

## **Spread the Wings of your Therapeutic Potential: A Reflecting Process with Ken Gergen**

Jasmina Sermijn

Brussels, Belgium

Kenneth J. Gergen

Swarthmore, Pennsylvania, USA

*In this multilogue, a therapist and a theoretician reflect about how they could translate social constructionist ideas into concrete (therapeutic) practices. Concepts such as relational multi-being, tree/rhizome, crazy patchwork, relational ethics and the importance of therapeutic wings are addressed. This multilogue does not have a clear structure and can be seen as an open stream of reflections where different voices merge and where new ideas are constructed. We invite the reader to become Alice in Wonderland, to grow and shrink at the same time, and to let him/herself become carried away in the stream of sometimes confusing, but also transformative and enriching, ideas. Taken for granted ideas are questioned, cats become dogs and therapeutic wings can grow.*

### **Setting**

*February 2015, I open my webmail. A message from Kenneth Gergen. I feel excited. After his previous mail, I was really confused thinking about what therapy is or can be from a social constructionist viewpoint. I wrote him about these confusions and my wrestling with the things he said. I am really curious now about his reply. We started this dialogue a few months ago, after we met each other in Brussels, where Ken gave a workshop about constructionist thinking at the Free University of Brussels. After that workshop, I had a few questions/reflections that I wanted to share with him. We agreed that I could mail him and that was the starting point of an ongoing, interesting stream of reflections...*

Hi Jasmina, I have had a little time to extend the conversation, to fill in where you asked questions, and to make some further edits and suggestions. I hope you will enjoy! I remain open to go into a further dialogue. You are a wonderful interlocutor. You also cause me to reflect as well. I am learning through the encounter, and it feels quite good. The challenge is really one of priority: how much priority do I give to my indulging in this learning? I can't really tell about this. Let's just see where it goes, and if I get carried off now and then with the array of other commitments, you can send a little smile to remind me of the joy.

Now the attachment ...

In your last mail, you asked me to explain and clarify the concept of *relational multi-being*. When I talk about the idea that we are relational multi-beings, I propose that, out of relational processes, a person emerges as a being with multiple potentials.

### **Out of Relational Processes a Person Emerges as a Being with Multiple Potentials**

It is helpful as a preliminary to view the idea of *a relational being* in terms of common actions, for example, the potential to ride a bicycle, to speak a language, to dance the polka, or play tennis. In all these actions, I am manifesting ways of being that I have inherited from past and present relationships. But now consider further, I also acquire ways of expressing an opinion, apologizing, boasting, criticizing, expressing appreciation, and so on. All of these capacities

are acquired in the process of relating. If you expand this view, you will find that virtually everything you do and say – everything you love, avoid, embrace, or wish to change in yourself – emerges from the process of relating. And of course, all these potential ways of being that we acquire in our relationships are specific to culture and history. The relational crafting process is on the one hand always unique, but on the other hand always reflecting dominant discourses and traditions. When you translate that idea to therapy the implications are enormous.

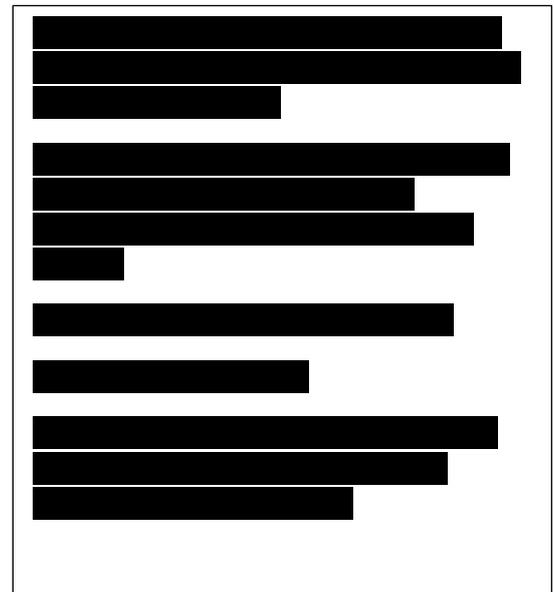
### **Everything You Do and Say Emerges from the Process of Relating.... The Implications for Therapy are Enormous**

This would seem to mean that all a client says and does in the therapeutic room, but also everything a therapist says and does, has to be understood not only in terms of their particular relationship, but in terms of what they both carry into the room as potentials, along with the way they are related to other persons, including the communities and traditions of which they are a part. For me that's one of the most crucial implications of social constructionist thinking for therapy. Reading your writings about social construction really stimulated me to reflect on *how I relate to clients* and vice versa and *how this way of relating is based on a whole tradition of specific ideas and discourses* about therapy.

In my beginning years as a therapist:

#### **Scene:**

Clients stepped into my therapy room, presenting/reducing their selves (or the others) into a 'client self/family that has a problem to talk about'. Starting from the dominant discourse that 'therapy is a place to talk about problems', they talked mainly about things that don't work well/feel well. I stepped into my therapy office, presenting myself mainly as 'a therapist', reducing my selves into a 'self that has the knowledge to help the other'. So, starting from the dominant discourse that 'a therapist is an expert that has to solve problems', I talked mainly about the things that do not work well – (the 'problems') searching (in my own head) for hypotheses about the possible function of the problem and about possible solutions, silencing most of my other selves (own life experiences, irritation, curiosity...).



After I became inspired by constructionist thinking (and collaborative and narrative therapy):

**Scene:**

Clients step into my therapy room, coming to talk about what they and/or others in their environment define as ‘problems’. Before I connect with the problem stories, I create space to engage in a relationship with the clients as multi-beings. We talk about things that the client(s) like to do, things that are going well in their lives, things they find important in life, their important relationships, ... Starting from the idea that I am also a multi-being, I try to broaden my therapist self, asking the clients if they are curious about things in my life. If they are curious, I will talk about some aspects of my own life (things that I like to do, I find important, my important relationships,...). After that, I engage myself in a conversation with the clients, listening carefully to those things they want to talk about. I try to create a dialogical space wherein the dominant problem stories can be re-opened, creating **lines of flight** that give me and the clients the opportunity to experiment with **rhizomatic patchworks** of alternative, richer self-constructions. During that whole relational process, I try to make my inner thoughts public, letting the clients know what I feel and think. This way of ‘relating’ creates a space wherein clients begin to see themselves as more than just ‘a problem’/ more than just ‘a client’ and I begin to see myself as more than just ‘a therapist’ with the task to help the other. So, comparable to **the wasp and orchid**, both client and therapist are changing. They are transforming together.

In their book, *A Thousand Plateaus*, Deleuze and Guattari (2004) use a multitude of images that are useful for therapists. The images of the rhizome, crazy patchwork, and the wasp and the orchid inspired Sermijn (2008, 2009, 2013, 2015) to rethink the relationship between therapist and client and the narrative work they do together. The **image of the rhizome** (an underground, decentralised root system with no clear structure that spreads around in a scattered way to all sides) is used to show how narrative selfhood is rhizomatically co-constructed within a therapy context. An important aspect of this rhizomatic perspective is the idea that each problem saturated story is local and temporal, and that there are many other self-stories that can be co-created besides the story that dominates at a certain moment. In the image of the rhizome, the idea of the existence of an essence is abandoned and replaced with the idea of multiplicity. Following Deleuze and Guattari, Sermijn (2009, 2015) emphasizes that, “there is always something that escapes (including the desires, intensities, activities, thoughts and actions) the dominant problem (tree) story, there are always possible lines of flight that create space for new self-constructions.” Starting from that idea, therapists and clients are stimulated to enable the creation of **lines of flight**, opening up space to experiment with new self-constructions. In that context the image of **crazy patchworks** is used: “crazy

J: Hello, this is the first time we meet each other, so maybe we can start by taking time to introduce our self a little bit. Who wants to start?

A: I want to start! I am Anna and I am 9 years old and my sister Sofie is 13 years old and she is always making problems at home and that’s why my mum phoned you and ...

J: Ok, not too fast! You’re 9 years old, can you tell me a little bit more about yourself, who is Anna, what does she like, what does she hate, who are her friends, ...

... (Anna, Sofie and mum introducing themselves by presenting themselves beside the problems they experience)

J: Ok, thanks for sharing these things with me. I will present myself also a little bit, so that you have the chance to know some aspects of who I am ... Where can I start? Anna are there some things you would like to know of me? (repeating this question also to Sofie and mum)

patchworks are created by putting at random different pieces of cloth in all sizes, shapes and colour. There is no right manner or predetermined pattern defining the sequence of the threads or the pieces of cloth, there is only becoming. (Deleuze & Guattari, 2004, p. 526)” By adopting a not-knowing stance (see Anderson, 1992, 2012), therapist and client experiment together with threads and pieces of cloth which may lead to various forms of crazy patchwork. In this way, temporal, local self-stories are created, in different forms and colours, receptive to include changes constantly. During this co-construction process, therapist and client are transforming together. This idea of mutual transformation can be connected to the third image, that of **the wasp and the orchid**. About the wasp and the orchid, Deleuze and Guattari (2004, p. 11) wrote the following: “Wasp and orchid, as heterogeneous elements, form a rhizome. It could be said that the orchid imitates the wasp, reproducing its image in a signifying fashion (mimesis, mimicry, lure, etc.). But this is true only on the level of the strata (...). At the same time, something else entirely is going on: not imitation, at all but (...) a becoming-wasp of the orchid and a becoming-orchid of the wasp. (...) There is neither imitation nor resemblance, only an exploding of two heterogeneous series on the line of flight composed by a common rhizome that can no longer be attributed to or subjugated by anything signifying.” It is a process of continually becoming together whereby the splitting between client/therapist or stronger between two individuals dissolves and the relationship becomes the central focus and, with the relationship, also a multiplicity of new possibilities and becomings. A becoming client of the therapist, a becoming therapist of the client, but above all an explosion of new self-constructions.

### **Everything Emerges from a Process of Relating... The Implications for Therapy are Enormous**

Hi Jasmina,

I admire the directions in which you have moved as a therapist. In my view, if we view the therapeutic process as invested in change, and our primary means of bringing about change is our forms of relating, then we must dramatically expand these forms. The traditional practices of asking questions, and careful empathic listening, are severely limited. We are *multi-beings* and if you bring only a single way of being into therapy – the result of training in a specific school of therapy – you are reducing your capacity for effective therapeutic relations. For example, consider that the persons who walk into your office are only a fraction of what they carry with them as potentials. The way they define themselves to you probably masks the very opposite in potential; everything they say they value, masks an opposing value; for everything they say is a problem, they harbor another voice that can say “that is not a problem.” So, as you rightfully see it, if both of you remain only within a single form of being- the client as a problem-person and you the noble helper - little may be accomplished. As you spread the wings of your potential, the client will as well.

### **As You Spread the Wings of Your Potential, the Client Will as Well**

But, let me press this forward a bit further: what limit – other than ethical - should be placed on the ways of relating? Expanding to friendship is one excellent possibility, and allows you to say many things not sanctioned within most therapeutic protocols. However, why not become a coach, a teacher, a theater director, a voice of conscience, an admirer, or someone who needs your client’s advice? I know therapists who have reached their clients best by playing music with them, making a meal together, or watching movies together, or by asking their clients for their

“When we operate within a postmodern sensibility – a world that embraces uncertainty as opposed to certainty, continual change as opposed to stability, and local/historical/cultural contingencies, rather than universal laws – answering the question of what counts as **ethical practice** requires an entirely different focus of attention.” (McNamee, 2009, p. 57, see also McNamee, 2015)

specific help. It seems to me that the greater the range of activities in which we can engage with a client, the more avenues open for transformation.

**If We View the Therapeutic Process as Invested in Change, and Our Primary Means of Bringing about Change is Our Forms of Relating, We Must Dramatically Expand These Forms.**

*Inner thoughts: I follow these ideas but out of these ideas new questions and reflections regarding therapeutic practice are born ... if I spread the wings of my therapeutic potential ... if I expand the ways I relate with clients ... if I, for example, define my relation with a client as friendship, if ... if ... if ... By the end, the client is paying me after each session, by the end the relationship is always ending and reduced by the context of the therapy room; by the end, we are not 'real friends'. All this confuses me. I am struggling with dominant discourses and structures that have infiltrated my thinking about therapy and therapeutic relations. They inscribe themselves into my body, I feel and think them ...*

<p>A cat is a cat A dog is a dog And that is that</p>
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The client is not paying money for a friend, but to engage in a continuously unfolding process of relationship, from which hope may be drawn for the future.

**How Can We Expand Our Forms of Relating with Clients, Not Reducing Our Relationship to the Helper/Client?**

Fragments out of therapeutic conversations with clients:

<p>Cl: (at the end of a session): you always told me that I can make my thoughts and questions public. I have a question now, but I do not know if I can ask it, I'm hesitating. But you stimulated me to speak aloud what I need and want, so here it is: would it be possible to stay connected as friends?</p> <p>Th: I understand your question. I really like to talk with you and I am sure we could be good friends for each other. <i>But</i> we met each other in this specific therapeutic context, a context that created a specific relationship between us. You told me a lot of things about you and your life, I told you just a few things about myself. That's different from a usual friendship. I think,... I would prefer to stay your therapist, ... maybe, suppose that you, in the future, want to talk again, I want to be here for you, in this therapeutic relationship.</p>	<p><i>(inner thoughts therapist)</i></p> <p><i>I feel uncomfortable, I understand her question because we both like each other, if I would have met her somewhere else, ... we could become good friends ... Between the therapy sessions we met each other regularly, accidentally ... we like the same places in town (theater, museums, ...). When I meet a client outside the therapy context I always hold a distance, just nodding or saying hello, sometimes having a short conversation linked to the context (did you like the play?).</i></p> <p><b>You can't have a friendship with a client out of the therapy context, I know that ... but I can't really explain why, why was that idea constructed? For whom? How did that idea become so dominant, a tree in the heads of all western therapists? ...</b></p>
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Cl: I understand, but... you taught me to go into intimate contact with others, and to think out of the box. You became important in my life, and I do not see why this has to be reduced to this context?

*(another fragment with another client)*

Cl: Last time we talked about how unnatural it is for me to talk to you in this context: talking while facing each other the whole time, making eye contact ... It would be easier for me to talk to you while walking. Or while sitting next to each other ... like in Greece: when they talk they do not face each other ... So, I was thinking ... it is beautiful weather today, can we go for a walk instead of sitting here in this closed room?

Th: hmm, I don't know, I would prefer to explore first what the consequences might be of going outside this room, the possible effects on our way of relating to each other ...

*Yes, maybe, why not? ... But ... What would my colleagues think about this idea ... she touches an important aspect here ... **does the therapeutic space have to be bounded, restricted to this physical room?** Suppose that we open up this space ... going for a walk outside ... that would create a different way of speaking and relating ... wouldn't it harm essential aspects of the therapeutic relationship? ... making intimate contact is an essential aspect in therapy ... eye contact ... Making contact, staying in contact with others is an important challenge for this client ...*

### **What Would Happen if We Would Re-open the Dominant Old Trees in Our Heads to Make Place for New Ideas Such as Becoming a Friend, Becoming a Walking Partner, Becoming a ...?**

Hi Jasmina,

you ask really significant questions, and the most important point may be that you are asking these questions at all. You are touching here an important idea: namely that we first must recognize the social and cultural construction of what we mean by a therapeutic relationship. There is no reason, in principle, why a therapeutic relationship could not only be a friendship but an amorous encounter. Certainly we don't question whether a friendship or love affair could also be therapeutic. But we do inherit cultural traditions, and interestingly the therapeutic ethic forbids romantic intimacy, but not non-romantic friendship (even if these lines are sometimes blurred). Then the question becomes whether these traditions – also the traditional ethics that are connected to therapeutic practices - are, or continue to be, relevant and useful? Of course, this question can't be answered from the therapist's standpoint alone. From my viewpoint we must press toward **a relational ethics** in therapeutic practice, that means an ethics that creates space for a pluralism of expression and reflection in continuous motion.

In their book *Relational Responsibility: Resources for sustainable dialogue*, McNamee and Gergen (1999) construct an alternative way of being ethical in therapy. They question the taken for granted traditional ethics, creating space for what they call 'relational ethics'. The ethic of psychotherapy is described as one of *being relationally responsible*. That means that when a therapist adopts a relationally engaged stance with clients, s/he enters the conversation with no

clear a priori notions of how s/he should be in the relationship, nor of who the client should be, nor of which direction the therapy should take. Each new conversation is seen as a relationally responsible activity where client and therapist search together for a local, relational understanding of what *they* see as clinically ethical in that context. As McNamee (2009, 2015) writes in her later work: “It is not the case that a constructionist ethic of relational responsibility equips us with correct answers. Rather, the point is that the ethic of relational responsibility equips us with the reflexive vocabulary to ask questions of these taken-for-granted truths (dominant ethical discourses)” (p. 62, p.2).

Adopting a relational ethical stance is really liberating. When we have the space to question taken for granted truths, when we become curious about specific traditions and when we can have the freedom to question their utility, we open ourselves to consider alternatives. And experimenting with alternative ways of engaging with clients may create alternative ways of bringing about change. I think that there is ample room in our current therapeutic practice for alternatives, for expansion in our forms of relationship. Sympathetic listening, for example, is a limited activity in terms of change potential. Why not become a multi-being within the encounter, one expression of which would be much like a friend? There are many therapists who meet their clients in locales outside an office – for example, in a coffee shop, on a stroll, on their cell-phones. And let’s say that some of these interchanges are more like friendships than they are any of the traditional forms of therapy. In fact, many of my Argentine friends have therapists for life – but not necessarily limited to the office appointments. So, if you did not draw such a firm line between what is and is not therapy, and where therapy is conducted or not, there is a space for meeting outside and afterwards. Such a meeting need not have a name, such as “friendship.” If I meet someone for coffee, we do not typically define who we are to each other. At this point, however, the question is how you wish to spend your time. Where in the array of commitments you carry is there time for such meetings? Where do such meetings fit in *your* life ...or more specifically, your life with others?

**If You Do Not Draw a Firm Line Between What Therapy is and/or is Not, and Where Therapy is Conducted or Not, There is a Space for Meeting Outside and Afterwards. Such a Meeting Need Not Have a Name.**

I follow what you state here, but ... and here are the old trees speaking☺... it raises many doubts and questions.

<p>A cat is a cat A dog is a dog And that is that</p>
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Suppose that we open up the therapeutic space, together with broadening up our ways of relating to clients. Suppose that clients can become friends or walking partners or people with whom we go to the theater, or go to talk in a café... Aren’t we doing harm then to some essential aspects of therapy? Aren’t the old trees constructed based on yearlong experiences, experiences that tell us what works in therapy?

*While writing these ideas down, I feel that I am getting more and more confused ... WHAT ARE THE ESSENTIAL aspects in therapy ... We know that the therapeutic alliance forms a determining factor in the therapeutic outcome ... Big meta-research (see Wampold, 2001) showed us that around 60% of positive outcome is determined by the therapeutic alliance, 30% is due to allegiance, and a small 8% is due to model/techniques. The alliance has been defined in a number of different ways, but the core consensus among these definitions is that the*

*alliance is an emergent quality of partnership and mutual collaboration between therapist and client. It is built principally on aspects such as: the client's view of the relationship, the client's and therapist's ability to agree on the goals of the treatment, their establishment of a mutual consensus on the tasks that form the substance of the specific therapy and client preferences (Norcross, 2009).*

Starting from these research findings, I do not see any problem in creating openings in the therapeutic space nor in broadening my ways of relating to clients. If I start from the idea that the mutual collaboration between client and therapist forms the most important aspect in therapy, and when I follow the idea that this collaboration is built upon our ability to agree on the therapy goals and tasks (taking into account the client preferences), then there should be no problem with becoming i.e. a walking partner, or someone who talks with a client in a café.

### **So Why Do I Hesitate - and I Guess Most of My European Colleagues - So Much to Open Up That Space?**

Suppose that we succeeded to reopen our old trees. How could we make a difference then between a therapeutic relationship and other relationships, for example with friends, colleagues... or isn't that necessary? But then I bump on the payment aspect again: you can't ask people to pay money for being a friend or a walking partner? Or can we?

The client is not paying money for a friend, but to engage in a continuously unfolding process of relationship, from which hope may be drawn for the future.

*Flashback ... a few weeks ago, I was talking to a colleague about my concerns regarding a specific client ... she is one of those clients with whom I feel very connected, she's going through a difficult, black period – I told her that she can mail me any time to share her feelings and reflections – I always mail her back within 2 days ... Voice of my colleague: why do you give your personal email address to clients? And why are you giving her the space to mail you in your private time? Isn't that risky? Aren't you involving yourself too closely in that relationship? She will become dependent on you, and what with the payment, do you let her pay for that extra time you spend with her?*

<p>I went for a walk with a client,  It was a nice experience,  We searched for a walking rhythm that  fits us both,  I needed to walk slower,  After the walk we went back to my  practice, she paid me  It felt ok</p>
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### **What Would Happen if We Wake Up Tomorrow and All Old Trees are Gone? What Would What We Now Call “Therapy“ Look Like?**

Ok Jasmina, let me enrich the potentials here a bit further. For our discussion so far has been limited to thinking in terms of dialogic relations: therapist and client speaking with each other. This is a very old tree indeed. One might say that Freud planted some of the early seeds. But this was not a random planting. Freud was indeed a child of Western rationalism. By this I mean that he was committed to converting the hurly burly of his client's everyday life to a rational order. Freud's comment about therapy, “Where id was, ego shall be” is not simply a comment about the therapeutic cure. It is a comment about the development of civilization, from the jungle to the scientific laboratory as it were. And, as we have come to understand language within this tradition, it is an outward expression of the mind. Logically coherent

language, we presume, is thus a reflection of a logically coherent mind. From this standpoint, the therapeutic process is essentially a conversation that will end up in a logically coherent conclusion. Now, in your particular Deleuzian frame, you are unusual inasmuch as you have more or less abandoned the rationalist goal of reaching a logically coherent conclusion. By doing that you are connecting to poststructuralist ideas: we use language to do things together. Language is not an outward expression of inner life, but a relational action. To engage successfully in dialogue, then, is a skilled action, not totally unlike the skill required to play tennis or dance the tango. To return to the idea of the multi-being, he or she is one who can do many things - ride a bicycle, play bridge, cook a pasta ... and talk! All are relational skills. Now consider the therapeutic relationship and its almost total dependence on a very special kind of dialogue. Ask yourself what skills for living the client acquires from such dialogue? Already we have seen that the skill of “talking about my problem” is severely limited. And we have touched on the possibility of adding further dimensions to the dialogue. Very nice. But now ask whether engaging in this expanded range of conversation is sufficient for the client to go out and *to be or become* a different person – for example, more loving or more sympathetic with spouse or family, on the one hand, or more capable of standing his or her ground in domestic dispute, or organizing lunches for his or her three small children.

To be sure, it is a skill to be able to wrap up one’s problems into a local, temporal coherent package of words, “now I see!” But in my view, it is not a skill that has much currency outside the therapy room. The greater challenge, as I see it, is to equip the person to engage more effectively in the complex dances of everyday life. This will require far more than dialogue.

### **The Challenge is to Equip the Person to Engage More Effectively in the Complex Dances of Everyday Life; This Will Require Far More Than Dialogue**

Hi Ken, sorry that it took me so long to reply on your last email. Last weeks I had a lot of work at University and in my practice. But that’s not the main reason that it took me so long ... After reading your last email, some of your words ‘caught’ me, touched me in a way I felt myself more and more imprisoned in my own monologues – bumping into old trees in my head, again and again. Last week I participated in Harlene’s summer school at Isla Mujeres. Talking and listening to many people of different backgrounds and cultures together, and taking the time to reflect while walking at the beachside, really helped me to create lines of flight to other possibilities of living or becoming. So, this to explain to you a little bit why I was so silent 😊 But here I am again!

While reflecting on what you wrote about ‘the romance of dialogue’ and its limited capacity to equip clients to engage in the complexity of life, I realized myself that I am still captured by a strong tradition in my head about what therapy is or should be. Based on the narrative idea that identity is co-created in and through stories (I see language as something that *creates* identities rather than as an outward expression of the mind, “we live the stories we create”) - I reduced therapy mainly to conversing and narrating. In a certain way, I got trapped into what we call “the linguistic turn”. So I shifted from a more traditional mechanistic view where systems were described and observed as mechanistic/cybernetic systems to the idea of systems as linguistic systems (see Anderson & Goolishian, 1988). And without being aware, I translated that idea into a way of - what I would call - **linguistically relating to clients**: carefully listening, asking conversational and narrative questions, reflecting, and sometimes writing therapeutic letters. Always with the main goal to ‘re-open dominant problem stories and to create space for richer, and more preferred self-stories.’ So, clients come to my practice, we talk/listen/reflect for about one hour, they pay me, we make a new appointment. Wrestling with these topics during the last weeks, I invited myself to think about some moments in my practice where I was *challenged* to do something else (besides the talking/listening/reflecting):

A client asked me to join her in visiting her birth town, where her sister, who committed suicide 8 years ago, was buried. My client never went to the grave yard because she was too afraid of the emotions that might overwhelm her.

*I guess that me walking along with her to the grave of her sister could be really helpful ... probably it would be more helpful than talking about that topic over and over again ... I asked her what she thought could be helpful to move her beyond that fear ... she said that I could help her by going with her ... going to that place that is emotionally so important for her ... just being there for her, sharing that moment ... and I would be there for her when the emotions were overwhelming ... going there would be a great step for her... but ... her birth town is not near the door ... 2 hours driving ... How can I manage that ... it costs me a whole day ... I do not have the time ... no white spaces in my agenda ... maybe on Saturday or Sunday ... **“Mama, are you going today? You promised me”** ... No I can’t do that, I promised my family to reduce working on the weekends, the children need that time with me, and I with them ...*

### **Where Do Such Meetings Fit in *Your* Life ... or More Specifically, Your Life with Others?**

A client told me how she missed someone to take her in her arms, she cried intensely while saying that. We were talking about some traumatic experiences she had as a child, a step-father who thrashed her badly, locked her up for days.

*I don’t know what to do. Should I take her in my arms? She asks me to take her in my arms. But she is emotionally a he ... I can’t hug a man ... I don’t know what impact this sort of intimate physical contact can have ... **I feel uncomfortable** ... my mentor once told me ‘never touch a client’ ... I didn’t understand why ... he explained that, as a therapist, you can’t fill in the emotional gaps in clients ...*

I replace my chair next to hers  
I place my hand on her shoulder  
I say ‘it’s ok’

A client sent me an invitation to go to the opening reception of her first art exposition. I was part of the challenging process she went through to create space for her artistic passion. Together we succeeded to co-construct a line of flight out of a dominant tree that she used to inhabit: the idea that art is not work (a tree that was strengthened by her mother’s voice).

*(clients voice)*

I was so happy that you came!!! It touched me that you took the time to come to the exposition. It felt like, yes that I am really important for you ... we were talking for so long about how I could create the space for the things that I find important in my life, and now yes, now you could see I DID IT!

*(dialogue with my husband)*

*What do you think, should I go? Yes of course, why not? I don’t know ... is it convenient to go to a client’s party ... **I would really love to see her work** ... Just go, shall I join you? She invited the whole family ...*

### **Where Do Such Meetings Fit in *Your* Life ... or More Specifically, in Your Life with Others?**

Reflecting about these moments, helped me to *really* understand that dialogue/conversation is indeed just one restricted way of engaging a relationship with clients. Walking along with a client to a grave yard, sharing important events without necessarily talking, walking together,

holding each other ... all are other meaningful ways to engage in a therapist-client relationship. And what touches me most is the fact that I realized that it isn't just the old, institutionalized trees in my head that are restricting my ways of relating to clients. There are far more personal things. *If I had the time, if I had no children, if I wouldn't be afraid, ...* So, finally I understand what you meant when you wrote that the most important question is where these relationships with clients fit in our own lives that we live together with others - like partners, children, family, friends. And of course, this aspect can't be separated from the dominant discourses about therapy and from the whole health system that is grounded in these discourses. The way in which western health care is organized, doesn't leave *much space to experiment with other ways of engaging with clients*. As you mentioned already, therapy is a child of Western modernism, and the modernist ideal is to convert chaos to order – to render our world predictable and thus controllable. But as Deleuze (2004) proposes: there is always something that escapes the order and control, there is always something that flees.

A cat becomes a dog

A dog becomes a cat

And that becomes that

Hi Ken, I want to thank you for taking the time to participate in this reflecting process. This way of reflecting together, really helped me to *experience* my own imprisonment in dominant discourses about therapy and my search for ways to escape. At this particular moment I understand that this way of searching for possible answers about 'what therapy can become', will be a never ending work in progress. There are no fixed answers, no fixed boundaries, the only thing we can rely on is the relationship we have with our clients, but also with our own multiple, relational selves. That reminds me of an article of Harlene (Anderson, 2012) where she promotes what she calls 'a relationally responsive practice', a practice where the focus lies upon being relationally responsive to each unique client - or maybe better - to each unique relationship you have with your-selves in interaction with the client's (selves). Thanks for co-creating with me a world where cats can become dogs, and dogs can become cats, and that's can becomes that's ☺ Warm greetings, Jasmina

Thank you so very much, Jasmina, for inviting me into this reflection. I say this not only because I have learned from you, but because of the way you have responded to what I have offered. For one, you have drawn from my words in ways that invest them with value. I am grateful. One's words have no intrinsic value; without each other's affirmation we cease to have worth. Of special significance, however, you have brought me into being as a catalyst. You have found challenging provocations within my offerings, and extended their implications to the point of discomforting yourself and the therapeutic traditions of which you are a part. For me, these deliberations of ours have been very illuminating. You have led me to see both the potentials and the resistances to the implications of my offerings. And I have come to realize through your wise, touching, and even humorous reflections that there are no clear and compelling transformations to be anticipated. Rather, there are insights, hunches, and partially open doors that are now made present. And, with world enough and time, these may indeed become the seeds of change. Ken

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**Author Note:**

Jasmina Sermijn  
VUB-Free University of Brussels  
Brussels, Belgium  
[Jasmina.Sermijn@vub.be](mailto:Jasmina.Sermijn@vub.be)

Kenneth J. Gergen, Ph.D.  
President, Taos Institute, USA  
Professor, Swarthmore College, Pennsylvania, USA  
[kgergen1@swarthmore.edu](mailto:kgergen1@swarthmore.edu)