
Cut the Crap: Language — Risks and Relationships in Systemic Therapy and Supervision

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This article concerns the use of language in both therapy and supervision, and how it contributes to the necessary risk-taking that will be a part of therapists' and supervisors' repertoires. The focus will be on my own examples in both roles, and will refer to both successes and failures, while questioning the usefulness of either concept. Within a postmodern paradigm, and influenced by thinkers including Foucault and Bakhtin as well as systemic clinicians, I will examine the use of language (including in cross-cultural settings where risks can sometimes be amplified) and of humour and self while exploring the meanings of identity. I contend that all relationships contain some element of risk and the ways in which we create a safe enough context, through the uses of language as well as nonlinguistic means, are the crucial elements in our endeavours as supervisors and therapists. I favour the idea that therapy is more of an art than a science and that this is most exemplified in the graceful use of language by which we strive to engage rather than alienate people. The article may be considered by some as being useful advice, and by others as a risk too far, such is the controversial nature of language, which highlights the importance of relationships and context.

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The great enemy of clear language is insincerity. When there is a gap between one's real and one's declared aims, one turns as it were instinctively to long words and exhausted idioms, like a cuttlefish spurting out ink. (George Orwell, *Politics and the English Language*, 1946, p. 142)

The limits of my language means the limits of my world. (Ludwig Wittgenstein, *Logico Philosophicus*, 1922, 5.6)

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GS: *Are there any things you recall from our last supervision, anything you remember as being helpful or unhelpful, or anything you'd like to revisit?*

Supervisee: *Yes, it was very helpful when you said you thought I was talking bollocks.*

This was the opening of a recent supervision session with a group I facilitate, in which one member commented on the previous session, and it is an example of the use of language as well as the use of self and risk-taking, which is the focus of this article. The supervisee in question, call her Brenda, was a woman, slightly older than me, and of the same white British racial origins. My comment was an example of the microjudgements we make all the time in therapy and in supervision, and the decisions we reach to take (or not take) risks in what we say and to whom. Risk-taking is for me and with others (Mason, 2005) an increasingly important part of the work we do and the relationships we develop with our supervisees and clients. Despite the importance and need for scientific research and evidence-based practice, therapy for me is more of an art than a science, and its artistry lies very much in the graceful use of language. Often we engage in difficult conversations with people who seek our help, and we will have inner dialogues (Rober, 2002) where we will consider myriad possible responses, always having to decide on just one at a time.

In this case, my supervisee had been talking about her beliefs that a husband had given his wife permission to have an affair because of the implicit, unspoken signs he was giving off in the room, which had to be interpreted 'in a mix of spiritual and Jungian ways'. We had well-established ways of communicating and a humorous, respectful atmosphere in our joint sessions whereby we shared thoughts and opinions in robust ways. In this instance she was appreciative of the clear language, but of course in other situations such a response would have been wildly inappropriate and insulting. Brenda returned to report that she had realised that her thinking was more a desire to collude with the wife's infidelity and a reluctance to think negatively of it.

This calls to mind the idea of the dialogical self that focuses on the ethics of how we speak and relate to each other (Cecchin, Ray, & Lane, 1993). It also brings forth Derrida's ethic of hospitality (Derrida, 2000), in which the language of the self and the other is explored. I would advise that the word 'bollocks' is only to be used where it fits perfectly with the language and the culture of the self and the other and is consistent within that relationship. The tone of exchange made this work well, and I believe that tone is all. It is also important to note that the word is masculine in origin, which I contend is important as so many words used as insults have feminine origins which add to the common misogyny of language.

Such is the complex nature of the endeavours we are engaged in where relationship-building processes are built largely, but not exclusively on language. Consider the following two brief extracts that contain exactly the same nine spoken words: (1) 'The woman looked over at him as if disgusted, moved her gaze to her fingernails and with undisguised contempt spat out the words: "Aren't you the man who lives at number 22?"' (2) 'The woman skipped into the room, saw him across the table and with undisguised delight leaned over and asked him with a broad smile: "Aren't you the man who lives at number 22?"'

No account of a spoken exchange can do justice to that exchange itself, as the many other factors present will be missing from a verbatim account lacking in context. Not only do the extra contextual factors change the meanings of the 9 words delivered by the woman to the man, but they also change what we expect the man's response might be, and how we then make sense of that. This point is taken further by Flaskas (2005) who says:

Far from experience being held solely within the confines of language, I think one would be very hard pressed to ignore the powerfulness of experience outside language, for better or for worse. Both the most sublime and the most painful human experiences are only ever just approached in language. The mysteries of birth and death are never really able to be captured in words, and so much of how we experience intimate relationships is only roughly translatable in language. The pain of mortality, the limits of the body, or threats of physical violation or psychic annihilation find us in territories in which we may feel abandoned by words. Thus, there are times when language can barely represent, let alone construct, lived experience. Sometimes, far from constructing lived experience; nowhere is this more striking than in the area of trauma and abuse. In short, language can represent, construct, fragment, dismantle or at times come nowhere near, lived experience. (p. 9)

We live as relational selves (Gergen, 2008) whereby our discourses are meaningless without the other. Our voices are not alone, and as Tom Andersen has observed (personal communication), we must be respectful of what people choose to share with us and what they decide not to talk about. Within a frame of respect, however, is the need to challenge and to raise uncomfortable questions within a context of attempting to move things on in helpful ways. Such risk-taking will often rely on 'safe uncertainty' (Mason, 1993) and I would go further and advocate the occasional stance of 'safe ignorance'.

Islam and Josef Fritzl

A white, atheist, British supervisee, Mary was concerned that the Muslim family she was about to see would expose her lack of knowledge about multicultural and other faiths. She was also worried about how to respond to the father of the family who was reported as being disrespectful towards his much younger wife and insisted on her doing all the domestic work while he went out with his friends. This fed into the image some of the group had about the patriarchal nature of Islam and a discussion followed in which we all identified how the dominance of Islamophobic messages within British culture had impacted upon us and how this related to our own religious beliefs, or lack of them.

I was mindful to refer the group to Down's point (2000) that 'Therapy will be one of the areas where institutional structures of racism may be mirrored in the clinical situation' (p. 62). On the one hand, Mary's feminist and atheistic beliefs led her to want to challenge the father on his behaviours before she had ever met him; while on the other hand her attempts to develop as a family therapist led her to wish to retain neutrality, curiosity, promote second-order conversations (Anderson & Goolishian, 1992) and to be respectful of others' beliefs without necessarily sharing them.

The art of the supervisor is in promoting a culture of curiosity about our beliefs whereby supervisees can be interested in their own and others' views without having to compete for truth or feel as if they are entering into a debate over what is right and wrong. Once in the room Mary and the team were surprised to see a 25-year-old Muslim woman dressed in full burka vociferously criticising her 40-year-old husband who seemed to be meekly taking it. This led Mary to become less antagonistic towards him and adopt a more authentically curious and neutral stance, while also feeling free to ask both adults if they were interested in how their culture might contribute to or affect their relationship on this matter of power and gender roles. Her skills and experience led her not to question Islam, but to explore their relationships with it. The essential point here is one of fit, and as Down (2000) states 'if therapist and family do not have a good enough "fit" between their different conceptualisations of problem, treatment and outcome, it is unlikely that their work together will be satisfactory' (p. 66).

Another example concerning culture involved a 16-year-old young woman Bhaggi who was exhibiting self-harming and extreme risk-taking behaviours. Her Islamic beliefs were sacred and unchallengeable to her and she found great succour in them. Sadly, this also meant that her father's hatred of her could only be explained by her having done something wicked; she must deserve his abuse and violence because he was her father, and her particular interpretation of her religion was that parents must be obeyed and respected without question. This is not uniquely Islamic as the Judaeo-Christian traditions also hold sacred the idea to 'honour your father and your mother'. The supervisee in the room was struggling with how to discuss this belief that was unshakeable, but which she felt was doing Bhaggi enormous harm. Not wishing to challenge Bhaggi's fervent beliefs yet keen to help her somehow reauthor the story of her own behaviours in more forgiving ways, the supervisee left the room to discuss this with us behind the screen.

We wondered how Allah, Muhammad and the Koran would think of the crimes of Josef Fritzl who had recently been in the headlines for incarcerating his daughter in a cellar in Austria for over 20 years and repeatedly raping her and fathering several children with her. And we wondered if his daughter would be allowed to disrespect or criticise him. The supervisee went into the room to consider this question with Bhaggi who said she would give it some thought. The following session saw a dramatic change in Bhaggi who told us how she had stood up to her father for the first time ever and told him to stay out of her life. She had thought about how not all fathers were unchallengeable, that some crimes need to be punished, and that in the eyes of her religion she believed she would be understood and forgiven for not honouring her father after all he had done to her. This intervention was very simple and would not work for all people, but in this case it made just the right connection for this young woman.

Stop Being So Jewish

Ruth and her husband David came to our clinic with their two children, one of whom was exhibiting obsessive traits that were of great concern to the parents. The course of the work together was conducted by a supervisee, with myself and the rest

of the supervision group acting as a reflecting team (Andersen, 1990). Some of the conversation concerned their culture and how they were active members of their local Synagogue, although to very different degrees. The family engaged in different levels of what they called 'parental fretting', how David felt far less worried about the children than his wife did, for which he felt chastised by Ruth for not taking things seriously enough. The issue of how much 'fretting' is enough was explored as well as how parents can be free to develop differing styles. On the fifth session I was in a reflecting conversation with the team, which adds another dimension to the role of supervisor (Reed, 1993), and said the following:

I was very interested in Ruth and David's talk as it reminded me very much of issues in my own life at various times, you see, I married a Jewish woman and we would have similar rows about our parenting styles. Often I would think she was fretting too much about normal things, and she would think I was being too casual and that our children needed more parental input. Sometimes it would get to a point where I would say to her, 'Oh stop being so Jewish will you!' and she would reply, 'And you stop being so Catholic!'

At this point everyone in the room including the family was laughing heartily, and I concluded with:

It reminds me of the joke about the Jewish telegram which reads 'Start worrying, details to follow'. I suppose my point is, although I was obviously being stereotypical about 'Jewish mothers' I was also saying to her, 'you can fret as much as you want, but please let me fret as much, or as little as I want. I'm sure the kids will be ok'. And I wondered if this idea is something that has any use now for David and Ruth.²

This example illustrates many points about risk-taking with families, and about our relationships with them and the use of self, both with clients and with supervisees. Of crucial importance here is gender, and how so many women feel they take the responsibility for domestic matters, especially childcare, while the men leave them to take this responsibility as it suits them (us) to do so. This was also referred to in the reflections and in session and became an important point of exploration, balancing 'over-fretfulness' with legitimate worry and (usually female) patterns of over-responsibility. Additionally, I made a personal disclosure about my own domestic situation, as I often do when I believe it could be of therapeutic value to the family. I was careful, however, not to point out my divorced status to the family, as I did not regard this as relevant, by using the unspecific, 'I married a Jewish woman'. I also introduced humour in the session, which is another essential asset so difficult to write about without laboriously detailing the context, by which time all humour has disappeared. Also missing is the culture of the speaker, which has to be understood in a Liverpool accent in the heart of that city, to a Liverpool Jewish family who also had strong accents and for whom I had discerned that some provocative, risky comments would be welcome.

An example of this point is perhaps found in the difference between reading Minuchin transcripts in a book, and then seeing a video of the great man himself. Much becomes clearer when you see how his style permits him to use his provocative arch-structuralist language with apparent impunity. Again this speaks to artistic language and the use of self that is often difficult to elaborate on the page, but has

been written about articulately elsewhere (Flaskas, 2005; Gergen, 2008; Lerner, 2008; Rober, 2002) and will be returned to later in this article.

I would also like to make a point here about therapeutic safety, for the people who seek our help, and for ourselves, and for our supervisees. Too often we can be paralysed into avoiding certain topics for fear that we might offend somebody, particularly on the grounds of race. I believe that adopting a position of humility on this while simultaneously holding on to our authority in the process of therapy is a helpful stance. If we have a good enough therapeutic relationship with a family then they are unlikely to be offended by a mistake we might make or a false assumption we might arrive at. If, however, they can inform us of this, and we can take it with grace, then that for me is a sign of the best kind of alliance, where people can correct us without fear, and we can accept such comments without defensiveness. A simple example of this is the following:

GS: *And do you live there alone, or with other people?*

Mary: *Yes I live with my partner now.*

GS: *And what's his name?*

Mary: *It's not a he, she's a woman.*

GS: *Oh I'm sorry. I should know better than to make an assumption like that. That's just outright heterosexism isn't it? I'm glad you pointed it out to me.*

Mary appreciated this comment and it also served to equalise our freedom to offer comments without the common therapist-client hierarchy dictating who can say what; such comments also help to take therapists off the pedestal clients often put us on. It is easier of course for an experienced and confident therapist to make such self-deprecatory comments than novice therapists, and I well recall feeling the dread of 'being found out'. The tyranny of the novice is the feeling of needing to know everything, while the liberation of the veteran is knowing that we don't have to!

Other questions of power are also raised here, as in so many aspects of therapeutic work and supervision. Crucially, I must always be aware that I belong to some powerful groups (white, British, male, supervisor) and no matter how I try to eschew this, it will always have meaning for others, sometimes in ways that feel disadvantageous to them. To be unaware or uninterested in the position of power we inevitably hold as therapists and supervisors is to perpetuate that position of power and means we are less likely to be mindful of the power issues operating in the lives of the people we see, which usually relate to them coming for therapy in the first place. So when I disagree with a supervisee's idea, no matter how humorously or welcome, I am doing it from a position of power, and it is only acceptable if I know that she has the power to come back at me and say, 'I don't feel comfortable with you using that language' (or tone/manner etc). Then it behoves me to engage in a conversation about language and power relations, all the time responding seriously to her point and being open to challenge and to change.

We should, however, avoid these occasions in the first place, not by playing safe, using overly polite language and avoiding any challenge, but by judging relationships and predicting reactions well, and most of all by creating a context where respectful challenge is welcome, for that is how we best learn. In relation to race,

especially when a white therapist/supervisor works with black clients/supervisees, an additional and complex set of factors comes into play concerning the stage we are at of challenging our own racism. This is well explored by Helms (1994) in her *White Racial Identity Development Model* that I urge every white therapist to read.

Clients and 'the Carnival'

When faced with a depressed mother and her three children shouting at each other in the therapy room, the writings of old Russian theorists do not spring readily to mind, however, Bakhtin has a useful contribution to make, perhaps at more collected moments. Bakhtin (1929) has talked of 'the carnival' in relation to language, whereby its logic is neither true nor false, and where it is the qualitative logic of ambivalence, where the actor is also the spectator, where mistakes give rise to creativity; fools become wise, and kings become beggars.

In a therapeutic domain we can work with words that privilege neither truth nor falsehood but which add to meaning making. We can invite clients to act as therapists, answer the telephone in the room, invite the reflecting team in, ask questions of us. Of course the artistry of language is at least as much as part of our clients' world as our own, and we will all have examples of how we can be moved to admiration for what the people who seek our help can say and their ways of viewing the world, filled with wisdom, insight and humour.

Sometimes our own efforts to use language and metaphors to best effect can trip us up, and this can be a Bakhtinian example of creativity coming from mistakes, where therapist becomes fool. A supervisee was engaged in externalising (White and Epston, 1990) with David, a boy of 12, supporting his best efforts against anger in his life. He asked him about the debilitating effects of anger, and where he was up to in his battle against it. David told him that anger was winning, and if it was a football match he was 3-0 down. From behind the screen I got excited about the recent famous victory by the Liverpool football team who overturned a 3-0 deficit at half time in the European Cup final to become champions of Europe. I phoned through to advise the supervisee to make full use of this; how he could recruit some of the best players in his team to defeat anger, and ask more about what it would take to mount a famous comeback just as Liverpool had done. The boy seemed to lose some of this enthusiasm and when asked about this David said 'I'm an Evertonian'.¹

Such events, of course, do not ruin efforts, as happened in this case in which my mistake was something we were amused at. Where a good alliance exists, we can laugh with clients at our own assumption, mistake or stupidity and this will in no way diminish our effectiveness. It may even enhance it. Humour is a crucial part of our work, and has been written about by many clinicians and theorists, and I have referred to this in an earlier article (Harper & Smith, 1995, p. 350) poking respectful fun at some of the languages we were using at that time:

Therapist: *Can I ask you a question? I was wondering if you had any questions that you would like to question me with about the questions I have questioned you with?*

Client: *(Silence)*

Colleague: *I'm wondering why you asked if there were any questions?*

Therapist: *I wonder (pause) could you, perhaps situate your wonderment?*

Colleague: *Well (pause) I'm both struck and impressed by our joint wonderment and it seems to me that this may be a unique outcome for us in either (or both) a landscape of consciousness or, and/or of action. Perhaps, constructed in this way, we might experience it both as a preferred development and as a subjugated story to be re-authored. This leaves me unsure about whether this internal dialogue bosses my external dialogue around or vice versa, and whether I should recruit myself into a campaign of wonder-taming?*

Therapist: *I see.*

Self and Identity

Jim Wilson (1993) has written of four dimensions in the use of self in supervision, namely negotiating positions of openness and closedness; giving direction and being directed; knowing and not knowing; and using humour as challenge and confirmation. While being influenced by and admiring these useful dimensions I also find myself asking which self of mine is doing the admiring. The whole concept of self is a complex matter, with many different takes across cultures and time. Stuart Hall (1996) has written a ground breaking article on 'who needs identity' and several anthropologists have explored how versions of selfhood are very different in eastern cultures (Morris, 1995).

Hall criticised the notion of an integral, originary and unified identity, preferring the idea of 'identification' and draws on Foucault and Derrida in promoting discursive practices as the means to arrive at a notion of identification, which despite its own epistemological pitfalls is seen as preferable to identity. Identities he says are constantly in the process of change, and never singular but multiply constructed across different discourses, practices and positions. Identities are about using the resources of culture, language and history as a process of becoming rather than being. According to Hall, identity is about what we might become, how we have been represented and how we might represent ourselves. This is a most relevant point for therapy, and a language we can readily engage in with our clients, which with much relevance Hall, in the same paper, calls 'the narrativisation of the self' (p. 4).

However, as Roseneil and Seymour (1999) point out, it is useful to think of identity as a mix, both of something externally imposed upon us, constructing us without our active involvement, while at the same time our identities may be a means of enacting resistance and rebellion. So in performing as a family therapist, a supervisor, or in writing an article for an academic journal, I will be acting within the confines of prescribed roles, within the constraints of the agencies that employ or consider me, but I will also be performing subtle acts of rebellion against these constraints, some perhaps visible here, slipping in bits of my resistant self, which satisfy my ethical self more. As Foucault (1980) has said, 'where there is power there is resistance' (p. 2).

In meeting with clients, or in working with supervisees there is a coming together of various selves, each constituted through experience and at the mercy of unconscious processes. These will differ according to whether we are reminded of people we like, people who remind us of our mothers, and people we are attracted

to or dislike or remind us of ourselves. Some of these processes and reactions will be familiar to us, some will be understood by psychoanalytic models including projective identification, transference or projection, and many will remain unknown to us but still operating with some power, and occasionally getting in the way.

Culture is an important issue in this respect. There is the apocryphal tale of the question being asked of a multinational audience: 'What is your personal opinion of the international food shortage?'; the American asked, 'What's international?'; the African asked, 'What's food?'; the European asked, 'What's shortage?'; and the Chinese person asked, 'What's a personal opinion?'. While this is obviously a hyperbolic example, it illustrates the serious point that different words and ideas have different meanings across cultures, and that we must remain mindful of this in our work. This exists not just across languages but within languages, such as the many differences between American and English; two nations divided by a common language. Context is everything. And the differences, of course, go beyond words in the many rituals and customs across cultures, including order of speaking, eye contact, handshakes, and asking people questions about other people in the room which may suit family therapists, but can be deeply uncomfortable for some people.

As Flaskas (2005) has said all therapy is crosscultural in some way, even if the people we are seeing share all of our own cultures and backgrounds and look the same as us. So in keeping with social constructionist ideas where language creates rather than reflects reality, and where we believe that things exist because we have words for them (such as fate, schizophrenia, being in love, or the soul), then it could be very useful to explore across cultures, where it is appropriate, beliefs others have ingrained in their cultures. Sometimes, however, these beliefs are so ingrained that we cannot even see them as anything other than inevitable facts of nature, if we can see them at all. The goldfish will be the last to discover water.

Authenticity

As previously stated, language goes beyond words, and the way in which we behave in the room with clients is perceived in ways beyond words. When a 14-year-old girl suddenly goes silent in the middle of a conversation about her anger towards her mother sitting next to her, my words may simply be: 'I'm not sure what to do now, what would you like ... for me to ask you more questions, leave you alone, or what?' This is nothing clever or of linguistic merit, it is what I am really wondering, and it took me years to realise that I could say it. But it is how to say it that is the art, and when she glances at me for a second and sees that I am struggling and really mean it, this is what makes the difference. This connects with the Orwell quote at the beginning of this article.

And so I discuss with supervisees about how to say what is going on in their minds in ways that are not clever but can be therapeutic in the room, which is not easy as such disclosures can be daunting, especially for trainees. One example is of the male supervisee who came behind the screen and told us that he was finding the session really difficult because the father had such an authority about him it was a bit frightening. I asked him to say to them exactly what he had said to us, and as long as it was true, then it may lead somewhere interesting. He went in and did it

with some trepidation, and the mother instantly said, 'See, even he's afraid of you! Imagine how we feel.' And her daughters agreed. The father was shocked and said he did not mean to give that message across to people, but it seems he often does as he has been told before, and he would like to change this. The therapeutic consequences from this were major in that for the first time, the father began to see himself as others saw him.

Sometimes our authenticity will lead us to knowing ourselves as being what Flaskas (personal communication) has called the 'not-nice'. We may have thoughts about supervisees or family members that we know we 'should not have', and the question is what to do about this. Not voicing them does not make them go away. Holding these feeling can sometimes lead us to be antitherapeutic in our endeavours with supervisees and families alike, even though we may believe we are acting benignly. Then our professional responsibility is to remain open to the possibilities of change, remain curious, and sometimes acting, 'as if' some more acceptable reality (such as a supervisee being competent or a parent loving their child) were true.

I have a cautionary note, however, that relates to what Stephen Frosh (personal communication) has called 'the coercive therapist', by which he refers to our occasional stance of asking for more than can be given, despite noble intentions. Examples of this include the discoveries I have made of the genius of simplicity in asking questions both of clients and supervisees. There can be no more engaging, simple or collaborative question to clients than: 'How would you like to use this session?' or to supervisees: 'What kind of a supervisor would you like me to be?' However, I have seen these questions stump people so many times that I question their usefulness, and wonder if people sometimes need to be helped to understand the options more.

In another example, a supervisee was in his fifth session with a couple where the husband John had been violent to his wife and wanted to address this. In every area that the trainee explored John had a rationale behind his controlling or violent behaviour that often led to impasse. We went in as a reflecting team, well known to the couple, and I said the following: 'John has said that he has come here to address his violent and controlling behaviour, and to save his marriage, and I believe him. The problem is, he still seems to have an answer for everything, and I worry that this is more of the same thing, I mean of him being in control. What I find myself wanting to say here and now to John is this ... cut the crap John. You've come here for good reason, now stop defending everything you've done and get on with the work! And I hope John takes this in the helpful spirit its intended!'

Thankfully John did, and he agreed that this was what he was doing, and that letting go of control and defensiveness was difficult but he needed to attempt it. This challenge probably could not have been said earlier than the fifth session so I urge caution, which is the essence of all risks taken in the use of language in therapy.

Conclusion

The art and the beauty of therapy is in creating a space where things can be said that are so countercultural, and occasionally so challenging that people would never

accept them in any other context. But in these examples, in these ways, words that would otherwise create conflict can turn out to be helpful. It is as if the normal rules of social discourse do not apply. Generally in therapy we have licence to do the unusual, by asking questions that would be unacceptable in any other context.

There is a paradox here that sometimes misjudging words or messages, as long as the other contextual factors are in place, can produce good results. If the context and atmosphere we have created with our clients is as good as it should be, then they may tell us, at some later point perhaps, that certain words or ideas were unhelpful or even offensive, and we must be ready to hear this, to learn from it, to apologise, and to explore the effects in collaborative ways. Of course, some people may not find the words to complain, or may not return, and this will always be a possibility, but it is our chief responsibility to be constantly mindful of the potential for this.


Words such as 'cut the crap', 'stop being so Jewish', or 'bollocks' are not generally what we say to people seeking our help or to supervisees, but in the right therapeutic moments, within an already existing relationship, and with an empathic demeanour accompanying the delivery of such words, they can go a long way towards moving people on. Of course, they can do the opposite if ill-judged, which highlights the importance of the judicious uses of language, of judging micromoments well, and most of all of engaging people in ways that engender trust. Misjudging this can result in losing clients or being the subject of complaints. This is the art of risk-taking and language in therapy and supervision.

Endnotes

1. Everton is the other team in Liverpool, and great local rivals.
2. I am also reminded here of the intriguing quote by Wittgenstein who said: 'A serious and good philosophical work could be written consisting entirely of jokes' (Henry Dribble, 'A view from the asylum', in *Philosophical Investigations from the Sanctity of the Press* (2004, p. 87).

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