some form of relationship. It is to participate in a scenario that privately sustains itself. The reasons for sustaining such debilitating scenarios may be many. Often they sustain themselves because they remain unfinished; a drama has unfolded and one returns continuously in search of a satisfactory conclusion. For example, one may have been rejected without a satisfactory reason, unjustly attacked without an opportunity to retaliate, or sexually abused without any reconciliation. The story is suspended; its awful drama holds one in its grip. A common form of the 'unfinished story' leaves us with a residue of self-recrimination. Here is the 'negative voice', a voice that reminds them all too often that they are unworthy, unlovable or inferior (Claude-Pierre, 1998). Typically this is the voice of authority (e.g. parents, teachers, older siblings). In effect, these are people to whom one could never offer an adequate reply, a refusal or a counter-attack. The voice remains unanswered and unanswerable.

In the case of these repetitive scenarios, the challenge for the therapist may be formidable. In the most extreme cases, the whirring of the private world may reject all who would attempt to enter. The resentment, hostility or sense of self-righteousness may function as a fortress. No one can truly understand, no one is sufficiently worthy,

1 and those who attempt to be so may seem condescending or manip-
2 ulative. How is one to enter the conversation? The Puerto Rican
3 therapist, Edgardo Morales, tells the story of his early days as a
4 therapist. He was given a highly difficult case to treat, a young woman
5 with a history of drugs and antisocial behaviour. Her stormy disposi-
6 tion had led to her hospitalization. When she was brought to his office,
7 she sat sullenly before him, her stony face set off with dagger eyes.
8 Edgardo began with a congenial greeting, and gently outlined how
9 talking together might be helpful to her. She stared silently. After
10 more false starts, Edgardo recalled that she had owned a white cat.
11 Abandoning the therapeutic chatter, he asked about the cat. Although
12 the stare was never broken, Edgardo did notice a slight movement of
13 her mouth, as if she were almost ready to speak. With this, Edgardo
14 proceeded to tell her that he, too, owned a white cat. But, he said, his
15 cat was very naughty. Edgardo then sat himself behind his desk and
16 began to tell the girl that at night when he was working at his desk, the
17 cat became jealous. He wanted attention. Then, role-playing the cat,
18 Edgardo climbed on top of the desk, and with a loud 'Meow', leaped
19 with all fours on to the desk top. The patient suddenly screamed out,
20 'You are crazy!' Edgardo responded, 'Yes, but I get paid for it.' The
21 girl burst into laughter, and with that, an engaging and productive
22 conversation began.

23 A less dramatic, but highly innovative means of disrupting
24 these self-sustaining scenarios was developed by New York therapist
25 Peggy Penn (2007). If the offending other cannot be addressed
26 in person, she asked, are there not other ways of 'finishing old
27 business'? Specifically, Penn made extensive use of letter writing
28 to generate dialogue with the unavailable participant in the debilitat-
29 ing relationship. Consider a woman who has suffered abuse from a
30 now-deceased stepfather. She cannot rid herself of the humiliating
31 experience; normal sexual relations are now beyond her grasp. Penn
32 might have her compose a letter to her stepfather. There she could
33 quietly and articulately spell out the full range of her feelings,
34 her anger, anguish, self-blame, and possibly even her love. With the
35 private conversation now out in the open, Penn can be brought more
36 fully into the conversation. The private scenario is now open to
37 another conversational partner. However, the process does not nec-
38 cessarily terminate at this point. Rather, Penn might then invite the
39 woman to compose a letter in which she takes the part of the
40 stepfather. What can she imagine her stepfather saying to her? How
41 would he explain his actions; what would he be feeling? Now the

1 scenario approaches conclusion and, with Penn as a collaborator, its
2 grip is released

3 In my view, Buddhist practices now represent an enormously
4 important addition to the therapist's resources. Speaking directly to
5 the challenge of private scenarios is a Buddhist practice called
6 Shikanho (Koschikawa *et al.*, 2006). In one variation, clients are asked
7 to think of the unpleasant occurrence that unsettles them, and to
8 summon forth the feelings that it evoked. Once the image is in focus,
9 they are asked to envision the situation without making any evalua-
10 tions or judgements. They are to allow the scenario to play itself out
11 without judging, for example, that it was humiliating or disastrous.
12 After suspending judgement of the scenario, the clients are chal-
13 lenged with a new task: imagine looking at the situation from various
14 angles of vision. How would it appear from above or below, from near
15 or far? With the help of the therapist, clients move through these
16 angles of vision every two seconds. After thirty seconds, however, they
17 are allowed pause for thirty seconds to take a deep breath before
18 continuing. Through this form of concentration, the unpleasant
19 occurrence ceases to be commanding. One may approach the mem-
20 ory as 'something that happened', but with its significance now
21 optional. It is neither good nor bad in itself; vantage point is every-
22 thing.

23 **Expanding horizons**

24 As we find, when viewed in terms of multi-being, differing client
25 histories may present the therapist with particular challenges in terms
26 of productive collaboration. The client who is plagued by a private
27 dialogue of doubt may require an affirming partner; the client who is
28 locked within a debilitating process of relationship may require
29 reconstructive conversations; and one who is bound within relational
30 process long past may challenge the therapist to locate means of
31 entering the circle and rewriting history. I have focused on these three
32 conditions not as an attempt to be inclusive, but to open up discussion
33 on the variations in the modes of therapeutic relationship that may be
34 required for productive interchange.

35 It would be useful to expand the range of such situations, and to
36 extend discussion of reflective eclecticism. For example, because of
37 the security derived from sustaining a well-practised way of being, an
38 individual may become increasingly 'de-skilled'. One may hone
39 practices such as anger or argumentation over time, becoming

1 increasingly proficient in their use. However, as reliance is continu-
 2 ously placed on these forms of being, there may be a loss in flexibility.
 3 One may simply lack the skill to respond to frustration other than with
 4 anger, or to disagreement other than with attack. Under these
 5 conditions the therapeutic relationship may best become one of
 6 student to a teacher of skills. Here the usual dance of question and
 7 answer may have to be abandoned in favour of a form of relationship
 8 in which the client metaphorically learns how to fly.

9 Or, in the case of couples, there is the frequent occurrence of one
 10 participant living out a way of being that is unacceptable to the
 11 relational reality they have built together. Love affairs, sexual de-
 12 viance and crime are among the most common candidates. The
 13 challenge here is to locate means of crossing the borders of meaning
 14 in such a way that the binding reality is not destroyed. The skills of a
 15 mediator may be demanded of the therapist. For many couples, there
 16 is also the ironic threat of long-standing harmony. As potentials are
 17 suppressed and eroded over time, the vitality of the relationship may
 18 expire. Here the therapist may become a guide into the imaginary. As
 19 multi-beings, clients and therapists have before them an enormous
 20 range of possible trajectories. As suggested here, reflection on their
 21 form and function may be highly productive.

22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500

Anderson, H. and Gehart, D. (eds) (2007) *Collaborative Therapy: Relationships and Conversations that Make a Difference*. London: Routledge.

Anderson, H. (1997) *Conversation, Language and Possibilities*. New York: Basic Books.

Anderson, T. (ed.) (1991) *The Reflecting Team: Dialogues and Dialogues about Dialogues*. New York: Norton. Q1

Becvar, R. J. and Becvar, D. S. (1999) *Systems Theory and Family Therapy: A Primer* (2nd edn). Lanham, MD: University Press of America.

Claude-Pierre, J. (1998) *The Secret Language of Eating Disorders*. New York: Vintage.

Cronen, V. and Pearce, W. B. (1982) The coordinated management of meaning: a theory of communication. In F. E. X. Dance (ed.), *Human Communication Theory*. New York: Harper & Row.

Gergen, K. J. (2001) *The Saturated Self* (2nd edn). New York: Perseus.

Gergen, K. J. (in press) *All My Relations, From Individualism to Relational Being*. New York: Oxford University Press.

Kelly, G. A. (1955) *The Psychology of Personal Constructs*. New York: Norton.

Koshikawa, F., Kuboki, A. and Ishii, Y. (2006) Shikanho: A Zen-based cognitive-behavioral approach. In M. Kwee, K. J. Gergen and F. Koshikawa, *Horizons in Buddhist Psychology*. Chagrin Falls, OH: Taos Institute Press. Q2

- 1 Lecky, P. (1973) *Self-consistency: A Theory of Personality*. New York: Island Press.
2 Penn, P. (2007) Listening voices. In H. Anderson and D. Gehart (eds), *Collaborative*
3 *Therapy: Relationships and Conversations That Make a Difference*. New York:
4 Routledge.
5 Rogers, C. (1995) *On Becoming a Person: A Therapist's View of Psychotherapy*. London:
6 Constable & Robinson.
7 Schwartz, R. (1995) *Internalized Family Systems Therapy*. New York: Guilford Press.
8 Spence, D. (1984) *Narrative Truth and Historical Truth: Meaning and Interpretation in*
9 *Psychoanalysis*. New York: W.W Norton.
10 Sullivan, H. S. (1968) *The Interpersonal Theory of Psychiatry*. New York: Norton.
11 Tomm, K. (1998) Honoring our internalized others and the ethics of caring: a
12 conversation with Karl Tomm. In M. Hoyt (ed.), *Handbook of Constructive*
13 *Therapies*. San Francisco, CA: Jossey-Bass.
14 Toulmin, S. (2001) *Return to Reason*. Cambridge, MA: Harvard University Press.
15 White, M. (2007) *Maps of Narrative Practice*. New York: Norton.
16
17
18
19
20
21
22
23
24
25
26
27
28
29

