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ORIGINAL ARTICLE

Positional responsibility in systemic-dialogical therapy

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Abstract

Responsibility is a dimension often overlooked in systemic and family therapy, possibly because of its connection with blame, especially toward victims of violence or abuse. Systemic-dialogical therapy, however, gives relevance to responsibility, in the form of positional responsibility; that is, the responsibility one may take regarding one's position in the relevant systems and contexts one is embedded in, and the ability to find one's place within them. To help clients in such efforts, therapists must, in turn, take responsibility for the development of the therapeutic process. The process of taking responsibility in therapy, therefore, is twofold: it concerns clients, of course, but it also involves the therapist. This article proposes a method for working on positional responsibility in clinical work, illustrating it with clinical examples.

KEYWORDS

ethical issues, systemic-dialogical therapy, therapeutic process, therapeutic responsibility

Nadia is 28.[1] Her job is managing a co-working space. In the evenings, she also writes anonymous articles for an online magazine. She works hard for little pay; however, she comes to therapy for a very different problem. She finds it difficult to build an enduring, satisfactory-enough relationship with a man and feels responsible for her own failures. Flora and Leo, 35 and 43, respectively, complain of a lack of sexual intimacy. She perceives him as always tired and listless, and he accuses her of never arousing his desire. They need appointments for therapy at impossible times, absorbed as they are by their unrelenting jobs. They accuse each other of being responsible for

Practitioner points

- Awareness of therapists' and clients' responsibility in the therapeutic process is a relevant task for all therapists.
- Therapists should distinguish between their own therapeutic—process—responsibility, and clients' positional responsibility in their own lives.
- Therapists should consider whether their clients take excessive responsibility for events they cannot control or whether they try to avoid their responsibilities toward others.

their problems, and hardly realise to what extent their own life rhythms and requirements impact on their sexuality.

These are just two examples among many. People today come to therapy with a new array of discomforts and sufferings. Precarious and discontinuous jobs, pervasive and exacting workplaces and the challenge of finding employment impact individual lives and family relationships. Work today is a problem for many clients, as is impermanence of relationships, with weak connections and frail ties. A general sense of bewilderment pervades. We have concluded that in these and other discontents of postmodern times (Bauman, 2000), taking—or not taking—responsibility is a crucial issue.

We wonder where all these novelties come from. Why is responsibility so important? And what should we do, as therapists, to respond to such requests? We looked for clues in fields previously unknown to us, such as social psychology, political economics, sociology and anthropology, and discovered an unexpected landscape.

1 | THE NEOLIBERAL SUBJECT

The world of today is dominated by the ideology and practices of what is defined as "neoliberalism" (Dardot & Laval, 2009/ 2013). Its foundation lies in competition, which is privileged in all areas of personal and social as well as economic life. This leads to the emergence of a new subject, the "neoliberal subject". She accepts a life dominated by risk (Beck, 1986). In order to survive, she must become flexible, ready to adapt to instability through relentless competition with all actors on the scene, and also to subject herself to unceasing evaluation, so that her performance can be compared to that of others.

Briefly, the neoliberal subject receives an unlimited array of requests, albeit without any (apparent) coercion. To answer them, she must evaluate both herself and others on economic terms: how can I exploit myself in order to get more? How can I exploit others? Everything becomes business. The borders between business and "not-business" get blurred and confused. Relationships end up being provisional due to the competitive nature of most interactions. Better to expect the worst from the other, developing weak attachments that can be substituted when necessary (Bauman, 2000). It is hard to imagine such a way of life as really satisfactory. At the same time, refusing it may mean to be cut off from work—and maybe life—possibilities. It is a tragic dilemma.

> "In other words, neoliberal rationality produces the subjects it needs, using means to govern them so they actually behave as entities in competition, that must maximise their results, exposing themselves to risk, and taking full responsibility for possible failures" (Dardot & Laval, 2009/ 2013, p. 421).

In this world view, it is taken for granted that anyone has sole responsibility for their own destiny. We have no right to consider any social agency such as the state, employers or any other organised force as responsible for what is happening to us. Christine, for example, is a university researcher, 26 years old. After years spent researching in Stockholm, she finally managed to get back home in Italy, under pressure from her boyfriend, who sternly refused to live abroad. Today, she works under a time-limited contract while her boyfriend is jobless after completing his PhD. She cannot help judging him for his lack of initiative. He wallows in his sadness. She feels he is unable to take responsibility for himself and, at the same time, she attributes the couple's problems to his indecision.

Philosopher Byung-Chul Han (2014) spoke of voluntary participation of the subject in her own submission. This generates a weariness that comes from the internalised obligation to maintain and increase one's performance: "[It] is a lonely weariness, that operates by separating and isolating .... Such weariness is a violence, because it destroys any union, any commonality, any proximity, even any language" (Han, 2010, pp. 66–67).

Because state welfare has been dramatically diminished in most countries, the family remains the only entity that provides both the source of reproduction of the human species and the place where we can find care and support. Its role, however, goes unrecognised, thus generating a social double bind. "This regime has ... recruited women into the paid workforce, and promoted state and corporate disinvestment from social welfare. Externalising carework onto families and communities, it has simultaneously diminished their capacity to perform it" (Fraser, 2016, p. 104).

The neoliberal condition we experience in the West is not identical in all societies. Asian countries, for example, are developing their own version of a modern economy, linked to neoliberalism in complex and sometimes unpredictable ways (Kyung-Sup et al., 2012). Responsibility in such societies certainly plays a very different role. As practising therapists, though, we can only describe the social and cultural landscape we live and work in, trying to single out and understand the changes we find both in our own and our clients' situations.

Such a landscape, in the end, influences therapists, too. We are subjected to the very same conditions of instability, lack of certainties, undermining of role and position and crisis of recognised and accepted knowledge that characterise the lives of our clients.

2 | POSITIONING AND RESPONSIBILITY

Paying attention to responsibility in therapy is in no way new. Several theorists have put it into the foreground in the past (see Gantt, 1994; McNamee & Gergen, 1999). Our therapeutic practice, however, makes us see it from a different perspective. Systemic-dialogical therapy is a model based on Milan systemic therapy (Bertrando, 2007) on one hand, and on developments in constructionist and dialogical approaches on the other. Despite sharing with them characteristics such as hypothetical knowledge, uncertainty, acceptance of clients' viewpoints and dialogical attitudes, it is characterised by its emphasis on the analysis of therapists' and clients' emotions, and the awareness of both the clients' and the therapists' position in systems and contexts. This overall process, particular to the model, is defined as "finding one's place" (Lini & Bertrando, 2020, p. 204).

When we realised the extent of the connections between responsibility and social changes, we felt that, by addressing this issue, we could make our therapy both more effective and a better fit to the present cultural climate.

2.1 | Passive positioning: individual responsibility

Steve is 23, with a BA in communication. After some uncomfortable experiences in a firm, he decided to take advantage of his skills on YouTube, via the use of platforms that allow him to sell his videos. At the same time, he subscribed to another platform that helps him to work as a photographer, another ability he developed at university. He has to stay up extremely late every evening in order to complete the videos he must upload and put online every day.

Steve cannot reflect on his position. He accepts the position that the context puts him into and, within that position, he feels fully responsible for his actions. Born subject to these rules, he cannot question them. For him, they are reality because the context of his life is shaped in such a way as to offer no alternatives. He can only do the best he can. As a "digital native", he does not even see the process and takes these harsh environmental conditions for granted. He feels—despite his fatigue, weariness, and anxiety about being able to complete all tasks by the end of the day—that he is free, creative and autonomous.

Is Steve free? He certainly is—to this extent, neoliberal apologists tell the truth. Is he completely free? He certainly is not—he is free only to move within a boundary. This is the neoliberal deception. We are put into a position we cannot escape, and must take responsibility without actually having the power to decide. In a word, Steve is positioned by the context, imprisoned by a thousand inescapable micropractices (Foucault, 1975/ 1977).

Actually, passive positioning is by no means a new condition. According to positioning theory (Van Langenhove & Harré, 1999), all of us position each other during our daily interaction. Contexts, too, position us. In times of "solid modernity", our position was mostly established by rigid hierarchies: the army would position us as executors of orders; the church, as subject to spiritual rules; the family, as affective agents. In the first instance, we were expected to obey orders; in the second, to conform to strict ethical prescriptions; and in the third, to feel affectionate and caring toward members of our family. In all cases, positioning entailed a strong performative drive. If we did not conform, we not only underwent social disapproval but we would easily feel guilty.

The present condition of "liquid modernity" (Bauman, 2000) led to a loosening of accepted social binds and chains of command. Passive positioning still exists, but it is acted out more subtly. Steve is not forced to do anything, yet he acts as if he were. The neoliberal practice of living makes most obligations and prohibitions implicit. Everyone may ideally do what they prefer; therefore, they are responsible for their actions. Actually, desire must be contained within narrow limits. We can do whatever we want, provided that the context is not put in doubt. Freedom is granted only within the imposition "You are responsible".

> "Consider, for instance, health risks .... It doesn't make any sense to suppose that liability in these circumstances can remain wholly with the collective, whether this be government or an insurance company. The active assumption of responsibility, as in attempts to reduce levels of smoking, becomes part of the very definition of risk situations and therefore the attribution of responsibility" (Giddens, 1999, p. 9).

This kind of individual responsibility produces both anxiety (of not being able to reach one's goals for the future) and guilt (of not having reached them in the past or present). A script thus emerges, in which we are implicitly, but forcefully, invited to participate—without discussing rules or criteria. These very rules, however, both make us responsible and make us wish to escape such responsibilities.

2.2 | Active positioning: finding one's place

An alternative option to passive positioning can be to discuss and review our position in the system. This would entail a different kind of responsibility: a positional responsibility. We think that, even before being responsible for what we do or do not do, we are responsible for the position we take.

How does positional responsibility differ from individual responsibility as it appears in public dominant discourse? First, it differs by avoiding overestimating our possibilities as individuals (Shotter & Katz, 1999). All of us have the possibility to act only within the limits posed by the systems we are embedded in, and by the contexts we inhabit. Understanding the shape of the context that we are in, together with our position within them, allows us to take the right level of responsibility toward tasks, obligations and requests contained within those contexts. This means we are responsible for the relationship we create, or, at least, for the way we stay in those relationships.

Contexts generate implicit codes that we tend to take for granted. Bauman (1993) contrasted "ethical code" with "moral responsibility". The first is the adherence to a set of rules posed by social agencies, and the second is a responsibility we take individually. In solid modernity, ethical codes prevailed. It was possible to appeal to an authority—a book, a teacher, a hierarchy—to justify one's actions, or to resort to a strong belonging—a structured group—that could take a collective responsibility, thus lifting the burden from the individual.

Adherence to a code makes us uncritical (Gergen, 1999), particularly if the ethical code is undeclared, and so impossible to discuss. The participants in Milgram's (1974) famous experiments, who believed they were administering electrical shocks to innocent victims out of mere obedience to authority, accepted a technical responsibility. They were trying to do what the authority was asking in the best way they could, according to established criteria which they embraced without doubts. This, Bauman (1989) said, is a formal description of Hannah Arendt's (1963) "banality of evil".

If the ethical code "strives to define 'proper' and 'improper' actions [and] sets for itself an ideal of churning out exhaustive and unambiguous definitions" (Bauman, 1993, p. 11), moral responsibility is based on "erratic and unreliable moral impulses" (Bauman, 1993, pp. 248–249), on emotional, rather than rational, factors. One can find it "in insubordination toward socially upheld principles, and in action openly defying social solidarity and consensus" (Bauman, 1989, pp. 177–178).

Moral responsibility, in other words, makes us consider, case by case, our relationships with others, and the consequences that our actions have upon them. We substitute a preoccupation with the future consequences (on others) of what we do—Max Weber's (1919/2004) "ethics of responsibility"—for an ethics based on a decontextualised adherence to "what is right"—Weber's "ethics of principles". We build such responsibility together. Nobody is fully responsible for a relationship, and nobody is fully exempt from responsibility either.

2.3 | Therapist's responsibility: outcome and process

Within the systemic field, therapists have often been considered directly responsible for the outcome of therapy (see Haley, 1986). We would rather consider the therapist as responsible only for the therapeutic process. She should act in such a way that clients are able to increase their awareness and agency. Process responsibility means to guarantee that, in our therapies, every moment is ethically as well as technically acceptable, and aimed at maximising the possibilities for clients to develop their own positions and take action in their lives.

If therapists guarantee a good-enough therapeutic process, clients have the biggest share of responsibility regarding the outcome, in terms of increased awareness, understanding of social context, disappearance of symptoms and solution of problems. They are responsible for their choices. However, the final result of therapy is uncontrollable, both by clients and therapists.

2.4 | Clients' responsibility: past and future

The meaning of responsibility also changes in relation to time. The emphasis may be either on the past ("I am responsible for what I have done") or the future ("I am responsible for what I am going to do"). Responsibility in the past implies facts that have already happened, and are therefore irretrievable. In this case, "I am responsible" means "I have acted well", or, more often, "I did it wrong". An internal dialectic, which concerns our relationship with and our judgement about ourselves, easily generates guilt: "What have I done?" "What haven't I done (and should have done)?" If it centres on others, it may easily produce blame (stigmatisation of the other) and a position of victim. If we feel ourselves to be the victims of others, we will blame them (Stratton, 2003). Responsibility in the present tends to be associated with yet another emotion: shame ("How do others judge what I am doing or not doing?"), or, if we feel ourselves to be in the right, its opposite: pride. Here, we create a community, actual or imaginary, that can judge our actions or even our personal worth. Such a judgement takes place in the present.

Of course, to find past or present responsibility can be important. In many cases, such as violence or abuse, it is absolutely necessary. In therapy, though, entering the interplay between guilt, blame and shame can be risky. We are mostly interested in responsibility toward the future: the responsibility for what we will do. Emotionally, this kind of responsibility may take the form of anxiety. "What should I do and how?, etc.". For the same reason, however, responsibility for the future gives back to people their own relational agency. Unlike past responsibility, future responsibility is on the verge of happening and therefore can always be changed. If the person takes responsibility for what she can do in the future, she also has the possibility to change.

3 | DISTORTIONS OF RESPONSIBILITY

Sometimes, the process of taking responsibility may lead to distortions. They emerge when responsibilities are avoided or, on the contrary, are taken on excessively. We provisionally distinguish four varieties: *undue responsibility*, *sacrifice*, *shifting responsibility*, and *victim poisition*.

3.1 | Undue responsibility ("I'm responsible for what I can't control")

As described earlier, we have seen several instances of this kind such as when people take on work responsibilities which go beyond what is necessary. This process is definitely fuelled by neoliberal practices.

Maria is a 35-year-old chef. She is quite successful in her job, but she is apparently unable to enjoy her achievements. She feels responsible for anything that happens not only in her kitchen but in the whole restaurant, believing she has to amend any shortcomings, to the point of bringing her own cooking devices from home when the restaurant's ones are broken. She is unable to negotiate with the owners, and, at the same time, is asking too much from her colleagues. Everybody, in her view, should participate in the enterprise as she does. Her anxiety often becomes unbearable, and it affects her relationships both with her colleagues and her partner.

3.2 | Sacrifice ("I'm wholly responsible for somebody else's well being")

In this case, the person takes responsibility not only for the consequences of her own actions but also for the happiness of others, even when it entails events not concerning her in any way. Such a dynamic is easily associated with guilt. Sacrifice, in extreme cases, becomes a pathology of responsibility: I sacrifice myself, I even become a scapegoat, and by so doing I take upon myself all responsibilities within the relationship. Sacrifice relieves others of their responsibilities, and thus makes the relationship unbalanced.

Lisa is a 30-year-old biological researcher. She migrated from Italy to France after her graduation because her country did not offer good possibilities in her field. Afterwards, she transferred to Switzerland to follow her Geneva-born boyfriend, who left her soon after finding a job. Now Lisa is deeply despondent. She feels betrayed, thinking "after all I did for him". They probably got together, she says, because they were both alone and precarious in a strange land. Gradually, she became his supporter, to the point of sacrificing a very good position in order to follow him to his homeland. The end of his existential precariousness was also the end of their couple relationship. Reflecting on this, Lisa realises that this attitude first played out in her relationship with her own mother, whose unhappiness she always felt responsible for. It was also through her mother's sacrifice that she was able to study. Such a tangle of sacrifices makes her life burdensome and almost devoid of joy.

3.3 | Shifting responsibility ("It's not up to me")

This is the basic form of irresponsibility. It entails a refusal to acknowledge one's personal responsibilities. Sometimes it takes the form of blame (onto others), which is a complete devolution of responsibility. Other people, or my parents, or society at large are responsible for my distress or even my hurting others. On other occasions, it appears in the form of a symptom, because a symptom is, by definition, something we are not responsible for.

Alice, 40, is unemployed after an impairing car accident that triggered a depressive phase, and this is accompanied by a loss of self-confidence, anxiety and panic attacks. She arrives at the session after missing a lesson of the professional course she is attending because she feared a panic attack, which makes her feel a total, hopeless failure. Therapist and client reflect on how

she ended up missing her lesson: is it possible she simply did not wish to go? If she tells herself she cannot, she does not face the responsibility of choosing; instead, she is passive. If she tells herself she does not want to go, she takes responsibility, which is harder, but makes her in charge of her own decision. Of course, if she is choosing, she must take the neoliberal blame for her lack of will. This is not easy for her. After the session, she has a violent panic attack, and misses the two following therapy appointments. Afterwards, the therapist must find a way to get her out of her guilt.

3.4 | Victim position ("Somebody else is responsible for my troubles")

When taking responsibility is too painful, one may unwittingly choose the position of a victim (Giglioli, 2014). To be a victim is the opposite of being responsible. Of course, we do not deny that there are real victims, many of whom we find in our daily practice. The woman subjected to domestic violence and the abused child are obviously victims, and we must consider them as such. But if we see ourselves only as victims, and we show others just that side of us, our very identity ends up being founded on our passivity, on what made us victims in the first place, rather than on our ability to hold an active position in our lives.

In this way, we identify a part with the whole (Lini & Bertrando, 2020): "Victims are victims because they are helpless" (Giglioli, 2014, p. 89). As victims, we can only be victimised or saved by somebody else, thus assuming a wholly passive role. The therapeutic issue is how we can help our clients to escape such perverse dualism, where they are either responsible for everything or (irresponsible) victims.

Danny, a 40-year-old employee, seeks therapy after separating from his partner, Beth, who he decided to leave due to her "impossible" demands. Since that moment, Beth has made it hard for him to meet their 2-year-old daughter, accusing him unrelentingly for the failure of their relationship, and creating unceasing obstacles to father–daughter encounters. Danny is furious with Beth. He states he is the victim of her abandonment, and he is now vexed by her. And he appears truly surprised when the therapist reminds him that he was the one who decided on separation. With this reminder, he is now ready to discuss his role as a father and his actual responsibilities for the evolution of family relationships.

4 | DIANA'S RESPONSIBILITIES

Dealing with responsibility during the therapeutic process requires the therapist to engage in complex and painstaking work. In our practice, this means to follow a series of steps that, albeit not being rigidly sequenced, tend to remain constant. We will try to illustrate them through a clinical example. It is just a fragment from a single session, but it can give a sense of the procedure.

During Christmas holidays, it is easy to detect the re-emergence of implicit family rules and prescriptions that exert a powerful prescriptive force on all family members. This is what Diana is referring to when she comes back to therapy after the Christmas pause, stating "I hate Christmas!" and showing clear signs of sadness and frustration. It is natural, for the therapist, to ask why. Diana is a professional woman, age 40, and divorced, with two sons ages 12 and 10 and a fledgling relationship with a new partner. Christmas generates for her an abundance of contradictions. Her parents and brother ask her to be present at the family dinner, as she has always been; her sons—together with her former husband—wish to see a temporary reunion of the original nuclear family, and her new

partner, in such a configuration, feels left alone. The families of her sons' friends also appear to claim her presence during Christmas holidays, or so she feels.

"And the fact is, everything went really well!" She says on the verge of tears. "Yet, I can't be happy, I feel horrible, I'm distressed for no reason!" Although it may appear a completely unimportant event, this (successful) Christmas seems to undermine all the well-being she has laboriously achieved after two years of separation.

Focusing on facts seems useless. Diana appears well aware of both the facts and their value. So the therapist focuses on emotions. In the beginning, Diana just repeats that she feels bad, while the therapist cooperates by pointing out the sadness she perceives in her. The dialogue slowly brings forth the many emotions that surround the nucleus of sadness: anguish, nostalgia, melancholy, shame, restlessness and fatigue. Reflecting on the sense of those emotions within her family of origin, her couple relationships and other relations, Diana describes a recurring pattern: "Everybody considers me as the provider of welcoming, of care, of dedication. Everybody, my parents, my ex-husband, my sons, my friends, my partner ... and Christmas worsens everything. I become the vestal virgin of the feasts."

She describes the small apartment where she went to live after her divorce. For Christmas it was cosy and decorated, "like a mountain chalet". She prepared presents and Christmas cards for everybody, organised dinners and cocktails, up to the climax of the big dinner, where her parents, brother, sons, and ex-husband all gathered to celebrate. "Did you feel good at this dinner?" the therapist asks. "No! I was where I didn't want to be, and I wasn't with the person I wanted to be with. I would have felt guilty if I hadn't done it, and I still felt guilty after doing it. I guess I was raised to be always loving and caring."

While the dialogue helps her to give meaning to the jumble of emotions she brought to therapy, Diana begins to position herself: she notices that she allows (induces?) others to hold very definite expectations toward her: "Everybody thinks I like to take care of others without expecting anything in exchange." She realises, in other words, that she holds at least some responsibility for her position within the systems of her intimacy. The therapist can now point out how the roles she accepts contradict each other. She takes pride in being an independent, working woman—and her job is necessary to safeguard her own and her children's well-being. At the same time, she feels a strong, gendered pressure toward the care of the (mostly male) members of her extended family. The therapist proposes that these contradictions may be deeply connected with two conflicting ethical codes: the patriarchal and the neoliberal. Being a working woman has always been important to Diana, but this is also true for being a good mother, a good caregiver, a good wife or partner and so on.

Now the issue is how she can change, if possible. During the session, Diana experiences another emotion, which beforehand was completely tacit: her anger toward the others. She wonders whether she is entitled to ask everybody why they cannot see her for who she feels she is, why they go on behaving as if she has no needs of her own. "Most of all," she muses, "why are they all thinking I must be the grown up, responsible one? Why do they expect it? Even my mother insists on telling me I must act mature!"

As yet, Diana has no solutions to her problems, but at least she has attained some awareness. She must be the one to state her position to the others, including her dearest ones. She must set some limits. It cannot be an all-or-nothing process—she cannot simply forget the customary rites and roles of her life—but she can find, step by step, by trial and error, a way to stand up for herself.

4.1 | Practice of responsibility

We will now try to follow the steps that the therapist had to take to bring forth the implicit dynamics of the session, and help Diana in the process of taking positional responsibility.

4.1.1 | Emotionality

The therapist gets to work, first focusing on the emotions that appear in Diana's immediate presentation. Some of them are obvious (dominant emotions), and others are hidden and implicit (tacit emotions; Bertrando, 2015). In our model, the therapist must be sensitive to them. In Diana's case, the therapist senses, beyond her evident feeling of discouragement and humiliation, some hidden and ill-defined anger that Diana is not aware of, although she appears to be strongly influenced by it. The therapist tries to give names to emotions to help Diana process them.

4.1.2 | Emotional information

Now the therapist widens her horizon, looking at relational networks. She connects Diana's immediate feeling to her own and others' positions within the complicated relational tangle she is embedded in. Diana reports that she feels bad, but she still stays there. The therapist tries to help her discover the sense all this makes for her. This leads her to consider both her proximal and wider environment, as well as the culture she and the therapist are embedded in. Her emotions here have the function of guiding an investigation concerning the whole field of her experience. What is the meaning of work for her, what is the meaning of care, why care (of her family) is so important, and what are her role models within and beyond the family?

4.1.3 | Finding one's place

As the session unfolds, the therapist tries to help Diana move from a passively accepting position toward finding her place (Lini & Bertrando, 2020). Finding one's place means to get to a balance between emotional and cognitive levels; that is, to shift from a mere acknowledgment of one's emotions to a positional awareness of them. Diana, thus, is progressively able to give meaning to her emotions by working on her position in the family system. This also encourages her to wonder how she positions herself with regard to traditional family values, on one hand, and on the other, the affections she has for the members of her family of origin, and of her past nuclear family. She can now question her passive position that made her accept the individual responsibilities that the family rules put on her. She has been inducted by others or perhaps by herself to accept a traditional gender role (patriarchal values), and, at the same time, a relevant working role (neoliberal values). Such roles take their toll on her, but she is driven to fulfil them both. She is passively positioned, yet her responsibilities are doubled. She actively embraces a sacrificial distortion of responsibility, but also loathes it. Her ambivalence toward both old and new roles was one of the reasons she initially sought therapy.

4.1.4 | Taking positional responsibility

Now the therapist can work on positional responsibility. Like many of the clients we have reviewed in the previous pages, Diana is not responsible for the position she is put in, by her family members and by social and cultural rules, but she is responsible for the position she takes in regard to them. The therapeutic process brings this to her awareness, and therefore enables the taking of responsibility for her positioning. Thus, the position that Diana felt as a necessity, an embedded obligation, a mere "being like this", begins to be conceived as her own choice—albeit dictated and favoured by a series of embedded social codes and cultural rules, such as the ones regarding a woman's role in a family. In our view, we always choose; even when we do not choose, we choose not to choose. Diana, after giving a new meaning to the obligations that she feels, can decide either to change or to stay where she is, but with a different feeling and a different meaning.

5 | CONCLUDING REMARKS

Briefly, our approach entails a responsibility accepted by both therapists and clients as a free choice rather than tied to a rigid code; a relational responsibility, centred on the care of relationships rather than internal rules; a positional responsibility, with awareness of one's position in the context; a responsibility directed to the future because we consider it necessary to take responsibility for our past choices, but at the same time, we project responsibility to the future choice of possible actions.

Positional responsibility means to feel responsible toward any person within the systems we belong, and for the stance we take toward each of them. This awareness may also allow us to criticise the system, or what we find unsettling in it.

At present, we are beginning to focus on two new issues. The first regards shared responsibility in families, especially in the context of family therapy. In a family, for example, parents and children may disagree about the children's choices, yet share the idea that success, being "the first", is necessary, as dictated by the prevailing cultural climate. One of the children may refrain from studying, and at the same time remain extremely competitive in sports or social occasions. In such cases, the therapist should try to understand the existence of shared family codes, such as the necessity to compete and prevail, the extent of their similarity to wider social codes, the adherence or deviations from them on the part of individual family members, and so on. The second crucial issue regards the dilemmas faced by therapists as they position themselves in relation to responsibility for the evolving therapeutic narrative. These are the sides of our work that we are currently trying to develop.

ETHICAL APPROVAL

The authors declare that they obtained informed consent to publication from all patients involved in the case described. Any personal information that could make patients recognisable by readers have been substantially modified.

CONFLICT OF INTEREST

The authors state the absence of any conflict of interest.

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ENDNOTE

[1] All cases presented in the text are 'composite' cases that contain material drawn from a number of different cases, with the exception of 'Diana's' case, which comes from a specific clinical situation. We obtained from the client written permission for the use of this material, and have disguised all names and identifying details in order to make the actual situation unrecognisable.

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