

# Panmorphic Crisis: Cultural Rupture and Systemic Change

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**Abstract**

The systemic community has cultivated a talent for living with perturbation and a graceful approach to not knowing. In this extremely unsettled era of what I am calling panmorphic crisis so much is in urgent need of our attention. In this paper, I discuss some of the many systems in play creating this panmorphic crisis and discuss the impact of changing temporality. Our existing approaches to therapy and the training of practitioners may not be enough to see us out of one era and meet the needs of a new, emergent world. To create a state of preparedness to change may involve some degree of fundamental overhaul structurally and theoretically. I go on to consider approaches to disruption and consider the homeostatic pull towards restorative positions. Crises create opportunities for not only exploring ideas and practices which we take for granted but also for re-organising the cultural foundations on which we build worlds with each other. I reflect on how the myth of return-to-normal is a dangerous agenda when the culture being restored is infused with historical social injustices. In order for systemic therapy and training programmes to make changes that are culturally relevant, we need to study and alter the impact on our work of colonising and pathologising practices and theory. I discuss systemic liminality, its limits and the impact of disruption to our cultural rhythms. Later, I propose the concept of Stolpersteine, stumbling blocks, to help us encounter hidden histories and our prejudices, and offer some questions for us to consider in our undertaking to decolonise and depathologise our practice and theory to meet the challenges of transmaterial living systems.

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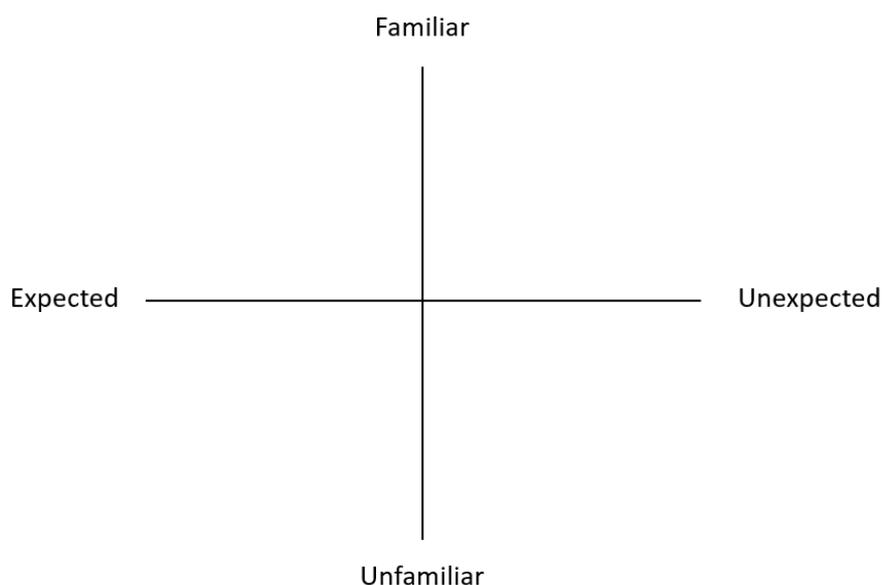
## Systemic Liminality

When I start to write a paper, part of me has an idea of what will unfold and become the main focus with a few offshoot themes. The writer in me is always surprised when the unexpected happens and what was once just a small twig lost in rich, complex growth becomes a new trunk or branch shaped by responsibilities it has not invited. Systemic therapy is like that. We train in a series of methods and expect that we will learn to make them useful. We receive a request to help with such and such a problem and start to formulate some ideas about what lines of enquiry might be useful. And then we enter into a situation where we need to recalibrate the variance between what we were expecting and what we meet. Our learning has prepared us to move, sometimes bounce, around, a quadrant of familiar and expected, unfamiliar and unexpected. We refocus and reorientate ourselves perhaps leaving behind that which we thought was going to be the main focus.

I imagine mapping the movement around these zones in training or supervision might be productive. Video stop: “Where would you place yourself in this quadrant when you asked her that?” “So what was the relationship between what happened in that moment and that zigzagging between these concepts?” “Or perhaps it could be a team exercise in reflecting on change. “Given how we have mapped our transition to the new format, what are we learning about how we cope with change that we didn’t anticipate?”

### Figure 1

*Moving between positions involving liminality*



Our training prepares us for being perplexed and for being out of our depth, akin to what Keats (1817) described in a letter to his brothers as *negative capability*, “being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason.” I prefer the term *systemic liminality* to the more familiar language of *not knowing* (Anderson & Goolishian, 1992). Turner (1969) described liminal periods as betwixt and between, neither here nor there, with ambiguous characteristics, as a response to transition, on the way to something but in suspension. Such meditative pausing in and between

talk could be thought of as suspension, treading water, but that sounds much less active than what is actually involved to dwell in that space.

As systemically trained practitioners, we know how to sink into a suspended state of systemic liminality in order to create space to reflect, understand, make meaning; to know when to take one sort of action or another. There's a lot of movement and a lot of negotiation. We have emotional reactions that we translate into sentences to explain our response in context. We work hard to separate the different voices from a more general cacophony so there can be dialogue not just noise; we rake through our dilemmas, articulating and listening to the different concerns and perspectives; we work to maintain outward and inner engagement with our conversational partners; we choose what to say in outer talk, how to speak, and watch for its impact which we process and carry on in these behind-the-scenes activities. We exercise an ethic of care (McCarthy & Byrne, 2007) to all of those voices, all of their ideas and theories, and we must decide which to go with over others and check the responses of conversational partners. We are adjudicators, collaborative map makers and followers of those mappings-as-we-go. We sway between pointing and following as paths open up or close down. Each conversation generates its own temporality through sequentiality, through pause and pace, through exchange, refrain and emotion. We do a lot of reviewing as we go along – in the moment of practice, in self-supervision, in supervision with others. Sometimes we have a sense of confirming old theories and familiar ways of doing. At other times, we are in new territory and need to respond by developing new practice to fit the context; then we theorise it, justify it, explain ourselves. These are cultural practices of living our ethics. Systemic liminality involves studying all that is going on in this betwixt and between, preparing to breathe, to move off, and preparing to rearrange ourselves in response to the consequences of our actions or those of others. This liminal time-space echoes some of the responsibilities and possibilities of the Fifth Province approach to open space and negotiate ways forward with others (McCarthy, 2001).

## **Cultural Rhythm**

This is a kind of rhythm that we are trained in; a cultural pattern of temporal relational coordination, guided by feelings and ideas. It is not a rhythm that is transcendent of the cultures we inhabit or exist in the world. Depending on whom I am in conversation with, there are different cultural permissions in play which allow for different ways of talking. The default cultural stance for most psychotherapists trained in England where I live, is one which carries echoes of English niceties and 19<sup>th</sup> century middle class European restraint often belying a lack of critical review of the cultural history and subsequent influence of psychoanalysis on psychotherapeutic mores.

Systemic ways of talking and pausing in therapy are not neutral either. We can assume and explore how they are culturally produced, culturally specific, facilitating or constraining of cultural ways of talking or developing new ways of communicating. For example, there is a common expectation that one must listen without interrupting the speaker. The speaker sets the pace. The listener must coordinate with that pace. They take turns. Together they create a rhythm which perhaps echoes dominant cultures that conversationalists may be inducted into but which they may or may not come from or identify with. Niceties can mask pejorative values while we dance within the invisible parameters of chosen or received cultural convention. Interrupters, for example, may be seen as lacking social grace. What counts as social grace, of course, also varies across cultures.

These psychotherapeutic ways of talking, and our implicit sanctioning of it, in turn induct our everyday communities into the rhythms of this talking culture. The everyday talk of different communities absorbs some of the narratives and values of talking therapy. This is a form of colonisation. For example, in the interest of decolonising what counts as practice, it is important to consider the relationship between received ideas, values and practices, local culture(s) and community histories:

- How might Irish people do therapy if they had never been colonised by the English?
- How do Irish people do therapy to fit with Anglo-American cultural practices?
- How is systemic therapy in your own consulting room or training institute using indigenous ways of connecting and sense making?
- What happens when Black people talk with each other without white people present and how can we use their learning from these experiences?
- How does the dialogue change when queer people do therapy with a queer therapist and how can we use their learning from these experiences?
- How do learning activities change on training courses when trans people and trans allies design and run systemic training programmes?
- When autism is no longer a diagnostic category in diagnostic manuals, how will we look back on our history of systemic practice?
- What might training programmes look like if therapy clients co-designed the therapy set up?

Common responses to these questions result in language changes. Positions change. Activities change. Everything changes. New rhythms emerge that reflect the sound of everyday talk from outside of the consulting room or training organisation and open the range of knowledge in which we can immerse ourselves. We are changed. We not only learn the extraordinary choreography of some brilliant white Euro-descendent traditions of systemic practice but we also learn from the extensive, complex relational knowledge, knowing and know-how of equally brilliant Black and Brown academics, practitioners and other writers whose contributions have been backgrounded in the systemic field's accounting practices. But how will we study and bring forth the contributions of Irish, Welsh, Scottish, immigrants and descendants of immigrants which continue to be hidden or obscured by English cultural dominance and the descriptor United Kingdom or United States of America? How do we notice that which is deliberately or semi-intentionally hidden from our view?

### **Panmorphic Crisis and Systemic Construction of Culture**

There has always been variation of rhythm in our work which has required the skills of an improvisational movement artist to engage in the relational co-ordinations of the context. But in this dramatic era of emergency, we are encountering stark limits to our knowledge, knowing and know-how on how to move, whether to move and with what consequences. Our breathing, our language, our food, our loved ones - the fundamentals of life - feel at risk from one or more area of crisis. For many, living in crisis is not new but a common state of readiness and response: personal, communal, present, historical, threat and uncertainty are in the air while moving through what may appear to those with some degree of privilege simply a benign activity.

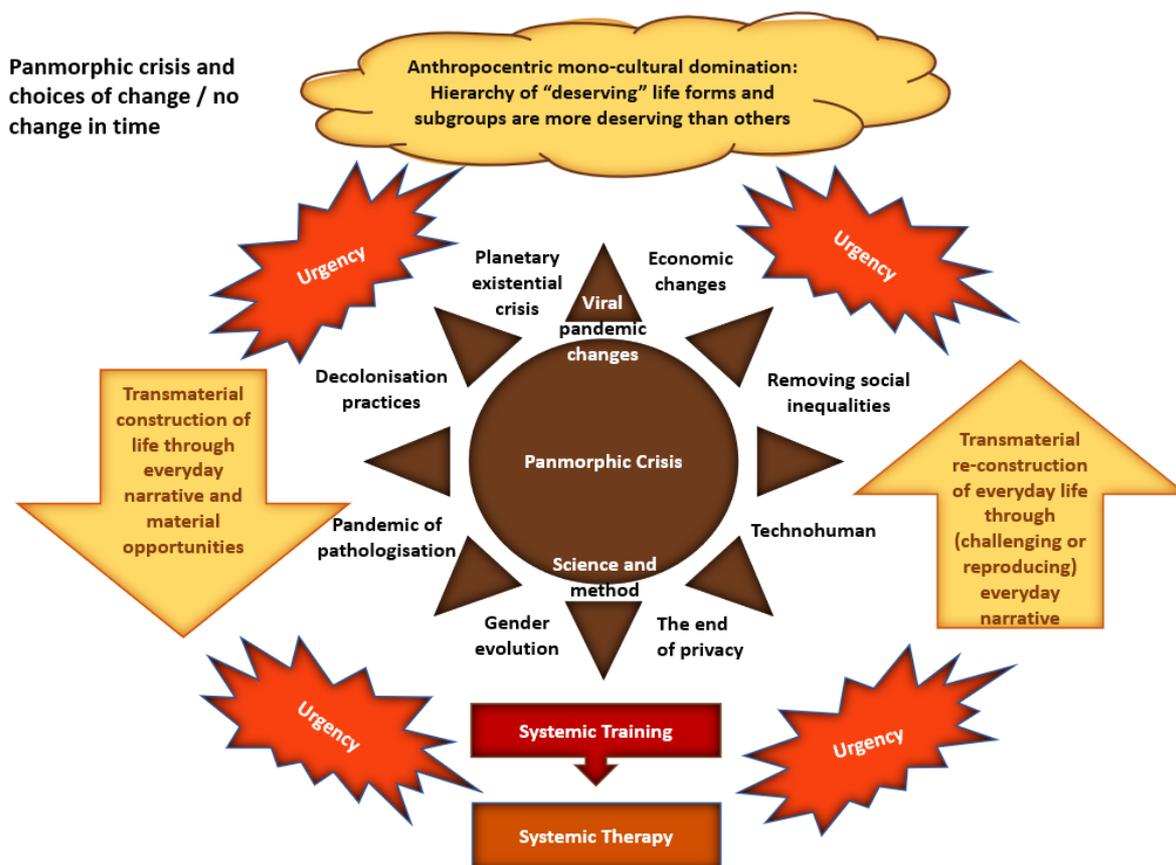
What we haven't prepared for is what I am calling a *panmorphic crisis*, the cluster bomb of social, health, climate and economic catastrophes, mass systemic failure over time and in the moment (see Figure. 2). I am using the term *panmorphic crisis* to describe a transitional time-space populated by urgent needs for changes in meta matters and materialities. And woven through this *panmorphic crisis* is a tussle between different epistemologies of control. It is not simply a co-incidence of external forces, it is a battle of philosophical domination by western anthropocentric choices regarding whose lives and which life forms matter, and how our realities are mattered (Jude, 2017; Pillow, 2019a). As Haraway says, "It matters what thoughts think thoughts. It matters what knowledges know knowledges. It matters what relations relate relations. It matters what worlds world worlds. It matters what stories tell stories." (Haraway, 2016, p. 35).

Many people have noticed a change in the felt texture of time during this pandemic. The pace of daily life for many has been slowed, for others, things have speeded up. While people have not been stuck in traffic they may have felt at a standstill. The rhythm of daily life has changed with new practices. How we commute to work, shop, socialise, have sex, or meditate, how we go to places of study, therapy or worship, how we protest, how we dress have all changed phenomenally. The eruption of the Black Lives Matter movement may have appeared sudden but was not in response to a single death by police but a result of generations of systematic abuse and loss; a calling for an urgent need to end racism in all its overt and covert forms. Extinction Rebellion and eco-activists across the world emphasise the inevitability of planetary death within a relatively short space of time if current ways of living off the planet are not altered immediately.

The term disruption might suggest a temporary problem or diversion, the sort that happens when roadworks affect traffic where you eventually re-join the route you expected to follow. Some disruptions require longer term consequences over short term fixes; diversions that aim not to return to the main route, which head off in a new direction. But, in any case, the world that has been disrupted has gone. It has passed. We have come from another world which cannot be salvaged nor perhaps entirely should have been. To think otherwise may require an awful lot of glue, not so much to stick things back together again but to maintain the delusion that things can go back to normal.

This old world now needs describing as an era, what Lefebvre saw as a series of *critical moments* which Eldon described as "significant times when existing orthodoxies are open to challenge, when things have the potential to be overturned or radically altered" (Eldon 2004, as cited in Lefebvre, 2004). But for us humans in need of a story, there is a once upon a time quality to what has gone before. For those of us who are older and with more history to draw on, perhaps this conclusion of an era is more apparent. We are in transition between worlds. There is no linearity to this transition. It is not like any other change we can compare it to. It is an all-in-one explosion of Things That Must Be Acknowledged And Addressed Now. A new Big Bang of 21<sup>st</sup> century living and dying where what went before is part of what we must develop an account of but also focus on the emergence of living the future. Living the future ethically, our senses wide open: eyes and ears, plus those senses connected to ease and dis-ease: those other ways of knowing, knowing what is right and what is not, the hard-to-hear what we are filtering out; preparing to act coherently with our widening awareness of what our role might be in ethical world building.

Figure 2

*Panmorphic Crisis and Choices of Change / no Change in Time*

So what do people do or should people do in while living through such a time? Should they-we worry or should we-they theorise; focus on the task at hand, narrow their-our field of view? How do we exercise systemic responsibility to bring our lenses to render visible the complexity in living-dying-morphing systems both local and global? How do we move when we are knocked out of our stride, when our rhythm, our ways of coordinating in the world are ruptured? Who and what will be our partners in re-constructing a shared world?

### Exiting Liminality Systemically and why Reflexivity is not Enough

The coinciding of viral pandemic life and death, our morphing into technohumans, the commitment to undoing systemic inequalities and appreciating their depth and complexity, the threat to local and global ecologies, the re-organisation of economies, the disturbance of binary thinking and living is a massive amount for anyone to process and act with. And yet we must. To see any one of these areas as a matter not worthy of our interest and action, is an epistemological error in thinking parts can be separated from their whole without consequences for all, and for some more than others. But it is also an ethico-onto-epistemological error. Barad (2007) links these concepts to show how our responding in the world is always in the context of doing, learning, becoming (with) – as we go – and always ethics led. Playing with the phrase by Polanyi, *we know more than we choose to acknowledge*.

The challenge to decolonise and to depathologise theory and practice are rendering more visible ideological assumptions. “We have always done it like this” and “it has worked very well so far” are culturally situated statements that are invariably vulnerable to disintegration when taken out of their local or brief time frame. Their truth evaporates on the breath.

The pandemic has increased awareness of social inequality, of one’s own and others’ breathability, of fresh air, freedom, safety and the significance of environment. It has shown most people the things they can and cannot take for granted with the accompanying realisation that not everyone has the luxury of staying alive, relying on state protection or health care or living in a materially secure world. In the UK where I live, as in most other countries, social and health inequalities arise out of a reliance on the commitment of late capitalist economies to profit of the few over the benefits to the many.

The pandemic has shown us how integrated our lives are with technology. Haraway (2006) and Braidotti (2013) have described humans as cyborgs or technohumans to emphasise the total integration of human into technology and technology into human. Being a human now involves being one with technology. Probably all areas of our lives are now mediated through technology. Our information is their information as it streams through submarine, stratospheric, satellite communication systems. The myth of human autonomy is maintained through the narrative of localised consumer choice but serves to enslave our siblings in distant countries and turns us all into pawns in someone else’s game of profit. Now we are people framed by screens. We stutter now where we used not to as the consistency of broadband signal delays or freezes our words or gestures; our attempts to communicate are interrupted often unbeknown to the speaker. Can we return to normal? But what do these words of “we” and “return” and “normal” mean in the fast-moving moments of an ever-changing world?

A noteworthy challenge for systemic therapists in this world dominated by method-led approaches, is the emphasis on systematic performance of therapy instead of approaching presenting problems as social problems which require critical thinking about the impact of social, political and professional discourses and material structures. Systemic practitioners are being increasingly pressured to learn and perform licensed methods and diversify so much, work so hard, that there is often little room to practice that which is being taught in systemic training programmes. This adds to many dilemmas about which systemic and related approaches should be taught in our programmes: those which are improvised and led by relational ethics and responsive to context, or those which can be performed by less trained people and focus on the individual or small system as the site for treatment (Simon, 1998, 2020). Whereas the shift to the creation of systemic family therapy posts within health services was for a while seen as an achievement for the systemic profession, it now heralds its demise. To be employed in a medical model renders us either delinquent or magician. In addition, systemic humility does not lend itself to transdisciplinary status. Perhaps we need to depathologise ourselves in our workplaces before depathologising others.

If reflexivity means going back on itself, and if we remember Maturana and Varela’s idea of open and closed systems (1972), that systems can only process information that they are familiar with, information that fits with their cognitive processes, that passes through their lenses, then it is inevitable that we stay within our own frames of reference and our existing ways of seeing - and therefore knowing and doing. The “we” is exclusive and static. I see what I know and I know what I see. Such behaviour reinforces cultural insulation and is a recipe for living within and reproducing one’s own or the dominant frame of reference. It is tantamount to a no-change prescription and limits

opportunities for critiquing or changing the culture. So how do we break out of closed system thinking and acting?

**Post-rupture: New Rhythms**

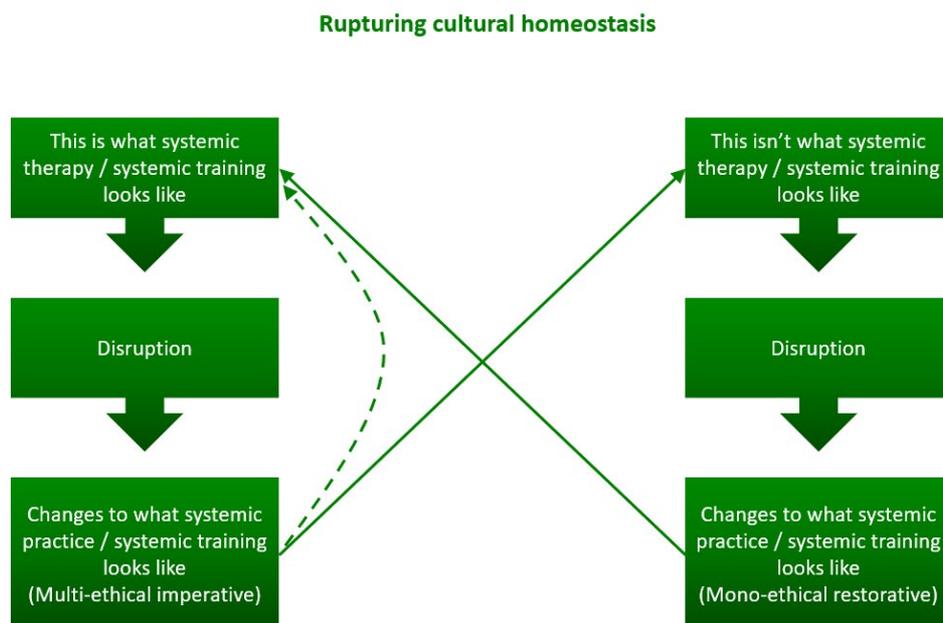
The word “post” provokes some confusion over whether it is a temporal punctuation of “beyond” or marking “that which is now left behind” or whether it is an inclusive term to signify a “development on” what comes after the hyphen. The hyphen acts as a separator and as a join. Some put the word “post” in front of the other term without a hyphen to emphasise a new state or a sticky relationship between eras or ways of thinking.

I remember when I first realised the inevitability of many speeded up paradigm shifts in this systemic culture, a culture devoted to investigative reflexivity and to challenge of the automatic reproduction of culture and its inherent power relations. The communication theory of Co-ordinated Management of Meaning (Oliver, 2004; Pearce, 2002) is useful in demonstrating change or no change. Those upwards arrows of implicative force are shockingly powerful. Implicative forces propel us into exposing hidden taken-for-granted values influencing our everyday lenses or narratives and show us we can change how we think and what we do.

In the diagram, *Rupturing Cultural Homeostasis* (see Figure 3), I describe a strange loop and a charmed loop (Oliver, 2004) that can occur when we face change in response to ruptures. The charmed loop shows an adaptive stance to disruption. The new becomes the normal. The strange loop shows a response intending to restore that which was previously normal.

The strange loop is not simply a behavioural pattern. It is guided by ideas operating at a higher level of abstraction and shows the power of narratives in action. These narratives are culturally situated and live on through the actions of humans rather than in them as isolated ideas. Discourses are only as powerful as the context and participants allow, but the structures they create to reinforce a dominant discourse become a means of control which open or close possibilities.

**Figure 3**



### *Left column*

*Position 1.* Our trainings have been designed with care and hard-earned knowledge. We are *clear* what constitutes quality in theory, in writing, in practice.

*Position 2.* Something happens as a response to *no change*. Something expected or unexpected. It could be a single episode of a cluster of similar or unrelated episodes, local or global.

*Position 3.* The ethical response to the disruption(s) is to make changes to training or practice so as to respond to shifting contexts opening possibilities for new cultural practice.

*Upward arrows left column.* This is a place where choice occurs. We can embrace a new normal that this is what systemic training / practice looks like now in which change is part of the culture. This is shown by the upwards dotted line and is a charmed loop. The other choice is to make and then disrupt change by returning to what was previously in play. This results in a strange loop when disruption occurs and the cycle of struggle to accept change following disruption continues despite people's best attempts to make changes.

### *Right column*

*Position 4.* Our trainings have been designed with care and hard-earned knowledge. We are *no longer clear* what constitutes quality in theory, in writing, in practice.

*Position 5.* Something happens as a response to *change*. Something expected or unexpected. It could be a single episode of a cluster of similar or unrelated episodes, local or global.

*Position 6.* This response to a request for change is driven by worry not to lose that which is already known and valuable, perhaps a fear of change in relations of power. It aims to return to a previous status quo closing possibilities for new cultural practice and a new balance of power.

*Upward arrow right to left.* This is the place where change has been abandoned in favour of embracing what was happening before the first episode of disruption. This does not simply restore traditional rituals but a dominant culture.

Ethical rupture is common in our professional communities, societies and workplaces, and often arises in response to frustration that reasoning in itself will not suffice and usual forms of communication have been ineffective. Structures, policies and traditions become powers higher than their members. The limits of common sense policies and tradition mask cultural values behind a veil of neutrality, innocence and narrative of benevolence. In the face of disruption, organisational responses can use benevolence as an intent and innocence as a strategy to profess not anticipating cultural isolation or cultural dissonance. In professional settings, it is not enough to not know what's going on or what to do. Disruption is often the result of intentional oversight of distress caused by the context. The use of the word "intentional" includes conscious and unconscious bias. That's hard to face but it is one of the most important matters in need of addressing. What counts as professional theory, or what we pay attention to in the news, or the worries at the top of our lists will be both a reflection of the cultural and political frames we have been schooled in (passive position) but also what each of us chooses to filter in or out (active position). Our ethical imperative is to act in new ways which extend our frames of reference in response to the contexts in play and question how come some disruptions appear as unexpected, unpredictable and unanticipated.

Disruption is often made worse by the defensive actions of those receiving the complaint: to blame the complainant; to pathologise the complainant; to present the circumstances for the mishap/misunderstandings; to offer mediation; to just listen to what has happened without taking further action. Another is to use the systemic explanation of there being too much difference when faced with substantive change. This is understandable as those in (white, heteronormative, cisgendered, neurotypical etc) power cannot always visualise how to open the door to change and prepare people to immerse themselves in living beyond their cultural frames of reference, for transcontextual living (Bateson, 2016) which will offer stability and commonality. Discomfort and joy are both inevitable parts of the deal.

### **Cultural Re-Construction**

Episodes of disruption are opportunities for reinforcing the existing culture or changing it. The commitment to practices which maintain or increase imbalances of power, by those few people or entities which consider themselves morally superior and entitled, can be thought of as colonisation: an attempt to ensure humans, creatures, and the material world are put to the service of the few. To reinforce this practice, dominant groups centre themselves as normal and degrade others not reflecting their own image. Non-human matter matters less than human materiality. By focusing on human systems alone, systemic therapists collude with an anthropocentric belief of firstly, human superiority over other life forms and secondly, in a separation between human and the material world. Systemic professionals are perfectly poised to elaborate on social construction by reframing social as inclusive of other life forms (Simon & Salter, 2019), to work with relationality between humans, humans and non-human, and embrace the possibilities through *transmaterial worlding* (Simon & Salter, 2019).

In addition, there are two areas of structural prejudice specific to human life which need challenging in and by the psychotherapies - and across other professions, and society at large - and they are the insidious activities of *colonising* and *pathologising*. *Colonisation* is a system of controlling communities of people perceived as different, and therefore inferior, from those doing the colonising, and *pathologisation* is a method of controlling and punishing individuals whose difference is a threat to the *stasis* of the culture a dominant group. Both manifest in material and discursive forms ranging from self-deprecation or themed criticism to social exclusion, violence or murder. Most systemic therapists are committed to challenging prejudice but it shows up in subtle ways and is woven so tightly into the fabric of any dominant culture's everyday ways of speaking, thinking and doing that we don't always recognise our part in the reproduction of prejudice. How can we recognise what Sylvia Wynter (2006) called our "culturally encoded" ways of thinking and seeing each other? Wynter, a historian and Black woman professor, a contemporary of Maturana and Varela, was a pioneering constructivist and early social constructionist. She traced the origins of the concept of what it has come to mean to be human. In this posthuman era, her theory offers systemic trainings important critical thinking for addressing the politics of being constructed as human (Wynter, 1994). Wynter suggested if we accept that epistemology gives us principles and rules, we get trapped in a knowledge system that fails to notice how we are narratively constructed. As a systemic community, we need to review our own history and consider, for example, whose voices have been heard; we have a duty to revisit the construction of Sylvia Wynter and other Black academics as lesser humans through their omission from systemic reading lists.

At an online symposium for “Making Therapy and Supervision Trainings Relevant” in March 2021 for UK and European family therapy training institutes, participants discussed how systemic therapy training programmes can go through a process of decolonisation, depathologisation and become culturally relevant. The commitment included the commitment to hold in view whole systems, to move back and forth across time and review which people have been heard, which people not yet been heard, which people were never invited. The aim is to achieve systemic change across all levels of an organisation, community, and trainings; not simply extend a reading list or employ diverse staff and expect them to reflect existing cultural normativity. The working definition of *cultural relevance* includes the domains of course culture, course theory and therapeutic practice so that i) students from all backgrounds and identities feel they can be their culturally situated selves and bring their community membership and history into their learning groups and into the practice of therapy or supervision; ii) the reading and watching lists offer materials which reflect the contribution of Black, Brown, autistic, sexuality and gender queer, disabled, carer people and people from other marginalised and oppressed groups be they professionals, other academics, or artists previously omitted from who and what counts as worthy knowledge and contributors; iii) therapeutic and supervisory systemic practice grows through honouring culturally situated and indigenous knowledge, knowing and know-how of all students, service users and staff.

A degree of shift in the culture of our programmes and in the way we deliver therapy is unlikely to come out of a top-down process, nor following a consultation process designed and hosted by those holding the reins or the purse strings or from a dominant cultural group. It will be a difficult process for organisations and individuals but we cannot afford to be compromised by fear of change. We can all be part of growing a future together even though we are likely to feel our worlds are changing. Well, our worlds are changing anyway, always have, in and beyond our control.

What we might aim for is a systemic practice in which we exit from closed systems to a more open, self-aware landscape with accommodation for new ways of seeing, doing and knowing; in which all people are seen as equals but that we hold an awareness that many live with current or historical personal or community persecution. In order for this process to be successful, we must stumble as we bump up against our forgetfulness, ignorance, or denial. A paper I have found offers the most far reaching and helpful critical explanation of encountering and responding to prejudice is Wanda Pillow’s (2019b) “Epistemic Witnessing: Theoretical Responsibilities, Decolonial Attitude and Lenticular Futures”. In it, Pillow argues that “revisiting ‘obligations of witnessing’ requires rethinking research at onto epistemological levels”. As Lather (2016) states, in ontological turns “we face the nature of our responsibility as more difficult than we ever imagined” (Pillow, 2019b, p. 119, 120). The same can be said for any form of professional practice and everyday interfaces with people and place, “crossing past–present–futures – witnessed and recorded in one time, referencing a past, while encountered and re-read in futures” (Pillow, 2019b, p. 121).

Pillow proposes *reparative reading* as “theoretical praxis” (2019b, p. 128), in terms of content but also in attitude. She asks, “how might we read differently as responsible theoretical praxis?” (Pillow, 2019b, p. 126). Pillow describes *epistemic witnessing* as purposeful “witnessing that supplies knowing but allows multiple readings, multiple re-readings creating archives of data for past–present–futures” (p. 130), and goes on to say it “forefronts a responsibility to ‘cross reference’ as reparative praxis toward witnessing otherwise” (p. 124).

## Stumbling Into This New World: *Stolpersteine*

The concept of a stumbling block, *Stolpersteine*, is a term borrowed from a post-holocaust project in Germany (Demnig, 2003) in which metal blocks with names and dates inscribed are inserted into pavements outside the homes of Jewish people, disabled people, autistic people, Romany people, gay and lesbian people, people of colour murdered in the 1939-45 European holocaust. But the word, stumbling block is intended to do more than commemorate. It is a conceptual intervention to keep consciousness alive.

As part of our commitment to undoing prejudice in systemic therapy and training, we can use the term *Stolpersteine* or *stumbling block* to hold three objectives: firstly, to notice and challenge our clumsiness, our *Stolpersteine*, when we trip over our own prejudicial thoughts and actions; secondly, to remember that each individual is a member of communities which may have experienced persecution; and thirdly, to critique the tendency to see others as stumbling blocks which can be used to create and problematise “the other”.

## Conclusion

The point of this paper has been to create some theoretical context to invite reflection on how we are moving as professional community or communities through this explosive nexus of entangled challenges in an era of *panmorphic crisis*. Ruptures are not simply to be survived. This era of *panmorphic crisis* has revealed many inequalities, has witnessed systematic loss of life across some communities more than others and shown us that human systems are now transmaterial systems (Simon & Salter, 2019).

Perhaps this is an era of learning from and with people. Organisations wanting to be more adventurous will establish working groups to make changes in the organisations. This is different from consultation exercises which may be genuine in intent but naïve in how to achieve real systemic change. How do we create working groups with clients, trainees, tutors? How do we ask what the optimum conditions might be for such groups? How do we create options for people to speak with other people who connect with their community membership? How do we set up programmes which are led by conversational artistry over technique led approaches? How do we create the conditions for people bring their community situated selves into their trainings? We know it’s not just a matter of opening the door or sending out a Zoom link. How do we share these responsibilities without burdening others or having them feel objectified? How do we become carbon neutral organisations and practitioners?

This *panmorphic crisis* continues to change expectations of how we can live our lives, how we receive or deliver services, what rights we should expect, how we become more than we have been told can limit us. This raises many questions for communities of practice which have decisions to make about relevance of content and delivery. I am going to end this paper by using that special systemic privilege of asking some questions rather than attempting to answer them:

- How have the layers, zones, intersections or crossovers of these many crises affected the preferences and possibilities for consumers and deliverers in how collaborative work can take place?
- How does the pandemic requirement of social distancing affect the expectations of delivery of training and therapy from trainees, tutors, training organisations,

registering bodies and service users?

- How does the shift in consumerist culture to home delivery and communication through social media communication affect ideas about how therapy and training can be offered? And should that matter?
- How does the prevalence of gadgetry facilitate training and therapy?
- What are the security compromises?
- How can we address the end of privacy while maintaining our commitment to confidentiality?
- How can we resist the pull to "return to normal" and risk missing opportunities to review the basic structure and content of systemic trainings?
- How can we build on some of the radical history of systemic therapy and avoid reproducing inherent bias of the dominant cultures in which we live?
- How do we understand and challenge the limitations of systemic theory, practice and culture and let go of some things and hold on to others?
- How do we make our therapy and supervision trainings culturally relevant?
- How do we upturn the "welcome" culture to joint ownership and residency?
- How can we immerse ourselves in the perturbation to respond to the anger and fear about social injustice?
- How do we clear real space, not a couple of shelves, for theory, literature, real life talks, and more for the voices and learning of Black, Brown, Indigenous people, of queer and trans people, of autistic and learning disabled people, of older and younger people, of non-human material lifeforms, for example?
- How do we recognise the impact of hidden oppression, or of the colonisation of entire communities forced to subscribe to Anglo-American diets of language, culture and food?
- How do we re-organise policy, curricula, staff, power balances and imagery – and then go that extra mile or three to keep living, wide awake, through the lifelong personal discomfort that will be needed to recognise the subtleties of one's own prejudices?
- How do we teach or practice systemic therapy in carbon neutral ways?
- How can we use our whole environment for therapeutic or learning purposes?
- How can we use nature without falling back into normative biological discourses?
- What are the new boundaries that define and extend rather than restrict practice or learning?
- How do we address all of these matters when we are asked to address only some and forget others?

The systemic field has grown and changed over many decades. Theories have been critiqued, developed, side-lined, reified and forgotten. We are good at change and we can be good at further cultural change, profound stretching change: personally, in our teams, in our organisations.

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