Self-supervision, surveillance and transgression

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*Transgression* is not only an inevitable part of systemic supervision but is also necessary if we are to work towards innovative and inclusive supervisory and therapeutic practice. Defying culturally generated ‘rules’ of systemic practice can allow for more relevant and productive ways of talking. Systemic practitioners are increasingly finding themselves trying to practice systemic therapy in employing authorities and training courses which are dominated by inflexible professional narratives and manualised procedures. Our profession is committed to ethical inner and outer dialogue, to self- and relational reflexivity as distinct from the rule-bound surveillance culture in which we live and work. Systemic supervisors and therapists may find themselves at odds with monological institutional discourse and attempts from within our own profession to manualise practice. I introduce examples from supervisory conversations to illustrate how supervisors can develop more culturally sensitive practices through supporting practitioners to hear and have heard their own marginalised and oppressed voices and those of their clients.

**Keywords:** supervision; systemic therapy; transgression; surveillance; counselling; psychotherapy.

Transgression: living practice

It has often seemed to me that systemic practice is a something of an oddity in more rule bound professional cultures. In my work as a systemic supervisor in statutory and independent settings, I have noticed the amazement and confusion of trainees, supervisees and other systemically inclined colleagues as they explore the spontaneous and innovative practices arising out of systemic therapy. Through
supervision, people seem to become more curious as to the relationship between dominant organisational values and systemic practice and between systemic and other therapeutic ways of working. Some have become frustrated when a fixed description of systemic therapy has not emerged. My own experiences of belonging to oppressed and marginalised groups, theoretically, professionally and politically, have influenced my inclination to work with people to create theory out of their lived experiences and to develop theory-in-the-moment as a transient, living way of being.1

This is an article about systemic supervision which, as with all areas of systemic practice, I have come to think of as often being transgressive. By transgressive I mean breaking new ground, promoting critical thinking, creating permissions that do not already exist from within the systemic texts. Perhaps we could even think of systemic supervision as a transgressive partnership.

The experience of discussing my ‘own’ work with systemic consultants or supervisors is that we spend a great deal of time not only developing systemic accounts of my practice but also extending the boundaries of what counts as systemic practice. Like many people I often act first and later on I wonder, ‘Now how on earth does that connect with systemic thinking?’ and ‘What would my supervisor say about this?’ But, it seems, I can never guess. I am always surprised. I never feel that my practice, or the communities in which I practice, are disqualified in any way. Instead my gestures and forays are understood as context specific, a needed response to particular cultural circumstances. The experience leaves me feeling part of a comfortable and inspiring, ground-breaking partnership interested only in making systemic practice more useful to people.

I sometimes wonder if supervisees and supervisors from oppressed or marginalised groups might have a more vigorous and rigorous inner dialogue with inner supervisory voices about appropriate behaviours than those who identify with majority or dominant group norms. They may be living with voices from both dominant and counter cultures. In having gone through a process of recognizing that they are different in some ways from a mainstream culture, out lesbians, gay men and other queer identified people, for example, have learnt to be transgressive – to achieve some degree of coherence between their private and public worlds. In order to be a lesbian, I

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1 Any examples I use have either been highly disguised and/or I have agreement from the participants to use the example.
have no choice but to be transgressive in a world dominated by images, values and embodied practices of heterosexuality. As a Jew living in a predominantly Christian culture, recognizing or not recognizing Christmas or Easter could be seen, either way, as a transgressive act.

My experience is that it is unusual for these worlds to come together in a supervision context and that transgressive practices and other mindful deviations associated with culture, gender, age or lifestyle, for example, are often not welcome or appreciated within psychotherapy training courses or counselling organisations. There often exists a form of unspoken censorship by the host culture which can lead to self-surveillance and private assessment by people from oppressed and marginalised cultural groups as they try to anticipate what the consequences might be of expressing or even acting on ideas from outside the mainstream culture.

It is this more problematic aspect of self-surveillance, cultural dissonance and power in training courses and in the workplace which I want to discuss further.

**Becoming systemic**

Systemic practice has been changing so fast that its character, its practices and its place in the psychotherapies is becoming more difficult to describe. It is a constantly evolving practice, and that seems to be part of our ethical commitment: to explore the relationships between different levels of context – be it about the most minute detail in how we respond to another person, different conversational practices or ideological influences (Leppington, 1991; Burnham, 1992). In our commitment to challenging our own prejudices, we listen out for the novel, for exceptions, that which is unique, ‘the difference that makes a difference’ (Bateson, 2000) or, as John Shotter would say, ‘the difference that makes a difference that matters’ (Shotter, 2007). In so doing, we are always taking the ethical position of being prepared to change how we go on in relationships with others, how we go on in our relationship with theory and, in fact, with our most deeply held assumptions. The potential for change between every level of context makes systemic practice a very hard to capture and fast ‘science’.

We could borrow from Foucault who believed that the term ‘being gay’ was too static, too fixed. He proposed that it is more a matter of becoming gay, that gayness was an activity, something which required a
performance and came to life in the act of doing being gay (Foucault, 1981). Perhaps we are always in the process of becoming systemic – the activities we engage in develop our story of what counts as systemic. We are involved – less in a process of defining or refining – but in naming and situating and responding to discursive activities.

bell hooks suggests that by creating an environment in which people can be encouraged to develop a questioning relationship with theory, we are teaching them to become critical thinkers (hooks, 1994). Instead of absorbing knowledge in what she and Paolo Freire (Freire, 1972) describe as the banking system (passively take in, store, get out and use as needed), bell hooks encourages teaching as a transgressive act with its outcome, meaning and uses always being in the hands of the trainees.

Watching you watching me watching you

I have been particularly interested in how often supervisees, whether in training or qualified, reveal a restrictive inner dialogue. This connects with the frequent examples I have noticed of people coming to therapy using apologetic and self-pathologizing language. Perhaps it is not so surprising that many of the inner supervisory voices reported are restrictive and critical given the modernist culture in which we live, work and study. Trainees, in particular, have to demonstrate ‘knowing’, to reproduce and speak about theory in a way which is recognisable to others. When practitioners cannot, in the moment, recognise and name what they are doing as ‘systemic’ – as is often the case – then a regulatory voice can dominate inner dialogue. Many readers will recognise comments such as

- ‘But how is that systemic?’
- ‘I don’t know what you will think of this . . .’
- ‘I have no idea what I was doing here.’
- ‘I’m afraid I wasn’t being very systemic when I. . .’
- ‘Are we allowed to. . .’
- ‘I was thinking, What Would Gail Say. . .’

I find Foucault’s idea about Panopticism helpful in offering a partial explanation for some of these critical, fretful inner voices (Foucault, 1991). Foucault drew on Jeremy Bentham’s design of a prison to illustrate how members of the public internalise an invisible
monitoring authority and go on to police themselves. Bentham’s panopticon was designed to be an opposite of the dark cell, the dungeon. In his design, cells were well lit – from front and back – and positioned around a single watch tower enabling the supervisor and the prison guard to view all prisoners simultaneously. The inmates would have no knowledge of whether there was anyone watching at that moment but they would assume that they were being observed and therefore be affected by the idea that an authority figure was always present.

He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection.

(Foucault, 1991, p. 202)

It is thus interesting to speculate about the effect of live supervision in systemic therapy, audio recordings, one-way screens, video cameras and note-taking. It is often the case that the design and seating arrangement, the view through the screen or cameras in the interview room, is often to provide an optimum view for the team.

This enclosed, segmented space, observed at every point, in which the individuals are inserted in a fixed place, in which the slightest movements are supervised, in which all events are recorded, in which an uninterrupted work of writing links the centre and periphery, in which power is exercised without division, according to a continuous hierarchical figure, in which each individual is constantly located, examined and distributed among the living beings, the sick and the dead – all this constitutes a compact model of the disciplinary mechanism.

(Foucault, 1991, p. 197)

The Urban Panopticon of CCTV culture (Koskela, 2003) in which most of us now live is very different from the leisure video culture which gave rise to the use of recording and live supervision in family therapy. Given the prevalence of monitoring in most public places, perhaps we need to take into account possible changes in meaning and effect of recording and watching practices despite our care with language.
Cutting the power

In liberal circles, in our effort to be welcoming and inclusive, we may either not know or we might forget the oppressive aspects of everyday life for people living in a host or dominant culture not in their own image. It is not just difference about which we speak but practices of power in institutions and their discourses: ‘practices that systematically form the objects of which they speak’ (Foucault, 1991).

Foucault drew attention to power having been visibly enacted in earlier societies but twenty-first century Western society is less that of spectacle and more of surveillance. Foucault defines surveillance as a process of supervision that imposes discipline. It is, he says, the physics of power and becomes central.

I want to suggest that members or representatives of non-dominant cultures and communities may choose to appear to comply with power with an ‘anticipatory conformity’ (Zuboff, 1988). We may or may not try to act in accordance with what the central power expects from us but our choices may be influenced by the need to be observed putting one’s own cultural values to one side in order to get ahead in one’s job or pass a course. In situations where we feel secure that we are not being observed, we may act differently. Otherwise, we might resemble ‘docile bodies’ (Foucault, 1991), but our docility would only be apparent, a mask that we carried as long as we thought we were being observed. To put it differently, we would internalise power’s eye (Foucault, 1991) but we would not ‘identify with its values. . . . Self-surveillance would be, in fact, experienced as surveillance of an internalised, but identified, other upon us’ (Vazl and Bruno, 2003, p. 276). ‘On the other hand, self-surveillance is part of the necessary care of the self, with this care assuming the form of an effort to constitute oneself as a normal citizen’ (Vazl and Bruno, 2003, p. 279).

Reconnecting the power

Let us get back to restrictive comments and questions from supervisees which I mentioned earlier. My first response to those questions is usually to ‘think systemically’ with them about their practice and see if we can together develop an account which brings their practice or dilemma back into a systemic framework, a systemic way of talking. However, I have been reviewing this strategy and have been thinking of systemic practice as a common language that both facilitates the communication of the supervisee and supervisor and links us to a
wider regulatory discourse against which we can assess good or safe practice. This is more pronounced when supervising practitioners in a training context, an assessment context.

Mostly using a systemic framework appears to work well but when working with people from marginalised groups I have felt that at times one or both of us are strangers in another’s country. This is not necessarily a terrible thing – I think we could assume that thousands and thousands of people are at any moment having meaningful conversations in a language which is not their first language – but I have found that by recognizing and foregrounding the culture, the language, the customs of the supervisee – and perhaps supervisor – over my first port of call – systemic theory – other explanations for practice dilemmas emerge. In short, systemic theory in supervision is a means to an end but not always the best starting point. Who I am and what I bring explains, to a significant degree, my choice of theoretical approach – not the other way around, and these other parts of my life experience create a context for my use of systemic ways of thinking.

Here is an example where culture was not successfully foregrounded in the supervision until other events from outside influenced the supervisory conversation.

One supervisor with whom I was working, a woman of white British origin, was under pressure to pass on more intensive work to a less experienced colleague, a woman recently arrived from an Eastern European country. The supervisor was struggling to find evidence of the level of competence needed in their one to one supervision sessions – in fact she had crossed over into looking out for inadequacies. When the team recruited some additional women from the same Eastern European country, she noticed this same colleague come up with some very interesting ideas in the fortnightly team case discussion.

The supervisor used her supervision with me to explore how she could work with the colleague on making her abilities more visible in their conversations. In a team discussion months later the three women from Eastern Europe spoke openly about their frustration of their qualifications not being recognised in the UK and how their struggle with the English language seemed to have the effect of them being seen as less intelligent. They said this made them more irritable, impatient and trying to sound more expert than they sometimes felt themselves to be.

Had there not been, in this instance, a number of similar others, the story of an individual’s inadequacy may have been further developed.
In wanting to be supportive to the supervisor, I had been starting to participate in the pathologizing of the individual worker. What do we need to see, feel, find out about people from oppressed and marginalized groups to build trust in the supervisory relationship? The challenge may be in putting curiosity (Cecchin, 1987) and not knowing (Anderson and Goolishian, 1987) to work in a way which reflexively addresses how one’s own prejudices may influence what does and does not get brought forth in supervision.

We don’t have to know about the experiences and lives of others but we do need to know how to bring in the voices of others and make connections across context (Simon, 1996, 1998; White, 2000). What we can do is believe that people are not ‘bad’ or ‘inadequate’, they are not ‘difficult’ or ‘resistant’ but that they are acting out of self-preservation until the relational context is safe enough for them to emerge with confidence – and see if, and how, and with what effect, these two worlds in which people live might collide.

Some questions which it may have been useful for the supervisor to ask her colleague are:

- If you were working with families back in your home town, what would you be doing similarly/differently? What freedoms or constraints would there be?
- With whom would you talk about your work?
- Who would be appreciative of your skills? What would they enjoy about your practice?
- What would the ‘you’ of back home be most proud of what you did in this session?
- What would your previous supervisor tell me about how your practice has developed?
- If you were going to a support group for therapists from your country of origin, what would you tell them about what works well about our supervisory relationship and what does not work so well?
- What has working in another language taught you about your practice?
- What do you think they would suggest we do to preserve the good things and to improve any areas of difficulty?
- What do I need to know about you in order to work with you in a way that respects your integrity? What would be unhelpful?

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What do you need from me so that our working relationship does justice to your abilities and your ambitions?

It is not that these questions are in themselves novel but there is a need to recognise when there are cultural chasms and try not to fill them with the more pathologizing language of some of our theoretical relatives. In fact, when pathologizing language creeps into our speech, we could understand its presence as an indication of a need to bridge a culture gap, differences in lived experience and other kinds of knowing.

There follows an example where cultural issues and matters of power were foregrounded and addressed:

As a supervisor in a training team in which there was the only one black member of the course, I noticed the rest of the group – including myself – cutting across this person. We were always interrupting with little awareness of our behaviour. After I had got my own behaviour in check and immersed myself in the discomfort of not knowing what to do, I decided to share my observations with the group. The black worker welcomed these observations and elaborated with their own perceptions which they had until that point chosen not to discuss with the team. So the discomfort was shared, and, over an uncomfortable couple of weeks, the team worked through some reflections that were crucial to their future functioning as a cohesive team. This team was also an important microcosm of the course which supported this trainee.

As the supervisor, I had reasons to feel anxious about my intervention – to some degree because naming issues is no guarantee that they will come to a fruitful resolution but mainly because I felt my efforts to manage issues of power in the group would not be recognised by the agency in which I was working. I felt I needed to keep the process to myself and my own supervisor until it had progressed somewhat. I did ‘go public’ about this once things has progressed but for the most part I felt my colleagues did not appreciate the importance of the intervention, the risk and the skill involved.

Supervisors need to feel supported to deal with matters of challenging power and not out on a cultural limb. But if they are in a minority themselves – either in the views they hold or in terms of their own lifestyle – it can add to any risk, strain and isolation for that person.

Authorizing theory

A therapist felt his supervisor seemed to be overly interested in a gay client’s attachment patterns with his mother as a way of explaining his
difficulties. The supervisee felt the supervisor’s hypothesis was pathologizing, drawing on stereotypical ideas about gay men reinforced by psychoanalytic theory. For a while the supervisee questioned themselves, asking if they were perhaps being ‘oversensitive’, but as time went on they found they chose not to discuss any gay clients with that supervisor.

This kind of silent questioning of oneself as a first checkpoint, this anticipatory conformity referred to above, is something that will be familiar to many people from minority or oppressed groups. It is more than self-reflexivity or an ethical stance; it is a comparative positioning of dominant norms with critical thinking.

I did much of my professional growing up in psychotherapeutic discourses which pathologised lesbians and gay men. It is only recently that psychoanalytic training institutions have agreed to take on lesbian and gay trainees, though some are still reluctant. *This has not just been a matter of equal opportunities. It is a matter of whose theory or knowledge is imported, whose language, whose authority we bring to our intimate working relationships and how.* When we practise equal opportunities we need to ask if we are importing bodies or culture.

In the 1980s, I was part of initiating a lesbian therapists’ supervision group. There were some psychodynamically oriented members (as was I at the time) who were struggling with psychoanalytic explanations of the ‘abnormal sexuality’ of lesbians and gay men. After many months of not finding a satisfactory explanation, some of the group members suggested asking a respected liberal heterosexual therapist if they could offer an alternative psychoanalytic explanation of lesbianism which was not pathologizing. The group was still looking for theories about lesbianism from outside the experience, from outside of the community. We were looking to the watch tower for a description of ourselves. The other co-founder and I left the group at this point. Instead of being counter-productive, the group was becoming normative-reproductive.

The profession of psychotherapy has a history of creating ideas about others and imposing these ideas as if fixed and legislated by a separate invisible authority which we cannot easily challenge. This legacy can still affect us as a systemic community.

Harlene Anderson told a story at a workshop in Harrogate about a dilemma some supervisees had about whether to take up an invitation to dinner from clients with whom they had just finished working. She had discussed with them their concerns about how to manage boundaries and the upshot of the supervisory consultation was that the therapists
decided that the most respectful response was to take up the invitation to dinner at the clients’ house.

A member of the workshop audience expressed a concern as to whether some boundaries from the profession should be beyond challenge. Harlene replied: ‘Where do our rules and policies come from? They have been developed by our profession. If they don’t fit the circumstance then it is our responsibility to challenge them, to undo them. Taking a questioning or sceptical stance will help us avoid being oppressed by our own body of knowledge’ (Anderson, 2007).

A supervisee later told me how shocked she had been on hearing this. She went on to say how shocked she was that she was so shocked.

By owning our profession, we have a right to rewrite the rules and our most deeply held assumptions about what is right, what is normal, what is done and how the power is shared. John Burnham gave a nice example when he handed the remote control in a video review session to the trainee therapist and then invited that trainee therapist to supervise him supervising the trainee supervisor – and, in so doing, inverted the power structure in the team (Burnham, 2007).

Supervisors take a key role in the redrawing of these tenets.

To engage in dialogue is one of the simplest ways we can begin as teachers, scholars, and critical thinkers to cross boundaries, and challenge the barriers that may or may not be erected by race, gender, class, professional standing and a host of other differences.

(hooks, 1994, p. 130)

*Crossing boundaries* in systemic supervision could mean connecting with the experiences of others, making new rules, building an enquiring culture which is valuing of diversity and continuing to resist pathologizing and individualizing discourses. At The Pink Practice, we have found it useful to make connections between sexuality, sexual orientation, gender and life choices with other marginalised life experiences and peoples. As a supervisor I feel committed to listening out for other ways of practising which may not be translatable into systemic-ese. It may be that not all cultural practices are reducible into a systemic account. There may be times when community culture, community theory is the highest context for understanding what is happening in the therapy. If so, how can we as supervisors participate in developing accounts of that? Questions which include others can build bridges of knowing and lived experi-
ence, and can expose the tenuous influence of dominant narratives and practices.

- If this had not been a supervisory/therapeutic conversation you had had but one with a friend, how would you have felt/behaved differently?
- How would your language have changed if there had been no team with you?
- Or if the team was only made up of other lesbian therapists?
- What meaning do you think this black couple gave to the fact you as a black therapist are working with an all-white supervisory team? And how might their story have affected you/us during the session? And affect you/us now in this post-session discussion in how we are talking together as a team?
- How would it have been, do you think, if you had asked your colleague what she thought other lesbians living in NW3 who work at this clinic would say regarding her dilemma about coming out at work?
- Can we imagine for a moment that your training course decided to always have a minimum of five black/disabled/transgender/lesbian or gay trainees in each intake? How would that be impacting on the choices you make for yourself in what you do here in the clinic? How would that impact on the kinds of accounts you as a team come up with for your practice? How do you think we might be behaving differently – if at all?

A primary concern for me as a supervisor is to find ways of encouraging supervisees to relax into being in relation to the people with whom they are working, find common cultural ground and live in a language which both parties recognise; to get them beyond a preoccupation with the dominant culture of the agency or course.

In one instance, a black supervisee felt he connected with a black client in a manner of talking which worked for them. With a change of manager he felt this way of communicating was frowned on and not seen as sufficiently systemic. As his supervisor, we had to find ways of developing bridging accounts between therapeutic connections made with people out of an ethics driven with-ness approach (Shotter, 2006) and a method driven about-ness approach.

A tense supervisee, supervisor or manager may become more method-driven, approval-seeking and have lost the connection with
their own cultural backgrounds or that of their clients and be preoccupied with the dominant language of systemic therapy or the host institution. Practitioners in training are even more vulnerable. They are practising ways of working in a therapy which privileges the immediacy of the therapeutic relationship; yet they have to be simultaneously in relation to the well-known concepts of distant printed others.

One supervisee, a young Asian woman, a trainee, spent her first year of clinical practice trying to reproduce techniques and practices imported from systemic texts. With a change of job where she worked alongside more ‘out’ black and Asian workers – and maybe with time – she started to relax into a style of working which allowed both for a culturally useable and relevant form of conversation as well as using systemic opportunities for talk. She became increasingly pleased with the quality of connection she made with the families and with their feedback to her.

Systemic training courses and allied registering bodies necessarily require that people are sufficiently connected to systemic ideas and that they pass for systemic. This might also involve passing or being passed by others for culturally straight, for demonstrating cultural ways from the dominant host culture and so on.

I find that the concept of being OUT is useful in not only meaning proud and confident, but also in finding the courage to add to the language and practices of the dominant culture, to challenge society, to challenge professional practices and stories compared to fitting in, imperceptibly, changing only the statistics and not the practices.

I am talking here of the individual – perhaps the most common unit for supervision outside of courses – but we do need to remember the co-construction of self and try to work with teams to create a space for La Différence (Derrida, 1968) – not as a guest but as an ongoing, uncensored influence upon us all.

Transgression: the new inversion

So what do we do with transgressive thoughts and practices? Do we keep them to ourselves, and remain impassive while thinking ill-fitting things? Do we turn our backs on the supervisor so that they don’t see what we are thinking or doing? Do we try to join these odd thoughts or practices up with a systemic discourse, a cultural discourse? Do we leave them in a parallel world?
How do we create the conditions for conversations about our practice if we don’t see ourselves as writers, as authors of the rules?

A supervisee recently wondered aloud: ‘But how would I know if I had gone too far, if I was behaving unethically?’. We found ourselves discussing the context in which her behaviour had arisen, the strong commitment in systemic practice to examine what we are doing and with what consequences, to hold ethical practice at the forefront of our relationships, to practice reflexivity about all the major and minor choices we are making inside and outside of the conversations. Most importantly, we would ask ourselves either in the moment or retrospectively, ‘When and why am I being transgressive and what is it about the context that has invited this response?’ By contextualizing decisions about and within practice, we are beginning ‘to comprehend the idea of rules as being socially constructed and start to develop our own style of choosing how to participate in the construction of rules in various contexts’ (Radovanovic, 1993, p. 237).

One of the most exciting uses of my authority as a supervisor is when trainees want further clarification when theory does not fit a situation. I say, ‘You are inheriting systemic therapy. How are you going to develop it?’ I am always struck by the stillness that follows, the surprise, the sense of seriousness, of deep reflection, realizing the shift in the story of themselves from absorbent learner or challenging trainee to critical thinkers, creators of theory, contributors to the field.

In offering a pragmatic attempt to invert hierarchy, the World Upside Down movements2 connect with systemic practice reflexivity. Our commitment to live with changing values, practices and theories is a strength in systemic practice as demonstrated by John Burnham (above) and in his critique of hierarchically organised levels of context (Burnham, 1993).

In Bakhtin’s notion of carnival, there is ‘a reversal of the hierarchy of top and bottom’ (Bakhtin, 1968: 81) in which the linguistic rules and grammatical order of the dominant classes are transgressed to create counter-meaning (Bakhtin, 1968). But systemic practitioners are not invested in merely a temporary display of challenging power as might be found at carnival where those with power allow only a time-limited and event-based contestation of the rules (Balandier, 1972;

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2 A form of grass-roots activism in which less powerful community groups promote a critical bottom-up approach to social policy, work to decentralise power, and challenge restraints imposed by dominant theories and practices of power. There seem to be many examples in Latin America, perhaps influenced by the work of Paolo Freire and others.
Eagleton, 1981). Rather, our commitment is to a continual and persistent undoing and reviewing practices of power (Amundson et al., 1993; Anderson, 1992; Krause, 2002; Simon, 1998; White, 1991), achieving ‘positive delinquency as a position from which the practitioner becomes interested in the processes that organise rule creation, rule adherence and rule questioning’ (Radovanovic, 1993, p. 243).

How would it be if we found ways of ensuring that therapeutic stories were influenced by talk outside of therapy, by a range of social stories from within our different communities? Perhaps we would be encouraging a critical and appreciative elaboration of theory and practice in a transgressive climate and minimizing the risk of unfriendly self-surveillance.

Psychotherapeutic training institutions and organisations can only take on this challenge if they are committed to deconstructing their
own ideology. Figure 1 illustrates the direction of influence of professional and social stories as it is and as it could be – the downward arrows lead to modernist ‘knowledge’ about ‘others’ and the upward arrows indicate the potential for an unfettered, critical elaboration and ownership of psychotherapeutic theory by all sections of the population.

What difference would it make to have service users, trainees ‘running the asylum’, really influencing the discursive and practical foundations of the institution? Or would institutions fear losing control of their identity and more?

Overcoming the problems of surveillance and self-surveillance is not a matter of rolling out a welcome mat in 140 different languages. We live in a culture which is perfecting superfi"cial inclusion practices. Many of our colleagues in their workplaces and training courses will feel split between their two worlds, between acting with a conformative, normative self and feeling that other parts of themselves are experienced as too different, too transgressive. Supervisors and consultants are well equipped within an ethics-led, responsive and irreverent culture of systemic practice to enter into transgressive partnerships with the people whose work they are consulting. It is tempting, as I have noticed in my own practice, to think of systemic therapy’s commitment to challenging unhelpful practices of power and irreverence as enough of a response, but it can lead to self-delusion and lost opportunities.

Systemic ideas can lead us to be seduced by our position on the margin (or meta – position), making us vulnerable to what I sometimes call ‘systemic arrogance’. By privileging our critical ability to question, deconstruct, take risks and encompass multiple context levels, we can put ourselves above it all and ironically become blind to the limitations of our practice. Being systemic does not protect us from being compliant to the very practices we purport to combat.

(Markovic, 2008)

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