

Learning Disabilities and Systemic Psychotherapy: A Field of Rich Learnings

Henrik Eisner Lynggaard

A thesis submitted in partial fulfilment of the
requirements of the Manchester Metropolitan
University for the degree of Doctor of Philosophy by
Published Work (Route 1)

Department of Critical Disability Studies and
Psychology

2017

Abstract

This paper reviews eleven publications that I submit for the degree of Doctor of Philosophy.

Three themes are identified that together constitute major strands running through the publications:

- a) promoting and making the systemic approach accessible and relevant in the field of learning disabilities;
- b) challenges and opportunities in working systemically with people affected with learning disabilities;
- c) raising the question of who and what in the system needs to change.

Following discussion of the three themes the analytical commentary moves on to highlight four areas entitled 'rich learnings' that emerged from reviewing fifteen years of publications and practice. The areas include: a consideration of the knowledge that emerge in relationship and dialogue; learning from difference and diversity; and the learning that can develop from teaching, transmission and partnership working.

The central argument of the analytical commentary is that taken as a whole body of work, the publications and the associated practices demonstrate that I have made an original contribution to the field of systemic psychotherapy in the area of learning disabilities, and that I have played a significant role in transmitting the approach to others.

Contents

Abstract	2
List of Contents	3
List of Figures	4
Acknowledgment	5
1 Some introductory comments to the analytical commentary	6
1:1 Overview of analytical commentary	7
2 Publications submitted	7
3 Context in which publications emerged and definition of some key concepts	9
3:1 <i>So many terms – a note on terminology and language (ab)uses</i>	14
3:2 <i>Addressing the issue of terminology with people identified with learning disabilities</i>	18
3:3 <i>Introducing the themes</i>	20
4 Theme 1: Making the systemic approach relevant and accessible to people affected with learning disabilities and their networks	21
4:1 <i>Modest beginning and the problem of the referring person</i>	21
4:2 <i>From the local to national – connecting and engaging with a wider network</i>	23
4:3 <i>The narrative turn</i>	27
5 Theme 2: Challenges and opportunities in working systemically with people affected with learning disabilities	31

6	Theme 3: Who needs to change? - widening the lens	37
6:1	Applying the systemic approach across a range of professional tasks in public services	41
7	Rich learnings	43
7:1	<i>Knowing with others, or knowledge that emerges in relationships</i>	44
7:2	<i>There is nothing 'natural' about the systemic approach</i>	45
7:3	<i>Learning from difference and diversity</i>	46
7:4	<i>Learning from teaching and using the approach</i>	50
8	Current projects and future work	51
9	Conclusion	53
	References	55
	Appendix A: Article: 'Life is Multi-Storied'	61
	Appendix B: Abstract of MSc Thesis	64
	Appendix C: Feedback from teaching	65
	Appendix D: List of Workshops and Presentations	66
	Appendix E: Chapter Proposal	69
	Appendix F: Chapter Proposal	70
	Appendix G: Synopsis of "Mind the Gap(s): Learning from Reflection".	71
	List of publications with web links	73

List of Figures

Figure	Page
F1	The drawing aims to illustrate how the visible/observable talk between therapist and client is influenced by invisible theories, discourses and beliefs. 12

F2 Some of the more frequent terms used to refer to a group of 16 people.

Acknowledgements

Although this paper of necessity foregrounds my publications and my work, the publications and the ideas are the products of many. I am deeply indebted to many people: to Glenda Fredman for her inspiring teaching, mentoring and steadfast encouragement over many years; to Sandra Baum for being an energetic and deeply committed fellow-traveller in the long-term project of incorporating and transmitting the systemic approach in the field of learning disabilities; to Jo Bownas for being an endlessly inspiring soul-mate; to Dimitri Sklavounos, my professional manager over many years who both gave permission and encouraged me to follow and deepen my areas of special interest; to the late Tom Andersen and Michael White whose theories, writing and gifted teaching inspired the growth of the systemic and narrative communities across the world and guided my own trajectory; to KCC (Kensington Consultation Centre) and its inspiring teachers and fellow students; and to my partner Simon Fieldman for his loving support.

A deep debt of gratitude goes to colleagues and staff in Islington whose commitment to making a difference to the lives of people affected with learning disabilities has been remarkable. I feel fortunate that it has been possible to maintain links with family carers in Islington, not least Clare Palmer whose creativity, drive and innovative projects are opening new paths in partnership working between family carers, professionals and people affected with learning disabilities.

I want to extend my thanks to Professor Katherine Runswick-Cole for helping me to put together this submission. Throughout the process she has generously and untiringly contributed constructive advice and encouragement.

Lastly, and most importantly, I would like to thank the hundreds of people affected with learning disabilities and their families and supporters who have influenced and moved me both professionally and personally, in so many different ways.

ANALYTICAL COMMENTARY

1. Some introductory comments to the analytical commentary

In writing the analytical commentary I have been aware of a tension between the promotion of a theoretical approach that foregrounds collaborative and de-centred practices among many people and the requirement to centre and emphasise *my* contributions. From communication theory the systemic approach borrows the concept of 'Joining the grammar of others...as the coherent way to go on' (Cronen, 1995:233) in such situations. For the purpose of this paper I have of necessity underscored my efforts even where they evolved as a result of collaborative partnership with others. This tension between a 'relational and discursive becoming' (Shotter, 2016) and the promotion of a 'single-voiced identity' (White, 2007) has undoubtedly given rise to some disjunctions in the styles used in writing the commentary. However, dialogue both within or among different discourses or languages are not necessarily smooth and harmonious, but may hopefully, on occasion, still be generative.

The eleven publications I present in this paper span fifteen years, representing my clinical practice and research between 2000 and 2015 while working within public services in London, England. In this analytical commentary I have sought to locate the publications within the work setting where they emerged and I have attempted to draw connections and distinctions between them. I am aware that I have repeated discussion of theory and definition of some key concepts that are contained across the publications. Although this introduces an element of repetition, it has been important to me to write a paper that could be read without

repeated reference to the disparate papers. Moreover, in working on this commentary it has been important to me not just to arrive at a particular destination but also to capture what has been learned through the very process of reviewing and commenting the publications. I have collected some of these lessons in a section of the paper that I have entitled ‘rich learnings’¹.

1:1 Overview of the analytical commentary

The analytical commentary begins by listing the publications put forward. The use of the numbers **1-11** in bold that appears throughout this paper refers to the publications. The full version of each of the publications is included after the appendices within the bound submission. The co-edited book (**4**) is submitted separately, but the two chapters I wrote in the book are copied and bound with the submission. The analytical commentary begins by situating the working context in which the practices emerged and the papers were written. It moves on to introduce and debate some key concepts and summarises theoretical terms. It then goes on to discuss the three main themes in relation to the various papers and the ‘rich learnings’ referred to in the abstract and the introduction. The analytical commentary concludes with a section discussing current and future developments of my work.

2. Publications submitted

1. Donati, S., Glynn, B., **Lynggaard**, H. and Pearce, P. (2000) ‘Systemic interventions in a learning disabilities service: an invitation to join’. *Clinical Psychology Forum*, 144 pp. 24-28.

2. **Lynggaard**, H., Donati, S., Pearce, P. and Sklavounos, D. (2001) ‘A difference that made a difference: Introducing systemic ideas and practices into a multidisciplinary learning disabilities service’. *Clinical Psychology*, 3 pp. 12-16.

¹ “Rich learnings” is intentional and follows the usage introduced by Michael White (2007) who pluralised certain words, including knowledge. He wanted to put into question singular accounts of knowledge and learning and to emphasise the multiplicity of ideas and narratives that inform our thinking and action.

3. **Lynggaard**, H. and Scior, K. (2002) 'Narrative therapy and people with learning disabilities.' *Clinical Psychology*, 17 pp. 33-37.
4. Baum, S., and **Lynggaard**, H. (eds.) (2006) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London.
5. Scior, K. and **Lynggaard**, H. (2006) 'New stories of intellectual disabilities. In Baum, S. and Lynggaard, H. (eds.) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London, pp. 100-120.
6. **Lynggaard**, H. and Baum, S. (2006) 'So how do I...?' In Baum, S. and Lynggaard, H. (eds.) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London, pp. 185-202.
7. Baum, S. and **Lynggaard**, H. (2006) 'The person in relationship: A systemic approach.' In Jukes, M. and Aldrige, J. (eds.), *In Person-centred Practices: A therapeutic perspective*. Quay Books, pp. 231-240.
8. McFarlane, F. and **Lynggaard**, H. (2009) 'The taming of Ferdinand: Narrative therapy with people affected with intellectual disabilities.' *International Journal of Narrative Therapy and Community Work*, 3 pp. 19-26.
9. **Lynggaard**, H. and Livingston, J. (2011) 'So many terms: A walk inside and around learning disabilities, and a conversation with a cool guy.' *Context*, 114 pp. 5-7.
10. **Lynggaard**, H. (2012) 'Something understood – something misunderstood.' *Clinical Psychology and People with Intellectual Disabilities*, 10 (2) pp. 12 - 18.
11. Fredman, G. and **Lynggaard**, H. (2015) 'Braiding hopes and intentions with people affected by intellectual disabilities and their networks of family and carers.' *Context*, 138 pp. 22-27.

3. Context in which publications emerged and definition of some key concepts

I am a clinical psychologist and systemic psychotherapist by professional background. Between 1994 when I qualified as a clinical psychologist and 2015, I worked on a full-time basis in public services (in National Health Service and Local Authority settings), employed to provide psychological services to adults (16+) affected with learning disabilities/intellectual disabilities² and their network of families and carers. Throughout this period my work context was as a member of multi-disciplinary teams typically including social workers, psychiatrists, psychologists, speech and language therapists, occupational therapists, community nurses, service brokers, managers and support workers.

When I began my career as a clinical psychologist I noticed that the referrals I received tended to describe problems (e.g. “anger”, “challenging behaviour” or “mental health problems” etc.), as problems *located in* the individual who had been referred with little reference to the wider system or to the context in which the person lived. Within the discipline of psychology many therapeutic approaches had evolved for conceptualising and responding to individual problems (e.g. behaviourism, cognitive behavioural therapy, psychodynamic psychotherapy etc.). However, it seemed to me that in their conceptualisations of human distress they held a strong potential for contributing to locating the problem as an inherent essence of persons already disempowered by impairments and marginalized by the dominant cultures. This seemed especially problematic in the context of learning disabilities since a defining feature of the conditions subsumed under the term ‘learning disabilities’, is a significant difficulty for many people in communicating verbally and therefore providing their own subjective account of the problems that others have identified. As history has

² I define and comment on these terms in a subsequent section (3:1).

repeatedly shown people affected with³ learning disabilities can readily become a site of others' projections or problem definitions (Baum & Lynggaard, 2006) (4). Indeed, people affected with learning disabilities mostly have no, or only limited, involvement in their referral to services or in the framing of the problem. In contrast to the psychological approaches focusing primarily on the individual, it seemed to me that approaches such as systemic family therapy and narrative therapy offered several valuable tools for orienting practitioners' understanding differently and for widening the ways in which practitioners might work. I now turn to providing a brief overview of the systemic approach.

Family therapy⁴ developed in the United States in the 1950s partly in response to the perceived limitations of individual psychotherapy, partly inspired by the development of the field of cybernetics (Wiener, 1948). Briefly put, cybernetics is a transdisciplinary approach for exploring regulatory systems, their structures, constraints and possibilities (Dallos and Draper, 2000:31). Cybernetics inspired numerous disciplines, but what particularly interested psychotherapists were the concepts of circular and relational causality, feedback loop and contexts. Family and systemic therapy has progressed through various phases as experience has been gained and in response to critiques and wider cultural developments (Vetere and Dallos, 2003). The phases can to a degree be distinguished from each other on the basis of how the position of the therapist is conceptualised. In early developments of family therapy the therapist was viewed as a neutral person *standing apart from* the family in respect of whom - after a period of assessment - interventions were prescribed or delivered. Later developments conceived of the therapist as a person who inevitably occupies a position *within* the 'problem-determining system' (Anderson and Goolishian, 1986). The different

³ I deliberately use the slightly unwieldy term 'affected with learning disabilities' in order to indicate that the term 'learning disabilities' does not, and should not, be taken to speak to the totality of the person.

⁴ In this paper I have used 'family therapy', 'systemic family therapy', 'systemic psychotherapy' and the 'systemic approach' as broadly interchangeable terms. As knowledge and experience developed within the relatively new discipline of family therapy from the 1950s onwards, it was recognised that a set of practices and methods had been developed that had wide applicability not only in work with families, but in working with any 'human system'.

phases of the development in practice and theory may also be distinguished according to whether 'constructionism' or 'social constructionism' constituted the major theoretical foundation, and, in the third phase by the recognition that the therapist was '...necessarily influenced by his or her own beliefs and prejudices' (Dallos and Draper, 2000:91).

I encountered systemic psychotherapy when social constructionism and critical forms of psychology began to influence the approach. Social constructionism is a synthesis of diverse influences emanating from areas such as philosophy, linguistics and anthropology among others (Burr, 1995). It emphasises that power relationships shape interaction and the construction of difficulties both within the therapeutic relationship and the wider socio-political context through language and discourse. Social constructionism crucially stresses that the meaning of problems and possibilities for actions is constructed in relationships. The role of language and beliefs of any given culture is central. Language is seen as containing a legacy of ideas such as assumptions about disability, gender, class, race, and has a central part in mediating problems (Dallos and Vetere, 2000:94).

In teaching and workshops that I facilitate I have attempted to develop several different ways to illustrate and emphasise how beliefs, theories and discourses inform and underpin the systemic approach and practice. One tool I devised, and which I named the 'Iceberg' is depicted in Figure 1⁵. In my experience therapists do not readily consider how we have been trained to think in ways that we hardly notice: how culture, history, religion and education filter and frame our perception.

⁵ I devised this Figure for a keynote speech I was invited to give on 26th March 2014 at the British Psychological Society Faculty for People with Intellectual Disabilities *Advancing Practice Conference* in Llandudno. I am aware that there is a very long history of using an iceberg for drawing attention to the way surface manifestations are influenced by hidden, but highly influential, phenomena that are out of view or awareness. For example, differences between conscious and unconscious mental processes; the Satir (1983) change model of behavior; and as a tool for guiding systemic thinking with reference to organisations. However, while I have undoubtedly been influenced by reading and training over many years, I am not aware of previously encountering an iceberg metaphor with the exact wording I have used here.

Iceberg

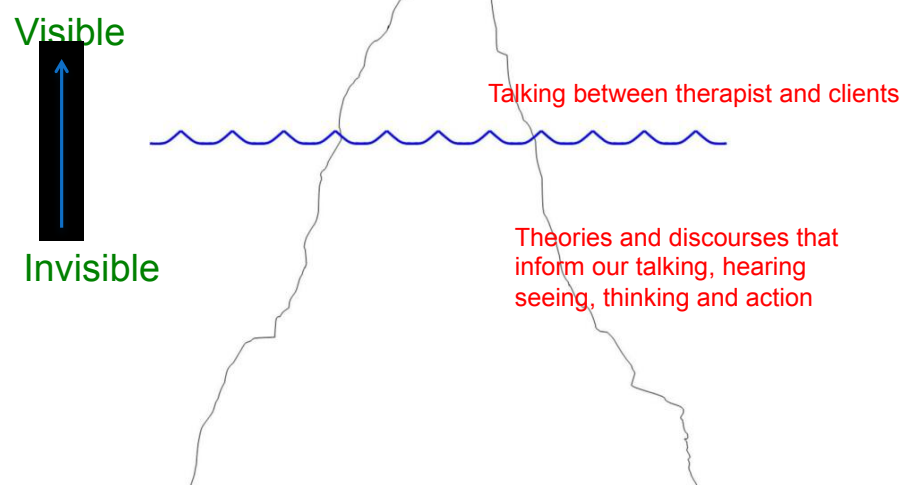


Figure 1. The drawing aims to illustrate how the visible/observable talk between therapist and clients, is influenced by invisible theories, discourses and beliefs. Lynggaard (2014).

A given theoretical 'frame-work' allows us to see and understand certain things but it also blinds us to others. The word 'frame' in framework, is especially pertinent here, I believe, with its implication of limits and boundaries. To my mind, a theory that in its assumptive base draws on many aligned influences and theories, offers increased richness at the level of methods and practice. To use a much-simplified analogy from the field of perception for example, when we sit down we can see certain things; standing allows us to see and notice others, and going to the floor above allows yet other things to come into view. Systemic practitioners are interested in bringing forth *multiple-perspectives*, not so much at the level of the visible as at the level of descriptions. Multiple descriptions offer a diversity of thoughts about a given situation, potentially loosening something that may have been stuck and thereby affording more opportunities for moving on. To that end systemic psychotherapy can be said to be situated within the disciplines that seek to move from the 'universal' towards the 'multi-verse' (Maturana and Varela, 1980).

In its practice one of the things that sets the systemic approaches apart from other therapeutic approaches is that the systemic practitioner works with more than one person at a time, sometimes with large networks of people (11). This calls for the acquisition and development of a wide range of systemic skills and methods: skills in convening and conducting meetings with many people present; skills in coordinating and exploring a multiplicity of views; and skills in ensuring that everybody has an opportunity to talk and be listened to.

Orienting clinical practice on a foundation of systemic theory and practice (McGoldrick, Garcia-Preston & Carter, 2016) with people affected with learning disabilities was rarely envisaged in the 1990s. For many decades behaviourism and medical and psychiatric models had promoted mainly individualistic and internalised meaning making in respect of people with the label of learning disabilities. In 1993 Bender published a seminal article entitled: 'The unoffered chair: The history of therapeutic disdain towards people with a learning difficulty.' This article can be said to have constituted something of a wake-up call to many practitioners working within this field.

3:1 So many terms – a note on terminology and language (ab)uses

When we define or delimit a term, a service area, a section of the population or a particular group, the definition is explicitly or implicitly set in relation to what it is not (e.g. 'red' only comes to acquire meaning because there is something that is 'non-red'). Practitioners who work in an area where the criteria for receiving a service is relatively uncontested may not have to wrestle with definitional issues (though deciding how to allocate scarce or dwindling resources may be both problematic and painful). For example: "This is a service for children up to the age of 5"; "This luncheon club is for people over 65"; "This is a women only group". The area of learning disabilities does not lend itself to neat definitions and boundary markers, and yet the history and the configuration of many public services make the vexed issue of definition salient. I have commented on these issues at various points of my writings (4, 9) and will do so here in a slightly different way while also introducing one of my publications that was co-authored with a person affected with learning disabilities (9).

Like the word systemic, the term learning disabilities holds many meanings. I had my first experience of working in the field of learning disabilities just as Valerie Sinason published her book *Mental Handicap and the Human Condition* (1992). In the opening sections of the book Sinason observes that no other client group has had the term used to refer to them changed so many times and she speculates whether this partly has to do with non-learning disabled people's discomfort around encounters with difference and otherness. That is, whether by '...regularly washing the linguistic bed linen...' (1992:42) people who devise and employ the categorisations can feel more comfortable.

The terms we use to categorise a whole section of a population are never unproblematic with regard to how:

- people get positioned
- how they come to see themselves
- and how they are valued and treated.

History, ancient and modern, is replete with examples of how people have been ‘othered’ by the dominant groups, how people are essentialised, denuded of humanity, violated and deprived of the same rights and humanity as those enjoyed by the people making the distinction. The Winterbourne View scandal⁶ offers a fairly recent example of how poor staffing level, combined with the constant ‘othering’ of the patients during the induction of new care staff, together with the poverty of alternative discourses or frameworks for understanding and relating to the patients, eventually manifested in instances of gross physical and emotional abuse.

In the UK context, the term ‘learning disabilities’ has been in general use since its introduction by the Department of Health in 1992. It replaced ‘mental handicap’ that had been employed for several decades, that in turn replaced ‘subnormal’, a term that in turn replaced ‘cretin’, ‘feeble-minded’, ‘imbecile’, ‘dullard’, ‘idiot’ etc. Sinason (1992) provides a fascinating historical account of the shifting vocabulary. Other English speaking countries use variations of these terms. It is noteworthy that the self-advocacy group established with and for people with learning disabilities is simply called: People First. See Figure 2.

⁶ In 2011 BBC’s *Panorama* programme showed undercover footage of criminal abuse in the Winterbourne View residential ‘hospital’ for people affected with learning disabilities and challenging behaviour.

So many different terms...



Figure 2: Some of the more frequent terms used to refer to a group of people (see note 5).

Since 2003 The International Association for the Scientific Study of Intellectual Disabilities (IASSID), an interdisciplinary scientific non-governmental organization with official relations with the World Health Organization, has promoted the term 'intellectual disabilities' in an attempt to foster consistency and dialogue across different countries. IASSID promotes worldwide research and exchange of information on intellectual disabilities. However, as with all previous terms used to make distinctions between groups of people, 'intellectual disabilities' is not without its own set of problems. I debate these in the introduction to the book *Intellectual Disabilities: A Systemic Approach* (Baum and Lynggaard, 2006) (4). I conclude that many of us writing the book have deep reservations about the term Intellectual Disabilities:

The term 'intellectual disabilities' is problematic if it is considered as a property solely residing within the person without reference to the inter-

relation between the person and societal responses that magnify, or in some situations create, the disability.

Nevertheless, we recognize the need to join all those languages which allow us to be in dialogue with others. Therefore, in order to include colleagues across the world in this conversation we are – here and for now - selecting to use this terminology. (Lynggaard and Baum, 2006: xxvi).

Others have made more sophisticated and trenchant comments on the use and abuses of terminology and diagnoses in the field of learning disabilities, see for example Goodley and Rapley (2002), and in the field of autism in the collection of papers (Runswick-Cole, Mallett and Timimi, 2016). In this analytical commentary I shall predominantly use the term 'learning disabilities' but employ 'intellectual disabilities' when this was the term used in the publication referred to.

In its current use, learning disabilities is defined by the World Health Organisation as comprising three interconnected areas that must *all* be present: 1) significant impairment of intellectual functioning, 2) together with significant impairment of functional abilities, with 3) onset in the developmental period. (ICD-10, 1994). When I use the term learning disabilities I am not referring to people with specific learning difficulties such as people identified with dyslexia and dyspraxia. What I have in mind are people with more global levels of impairments that are of life-long duration and where the people concerned require support and help from others that may be fairly minimal; for example, needing someone to help with managing a few aspects of daily living to people requiring 24 hours support. Causes of learning disabilities are multiple and range from pre-natal factors (chromosomal, genetics and toxins), to factors manifesting at birth (peri-natal) such as birth complications and deprivation of oxygen, to post-natal, such as infections, severe malnutrition, neglect, trauma (physical and psychological). The effects of these conditions and factors can be very severe and often have life-long consequences for the individual, their families and network of involved persons (4).

3:2 Addressing the issue of terminology with people identified with learning disabilities

In my work context I was often grappling with many of the contested issues around what McNamee has called ‘constraining and potentiating factors’ associated with certain descriptions and forms of labelling (McNamee, 1994:75). It became important to me to devise, inhabit and share a practice that did not view learning disabilities as an unproblematic or static term. In the induction of new members of the multi-disciplinary team in which I worked for many years, in lectures to trainee clinical psychologists, in presentations and workshops I sought to address some of these issues; sometimes through an exercise entitled ‘Going inside learning disabilities’, inspired variously by Andersen (1995) and White (1997), and their invitations to ‘go inside words’ and to ‘unpack concepts’. However, it was only relatively late in the sequence of publications I present here, that *some* of this work appeared in writing in a joint publication with John, a man with Down’s syndrome (Lynggaard and Livingston, 2011) (9). The background to this paper predates its publication by some six years. In talking to or teaching other professionals who might have little or no experience of the area of learning disabilities, I found that presenting the international definition of learning disabilities (set out above) provided a narrow and limiting perspective. I consequently conceived of a small project that involved approaching a number of users of the service I worked in, asking if they would be prepared to be interviewed on camera responding to just two questions:

- Have you heard the words learning disabilities/difficulties and if so, what do they mean to you?
- What words would you use to describe yourself?

Several people gave their consent and using a small camera placed on a tripod I arranged to meet with the participants in turn.⁷ What I had initially envisaged as material to be used in a limited number of contexts turned out to be a valuable resource with multiple uses. The short video which I entitled: *In Our Own Words*,

⁷ I checked consent at several points in the process and also showed the recording to the participants before I shared the material with others.

lasts just 11 minutes and contains interviews with four people: John; an older woman; a man with a diagnosis of autism; and a mother and her son with severe learning disabilities.⁸ Having secured additional consent from all involved, I have used *In Our Own Words* in many teaching and training contexts to broaden perspectives and discussion. When possible I have sought to invite the participants who view the interview(s) to write a brief message on a Post-It note that can be taken back to the interviewees to show how their words have affected or influenced others. These messages from others have touched the people who speak on the film, giving them a sense that their words and thoughts matter and can assist other people in their learning. In the published interview with John (9) it may be noted that he speaks of his hurt at being discriminated against or singled out because of physical differences. But we also see an example of a crucial lesson derived from the field of systemic psychotherapy that the questions we ask invite people into different territories of identity and meaning. Even if we initially only hear stories of adversity, loss, and desolation, there is always more than one story to be heard. I consider it as the ethical responsibility of the systemic practitioner to open space for other stories, while not ignoring or minimizing the telling and witnessing of stories of pain and hurt. In the interview with John it can be seen that invited to use his own words he describes his abilities and skill and potential. In the article I comment:

“Among John’s many thought provoking comments it is noteworthy that he makes a distinction between ‘something that happens to the brain’ (the impairment) and ‘not physically happen to themselves [sic].’ In other words, he draws distinctions between the physical and psychological realms, between brain and self...” (2011:6).

⁸ I employed questions devised by Iveson (1990) inviting the mother to temporarily step into the shoes of her son speculating and guessing what he might say were he able to use verbal language.

3:3 Introducing the themes

Having described the context in which the publications were written and outlined and debated some key concepts, I now move on to describe how I came to identify the themes I have employed to structure and give coherence to the analytical commentary. I use theme here to denote a central argument or narrative thread that weaves across all the publications, even if a particular theme is accentuated more overtly in some publications than others. To extract these themes, I read and re-read the 11 publications submitted, keeping the following question in mind: 'If you were to summarise what has been your contribution to knowledge and practice in the field of learning disabilities and systemic practice, what stands out? The method of analysis used here is more in keeping with a systemic notion of reflexivity (Keeney, 1987) and self-reflexivity (Cecchin, Lane & Ray, 1994). I am, of course, aware that any process of extracting themes and summarizing is necessarily selective. However, on re-reading my publications it seemed to me that three central arguments have animated and energised the work I have engaged in over the past 15 years in public services, and that I consider to constitute a significant contribution to knowledge in the field. With regard to the first theme, what unites all the publications is a concern with **promoting and making the systemic social constructionist approach relevant to the field of learning disabilities**. In other words, what I have sought to demonstrate and share with others through my publications (1-11), is that the systemic approach offers a theoretical orientation, a wide range of methods and techniques that make a significant difference to the way that problems and people are conceptualised. Indeed, the publications were intended to publicise and generate interest in a theory and a set of relational practices that had barely been considered within the learning disabilities field when I began my work within public services. Consequently, a discussion of this theme is accorded most space within the analytical commentary.

In all my publications there is reference to, or extracts from, clinical practice (with identifying information disguised) in order to provide examples and give the readers a flavour of the work. The second theme, which I have named as the

possibilities and constraints of drawing on the systemic approach with people affected with learning disabilities, was extracted as it afforded the opportunity to pull together and debate some of the factors that are particularly salient in the field of learning disabilities (e.g. communication, acquiescence, use and abuse of power etc.). The third theme that I have entitled '**Who needs to change?**' addresses the importance I have accorded since my first publications to drawing on systemic theories beyond the individual identified with a problem, and to applying the approaches to a range of professional tasks within public services. The third theme loops back to the discussion of the first in that it echoes an important consideration raised in the systemic literature and first named in a seminal paper by Palazzoli et al. (1980): 'The Problem of the Referring Person.'

In looking back over, reviewing and commenting on the publications I have on occasions in the analytical commentary sought to formulate things in ways that, with hindsight, strike me as more precise. Identifying three as opposed to four or more overarching themes was decided partly for pragmatic reasons. However, in the process of working on this analytical commentary four lessons have stood out to me; I refer to these as **rich learnings** and they are set out after the description of the third theme.

4. Theme 1: Promoting and drawing on the systemic approach in the work with people affected with learning disabilities and their networks.

Overview: This section comments on a major theme that runs through most publications submitted, namely a concern with how to make the systemic social constructionist approach applicable to people with learning disabilities and their network (especially, **1**, **6**, **10** and **11** and, drawing on narrative therapy, **3** and **8**). I will specify what some of these developments involved, drawing connections and distinctions within and between papers. The discussion of the publications is largely chronological and runs alongside a description of the context of professional relationships that influenced the work.

4:1 Modest beginning and the problem of the referring person

In the late 1990s I was able to attend - over a two-year period - an introductory training course in systemic psychotherapy offered within the large Mental Health Trust which employed me. The training course was credited by the Association of Family Therapy and was equivalent to the first two years of a four years MSc programme. The training was also attended by the Head Occupational Therapist in the multi-disciplinary community team I worked in at the time as well as two Psychologists working in a similarly configured service in a neighbouring district. Since we all worked in services established for people affected with learning disabilities we decided to form small teams in each district (of two people) and agreed that we would take on a few referrals each where a systemic approach would orient our work, and that we would meet to share experiences and dilemmas. Paper 1 represents our joint effort in describing and publishing our experiences and ends with an "Invitation to join" (the subtitle of the paper). As can be seen our early practice was informed and inspired by the work of Lang and McAdam (1994) who among other things, invited practitioners to ask three questions when receiving a referral. The questions all begin with "Who", in other words, they are questions that enquire about or bring forth relationships. The first question turned out to be of central importance in the field of learning disabilities: *Who is concerned about what?* Is 'Paul, who has been referred for 'anger outbursts', concerned about anger? Or is it the referrer, for example, Paul's keyworker, his GP or family? Lang and McAdam further invite us to ask: 'Who else is concerned (and about what?)', and 'Who else is significant and involved'? This series of questions enable the identification of the so-called *problem determined system* (Anderson and Goolishian, 1986) that is, the people who have named something or someone as a problem. It is perhaps important to make clear that while it is rarely the person with learning disabilities who initiates a referral, in our systemic practice we often met with or sought to include the person who was at the center of the referrers' concern.

Glenda Fredman who was the inspiring and encouraging teacher on the training course that my colleagues and I followed at the time, had developed the second series of questions that we brought to the field of learning disabilities and known by the term: 'Relationship to Help' (Reder and Fredman, 1996). When seeking help and when providing help, we always act out of previous experiences of receiving and delivering help. Reder and Fredman show that actively attending to the interacting beliefs about the therapeutic process can be especially useful in our preparations for inviting families or clients to therapy sessions. The questions devised by Reder and Fredman proved helpful when responding to new referrals within the multi-disciplinary team meetings. For example, when asking in the context of a referrals' meeting: "What is Sarah's or Sarah's family's (a fictitious client) relationship to help?" - may show a history of non-engagement or a difficult history with services, and prompt the group of professionals to come up with new and different ways of responding. This could take the form of attending to questions such as:

- What is the system in focus? Is it Sarah and her family or someone else?
- Are there other people we need to meet with?
- How can we position Sarah and her family as a resource to the problem, rather than as *the* problem?

In our early work I noticed how relational questions extended the focus out from the person identified with problems by others and opened new possibilities for understanding and for action. I also noticed that the new ways of conceptualising and talking about difficulties and predicaments interested our colleagues and importantly, energised our own practice. This gave encouragement to draw on the systemic approach more readily in our work, and in my case to make connections to other practitioners beyond our own services.

4:2 From the local to national – connecting and engaging with a wider network

In the first two publications (1, 2) I commented that there was a relative paucity of publications drawing on systemic approaches with people affected with learning disabilities. My growing interest in systemic psychotherapy and the

limitations I perceived in the methods offered by individualised psychological approaches, generated a desire to make contact with other practitioners in the area of learning disabilities who shared an interest in bringing new approaches into the field. In collaboration with Sandra Baum, a clinical psychologist in East London, and practitioners in other parts of the UK, a national Special Interest Group was established in around 2000. Over the following years this small group exchanged experiences, read and discussed papers together, organised conferences, connected with and invited internationally speakers including Tom Andersen from Norway, who also wrote the foreword to our co-edited book (see below), and began to embed new practices in our work. Several of us went on to undertake professional training in systemic psychotherapy to MSc level. We began writing about and disseminating our experiences and research; a sustained effort over several years that culminated in the publication of the book *Intellectual Disabilities: A systemic approach* (Baum and Lynggaard, 2006) (4). This book is still, as far as I have been able to ascertain, the only textbook in the English-speaking world on the topic. The book continues to sell well and is in its second reprint. It appears on reading lists on clinical psychology training courses and is frequently quoted (Google Scholar 44). It was recently translated and published in Greece (2016) and I have received, and continue to receive, enquiries and encouraging comments from practitioners as far afield as Germany, Hong Kong and Australia.

The period from 2000 to 2006 which I have briefly sketched in the previous paragraph represents a time of sustained and intense work, since in addition to working full time as a clinical psychologist in a busy multi-disciplinary service, I was also continuing my own advanced systemic training and continuing to embed and improve my practice. It is in the publications numbered **6**, **9** and **11** that I convey detailed descriptions on how to make the systemic approach accessible and relevant to people with learning disabilities. That is, these papers address the amendments and adjustments in the therapeutic practice when a person affected with learning disabilities is part of the system that the practitioner convenes.

Paper **6** is entitled “So how do I...?” The title deliberately echoes the questions that were addressed to us by others interested in the systemic approach but unfamiliar with how to use or apply the ideas in the specific field of learning disabilities. Questions such as How Do I:

- Include and involve the person affected with learning disabilities?
- Explain the way we work?
- Scaffold questions?
- Pace the sessions?
- Use reflecting team processes?

I would argue that this was one of the first papers to be published to comprehensively address questions of the modification of practice and technique in one place.

Paper **10** was written to address a different but important question often raised by participants during conferences or training I was involved in delivering: e.g. *“How can the systemic approach be made relevant to people with profound learning disabilities and no verbal communication?”* Over time I have come to think that this question requires a three-fold response. Below I have sought to summarise the arguments I have developed.

A) The person may not need to be physically present. The problem of the referring person or system may be resolved or dis-solved by talk and action between key people or through changes made at a level of the environment in the widest meaning of this term, or by a reconfiguration of the service or addition of resources. In other words, the problem was never that of the person with profound learning disabilities although this person was significantly affected by what was imposed or created by others and/or by the environment.

B) A number of therapeutic techniques have been developed within the generic field of family therapy that make it is possible to invite, to make present or to speculate about the views, experiences and perceptions of a person who cannot be physically present or in respect of a person with no speaking voice. For example, Iveson (1990) offers several interlinked steps that the therapist can take

to invite someone else who knows the person well to speculate about what the person may 'say' in relation to particular issues. It is not possible, nor is it the therapeutic intent that this proxy-voice accurately represents the person. Rather the therapeutic intent is to indicate that the person may have a perspective other than the one hitherto taken for granted. In (6) I reproduce the comments made by the father of a young man with severe intellectual disabilities whom I worked with, and who said to me: "It was not until I heard you asking for the third time in the course of our sessions: '*I wonder how John would think about or experience this event?*', that I even considered he could have a view about the things we were talking about" (p. 195). The father's realisation resulted in a shift in the predicament he was experiencing in relation to his son. A variant on Iveson's suggestion is the practice developed by Anderson and referred to as 'As If' (Anderson, 1997). Following this practice someone in the system is invited to speak 'as if' they were the person; 'as if' they were the key worker (who couldn't attend a session) or 'as if' they were the grandmother who, in a hypothetical scenario, has emerged as being significant to the ongoing work but who cannot be physically present. Another method is the one elaborated by Tomm, and known as 'The Internalised Other interviewing' (1998); a complex and elaborate technique for supporting others to increase their understanding of the perception of another person and the effects of their actions on others.

C) Paper **10** describes a third option of having the person with profound learning disabilities present in the sessions and details how this can be accomplished including some of the things the practitioners need to consider prior to meeting with the family or network. Below follows a short excerpt from the paper which reports some questions that can be helpful in preparing for the meeting with and inclusion of the person affected with more severe learning disabilities.

How might we arrange the room so Gabriella feels comfortable?

Who knows Gabriella best?

Who would she like to keep within eyesight?

What might she like or need to feel comfortable?

How can we co-ordinate our action so everyone with a speaking voice has a chance to speak, listen and be heard? – (Lynggaard, 2012:13).

This attention to the micro-practices of systemic psychotherapy with people affected with learning disabilities and their network is continued in paper **11** co-written with Glenda Fredman and detailing joint work that describes the network approach we had gradually developed and implemented within the multi-disciplinary service over many years. Citing from the paper we ‘...worked from the assumption that we can accomplish more within a network of collaborative relationships than each on our own; we work towards co-creating ‘resource-full communities’ of clients, families and people involved in their care so that we might pool the abilities of everyone involved.’ (Fredman and Lynggaard, 2015:22). The paper itself describes a session with Lisa, a woman with moderately severe learning disabilities and additional mental health problems that had resulted in long term in-patient psychiatric treatment. The session also included her parents and a network of involved professionals. Using extracts from the session the paper explains: how to co-create a focus for the meeting; how to tune into language; how to engage in double listening; how to braid intentions with resources and plans to go on; how to record and document; and finally, how to weave networks of hope.

Taken together the publications I have re-viewed in this section (**1,6,10** and **11**) provide a detailed account of how it is possible to draw on the systemic approach in the work with people affected with learning disabilities with numerous practical suggestions for making the approach relevant and accessible. It is my opinion that these papers played a significant role in paving the way for an increased interest in what systemic approaches had to offer within the field of learning disabilities services.

4:3 The narrative turn

Before concluding this thematic section (e.g. Theme 1), I take a ‘narrative turn’ to set the scene for three publications (**3, 5** and **8**) in which I draw on narrative therapy in my conversations with people affected with learning disabilities. I start by giving an overview of some key concepts and practices emerging from narrative therapy. At the risk of grossly oversimplifying a complex and multi-

layered therapeutic approach, I venture to argue that narrative therapy which developed as an offshoot from systemic family therapy, are built on many shared theoretical foundations, and that over several decades the two therapeutic approaches have continued to influence and inspire each other. A special issue of the *Australian and New Zealand Journal of Family Therapy* (2014, 35(1)) testifies to the dialogue and interlinking of the two approaches.

Narrative therapy is an approach to therapy and community work that centres people as the experts in their own lives and views problems as separate from people. Narrative therapy was initially developed by White and Epston (1990) and has evolved from a blend of various influences including, as stated above, family therapy. The ideas of various social sciences theorists, anthropologists and poststructuralist philosophers, in particular the French philosopher and social theorist Michel Foucault, have been instrumental in the development of narrative therapy. Foucault wrote extensively on the way that the human subject is shaped, fabricated and objectified by social discourses and practices and in incorporating many of Foucault's ideas on knowledge and power, White comes to see therapy as an "...inherently political activity, an activity and set of practices inscribed by power relations" (quoted from Besley, 2001:78). Narrative therapy has many similarities with those practices of systemic family therapy that are situated within the post-modern tradition. O'Hanlon (1994, quoted from Dallos and Draper, 2000: 91-124) coined the term 'third-wave' to describe a range of approaches in family therapy: 'narrative therapy', 'feminist family therapy', 'just therapy', 'solution focused therapy', and 'coordinated management of meaning' to denote a significant turn that can be detected as a result of postmodernism and social constructionism entering the field in the late 1980s and 1990s.

A central theme in narrative therapy is that we live our lives according to the stories we tell ourselves and the stories we are told by others. Our identities are composed of all the stories that have been made available to us about who we are; stories that pre-exist us and that are not of our making but nevertheless deeply influence and shape who we are and who we can become. 'Life is', as White aptly observes, 'multi-storied' (White and Epston, 1990). This simple

phrase is profound, I think, since it emphasizes that a wide number of different stories can be told of any person's life and that story lines can be punctuated, and get punctuated by others at numerous different points, resulting in widely different meanings circulating. Thus the story line that circulates about a given person can have entirely different consequences, from benign to ruinous. Diagnostic statements such as this person is 'learning disabled' or 'autistic' would constitute a 'thin' story line. There are always much more varied, richer, 'thicker' (Geertz, 1978) stories that could be told about a given person's life, in addition to any diagnostic label they might have acquired. A central contention within narrative therapy is, that if stories shape our lives then re-storying can reshape lives (White, 2007:9). In therapy this means recognising theories are imbued with cultural assumptions, that the therapist's assumptions direct the therapeutic enquiry, and that the problem is just one possible narrative strand of the event. Narrative therapy encourages the process of deconstruction; unraveling the history, context and social agenda of dominant story lines and working towards preferred narratives.

Since its emergence in the late 1980s narrative therapy has influenced a large and growing community of practitioners world wide, who have been drawn to the ethics of the foundational principals, and the myriad of inspiring practices developed to work not only with individuals, but also with groups and communities across the world. Narrative therapists work with people in regions of great conflicts: orphans in southern Africa; child soldiers in Uganda; communities in war torn Palestine; members of the aboriginal community in Australia among many others, and it seeks to connect not only practitioners but also people struggling with hardships in their lives. A useful Internet site for further information about narrative therapy can be found at <http://dulwichcentre.com.au>

After encountering narrative therapy in the early 2000 I have availed myself of opportunities to develop my understanding of the approach and its varied and rich methods. I have undertaken further training and a great deal of reading with the aim of drawing on the approach in my work with people affected with learning disabilities. Papers **3**, **5** and **8** constitute my publications to date in the area. In

the first paper published in 2002 the literature review indicates an extensive literature on drawing on narrative therapy in work with children, adolescents, victims of trauma and adults encountering mental health problems but only a couple of publications on using narrative therapy with people affected with learning disabilities. Some initial examples from our practice are given in the papers co-written with Scior in 2002 and 2006 (3 & 5). In the latter we attend in more detail to theory and make reference to case examples following the framework for practice proposed by Morgan (2000). In my practice and that with colleagues, we were encouraged by the additional tools narrative practices offered in our conversations with people affected with learning disabilities who encountered problems in their lives. For example, we met many people who welcomed and responded positively to the therapeutic move of 'externalising the problem' (White and Epston, 1990). Invited to show, to draw, to indicate the size and location of the problem in physical space or on a piece of paper, it was possible to introduce a separation between the person and the problem and to enquire about other aspects of the person and harness some of the skills and abilities that the predicament tended to obscure. I have only pulled out one strand of a many-layered therapeutic approach, and in his late writings White (2007) is clear that although externalising of the problem has become synonymous with Narrative Therapy it is only one of a rich array of therapeutic tools, and not a therapeutic move that must be used slavishly.

In paper 5 I brought up some dilemmas we encountered and that we felt that other readers working in the area of learning disabilities might raise. Among these we wondered how much scope a person affected with learning disabilities might have for developing preferred identities when many aspects of their lives may be controlled and defined by others? On reflection we conclude that this is a dilemma not exclusively confined to people with learning disabilities, but may equally apply to children and other groups with little power or means to change their circumstances. Although we do not use the exact argument in the chapter we were mindful of White's (1995) exhortation that therapy work that confines itself exclusively to the level of the individual is unethical. Narrative therapists see the engagement with wider systems and whole communities as an essential

part of practice and to that end they have developed a range of inspiring methods (e.g. 'circulating therapeutic documents', 'outsider witness groups', 'ceremonies, linking communities together', 'collective projects' etc, see Morgan, 2000 and Dulwich Centre Website for numerous examples). It should be strongly emphasised that it would be naïve to argue that the therapeutic domain is the only one in which work would be required to bring about change. The systemic and narrative approaches are certainly not in the business of advocating simple answers to complex situations.

With regard to narrative practice the 2008 paper (9) 'The Taming of Ferdinand' provides the most detailed step-by-step description of work entirely coherent with the many stages of a narrative framework. This paper was accepted for publication in the *International Journal of Narrative Therapy and Community Work* and subsequently became a reference on reading lists of practitioners across clinical psychology and narrative therapists working in the area of learning disabilities. Over the years I have received many responses from people near and far about this particular paper with people saying that it has assisted their own practice.

This thematic section, and the seven publications discussed (1, 3, 5, 6, 8, 10 & 11), demonstrate that I have made a significant contribution, in collaboration with others, to the advance in knowledge and towards building, sharing and promoting a practice base of systemic and narrative psychotherapy in its application to people affected with learning disabilities and their networks.

5. Theme 2: Challenges and opportunities in working systemically with people affected with learning disabilities

In this next section I summarise what I see as some of the explicit challenges and opportunities of using the systemic approaches with people affected with learning disabilities. I have singled out 'communication', 'acquiescence and compliance', 'pace' and 'power' among the challenges and 'widening of perspectives' and 'systemic use of questions' as some of the opportunities. These themes are also referred to by colleagues who contributed to the book I co-edited (4) and debated

in one of my chapters (6). It is important to preface the discussion of this theme with two comments: a) there is great diversity within the group of people receiving the label of learning disabilities and generalisations are inherently problematic; b) the challenges I single out arise to different degrees for all who interact with people affected with learning disabilities.

Freeman Teague Jr (no date) is credited with saying that ‘nothing is so simple that it cannot be misunderstood’. To view language as a transparent medium of **communication** flowing back and forth between a sender and a receiver bears no resemblance to actual human experience though it may be a wished-for-ideal of the information and technological age (Kittler, 1999). For all its advantages human communication is also replete with misunderstandings, and the discretionary power of the listener or the reader are always at play (Eidelzstein, 2009). The possibilities for misunderstandings may be especially heightened when working with people for whom verbal language and effective communication is problematic; people for whom, moreover, the possibility of redress, correction and objection may be harder or even impossible. This is one of the reasons I entitled one of my publications: ‘Something Understood – Something Misunderstood’ (10). In this publication I place emphasis on the fact that while people may not be able to use verbal communication, their bodily actions are constantly given or assigned a meaning by others. Pausing at times to question what shapes and influences the assignment of meaning, can loosen taken for granted assumptions and open the way to new understandings. The Iceberg slide (Figure 1) was designed as a graphic illustration of this same problem.

The notions of **acquiescence and compliance**, a willingness to please or agree with a person perceived to be in a more powerful position, is a phenomenon that has frequently been commented within the field of learning disabilities (Rapley and Antaki, 1996). The practitioner has a responsibility to minimise the possibilities of misunderstandings, of checking out that what he or she has heard is what was meant and intended, and of creating a setting where the practitioner does not have to be right or complied with at every turn. This takes time and

often has to go hand in hand with the use of a range of different media for assisting communication and interchange (some of which are described in detail in **6** and **8**). There is often a **different pace** in conversations when they include people affected with learning disabilities, but, as I argue (**6**) the consideration of pace should be weighed in relation to considerations of the question of 'Who needs to change'; the topic of the next theme. Turning to actual practice, I found it useful to have large sheets of paper and coloured pens available (I did not use it in every situation if feedback indicated it did not 'fit with' the person or the situation). After preliminary work about the purpose of the sessions and their format, I tended to suggest that we wrote down some words about what kind of things it would be useful to talk and think about (**3**, **5** and **12**). There are many ways in which one can involve and include people with learning disabilities in a co-created agenda from choosing the words, the colour they are written in, to asking a person with less or no verbal skills to make a mark. This way of starting out had the advantage of slowing things down, co-creating a shared focus for all involved, and at least temporarily assigning 'problems' an external locus (**5**). I found that many people who had been given a diagnosis of autism liked having a concrete external place (the sheet of paper) where attention could become focused, rather than the person being subjected to social requirements of 'appropriate' eye contact or bodily proximity. Such steps to increase the possibilities of establishing and opening dialogue may minimise, but do not of course exclude, the possibility of misunderstanding and miscommunication.

The issues of **communication**, **acquiescence** and **pace** raise a fourth challenge in the form of the use and abuse of **power**. The possibilities for the abuse of power in the work and interaction with persons who are often highly or totally dependent on others, are legion. Earlier I alluded to one of the more extreme forms by evoking the scandal at Winterbourne View. Foucault (1978, 1980) who examined power in its multiple and complex forms of operation held that power is '...local, multiple, mobile and immanent in all relations' (quoted from Reed, 1997:31). Whilst he devoted much of his working life to exposing the oppressive and devastating effects of power, Foucault rejected the idea that power is solely repressive and contended that resistance exists wherever there is power,

'Resistance is never in a position of exteriority in relation to power' (1978:95). This is why it can be so useful in therapeutic work not only to enquire about the effects of a particular problem, but also to ask about people's *responses*. For his part White (1997), who as stated above was deeply influenced by Foucault, described the power relation in which '...professional knowledges are privileged over the knowledges and skills of living of the persons who consult therapists, a power relation that is marginalising of the persons who consult therapists' (1997:62). In therapeutic practices our good intentions are not in themselves guarantors that power does not get abused, or that we do not fall in love with our favourite methods and forget to question whether they are still the best in the specific situation we are dealing with. Having described above the usefulness of writing things down, I still recall being stopped in my tracks when a man in his early 30s who I worked with, and who had been subjected to gross physical and sexual abuse as a child and adolescent suddenly said, "Don't you write well. I myself, I can't write at all". In my work with the man I had noticed that when I paused to make a note of some of the things he told me on a piece of paper placed on a low table positioned between us, that it had had a calming effect. This impression was borne out by subsequent work and the man's comments and explicit endorsement of my taking notes and sharing them with him. My intention in taking notes had been two-fold: to bear witness to what he endured and to take 'note' of this from my position of a professional practitioner. In fact the witnessing and recording of his horrific story had a beneficial therapeutic effect. However, the man also drew my attention to one of the differences in abilities and privileges between us, and my failure at the time to find ways for him to physically leave a trace or imprint of what was said, and of what was made, in the space between us. In one of my publications (6 p. 194), I summarised another lesson learnt from my work with the same man to illustrate the concept of scaffolding conversations.

In this discussion of the use and abuse of power, I think it is important to add that the systemic approach when practiced in teams or the joint work of many, is potentially more open to scrutiny and examination than more individually focused therapeutic approaches. Its methods of working offer some safeguards against

more obvious abuses of power; though as history has repeatedly shown any group of people can become a self-enclosed, isolated and excluding system. Moreover, it should be added that systemic practitioners do not always work with colleagues or as part of teams, and other forms of safeguarding against misuse of power is therefore necessary. Acknowledging that the systemic practitioner cannot stand outside the client system and gain an objective view of the situation, systemic social constructionist practice urges the practitioner to use *self-reflexivity*: to situate ourselves in our personal and professional contexts; *to examine our pre-understandings* (Andersen, 1995); and to attend to how our personal beliefs and prejudices contributes to our work with clients (Cecchin, Lane, & Ray, 1994). Regular supervision and presenting and discussing of the work (taking steps to protect confidentiality), are additional ways that some safeguarding mechanisms can be built into practice.

I realise that some of the challenges of (ab)use of power and (mis)communication could warrant further discussion, but, for the purpose of this analytical commentary I next turn to what I see as some of the affordances of the systemic approach in the field of learning disabilities. As I described in (1) when receiving a referral the systemic approach invite us to ask: Who is the client? It has been my experience (1, 4, 7) that by asking these and related questions at the time of referral, a radical shift in the direction of the work can open, a shift that avoids the ready location of pathology in people with learning disabilities, but that in Lang and McAdam's (1995) memorable phrase, still perceives the referral as a "gracious invitation" for joint dialogue. A **widening of perspectives** opens new opportunities. With its roots in social constructionism the systemic and narrative approaches are mindful of the worlds and the persons created or called into existence, by the language and questions that we use. So while in the above I emphasised the problematic face of communication I would like to emphasise that the systemic approaches offer rich tools for dealing with the other side of this Janus like entity. Anderson and Goolishian (1992) defined the role of the therapist as that of a highly skilled conversational artist – 'an architect of dialogue' - whose expertise resides in creating a space for a dialogical conversation, in bringing forth a knowledge in the interaction, and not in knowing in advance or prescribing

how people should live their lives. If as Tomm argues 'Every question asked by a therapist may be seen to embody some intent and to arise from certain assumptions' (Tomm, 1988:1 and Figure 1), what versions of identity do we call forth or construct by the questions we ask people? As can be readily observed the media is replete with examples of people who, having endured some event, are asked by the journalist: "You must have been very upset/angry/devastated/etc by this?" It is likely that these words and descriptions (e.g. upset/angry) are the ones many people would use, but, it is also possible that they would not. It is moreover likely that the interviewee concludes from the journalist/interviewer that this is how they ought to feel and react. The desired answer is strongly suggested or constructed. The systemic approach urges us, as I have argued, not to know in advance (6), or to know too quickly, and keeps open the possibility for the individual to have a voice against the weight of the norm. Given a similar situation (a person having endured some highly problematic event) the systemic approach would urge us simply to enquire: "What was that experience like for you? or, "What were the effects for you and your family, or people close to you"? or "How did you *respond*"? In my practice I noted time and again that people I worked with responded favourably to questions and ways of speaking and interactional styles that opened new avenues for them, that did not presume that I knew in advance how they should be thinking or responding. This was clearly a relief not only to individuals, but also to families and carers (11). My experiences also affirmed that many of the practices developed in the general systemic and narrative approaches had a good fit in the context of learning disabilities although some modifications were required in interactions with people affected with learning disabilities.

Having worked on co-developing new or preferred versions of identity through therapeutic work, the challenge remains of how to circulate these more widely. It was here that the methods developed within the narrative therapy community proved particularly rich (3, 5). For example, I recall work I engaged in with a young woman drawing on narrative therapy practices. After some four years had passed, I encountered her in different non-work context. A little while into our conversation she spontaneously produced from her bag the therapeutic

document we had co-produced at the end of our work and that had recorded, with the use of pictures and words, some of the relationships and abilities that she valued but that narrowing identity conclusions and problems had tended to conceal from view (8). I was very touched that she had kept this document so close over many years.

I started this section by arguing that the possibilities for misunderstanding and miscommunication are great. But I would be advancing a limited argument if I did not also draw attention to numerous occasions where the person affected with learning disabilities:

- With a few words has said something absolutely precise and to the point;
- Strongly refuted in words or actions the words and actions of others;
- Stated something that social conventions stopped others from saying and that opened new avenues in the work.

Such moments when they occur and when they are heard and honoured, are what assists in constructing the therapeutic possibilities that I have valued and cherished in my work (8, 9 and also Appendix A1).

6. Theme 3: Who needs to change? - and widening the lens.

The systemic approach has orientated my practice and life in a variety of ways, not just in its application of offering and conducting therapy. I believe this broader orientation is evident in several of my publications, including the two I discussed in the previous section (2 & 7). In paper 2, published in 2001, my colleagues and I consider, in modest ways, how the systemic intention of widening the scope from the individual to the individual in context, could find some in-roads in two multi-disciplinary learning disabilities services where medical and individualist discourses dominated. The paper describes how questions derived from a systemic orientation began to inform referrals' meetings, inviting broader ways of understanding the referred person's, or perhaps more accurately - the referrer's concerns. A central theme is voiced within this paper that continues through other publications and that can be summed up in a series of questions:

How do we bring about change?

Who needs to change?

How and by whom are problems framed and at what level of context should interventions be aimed?

These are big questions requiring multiple answers. The questions are not completely answered in the publication (2), but the paper contains the beginnings of some answers relevant to the context where the work was situated. In 2 it is argued that in order to open new perspectives of viewing, understanding and interacting with people with learning disabilities and their system, it is important to present theory and practice that have a fit with, and that are not too different from those already familiar to practitioners. This is a conclusion that, in my opinion, is as important in therapeutic work as in work with teams and networks. Moreover the conclusion echoes an important lesson that Bateson (1972) passed on and distilled in his well-known saying: 'the difference that makes the difference.' (pp. 448-466). Tom Andersen (1992) commented and elaborated on Bateson's statement. Andersen argued that a difference that is too small in relation to what people are already doing would have no impact; that a difference introduced by outsiders that is too large, would be dismissed as irrelevant and inapplicable, but that practitioners should aim at finding a difference that made a difference that mattered to people. This is achieved by at all time being mindful of, attentive to, and inviting of feedback and by taking time to understand the context that practitioners are acting in to.

In paper 7 written some five years later an opportunity arose to 'spread the word', to use a term derived from narrative therapy (Morgan, 2000), about the systemic perspective further by contributing a chapter to a collection of papers informed by a term gaining ascendancy in learning disabilities services and organisations: 'person-centred practice'. While there is no single agreed definition of person centred practice or care, the term represents an attitude of respect for each individual to make decisions or to be central to decisions made about them (Jukes and Aldrige, 2006). It implies that a condition or impairment affects a unique person and it tries to counter diagnostic over-shadowing (e.g. considering the person as equivalent to a diagnosis (e.g. 'he *is* schizophrenic', 'she *is* learning

disabled'). The chapter interweaves the example of a man of Afro-Caribbean heritage referred for anger problems together with a broad review of theory and practice to demonstrate the limitations inherent in psychological or medical models where there is a predominant or exclusive focus on individuals, with little or no reference to the wider systems of which he is a part. It argues that the systemic approach is underpinned by an ethos that directs the practitioners to work *with* the person and his network of significant others rather than *on* him. It further argues that solely locating the responsibility for change with the man at the centre of the clinical example, or silencing his protests and perplexity by the use of medication, is unethical. The paper concludes that the systemic approach and the person-centred practices share an assumptive base and ethical principles, and that the former contributes a number of methods and techniques that can enhance the repertoire of methods available when drawing on person-centred practices within care services.

Papers 2 and 7 sketch the beginning of some answers to the question on Who needs to change? But viewed in hindsight the answers are only vaguely articulated. In the light of looking back and reviewing my publications *as a whole*, and based on further reflections, it is possible to articulate something with more precision. Writing this analytical commentary affords me the opportunity to do so.

Posing the question of who needs to change, implies that it is not necessarily the person with learning disabilities. It seems to me that the change(s) required to making a difference that matters can be thought of in at least four different ways:

- a) Changing the theoretical lens through which we view or construct a problem (Anderson and Goolishian, 1986). A change in how we conceptualise a problem may change its locus, or may extend the options for available action. A simplified example could be phrased as: It is not Peter who has a problem with challenging behaviour but the noisy environment in which he is made to spend part of his day. Or equally

important, Peter does not have a behavioural problem; he has severe dental pains but cannot tell us in words.

- b) The actions or modes of inter-actions by others towards a given person cause or aggravate a difficulty. For example, If Kim is immediately assailed with questions on entering the home, he lashes out. Or on the contrary, if Sima does not have a chance to talk about her time at the day centre for a few minutes after coming back to her group home, she remains agitated for the rest of the evening.
- c) The problem is erroneously framed at a personal level, or shifted between people equally subjugated or powerless in relation to wider forces affecting them. A typical example would be that residents are described as 'too difficult' or the staff are described as 'useless', whereas a different framing brings into view that the clients live their lives in squalid conditions and the staffing level and resources are wholly inadequate. Such a situation, in extremis, is illustrated in a documentary film made in 1981 highlighting the appalling conditions and practices prevailing at Borocourt Hospital, Reading, and St Lawrence Hospital Caterham, Surrey, where 200 posts were vacant. (<http://www.youtube.com/watch?v=az2fTYud0us> Part 3. Winterbourne View would be a more recent example of this.
- d) The problem is named by powerful others as being the faults of specific individuals whereas it is political and to do with how services are resourced, structured and viewed. The people working at the front line of services are struggling with problems that are constructed elsewhere, and changes are required by actions at a socio-political level. In my experience many changes and service improvements would not have come about had it not been for the sustained and committed campaigning of family carers. Although situated on a more modest scale, some of the projects that I am currently involved in co-production with family carers (described in Section 8 and Appendix G), are attempts at circulating different stories about family carers, about influencing training courses and senior managers and organisations.

The four arguments set out above are not meant to be exhaustive nor mutually exclusive. Effectuating change and an improvement in the lives of people is frequently a question of co-ordinated action at several levels of context. It may sometimes be the same people addressing this or different people working collaboratively. However, it remains the case that posing and pursuing the question of 'who needs to change?' remains fairly radical and counter-intuitive to people or theories that are immersed within linear modes of conceptualisation.

Section 7 of this commentary is concerned with extracting learnings from the papers and practices. As a prelude to this section I would like to remark that one of the things I have learned by working in multi-disciplinary and multi-agency services over some 20 years, is that the most complex situations only change by the involvement of many people working at different levels of context in co-ordinated action, sometimes over considerable periods of time.

6:1 Applying the systemic approach across a range of professional tasks within public services.

It has long been my view that systemic approaches can and should have implications beyond therapy as more traditionally conceived. Such a conception of the scope of the systemic approach is emphasised by Lang, Little and Cronen (1990, cited in Burnham, 1992); in a statement I have grown fond of reproducing:

Lang, Little and Cronen, (1990) proposed that by employing systemic concepts to organise and influence professional action rather than being organised by a particular systemic posture such as therapy, it became possible to use systemic methods and techniques in a *greater range of professional tasks* than was hitherto thought possible. (quoted in Burham, 1992:15, italics added).

In (2) we outlined an early version of systemically informed case discussion. I resurrected and extended this format several years later when the service co-located and integrated with social services colleagues specialising in the area of learning disabilities. Re-named the Complex Case Forum a structure was established within the service where colleagues across many disciplines could

come together to think and talk about work. The Forum differed from other meetings in that it was not structured with set agenda items, with targets to be met or tasks to be completed. One of the intentions was to avoid the situation that often arises in more traditional case presentations format of the person presenting being deluged by questions in lieu of a discussion, or where the person is made to feel incompetent because of the things they had not thought about and that seemingly are 'obvious' to others. The facilitator would typically start with a question to the presenter(s) along the lines:

'When we finish at 11 a.m. and you walk back to your desk, what would have happened for you to say to yourself; *I am really glad I took time out of my busy day to come along today. What would you be clearer about; what would you have decided?*'

These questions, and versions of them, were intended to create a focus for the conversation that is helpful to the person presenting the situation. The focus chosen by the presenter became the highest context. The other people present in the meeting were not left in a passive role, rather they were given a listening brief, and tasked with listening and thinking in relation to the issues that the presenter had identified. In terms of practicalities, the convening systemic practitioner interviewed the presenter for approximately twenty to twenty-five minutes to obtain some context to the specific issue that the presenter had identified. Using the method of switching between talking and listening inherent in reflecting team format and positioning theory (Andersen, 1999), the interviewer then invited the presenter to sit back and listen, and asked the other people present to form a circle. The facilitator asked the participants for their ideas in relation to the focus that was established with the presenter. After some further time, the switching between talking and listening changed again and the interview turned back to talk with the presenter to hear whether there was anything in what their team colleagues had said that was particularly relevant in relation to their concerns, or that they found useful, or that they did not agree with.

Multi-professional colleagues and trainees on placement within the service spoke positively about the Complex Case Forum both in terms of their own learning and

stated that they appreciated being positioned in such a way that their experiences and knowledge could be of value to others. Many presenters reported back that they had valued how they were made to feel respected and comfortable, that many of their colleagues ideas had been useful, and - even where the dilemma was particularly complex with no easy ways forward - they felt that by virtue of having been invited to think and talk about the situation in a different forum, that they had achieved a new perspective on the situation or found a way to go on. As the Forum became further established and people grew familiar with its format, presenters began inviting people from outside the organisation who were involved or connected to the situation; they occasionally (with consent and planning) invited persons affected with learning disabilities. Sometimes presenters chose to be interviewed about situations that had gone well and that they had learned something from that they wanted to share with their colleagues. Trainees on placements were invited to take notes so that the learning could be shared with team members unable to attend, or be kept for future reference.

Some important concepts derived from narrative therapy like 'giving back practices' and seeing therapy as a two-way process that acknowledges and inquiries into transformation of the practitioner (White, 1997), informed a research project that I undertook for my MSc dissertation in 2007. Rather than focusing a research enquiry on disabilities, impairment and deficits, I wondered what it would be like to centre the enquiry on learning. More specifically, I was curious to discover what might emerge if one interviewed practitioners working in the field about their learning from those people identified as learning disabled (see Appendix B for an abstract). By introducing the concept of reciprocity and mutual learning, a space was created within the service that paid attention to our learnings from the people with whom we had professional contact. This made a significant change in the culture of the team.

In summary then, I would argue that in my publications and in my associated practice I have shown that the systemic approach is not confined only to therapeutic work with individuals and their systems. Rather the approach offers a series of theoretical perspective and tools for widening the scope of inquiry, for

understanding and deconstructing problems, and for aiming interventions at a level not just confined to the individual. I believe that I have contributed to showing the applicability of such a widening of scope to the area of learning disabilities. In the next section I expand and elaborate some of these considerations.

7. Rich learnings

Overview: I now turn to summarising what I perceive as some rich learnings from my engagement in systemic and narrative theory and practice over many years. I extract these learnings from many sources: from reviewing my publications as *a whole* for the purpose of writing the commentary; from experiences that accrued at the time and that have not found their way into writing; from teaching; from reading; from feedback and further training; from supervision received and given. I identify four areas that have been particularly salient for me with reference to the publications.

7:1 Knowing with others, or knowledge that emerges in relationships

John Shotter (1996) distinguishes between different types of knowledge. There is technical knowledge of a skill or a craft (a “knowing-how” to do something); there is theoretical knowledge (a “knowing-that”: for example, that the battle of Hastings was fought in 1066), but, there is also a third kind of knowledge that cannot be reduced to the other two: ‘...it is a kind of knowledge one has only from within relationships with others, whether the relationship is actual or imagined.’ (p.113, underlining added). For me, one of the repeated delights of the systemic approach has been encountering the emergence of relational knowledge. Time and again I have had the experience, when in the position of the interviewing therapist with a family or network of people, of thinking to myself: “*Oh, this is a difficult situation/dilemma/set of problems, I haven’t got the first idea of what could be useful*”. Only to find that by placing trust in the systemic process of opening space for dialogue and inviting all people in the room to have a voice (6 & 11),

and by coordinating and exploring a multiplicity of views - that a relationally derived knowledge gradually emerges from within the group of people who have convened. In other words the creation of a relational space opens up relational possibilities and ways to go on, while placing heterogeneous perspectives in critical dialogue, can be highly generative. I do not wish to imply that this way of convening and structuring conversations is simple or makes quick fixes, or that systemic practice does not make room for hearing and witnessing what has deeply troubled or pained people; it may be several, or many sessions before something useful emerges. But it is my experience that when time and care is spent creating a respectful, collaborative dialogical space, that systemic therapy can be transformative. Over many decades systemic and narrative practitioners working in diverse settings have developed a whole range of methods and techniques for making this possible. In several of my publications (4, 9, 10, 11) I have demonstrated how these learnings can be extended to the field of learning disabilities.⁹

7:2 There is nothing ‘natural’ about the systemic approach

Nothing in experience or theory indicates that the systemic approach is self-evident, straightforward or intuitive. There is nothing to suggest that thinking relationally arises without effort. To my mind the American writer David Forster Wallace articulates part of our default position well when he observes:

‘Think about it’, he writes, ‘...there is no experience that you’ve had that you were not at the absolute centre of. The world as you experience it is there in front of you, behind you, to the left or right of you, on your TV, or your monitor, or whatever. Other people’s thoughts and feelings have to

⁹ I am aware that I have not referred to outcome studies in this commentary. This is partly because this has not been the central focus of my publications. Many other systemic therapists have addressed and written about outcomes (Stratton, 2011, on the Association of Family Therapy website, has collected much of this). In my own work I regularly invited feedback from the people I work with in sessions: “are we talking about the right kind of things?”; in review sessions “could you give us some feedback about how we are doing”; and by initiating independently collected feedback among other methods.

be communicated to you somehow, but your own are so immediate, urgent and real' (Wallace, 2009:39).

Given that other people's perspectives differ from our own (often markedly) developing an interest and curiosity about others' perspectives requires effort. Similarly, developing an awareness of the effects of our actions and speech on others can be difficult. Circular, relational, and recursive conceptualisations are much harder to inhabit than those of linear cause and effect. For example, Bateson (1972) understood causality as converging from many directions and falling into place. 'He argued for a holistic logic; a whole to part rather than a part to whole logic. That is counter-intuitive, because causality is distributed; it comes from many different places' (N. Bateson, 2011). Since the emergence of the scientific paradigm in the 17th century and its application to all spheres of human existence, linear causality has been in the ascendancy. Linear causality and explanations are powerful and seductive. As Bateson's daughter observes 'We want one great leader to be the cause of the victory; one tyrant to be the cause of the holocaust; we want one gene to be the cause of schizophrenia. We want disturbances of culture to be the cause of bad leadership, or wrong ideas' (N. Bateson, 2011). But Bateson was always pointing to the ways in which the ideas, and the people and the leadership and the events are consequences of a convergence of a system of influences. This is a challenging set of ideas.

In meetings with other systemic and narrative practitioners we often commented that because linear explanations and reductionist discourses dominated the social spheres in which we were all immersed, it was necessary for us to regularly get together to 'top up', reconnect with theory and practice and a group of like-minded practitioners. Establishing and sustaining such fora became necessary for our on-going activities (as is, of course, the case in many areas of disciplines and human endeavours), and the book and other publications are a result of such work and of joint ventures and engagements (4, 11).

7:3 Learning from difference and diversity

According to international criteria for defining global learning disabilities, some 2% of a given population would meet diagnostic criteria, and, by implication 98% of the population would not (4). Within this relatively small group of people there is nevertheless considerable heterogeneity between people who manage aspects of life with relatively little support to persons with profound and multiple disabilities who require 24-hour care and support. The field of learning disabilities constitutes an encounter with significant difference and diversity in terms of abilities, physical bodies and manners of being in the world. It is an area that in some professional circles is seen as an unglamorous specialty. Such views reflect wider societal attitudes towards people who are different and other, who are not seen as able to contribute economically, who do not affirm or sell culturally idealised images or products, who historically have been hidden away, or, who were literally discarded on rubbish heaps as Beard (2015) tells us was not uncommon practice in ancient Rome (p.315). However, while I do not wish to romanticise learning disabilities there is something in the encounter with difference in all its permutations that illuminates and nuances the human condition. When I finished working in the multi-disciplinary community learning disabilities service I had been part of for more than 18 years in April 2015, a former colleague persuaded me to write up my leaving speech as a short article. The article is entitled **Life is Multi-Storied** (included as Appendix A1) in homage to Michael White. The article/speech evokes people I have encountered who have taught me much and who continue to inspire. In it I propose an ad hoc definition of learning disabilities, as people around whom communities can gather and I warn against siren words and problematic concepts like 'independence', and reduction in services in the name of improvement. What the speech/article omits but is partly contained elsewhere (10, 11), is the way that we must not lose sight of the singular subjectivity of the people we work with. In earlier sections of this commentary I may have given the impression that the real or important work is more often with the person who has referred the person with learning disabilities. This is not what I wish to imply. There are times the practitioners encounter people whose presentation is risky and perplexing who, for example, spend time attacking and harming their own bodies. These are encounters and

presentations where one must tolerate not-knowing or safe-uncertainty as Mason (1993) terms it. The practitioner encounters people who question our basic notions or who are likely to have a very different experience of the world: of what it means to have a body (note we say “I *have* a body” not, “I *am* a body”). I raise some of these questions in (10) bringing in other theoretical conceptualisations, and I show ways of bringing people together who are connected and concerned about the person with a view to engage in a joint project of research addressing questions such as: “What and with whom is Gabriella (the fictitious name of the person in the article) less distressed? When is she most at ease?¹⁰ What do you think Gabriella wants us to know/understand? What is informing our looking and our hearing?” (Lynggaard, 2012:15). The article (10) entitled: “Something Understood – Something Misunderstood”, begins with a quote taken from Kaethe Weingarten (1998) that I continue to find highly resonant:

My point is that big ideas can be knit, small stitch by small stitch, into the fabric of the work. Trumpets needn’t blare. The stuff of daily life, the small and the ordinary, can be fertile ground for the most sophisticated concepts (Weingarten, 1998:7).

The small and the ordinary can, when viewed through particular frames, become anything but small or ordinary. When engaging in work with staff in residential homes I have often invited them to become interested in, or even fascinated by, things that might have escaped their notice or that have not previously been deemed worthy of attention. I have invited them to apply an amended measuring stick for according value to what is happening in their interactions with people. For example, Henrik: ‘She managed to do what!? She touched your arm/smiled/held her hand out/sat still/didn’t cry etc etc...’ ‘What, or whom, do you think made that possible?’ ‘What ideas do you have about why she might have done this?’ Such questions seek to invite a posture of curiosity (Cecchin, 1987)

¹⁰ I am aware that some similar questions are asked during the approach to challenging behaviour known as functional assessments. And while there is much that is useful in this approach, it has been my experience that lengthy assessments and recommendations are made, but that these often end up in files or drawers, as key people have not been involved with or owned the project.

and a joint venture of enquiry. Systemic and narrative approaches have developed many tools for opening such conversational practices. In workshops that I have facilitated with Sandra Baum we sometimes use an exercise where we show a three-minute extract of a person with profound learning disabilities and his mother (part of the *In my own words*, DVD, I made in 2005 and described in section 3:2). After showing the excerpt we invite people to work in pairs taking it in turn to be the interviewer and the interviewee. The interviewee is asked to call to mind a person affected with severe learning disabilities that they know and to imagine speaking from that person's position as they answer a number of questions. They can use speech even if the person has no verbal language. The interviewer is invited to ask questions such as:

Can you tell me who you are?

Where do you live? Who do you live with? What is a typical day like for you?

What is important to you? What do you like; what do you not like?

What kind of things do you think it is important for other people to know about you?

How would you like others to respond if you are upset?

What would you like others to do if they are not sure they have understood what is going on for you?

We have been surprised at the impact this exercise has had on people, even practitioners who have worked in the field of learning disabilities for many years. People speak about wanting to repeat the exercise with colleagues, to use it in relation to other clients they know; they talk about understanding aspects of the person they had not understood before, or on the contrary, how little they know about the person (but resolving to discover more). The exercise does not purport to reveal the 'truth' about another person, but it is intended to invite a posture of curiosity about another subject position and about the impact of different ways of being with another person. The discoveries that people make can take the following forms: 'the person seems calmer when I sit down next to them quietly for a while before I do or say anything; if I hum a gentle tune; if I speak in a soft

voice, or if I do not overwhelm the person with demands or become too intrusive etc'. It seems that this invitation to view something from another perspective or person's position, opens some new possibilities for worker and client alike. I do not wish to over-inflate the importance of this exercise, but I offer it as an example of a method which, together with others approaches, can make a small difference that can matter. I most emphatically do not wish to imply that psychological or systemic frameworks are the only ones required to understand people's distress: attention to basic needs such as drink, food, physical (dis)comfort, pain etc always need to be considered.

I would like to end this section by reproducing an extract from the foreword that Tom Andersen wrote for the co-edited book (4). I have found much wisdom in what he wrote:

In the traditional view of a person, one thinks that what a person says and does comes from inside the person. According to this view the 'source of hindrance'; impediment; obstacle; incompetence; uselessness; weakness; ineptitude; disqualification is somewhere inside the person. If, however, one adopts another view of what a person is, namely that what one says and what one does are answers to what others said and did to the person, then this exchange of expressions and answers shapes who the person becomes. Therefore, we can ask: With whom does the person become incompetent or weak? And we can ask: With whom does the person become competent and strong? What does that other person do? What are the social networks that make such life feasible? (Andersen, in Baum and Lynggaard, 2006, p. xvi).

7:4 Learning from teaching and spreading the approach

'It has been proposed that **we learn**

10% of what we read

20% of what we hear

30% of what we see

50% of what we both see and hear
70% of what is discussed with others
85% of what we experience personally
95% of what we teach to someone else.'

This eye-catching quote is frequently attributed to William Glasser, though Thalheimer (2006) demonstrates that to be incorrect (the originator of the list appears to have been an employee of Mobil Oil Company writing in a magazine in 1967). The reason I include the quote is that, in spite of its neat though questionable percentages, it speaks not only to something that contains an intuitive appeal but also resonates with my experiences over many years. In my own developing practice it has been through multiple weavings back and forth between practice, discussions, reading, writing and teaching that various learnings have accumulated. The different modalities of learning have enabled and enhanced this process. According to the list, teaching is considered to be a particularly useful way of learning; not just because knowledge may be passed on, but because of what the teacher him or herself learns about the material and the process of teaching itself. It is not only through my publications but also through the engagement over many years in the teaching and training of others, that I have made a contribution to the field of promoting systemic approaches in the field of learning disabilities. Thus I have taught over 15 years on training courses of clinical psychologists, primarily at UCL, Oxford and Hertfordshire. In Appendix C I have copied some feedback from participants at UCL. Working closely with Glenda Fredman I have been one of the co-trainers on the Association of Family Therapy accredited course she devised. It has been delivered to hundreds of practitioners over 15 years within Camden & Islington *NHS* Mental Health Trust to promote and advance a practical theory that can be used in the *NHS* for the people who use *NHS* mental health and psychology services. In collaboration with Sandra Baum I have delivered numerous one and two day workshops both nationally and internationally. I have provided a list of most of the workshops in Appendix D together with some recent feedback. A workshop we facilitated in Cambridge in late Spring 2016 was linked to a MSc action research project undertaken by one of the training commissioners for the

8. Current projects and future work

The analytical commentary has involved looking back on the work I have done, but in this last section I would like to look to the future and describe the continuing trajectory of my work and refer to projects in progress at the time of writing. I have been invited to contribute chapters for two books. The first book is edited by Mark Haydon-Laurel and Victoria Jones for Palgrave; I have provisionally entitled my chapter 'Gathering, Talking and Thinking Together When Hard Times Strike', (a 200-word proposal is set out in Appendix E). The second book on autism and systemic practice is to be edited by Gail Simon and the contribution I have put forward with Sandra Baum is entitled: 'Bringing Out the Best in People Affected with Autism.' Included as Appendix F.

Two of the projects that have been most invigorating for me in recent years is working in partnership and in co-production with a group of family carers from Islington, London, in the scripting and making of two training films. The first of these **Learn With Us** is a 45 minute training film focusing on the triangle of relationships between family carers, support workers and the person with learning disabilities. The film gives staff the opportunity to understand what life has been like for family carers who have a son or daughter affected with learning disabilities and to think about navigating relationships. The film also includes interviews with staff and their managers about the challenges and advantages of working with families and some of the skills and strategies needed. In the film I comment on two acted scenarios showing typical situations that cause tensions in the interaction between family carers and support staff. **Learn With Us** has been used as a training resource in three London Boroughs and at the National Autistic Society and is now available nationally via Centre 404 together with a three hour training pack authored by Clare Palmer.

See <http://www.centre404.org.uk/learnwithus/welcome>. The website also features a two-minute extract from the film.

For the past two years I have been involved in the conception, scripting and production of a second film **Mind The Gap(s): Learning from Reflection**, completed in December 2016. Based on focus groups, interviews and discussions with multi-professional teams and groups of family carers, we devised four fictional scenarios of conflict between families and social workers and used professional actors to portray them. Two 'Gogglebox'¹¹ style panels made up of family carers and professionals respectively, comment on each scenario adding further layering to the four scenarios. Systemic and narrative concepts have informed the making of the film and the training pack that will accompany the film. The film opens with the quote by Michael White: "The person is not the problem, the problem is the problem." (White and Epston, 1990). See Appendix G, for a short synopsis of the film. The next stage of this project involves writing a training pack that can accompany the film. The aim is to promote and offer the film for use nationally in the training and development of diverse groups of professionals working in, or connected to, the area of learning disabilities.

9 Conclusion

I have commented at some length on the eleven publications I have submitted with this paper as well as on practices congruent with systemic and narrative approaches that have informed my work. I have sought to show that I have made a significant and sustained contribution to introducing systemic and narrative approaches into the field of learning disabilities. Implicit in what I have written is that the systemic approach has wide applicability to work with people and systems and is not confined to a specific 'client' group. This echoes with the experience of systemic practitioners working in numerous different contexts (see Carr's overview, 2014).

¹¹ Gogglebox is a British reality show that has aired on Channel 4 since 7 March 2013. The show features several families and groups of friends who react to British television shows from their own homes.

In writing this paper it has been important to me not just to arrive at a particular destination but also to capture what has been learned along the way. I believe that this learning and clarification of my thinking will further shape and extend my practice and what I am able to contribute, alongside others, towards sustaining, transmitting and promoting the systemic and narrative approaches.

References

American Association on Mental Retardation. (2002) *Mental Retardation: Definitions, Classification and Systems of Supports* (10th ed.). Washington, DC: American Association on Mental Retardation.

Andersen, T. (1992) 'Reflections on reflecting with families.' *In*: McNamee, S. and Gergen, K. (eds.) *Therapy as Social Construction*. London: Sage, pp. 54-68.

Andersen, T. (1995) 'Reflecting processes: Acts of informing and forming. You can borrow my eyes, but you must not take them away from me!' *In*: Friedman, S. (ed.) *The Reflecting Team in Action*. New York: Guilford Press, pp. 11-37.

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

Anderson, H. (1997a) *Conversation, Language and Possibilities: A Postmodern Approach to Therapy*. New York: Basic Books.

Anderson, H. and Goolishian, H. (1986) 'Problem determined systems – towards transformation in family therapy.' *Journal of Strategic and Systemic Therapies*, 5 pp.1-13.

Bateson, G. (2000 [1972]) *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology*. University of Chicago Press

Bateson, N. (2011) *An Ecology of Mind. Remember the Future*. A film by Nora Bateson. mindjazz.

Baum, S. and Lynggaard, H. (eds.) (2006) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London.

Baum, S. and Lynggaard, H. (2006) 'The person in relationship: A systemic approach.' *In* Jukes, M. and Aldrige, J. (eds.) *Person-centred Practices: A therapeutic perspective*. Quay Books, pp. 231-240.

Beard, M. (2015) *SPQR: A History of Ancient Rome*. Profile Books.

Bender, M. (1993) 'The unoffered chair: The history of therapeutic disdain towards people with a learning difficulty.' *Clinical Psychology Forum*, 54 pp. 7-12.

Besley, T. (2001) 'Foucauldian influences in narrative therapy: An approach for school.' *Journal of Educational Enquiry*, 2(2) pp. 72-93.

Burnham, J. (1992) 'Approach-Method-Technique: Making distinctions and creating connections.' *Human Systems: The Journal of Systemic Consultation & Management* 3 pp. 3-26.

Burr, V. (1995) *An Introduction to Social Constructionism*. London: Routledge.

Carey, M. and Russell, S. (2003) 'Outsider Witness Practices: Some answers to commonly asked questions.' *International Journal of Narrative Therapy and Community Work*, 1 pp. 3-16.

Carr, A. (2014) 'The evidence base for couple therapy, family therapy and systemic interventions for adult-focused problems. *Journal of Family Therapy*, 36 pp. 158–194.

Cecchin, G. (1987) 'Hypothesizing, circularity and neutrality revisited: An invitation to curiosity.' *Family Process*, 26 pp. 405-413.

Cecchin, G., Lane, G., and Ray, W. (1994) *The Cybernetics of Prejudices in the Practice of Psychotherapy*. London: Karnac Books.

Cronen, V. E. (1995) 'Practical theory and the tasks ahead for social approaches to communication.' In Leeds-Hurwitz, W. (ed.) *Social approaches to communication*. New York: Guildford Press, pp. 11-37.

Dallos, R. and Draper, R. (2000) *An Introduction to Family Therapy: Systemic Theory and Practice*. Open University Press.

Denborough, D. (2008) *Collective Narrative Practice: Responding to individuals, groups and communities who have experienced trauma*. Dulwich Publication.

Denborough, D. (2009) 'Some Reflections on the Legacies of Michael White: An Australian Perspective.' *Australian and New Zealand Journal of Family Therapy*, 30 (2) pp. 92-108.

Department of Health (2002). *Valuing People: Towards Person Centred Approaches*. London: HMSO.

Donati, S., Glynn, B., Lynggaard, H. and Pearce, P. (2000) 'Systemic interventions in a learning disabilities service: an invitation to join.' *Clinical Psychology Forum*, 144 pp. 24-28.

Eidelson, A. (2009) *The Graph of Desire: Using the Work of Jacques Lacan*. Karnac.

Foucault, M. (1978) *History of Sexuality: Vol. 1. An introduction*. New York. Random House.

Foucault, M. (1980) *Power/Knowledge: Selected Interviews and Other Writings*. New York: Pantheon Books.

Fredman, G., Anderson, E. and Stott, J. (2011) *Being with Older People: A Systemic Approach*. Karnac Books.

Fredman, G. and Lynggaard, H. (2015) 'Braiding hopes and intentions with people affected by intellectual disabilities and their networks of family and carers.' *Context*, 138 pp. 22-27.

Geertz, C. (1978) *The Interpretation of Cultures*. New York: Basic Books.

Goodley, D. and Rapley, M. (2002) 'Changing the Subject: Postmodernity and People with Learning disabilities.' In Corker, M. and Shakespeare, T. (eds.) *Disability/Postmodernity: Embodiment Disability Theory*. London/New York: Continuum, pp.127-142.

ICD-10 (1994) *International Classification of Diseases*, World Health Organisation.

Iveson, C. (1990) *Whose Life? Community Care of Older People and their Families*. London: BT Press.

Jukes, M. and Aldrige, J. (2006) *Person-centred Practices: A therapeutic perspective*. Quay Books.

Lang, P., Little, M. and Cronen, V. (1990) 'The systemic professional: Domains of action and the question of neutrality.' *Human Systems: The Journal of Systemic Consultation and Management*, 1 pp. 39-55.

Lang, P. and McAdam, E. (1994) 'Referrals, Referrers and the System of Concern.' Unpublished paper, Kensington Consultation Centre, London.

Lang, P. and McAdam, E. (1995) 'Stories, giving accounts and systemic descriptions. Perspectives and positions in conversations. Feeding and fanning the winds of creative imagination.' *Human Systems: The Journal of Systemic Consultation and Management*, 6 pp. 71-103.

Lynggaard, H., Donati, S., Pearce, P. and Sklavounos, D (2001) 'A difference that made a difference: Introducing systemic ideas and practices into a multidisciplinary learning disabilities service.' *Clinical Psychology*, 3 pp. 12-16.

Lynggaard, H. and Scior, K (2002) 'Narrative therapy and people with learning disabilities.' *Clinical Psychology*, 17 pp. 33-37.

Lynggaard, H. and Baum, S. (2006) 'So how do I...? In Baum, S. and Lynggaard, H. (eds.) *Intellectual Disabilities: A Systemic Approach* Karnac Books: London, pp. 185-202.

Lynggaard, H., (2007) *Learning from people with learning disabilities: Invoking reciprocity*. MSc Thesis. University of Bedfordshire.

Lynggaard, H. and Livingston, J. (2011) 'So many terms: A walk inside and around learning disabilities, and a conversation with a cool guy.' *Context*, 114 pp. 5-7.

Lynggaard, H. (2012) 'Something understood – something misunderstood.' *Clinical Psychology and People with Intellectual Disabilities*, 10(2) pp. 12 - 18.

Lynggaard, H. (2015) 'Life is Multi-storied.' *The Bulletin of the Faculty for People with Intellectual Disabilities*, 13(2) pp. 34-37.

- Keeney, B. (1983) *Aesthetic of Change*. New York: Guilford Press.
- Kittler, F. (1999) *Gramophone, Film, Typewriter*. Stanford University Press.
- McGoldrick, M., Garcia-Presto, N. and Carter, B. (2016) *Expanding Family Life Cycle, The Individual, Family, and Social Perspectives*, 5th Ed. Person.
- Mallett, R. and Runswick-Cole, K. (2014) *Approaching Disability: Critical Issues and Perspectives*. Abingdon: Routledge.
- Mason, B. (1993) 'Towards Positions of Safe Uncertainty.' *Human Systems: The Journal of Systemic Consultation & Management*, 4 pp.189-200.
- McNamee, S. (1994) 'Research as Relationally Situated Activity: Ethical Implications.' *Journal of Feminist Family Therapy*, 6 (3) pp. 69-83.
- McFarlane, F. and Lynggaard, H. (2009) 'The taming of Ferdinand: Narrative therapy with people affected with intellectual disabilities.' *International Journal of Narrative Therapy and Community Work*, 3 pp. 19-26.
- Maturana, H. and Varela, F. (1980) *Autopoiesis and cognition: The realization of the living*. Dordrecht, Holland: D. Reidel.
- Morgan, A. (2000) *What is Narrative Therapy: An easy-to-read Introduction*. Dulwich Centre Publications.
- Palazzoli, M. S., Boscolo, L., Cecchin, G. and Prata, G. (1980) 'The Problem of the Referring Person.' *Journal of Marital & Family Therapy*, 6(1) pp. 3-9.
- Parritt, S. (2012). 'Disability'. In Feltham, C. and Horton, E. (eds.) (2012) *The Sage Handbook of Counselling and Psychotherapy*. London: Sage, pp. 30-33.
- Rapley, M. and Antaki, C. (1996) 'A conversation analysis of the 'acquiescence' of people with learning disabilities.' *Journal of Community & Applied Social Psychology*, 6 pp. 207-227.
- Reder, P. and Fredman, G. (1996) 'The relationship to help: Interacting beliefs about the treatment process.' *Clinical Child Psychology and Psychiatry*, 1(3) pp. 457-467.
- Reed, L. (1997). 'On the Limits of Gender-Bending and Bodily Transgression in Film and Culture.' *Educational Researcher*, 26(3) pp. 30-36.
- Runswick-Cole, K., Mallett, R. and Timimi, S. (eds.) (2016) *Re-Thinking Autism: Diagnosis, Identity and Equality*. Jessica Kingsley Publishers: London and Philadelphia.

Satir, V. (1983) *Conjoint family therapy*. Palo Alto, CA: Science and Behavior Books.

Scior, K. and Lynggaard. H. (2006) 'New stories of intellectual disabilities.' In Baum, S, and H. Lynggaard (eds.) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London, pp. 100-120.

Selvini Palazzoli, M. S., Boscolo, L., Cecchin, G. a Prata, G. (1980) 'Hypothesizing-circularity-neutrality: Three guidelines for the conductor of the session.' *Family Process*, 19 pp. 3-12.

Shotter, J. (1996) 'On the edge of social constructionism. Wittgensteinian inquiries into organisations and management.' *Qualitative Research in Organisations and Management: An International Journal*, 1:3 pp. 189-203.

Shotter, J. (2016) *Speaking, Actually: Towards a New 'Fluid' Common-Sense Understanding of Relational Becomings*. Everything is Connected Press.

Sinason, V. (1992) *Mental Handicap and the Human Condition. New Approaches from the Tavistock*. London: Free Association Books.

Smith, J., Jarman, M and Osborn, M. (1999) 'Doing Interpretative Phenomenological Analysis.' In Murray, M. and Chamberlain, K. (eds.) *Qualitative Health Psychology: Theories and Methods*. London: Sage, pp. 218-240.

Stainton, T. and Besser, H. (1998) 'The Positive Impact of Children with an Intellectual Disability on the family.' *Journal of Intellectual & Developmental Disability*. 23 (1) pp. 57-70.

Thalheimer,W.(2006) Retrieved on 22nd July 2016 from http://www.willatworklearning.com/2006/05/people_remember.html

Tomm, K. (1987a) 'Interventive interviewing: Part I. Strategizing as a Fourth Guideline for the Therapist.' *Family Process* 26 pp. 3-13.

Tomm, K. (1987b) 'Interventive interviewing: Part II. Reflexive Questioning as a Means to Enable Self Healing.' *Family Process* 26 pp. 167-183.

Tomm, K. (1988) 'Interventive interviewing: Part III. Intending to Ask Lineal, Circular, Strategic, or Reflexive Questions.' *Family Process*, 27 (1) pp.1-15.

Tomm, K. (1998) A question of perspective. *Journal of Marital and Family Therapy*, 24(4) pp. 409-413.

Vetere, A. and Dallos, R. (2003) *Working Systemically with Families. Formulation, Intervention and Evaluation*. London: Karnac Books.

Wallace, D. F. (2009) *This is Water: Some Thoughts, Delivered on a Significant Occasion, about Living a Compassionate Life*. Little, Brown and Company.

Weingarten, K. (1998) 'The small and the ordinary: The daily practice of a postmodern narrative therapy'. *Family Process*, 37(1) pp. 3-15.

Wiener, N. (1948/2013) *Cybernetics, or Control and Communication in the Animal and the Machine*. 2nd Edition. The MIT Press.

White, M. and Epston, D. (1990) *Narrative means to therapeutic ends*. New York, NY: W.W. Norton & Company, Inc.

White, M. (1995) *Re-Authoring Lives: Interviews & Essays*. Dulwich Centre Publications.

White, M. (1997) *Narratives of therapists lives*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (1999) 'Reflecting–team work as definitional ceremony revisited.' *Gecko: A journal of deconstruction and narrative ideas in therapeutic practice*, 2 pp. 55-82.

White, M. (2007) *Maps of narrative practice*. New York, NY: Norton.

Life is multi-storied

Henrik Lynggaard

This article contains extracts from a speech given by Henrik Lynggaard on the occasion of his 'Leaving Do' on 17 April 2015. Henrik worked as a clinical psychologist in Camden & Islington Mental Health Trust since 1994 and for 19 years he was based with Islington Learning Disabilities Partnership; a multi-disciplinary and multi-agency partnership providing a wide range of health and social care services to people with learning disabilities living in or having a connection with the London borough of Islington. The leaving do was held in a large day centre (known as Daylight) with approximately 100 people present. Henrik delivered his speech following on from a series of speeches by line managers and colleagues.

THANK YOU for all your lovely, heart-warming and appreciative speeches. I am quite overwhelmed. I know that I shall treasure and savour your words and many kindnesses for a long, long time.

One of the practitioners and theorists, who has deeply inspired me, Michael White, coined the phrase that 'life is multi-storied'. By this he meant that many different stories can be told about any person's life. You have said some very fine words about me this evening but, one of the things I have valued about coming into contact with people affected with learning disabilities, is the forthright way many have of speaking their minds and thus of keeping our vanities in check. Let me give you an example of this from something that occurred only yesterday. The receptionist called me explaining that a service user, James, whom I used to work with in the past had come to the building and would like to see me. I went to the reception area and greeted James. He told me that he had heard that I was leaving and he wanted to say goodbye. James and I talked for a while about how we came to know each other and about people and places we had both known. At one point James said to me, 'you look too young to retire'. My feeling of flattery wasn't to last long for a few minutes later when I had changed my position in the chair so the light was falling differently on my face, James suddenly exclaimed: 'actually you look exhausted and quite old'. With my ideal ego

suitably deflated we chatted on for a while longer. Then James stated 'your English is really quite good' – my ego ballooned out again, though not for long, as he continued: '...because to be honest I couldn't always understand what you were saying when we were working together.'

There you have it. Encounters with people like James are really quiet refreshing and thought-provoking. I have been privileged to learn from, and with, so many different people during my time working in Islington. And my reading of the works of Michael White has also been inspiring. Michael White was keen to point out that the so called helping relationships are two-way processes; that is, not only may the person who consult with us benefit from our work but that the practitioner in turn 'is moved or taken somewhere else on account of their interactions with the person', provided that they take care, or are given opportunities, to reflect on their work. I would like to bring into our presence this evening another service user whom I learned a lot from. I will call him Tom. Tom was a man affected with learning disabilities who had come to see me with his support workers because he encountered great difficulties in going out, feeling extremely uncomfortable and fearful outside his room. He also sought solace from some of his difficulties by drinking large amounts of alcohol. To begin with Tom and I meandered around in the wilderness as one sometimes does when one is not too sure exactly what is

going on, but after a while some of the fog began to clear and a new path opened up for Tom, perhaps on account of the map that my theoretical orientation provided me with in directing our conversations. Tom began to take some tentative steps along this new path, and after some more time, the steps taken became larger and bolder. From time to time I would ask Tom what and who had enabled him to take a particular step in a preferred direction, and he would tell me that it was his 'team'; his team of supporters. Asked to describe who was on his team he told me that it included his mother and father (both deceased), a brother, a number of cousins, past and current support staff, a teacher, a manager of a supported housing scheme in which he had lived and a character from a computer game he was fond of. Whenever Tom described his team it was with vividness; as though he could truly see them, and his descriptions were accompanied by pointing out exactly where each person was in physical space. I learnt that when Tom ventured far from places where he felt secure, that at those times his team had called to him: 'you will be alright', 'we are here with you', 'keep going'. The team proved very helpful to Tom and I made it my business to ask frequently about the knowledge and skills held by Tom and his team. Over time he took greater and greater steps forward to realise some of his goals. Now Tom's 'team of life' has been a great inspiration to me because as I look around here this evening, I see so many people who have been or will be part of my team of life. I know that when uncertainty prevails or difficulties arise, that I can call on many of you for advice and support, even that is, in your physical absence.

Here, this evening, are people who have been my mentors, teachers, supporters, colleagues, co-workers and friends.

An endlessly inspiring mentor and teacher of mine, who is here tonight, taught me among a whole host of other things, that when you encounter a dilemma in a therapeutic session – because after all, when you think about it, there is always a dozen

different directions in which one could proceed based on what the people tell you; a dozen different questions one could ask that would take the conversation in divergent directions – so my mentor told me, that when a situation occurs about the direction in which to proceed then, an option open to the therapist, is to voice the dilemma (e.g. 'I'm unsure about whether to ask you more about your family because you said that was important, but when you came in you also said that knowing how to deal with the troubling thoughts was important to you... do you have a sense of what would be most useful to you in the time we have left?'). So let me speak now to the dilemma I have had in thinking about this speech: My dilemma has been whether or not to name particular individuals; people who have been significant maybe at a period of time or over many years. One of the effects of naming some people is that you don't name others (unless of course one had a lot of time, and a lot of the listeners' indulgence, and had full knowledge of who was in the room and some people have told me that this speech is already too long!) who may be asking themselves; 'did he not name me because I was not important. I thought I had been, or that I deserved a mention.' And on the other hand that decision will disappoint others who would have liked a mention, who might have liked to be named and publically recognised.

So there it is, this has been a dilemma for me but for this evening, I have come down on the side of not naming individuals, but instead of referring to groups of people. I reckon that there are losses and gains by either position and that others would have made different choices as, I might have done, at different times.

So first of all I would like to thank people who welcomed me when I first joined what was the health team based at Leigh Road in 1994 when newly qualified... (Henrik goes on to thank colleagues, providers, academic staff, etc.)... I have been grateful that Islington Council has not always gone down the line of the latest poorly thought through

Henrik Lynggaard

initiative of selling off, mainstreaming or privatising: Islington has held on to many of their in-house community services and some of the managers of the homes and the staff teams have stayed around a long time providing services of a very high quality. I think that there are some truly excellent managers of some of the in-house services who in turn have attracted some steady and steadying staff teams, and this has been very good for the service users whose lives are dependent day in and day out on those services. I think many of us who have been around for a while have learnt how very long it takes to build up a good and steady service but how quickly it can all unravel by ill-judged cuts, changes in conditions, or removal of key staff.

I wonder if I can propose a new definition of learning disabilities tonight: people with learning disabilities are 'people who gather others around them'. In this gathering, communities get created, communities that would not have existed or come together had it not been for the person with learning disabilities. There is absolutely no doubt that much of the progress that has been made in the quality of life for people with learning disabilities would not have come about had it not been for the tireless commitment and campaigning that many family carers have engaged in. I have been fortunate to meet so many inspiring family carers who have taught me a huge amount; who have helped me to understand some of their sadnesses and pains, some of their joys and discoveries, and some of the life-long dilemmas and struggles that do not stop just because their son or daughter reaches legal adulthood.

I am very pleased that it has been possible for me to hold my leaving do in Daylight day centre, a place where communities get created every day; a place often buzzing with creativity, projects and great people, and now also home to the Living Daylight Charity whose promotional video has just been made with the participation of local celebrities including Paul Whitehouse and Sue Pollard. I think that places like

Daylight and their inspiring manager and staff team are vitally important to the quality of life of hundreds of people with learning disabilities, and I get very worried when I see what has happened elsewhere in London and in the country where service cuts and centre closures have been dressed up as 'mainstreaming' and 'community presence'; as if community was just something that happened on its own accord or was waiting to greet people around the next corner. Communities get created by people coming together regularly around a shared purpose. If I have any parting advice then it is to be hyper cautious around terms and concepts that everybody would tend to agree with like 'choice', 'independence' and 'community presence'. Please unpack, go inside, and deconstruct those siren words and clarify exactly what things will look like, how they will be implemented, by whom and importantly how it will be resourced. Do not let one impressive example stand for the totality of people (when you truly look in to the finer details of the impressive example, I can assure you that it did not come cheap, that circumstances were very particular, and that it can not readily be replicated for the majority, especially not in times of cut backs). In respect of one of those siren words: 'independence', I have seen things put in place that has led to great social isolation and a lessening of quality of life; as if independence was somehow the highest we could aspire to: to my way of seeing things, inter-dependence, commitment towards the communal, the shared and the collective seem much more worthy aspirations.

I must stop now. There is always more that could be said. There are all the things I have said and then there are things left unsaid. There is always something left unsaid, undone.

Thank you so much for coming and for being here with me this evening. Your presence has been a present to me in many more ways that I can convey.

Henrik Lynggaard

Appendix B

Abstract of MSc thesis: Lynggaard, H. (2007) *Learning from people with learning disabilities: Invoking reciprocity*. University of Bedfordshire.

Traditional practices of knowledge transmission propound a view of learning flowing from knower to learner. Likewise many therapeutic practices imply a uni-directional flow of knowledge from therapist to client, and from helper to helped. People affected with learning disabilities are traditionally defined by their impairments and deficits, however in this research project seven practitioners were invited to reflect on *their learnings* from people with learning disabilities.

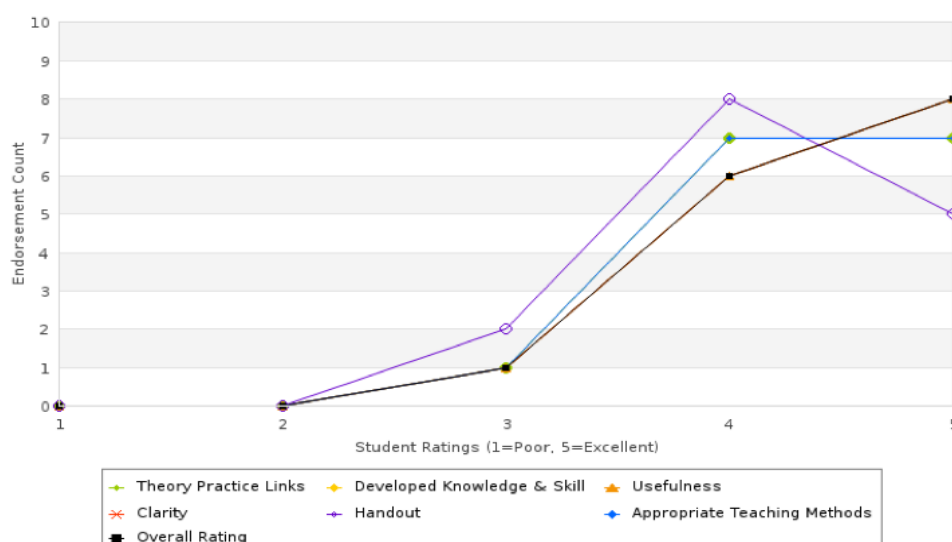
Systemic social constructionism and narrative therapy provided the theoretical paradigms through which the research was conceived and undertaken. Interpretative Phenomenological Analysis (Smith, Jarman & Osborn, 1999) was used to analyse transcripts of semi-structured interviews and six major themes were identified. Four of these related to learnings that had shaped participants' professional, personal and relational contexts. The fifth theme bore upon the commitments and value that gave energy to practitioners' work and the final theme was a reflection on the interview process itself.

I have argued that promoting two-way accounts of learnings is not only beneficial in therapeutic practice (White, 1997) but also in situations where power imbalances may lead to marginalisation of people and to the construction of 'otherness'.

In the final sections of the dissertation I have drawn attention to several of the constraints inherent in the method I adopted and made suggestions for how the project could be improved and extended.

Appendix C

Report for Cross Specialty Workshop (2.8) -16/12/2015 10:00 : Systemic Practice Across Clinical Settings: Systemic Practice in ID Settings (N=15)



What were the best aspects of the lecture?

"The video footage was incredibly helpful - thank you. I also really like your style of teaching - you explain concepts beautifully. "

"The lecturers are so great and really considered in their approach. Great use of video so we can see what systemic looks like in practice. Excellent practical advice too. Really enjoyed it."

"This lecture was very helpful in understanding how to work specifically with clients with ID and some of the issues around inclusion. Really liked lecturers styles."

"It was really helpful to see how the therapy is actually done. "

"Excellent lecture. Use of videos very helpful."

"It was so helpful to see video footage of a systemic session in this setting"

"Nice mix of clinical examples, discussion etc..."

"A lot of good examples and videos."

Anything fundamental that the lecturer could do differently for lecture to be more useful?

"Not really. There was some duplication from previous lectures but it was not unhelpful. "

"Needs more clinical application. E.g. having the lecturers role-play. "

Any other comments?

"I unfortunately think the timing of this lecture didn't help class participation. It made complete sense where the lecture came in the syllabus but I think it being delivered on the last day of teaching everyone was a little flat and tired. "

"I really enjoyed the workshop and found it very helpful. Thank you!"

Appendix D

Workshops and Presentations

Lynggaard, H. (2006) *Making Systemic Approaches Fit for People with Intellectual Disabilities*. IASSID European Conference, 1st August, Maastricht.

Lynggaard, H. (2007) *Systemic Approaches and People Affected with Learning Disabilities*. Workshop at Institute of Family Therapy, 27th April, London.

Baum, S. and Lynggaard, H. (2007) *New Stories of Intellectual Disabilities*. 8th International Narrative Therapy and Community Work Conference, 20-22 June, Kristiansand, Norway.

Lynggaard, H. (2008) *Emerging Evidence for the Use of Systemic Family Therapy*. IASSID 13th World Conference, 25th – 30th August, People with Intellectual Disabilities, Citizens in the World, Cape Town, South Africa

Baum, S., Fredman, G., Haydon-Laurelut, M., & Lynggaard, H. (2009) *Learning Disabilities: A Systemic Approach*. Workshop at Kensington Consultation Centre, 2nd November, London.

Baum, S. and Lynggaard, H. (2011) *Systemic Approaches and People Affected with Learning Disabilities*. Two-day workshop to Irish Psychological Society. 5th & 6th May, Galway, Ireland.

Baum, S., Haydon-Laurelut, M. and Lynggaard, H. (2011) *Systemic Approaches and People Affected with Learning Disabilities*. Regional BPS Conference. 24th June, Wakefield.

Lynggaard, H. and Haydon-Laurelet, M. (2011) Presentation: *What is Systemic Therapy?* Swedish Psychological Society, Habilitation Conference. 13th October, Stockholm.

Lynggaard, H. and Haydon-Laurelet, M. (2011) Workshop. *Opening Space for Dialogue*. Swedish Psychological Society, Habilitation Conference. 13th October, Stockholm.

Baum, S. & Lynggaard, H. (2013) *A Compelling Story of Perplexing Heritage*. London Association of Family Therapy. 28th January, London.

Baum, S. and Lynggaard, H. (2013). *Systemic Approaches with People Affected with Learning Disabilities*. Two-day workshop requested by North West Special Interest Group in Clinical Psychology and Learning Disabilities. 14 & 15th March, Lancaster.

Lynggaard, H. and Baum, S. (2013) *Systemic Approaches and People Affected with Learning Disabilities*. One-day workshop to Welsh Psychological Society. 20th May, Colwyn Bay.

Baum, S. and Lynggaard, H. (2014) *Lessons From Systemic Theory and Practice*. Key note presentation at BPS Faculty for People with Intellectual Disabilities Advancing Practice Conference. 26th March, Llandudno, Wales.

Lynggaard, H. and Baum, S. (2014) *Working Systemically with staff in a Learning Disabilities Context*. Workshop. BPS Faculty for People with Intellectual Disabilities Advancing Practice Conference. 26th March, Llandudno, Wales.

Lynggaard, H. and Baum, S. (2015) *Systemic Approaches and People Affected with Learning Disabilities*, to the South-East Branch of Association of Family Therapists. 20th November, Brighton.

Lynggaard, H. and Baum, S. (2016) *Working systemically in the context of services for people with learning disabilities*. To Hertfordshire Partnership Foundation Trust. 23rd February, Hertfordshire.

Lynggaard, H. and Baum, S. (2016) *Systemic Approaches and people Affected with Learning Disabilities*. Two-day workshop to the BPS Faculty for Intellectual Disabilities (northern region). 10th & 11th March, Newcastle.

Lynggaard, H. and Baum, S (2016) *Narrative Therapy and People Affected with Learning Disabilities*. Faculty for People with Intellectual Disabilities, Annual Conference, 13-15 April, Belfast.

Lynggaard, H. and Baum, S. (2016) *Systemic Approaches and People Affected with Learning Disabilities*. Workshop to Cambridge County Council, 6th June, Cambridge.

Baum, S. and Lynggaard, H. (2017) *Systemic Approaches in Learning Disabilities Contexts*. Two-day workshop to the NHS Education for Scotland. 21st and 22nd February, Glasgow.

25/2/16

Dear Henrik and Sandra

Thank you for the workshop on the 23rd February. I felt inspired and “warmed” again to keep these valuable ideas in mind when I work.

We hope that many more teams and people working in this field could have the benefit of your skill and expertise.

Warm regards

Nina

24/11/15

Dear Henrik

I am so glad that you and Sandra enjoyed the day as much as we all did. The feedback we received was fantastic. You created a sensitive and stimulating environment in which people could express, experience and learn from you and others in the room.

Really wonderful - thank you both so much.

All best wishes,
Lally

Appendix E

For the attention of Mark Laurelut-Haydon and Victoria Jones

Chapter proposal by
Henrik E. Lynggaard, clinical psychologist and systemic family therapist.

Gathering, talking and thinking together when hard times strike.

The proposed chapter describes how systemic approaches and practices can provide a particularly useful framework in assisting residential staff who have faced exceptional challenges in their work with service users to discover new ways to go forward. Three case examples - one involving the sudden and totally unexpected death of a healthy young service user - that are derived from the author's experience in the field of learning disabilities, will be woven in with discussion of theory and of practice guidelines. Among other things the chapter will argue that: residential staff often have few opportunities to come together in meetings that are not dominated, and sometimes, deadened by an exclusive focus on tasks and policies; that few staff have experienced the death of clients and are significantly affected in their practice by a culture of scrutiny, blame and fault-finding; and that, the systemic approach offers ways of opening a respectful dialogical space where individual and collective knowledges, abilities and resourcefulness can emerge.

The chapter will include an easy read summary and comments from staff who participated in the examples described (in a way that does not identify any individual or organisation). One of the described examples refers to a situation that did not go to plan, and where the mistaken assumptions of the lead practitioner resulted in important learning to pass on.

26th May 2016

Appendix F

For the attention of Gail Simon

Chapter proposal by

Henrik Lynggaard & Sandra Baum, clinical psychologists and systemic family therapists

Bringing out the best in people affected by autism

The proposed chapter begins by introducing Shah (21 years of age) and his family who asked to meet with us because they were bewildered by the diagnosis of “autism” that Shah had been given. Shah’s behaviour had caused the family many concerns over the years and social services had recently allocated support workers to enable him to pursue the college course he enjoyed without his sexual interest in female students barring access to his learning and future options.

In this chapter, the text will weave between describing our work and conversations with Shah, his family and network and outlining the systemic theory and practice that informs our work. We will situate our discussion of systemic theory alongside developments in critical autism theory. Through the case example, we also consider how disability intersects with other contextual factors such as religion and culture. We take the view that diagnoses can both constrain and limit, but can also provide stabilising anchoring points in people’s lives whilst they negotiate or re-negotiate the meanings they hold in their lives.

We will draw on our experience of adapting systemic methods and techniques in order for these to be accessible to people affected with learning disabilities. We have found that these adaptations have been particularly useful in creating respectful and inclusive dialogue, and in enabling people, for whom social interactions and communication can be especially challenging and anxiety evoking, to have a voice.

26th June 2016

Appendix G

Mind the Gap(s): Learning from Reflection

This film is a joint production by Family Carers and Islington Learning Disability Partnership Board.

Four fictional scenarios of conflict between Families and Social Workers. They were devised from focus group discussions with family carers of adults with learning disabilities and professionals which highlighted frequent areas of difficulty.

All roles are played by actors.

Comments are from panels of family carers and professionals.

“The person is not the problem, the problem is the problem” (Michael White 1990).

Introductions to scenarios:

Transition

The mother of Joanne, a school leaver with learning disabilities, believed for the past two years that a residential college place was reserved for her daughter. She has received a letter informing her that this place has been withdrawn.

Money

A social worker visits a young man, Tom, who lives with his family. She is concerned that financial and other resources available to him are not being used for his benefit.

Review

The parents of Sarah have received a notification of a review that is overdue. The social worker has not yet met the family. They have heard unofficially of plans to change Sarah's day centre.

Elderly Parents and Best Interests

Social Services have worked with Mr and Mrs Singh for two years to agree that their son Gurdeep should move into his own accommodation. They are increasingly frail, which is compromising his health and wellbeing. Their refusal to accept this led to a Best Interests meeting a week ago.

Credits:

This film was funded by London Borough of Islington, Housing and Adult Social Services.

Storylines, scripting and production

Clare Palmer
Family Carer

Henrik Lynggaard
Clinical Psychologist

Angus Hubbard

Filmed, directed and edited

Angus Hubbard
www.loadedproductions.co.uk

List of publications with web links

1. Donati, S., Glynn, B., **Lynggaard**, H. and Pearce, P. (2000) 'Systemic interventions in a learning disabilities service: an invitation to join'. *Clinical Psychology Forum*, 144 pp. 24-28. <http://www.bps.org.uk/publications>
2. **Lynggaard**, H., Donati, S., Pearce, P. and Sklavounos, D. (2001) 'A difference that made a difference: Introducing systemic ideas and practices into a multidisciplinary learning disabilities service'. *Clinical Psychology*, 3 pp. 12-16. <http://www.bps.org.uk/publications>
3. **Lynggaard**, H., and Scior, K. (2002) 'Narrative therapy and people with learning disabilities.' *Clinical Psychology*, 17 pp. 33-37. <http://www.bps.org.uk/publications>
4. Baum, S., and **Lynggaard**, H. (eds.) (2006) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London. https://www.amazon.co.uk/d/Books/Intellectual-Disabilities-Systemic-Approach-Thinking-Practice/1855753162/ref=sr_1_1?s=books&ie=UTF8&qid=1499265149&sr=1-1&keywords=Baum+Lynggaard
5. Scior, K., and **Lynggaard**, H. (2006) 'New stories of intellectual disabilities. In Baum, S. and Lynggaard, H. (eds.) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London, pp. 100-120. https://www.amazon.co.uk/d/Books/Intellectual-Disabilities-Systemic-Approach-Thinking-Practice/1855753162/ref=sr_1_1?s=books&ie=UTF8&qid=1499265149&sr=1-1&keywords=Baum+Lynggaard
6. **Lynggaard**, H. and Baum, S. (2006) 'So how do I...?' In Baum, S. and Lynggaard, H. (eds.) *Intellectual Disabilities: A Systemic Approach*. Karnac Books: London, pp. 185-202. https://www.amazon.co.uk/d/Books/Intellectual-Disabilities-Systemic-Approach-Thinking-Practice/1855753162/ref=sr_1_1?s=books&ie=UTF8&qid=1499265149&sr=1-1&keywords=Baum+Lynggaard
7. Baum, S. and **Lynggaard**, H. (2006) 'The person in relationship: A systemic approach.' In Jukes, M. and Aldrige, J. (eds.), *In Person-centred Practices: A therapeutic perspective*. Quay Books, pp. 231-240.

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjC6p3TrfLUAhVHDMAKHbFuATMQFggpMAE&url=https%3A%2F%2Fwww.amazon.co.uk%2Fd%2FBooks%2FPerson-centred-Practices-Therapeutic-Perspective-Mark-Jukes%2F1856422992&usg=AFQjCNHVLApHjvGjuFlataOCE9qUTdfhMA>

8. McFarlane, F. and **Lynggaard**, H. (2009) 'The taming of Ferdinand: Narrative therapy with people affected with intellectual disabilities.' *International Journal of Narrative Therapy and Community Work*, 3 pp. 19-26. <https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiD6On1rPLUAhUsKsAKHZWBXkQFggqMAA&url=http%3A%2F%2Fdulwichcentre.com.au%2Finternational-journal-of-narrative-therapy-and-community-work%2F&usg=AFQjCNF3hj39utcgKxdLMuDFZ4yxC7KGiw>

9. **Lynggaard**, H. and Livingston, J. (2011) 'So many terms: A walk inside and around learning disabilities, and a conversation with a cool guy.' *Context*, 114 pp. 5-7. <http://www.aft.org.uk/about/view/about-context.html?tzcheck=1>

10. **Lynggaard**, H. (2012) 'Something understood – something misunderstood.' *Clinical Psychology and People with Intellectual Disabilities*, 10 (2) pp. 12 - 18. <https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0ahUKEwjsqqOYrflUAhXIJcAKHfeZDcQQFgg6MAI&url=https%3A%2F%2Fshop.bps.org.uk%2Fpublications%2Fpublication-by-series%2Fdcf-faculty-for-learning-disabilities%2Fclinical-psychology-people-with-learning-disabilities-vol-9-nos-2-3-september-2011.html&usg=AFQjCNEkVLIdn2z0HZOTSLtqYripTk9yAw>

11. Fredman, G. and **Lynggaard**, H. (2015) 'Braiding hopes and intentions with people affected by intellectual disabilities and their networks of family and carers.' *Context*, 138 pp. 22-27. <http://www.aft.org.uk/about/view/about-context.html?tzcheck=1>