What Can a Therapist's Body Do?

An Exploration of Mimetic Events in Systemic Therapeutic Practice.

"We do not even know of what a body is capable" (Deleuze, 1968, p. 253).

Federico Albertini

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Tavistock and Portman NHS Foundation Trust

University of Essex

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Abstract: My inquiry departs from the philosophical provocations of Spinoza as discussed by Deleuze—specifically Deleuze's oral Spinoza—and from the practice of systemic therapy, where my personal interest in the therapist's body has found no fertile ground, remaining instead the "pink elephant in the therapy room." Through the affective methodology of mapping my sensations, I traced a cartography of events in which the therapist most actively engaged the body within the therapy room. From this cartography of sensations, I came to "palpate[1]" the concept of mimesis. I developed a rhizomatic review in which I explored heterogeneous fields related to the concept of mimesis, wandering from the carnivalesque figure of Harlequin to the empirical studies of mirror neurons. To analyze the material emerging from the cartography of sensations, I drew on two different qualitative methodologies: Multimodal Conversation Analysis (MCA) and ethnography. These methodologies created in me different orientations: through MCA I developed categories of mimetic gestures, which I deepened using the analytical frameworks of the Cartesian plane and Benjamin's notion of immaterial similarity. I then shifted from a categorical to a more processual perspective by turning to the ethnography of specific mimetic events. From this ethnographic approach, attention emerged on what makes the mimetic process visible inside the therapy room. From here, a new type of knowledge became possible, allowing me to explore: asignifying attentionality, corresponding nature, and the doing–undergoing of mimetic gestures. In the discussion section, I consider how the concept of perturbation developed by the Centro Milanese di Terapia della Famiglia (CMTF) may have prevented the colonizing dimension of the mimetic process from being seen, and how instead the poietic dimension of mimesis can be highlighted. Reflectively, I also consider how my starting point as a white man may have hindered my ability to perceive the potentially colonizing aspect of mimesis. My inquiry concludes with the proposal of the conceptual figure of the mimetic therapist, which

[1] palpare derives etymologically from the Latin verb palpare, meaning to caress, to touch lightly with the hand, since palma is the flat of the hand. It is a profoundly materialist term, one that reveals how knowledge is not a cognitive act of representation but a direct con-tact (again, touch!)—an engagement with the material itself.

situates systemic therapy as a political practice of embodied participation in the relationship with the other.

Part 1: introduction

1.1 Where do I begin from?

Ahmed in her article about the phenomenology of whiteness (2017) has considerably underlined the orienting constrains of the points of departure we take. Following Mignolo's critique toward a zero-point epistemology (2010), in other words, a critique toward the impossibility of a neutral, theoretical-free, and cultural-free point from which the world (in this case inquiry) unfolds, I want to begin my research by discussing the starting points of my doctoral project. I assume it is vital to do so, because points of departure encompass the directions we may take and the orientations that follow from such starting points: what is reachable (researchable) and not for a research project is shaped by its starting points. So where does my research start from? From 2017 to 2020 I have been trained at the Milan Center for Family Therapy[2] (CMTF) and such an experience has impacted on me both personally (ontologically speaking) and theoretically (epistemologically speaking). In presenting the various sites of departure that have contributed to the development of this thesis, I refer to the concept of the plateau as articulated by Deleuze and Guattari (1988). The two French philosophers borrow the term from the anthropologist and systems theorist Gregory Bateson (1972, p. 112). In French, plateau denotes a "flat area" or "level surface,". It is defined by Deleuze and Guattari as "a continuous, self-vibrating region of intensities whose development avoids any orientation toward a culmination or external end" (orgasmic) (1988, p.22). A plateau thus designates a space that sustains a consistent level of intensity without ever reaching a climactic point. The metaphor of the plateau enables me to maintain an anti-hierarchical disposition: no site of departure is privileged over the others, none arrives at a final (orgasmic) intensity. Instead, they remain interconnected, open to being read in a

[2] The Milan Center for Family Therapy (CMTF), founded by Luigi Boscolo and Gianfranco Cecchin, functions both as a private clinical institution and as a training institute in systemic psychotherapy. Its main premises are located in the city center of Milan, at Via Leopardi 19. Widely recognized for its significant impact on the systemic field, the school draws on systems theory and cybernetics as its primary theoretical foundations. Gregory Bateson (1904–1980) made a crucial contribution, and his intellectual legacy has been fundamental in shaping and advancing the epistemological framework of the Milan approach.

non-linear manner. I have identified four plateaus that constitute the foundations of my reflection. Each of them marks a different level of experience and thought, while remaining interconnected within a systemic vision:

Clinical Plateaux “The body as guarantor”: I have always considered the body more ethical and whole than the word. The phrase “the body does not lie3” often resonates in my mind, as if to describe how, while words can deceive and be deceitful, this is not possible with the body. The body is ethically more integral because it is more immediate in its manifestations. The body escapes the control of the mind; it resists being governed. In a way, it fights for its freedom, and we can see this in various symptoms such as eating disorders or anxiety disorders. Perhaps my body ultimately bears witness to a certain degree of suspicion and hesitation I harbor toward others, and even more so toward their words. Perhaps, between the lines, a kind of relational pessimism emerges here—one I now wonder where it may come from: if the body does not lie, then the word is potentially deceitful. It is as if I am inhabited by a sort of art of suspicion, where the incongruence between saying and doing, between promising and keeping a promise, is not so much an expectation as it is a hypothesis that must be falsified. And in this process of falsification, the role of the body is that of a Guarantor. If I also feel it with my body, then in this relationship with you there is something that may—or may not—be worth exploring further. In the therapy room, my body signals to me what is happening within the very relationship with the patient: there are times when my body is comfortable, finds its position, is relaxed. At other times, it is tense, sweating, rigid. It indicates the discomfort I am experiencing in being in this situated relationship. It is perhaps something like the litmus test of how I feel inside the relationship with a particular patient. At times it sweats, the heart races, it becomes highly activated: usually this happens when it senses that the session is about to take a complex turn, difficult to handle both for me and for the client. What can my body do then? It can produce a myriad of gestures: it can

[3] In Italian, the word “mente” can mean both mind and the verb to lie (from mentire). Therefore, the phrase “il corpo non mente” plays on this ambiguity: it means both “the body does not lie” and also carries the suggestion that “the body is not the mind.”

caress, embrace, imitate, rise from the chair and walk, become tense or relaxed, blush or grow angry. It can touch an object or remain still, immobile. I am fascinated by the complexity of the gestures it can produce, and perhaps I am even more fascinated by their immediacy and unpredictability. I feel that my body is a guide in shaping my relationship with the other, one that eludes and resists thought.

Theoretical Plateaux “The tyranny of language”: It is embodied within my bodily experience, a paradoxical aversion against language: I assume that language has been endowed in social sciences in general, and systemic psychotherapy does not represent an exception, with an implicit, silent, and capturing tyrannic power that has silenced and disciplined the bodies, their lived experiences as well as their productive power. I define such an aversion paradoxical cause without language it would not be possible for me to reflect, explain and challenge it; it is paradoxical because the object of my critique is exactly the means itself though which such a critique is possible. During my first year at the CMTF, while reading Paradox and Counterparadox: A new model in the therapy of the family in schizophrenic transaction (Selvini Palazzoli, et al.,1978) I have come across the following quote from Shands (1971)

> Since language demands subject and predicate, actor and acted upon, in many different combinations and permutations, we conclude that this is the structure of the world. But we soon learn, in any delicate and complicated context, that we cannot find such a concretely defined order except by imposing it, and we thereafter operate by setting a limit in the middle of a continuous variation which makes the distinction between «hypo» and «hyper», between «normal» and «abnormal», between «black and white. (p. 32)

This quote has profoundly influenced my training, both intellectually and affectively. If it is true that rational thought is expressed and formed in language, then language itself presupposes a linear organisation — subject, predicate, and object — a sort of cause-and-effect model. Through such a structure, we express the world in a linear manner, whereas in reality, as Bateson (1972, p. 449) notes, it is circular. In other words, we encounter a dichotomy between the linear world of language, through

which human beings communicate, and the circular world of the living in which we are immersed. The authors Selvini-Palazzoli et al. (1978, p. 48) even suggest that the human being is caught in an 'incompatibility between two primary systems': the circular, dynamic world of the living and the linear, static world of the symbolic. The cultural consequence of privileging language and its representational logic, together with an over-reliance on sight, has been the establishment of a framework of mind's supremacy over the body — the conscious purpose moves the body, which is relegated to a mere function of the mind. In my view, this omission of the body within the systemic therapy paradigm must be critically addressed and overcome.

Embodied Plateaux "The affective body": I am fond of what May terms "The Holy Trinity" (2005, p.26) of an ontology of difference; such a passion comes from my intellectual and personal relationship developed first at the University while studying clinical psychology and then at the CMTF with a person (P.B.) I might define my mentor, not a usual one: a non-disciplined, ever-challenging the psychology status quo and methods, found of Deleuze-Guattarian philosophy. This affective-nurturing relationship becomes important in the development of my research interests about bodies. Indeed, Spinoza's affect theory, as discussed by Deleuze at Saint Vincennes's university (1980/2007), has become the other starting point I shall discuss in brief: The body Spinoza is referring to is a constant process of composition defined by its capacity of being affected and affect other bodies. Challenging the dichotomy between mind and body Spinoza writes that "the object of the idea constituting the human mind is the body, or a certain mode of extension which actually exists, and nothing else" (1677/2002, Part II, Prop. 13). According to Spinoza, at least the Deleuzian-Spinoza I am referring to, affect do not encompass a representational logic as language does (1980/2007). Affect and affection are the primary dynamics of the occursus4: affection refers to the immediate (non-mediated) effect that an "image" has on a specific body. Every affection according to Spinoza

[4] When Deleuze (1980/2007) discusses at Saint Vincennes University the Spinozian concepts of affection and affectus, he quotes directly from Spinoza the term "occursus" (p. 51). Occursus is a term which derives from the Latin verb Occurrere, meaning coming across, meeting fortuitously something or someone.

(1677/2002) implicates a transition from one state to another that he names “affectus”. Thus, whereas Affectus is the transition lived by a specific body from state A’ to state A’’, affection is the body’s state at a given instant as it undergoes the action of another body.

Experiential Plateau: The Therapeutic Encounter

In a certain way, some starting points of this inquiry can be found—or perhaps better said, palpated—in the encounter with two young women, unknown to each other, who were both passing through, or had already passed through, that place. That place is a transitional, dark, and obscure space, where they met a traveling companion that, in the language of psychology, is called anorexia. I met Giovanna at a time when this companion was intensely present, to the point that doctors in a Milan hospital had forced her to use a nasogastric tube to feed her body. Stella, on the other hand, had underestimated and even denied the presence of this companion, until she was no longer aware of it at all. One day, seeing Stella’s physical condition and knowing about her therapeutic journey, I decided to share with her an article written with two colleagues about Giovanna. In that article, we analysed in depth an event that occurred during Giovanna’s first therapy session at the CMTF. The two therapists were faced with this small, combative girl, very reluctant to answer their questions. After a series of unanswered attempts, one of the therapists decided to rise from his chair, move closer to the patient, and begin to touch her and the nasogastric tube—not intrusively, but with the intention of understanding how that medical device worked and how the girl was experiencing such a coercive situation. From this scene, the idea flashed in my mind: to pay greater attention to the ways in which the therapist uses his body outside of language. After reading this article, Stella decided to share how important the use of the body had been in her own therapeutic process. She told me that, whenever she had to face very difficult issues in therapy, she would place her legs in contact with those of her therapist, in order to feel his closeness and find the strength to go through such difficult matters. In Stella’s words:

"When there is something that makes me feel uncomfortable during the meeting, but I want to keep it hidden, I remove the foot contact from the psychologist. He has understood it by now and, without the need for words, understands that something is wrong. Having someone close is proof that you are not alone; having someone close is a chance to halve the burden of something; having someone close is a chance to share. Some things are too strong to shout. From an early age, when we are around people and have to say something that we are not sure we can say or are ashamed of, we approach our parent's ear. The same applies here. Contact, on certain occasions, is indispensable. Think of when one is overthinking: if a person speaks to us, we do not even hear them. The same thing happens when a negative memory takes over. How can we be brought back to reality? The contact and closeness of the psychologist makes you realise that, if you want, there is a person willing to really help you, to be there, to support you."

These clinical encounters further strengthened my determination to study the role of the body within systemic therapy.

It is likely that there are other sites of departure that have contributed to the production of this inquiry, though I find it difficult to discern them at present. For the time being, I value having identified these four. I am inclined to think that, over the course of this inquiry, the initial plateaus have themselves been transformed, and that new ones have been added or brought into being.

1.2 The Body (of the therapist) in Systemic Psychotherapy: A Pink[5] Elephant in the Therapy Room?

At the heart of this inquiry is my body and that of therapists. The research question animating this thesis is: What can the therapist's body do? (Deleuze, 1980) I wish to begin this section by asking whether, within the systemic panorama, the therapist's body might be a kind of "pink elephant" in the

[5] I described the therapist's body as a "pink elephant" in the therapy room, only later realizing that the "pink" element was my own invention. This led me to reflect on why this colour had appeared. Pink is strongly associated with genderization processes, and its emergence may be linked to my concurrent training in clinical sexology, where gender and colour symbolism were extensively problematized. Another association relates to my clinical use of the "pink elephant" experiment to illustrate the paradoxical effects of thought suppression, as described by Wegner's Ironic Process Theory (1994). While I cannot fully explain why the elephant is pink, this confusion itself is meaningful, as it highlights how clinical practice and research continuously intersect and inform one another, with metaphors from clinical work re-emerging within the research process.

therapy room—present and yet absent at the same time, taken for granted despite its material existence in the therapy space. Systemic Psychotherapy is an approach to therapy that views psychological issues within the context of relationships, social networks, and broader systems. Instead of focusing solely on the individual, systemic therapy considers the impact of family dynamics, social relationships, and cultural factors on a person's mental health and behavior. In an attempt to retrace its history, I follow the different "epistemological" periods that have characterized the history of systemic psychotherapy. My starting hypothesis is that these different epistemological periods have created different predispositions toward a real interest in the therapist's body. Systemic clinical practice begins within an epistemological landscape defined by first-order cybernetics, where a clear and distinct separation is assumed between therapist and family, between observer and observed. At the Mental Research Institute (MRI), a series of fundamental figures enter the scene for the development of systemic thought; founded in 1959 by Don Jackson with Satir (1972; 1983) and Riskin. Satir is important early for her attention to the "family body" (famigliare) more than to the individual body. Her clinical practice is based on family sculpting (1964), a practice in which she invited a member of the family group to position the other members in the therapy space to represent how they perceive relationships in terms of proximics or gaze (who looks at whom). Sometimes Satir herself intervened in these representations by participating in the construction of the sculpture. The body is central in this therapeutic approach, although the focus is not on the therapist's body but on the family's. Other fundamental names arrive at the MRI: Watzlawick, Haley, and Weakland. This is the period of research that will lead to the writing of Pragmatics of Human Communication (1967), a foundational text for a circular understanding of communication in which the body has a fundamental role as made explicit in both the second and the third axiom. It is a body, however, that is external, observed from the outside; research is conducted within a first-order cybernetic context: one does not speak of the researcher's or therapist's body, but of a well-distinguished body that participates in relational patterns. Here begins the period of so-called strategic therapies, in which we observe an early distancing from interest in the family body. For Haley (1963; 1969), for example,

human relationships are a struggle for power to decide who dictates the rules in the family system. Though the body carries relational symptom, it has no place in clinical practice except as a strategy to influence the power struggle taking place within the family system. Therapists are more interested in finding strategies to disarm power games. In the same years (’60s, mid-’60s) Minuchin appears on the family therapy scene at the Philadelphia Child Guidance Clinic together with Haley and Montalvo working with families from diverse social backgrounds; structural therapy takes shape (1974; 1981). In Minuchin there is attention to both the family body and the therapist’s body. The bodies of family members are understood as indicators of a family’s relational structure (as in Satir, 1972), but there is also attention to the therapist’s body itself: in his clinical practice Minuchin was very active and entered the “system” with his own body. It is he who describes the techniques of joining and enactments, where he uses the movements of his body to get closer to members of the family. The concept of mimesis appears in the world of family therapy here. For Minuchin, however, the body is subordinated to the therapist’s intentionality. He talks about “maneuvers” (p. 186). The therapist’s body in Minuchin is reduced to technique. Then emerges on the global stage of systemic therapy the Milan group, in the early 1970s, led by Mara Selvini-Palazzoli. Initially influenced by MRI (Watzlawick serving as supervisor), they reach the publication of Paradox and Counterparadox (1978), a text in which the therapist is a strategist who prescribes paradoxical interventions. Unlike Minuchin (1974; 1981) and Satir (1964), we see a renewed distancing from the importance of the body: therapy becomes a strategy, a cognitive problem-solving approach with paradoxical prescriptions. All the authors and currents I have presented thus far belong to a context of first-order cybernetics: even when the body is considered, as in Minuchin and Satir, it is either the family’s body or the therapist’s body as technical, detached from the family system. The observer is neutral, looking at the system from outside, without influencing it and without being influenced. It is the study of observed systems—so there is no need, then, to take one’s own body, that of the therapist, into consideration. It is in the 1970s and 1980s that we witness the passage from first to second cybernetics which will lead to the split in the Milan group; foundational texts are published such as Systems that

Observe by Von Foerster (1981), collecting essays that introduce the observer into the system, the works of Maturana and Varela such as Autopoiesis and Cognition: The Realization of the Living (1980) and The Tree of Knowledge: The Biological Roots of Human Understanding (1987). Second cybernetics and constructivism become synonymous. The Milan group, by then split, with the rediscovery of Bateson, moves beyond the strategic MRI model in favour of a "systemic purism". They publish articles on hypothesis, circularity, and neutrality (1980) and their revision in 1987. If in first-order cybernetics one might expect the therapist's body to be left out of clinical reflection, within a second-order perspective—and thus of the observing system rather than the observed—it would be expected that the "pink elephant in the room" would be seen precisely through attention to the observer more than the observed. However, surprisingly, this does not happen: second cybernetics gives impetus to interest in the clinician and their prejudices, but at a more cognitive level than bodily. The therapist's subjectivity enters strongly into the therapy room with concepts such as prejudice (Cecchin et al., 1994) yet once again the interest is more "cognitive." The therapist's body continues to remain in the background. One hypothesis I propose is that the "systemic purism" of the Milan group—with its focus on interactional patterns and attention to the system as a whole—eclipsed the affective and idiosyncratic experience of the individual body as perceived as antithetical to a "systemic" view. As attention to the system increased, interest for the individual and thus for the therapist's body progressively declined. If even second-order cybernetics does not lead the systemic context to seize the therapist's body, we certainly cannot expect this from the "third epistemological period," namely postmodernism and social constructionism, which in my view represents the definitive death of the therapist's body and also the abandonment of interest in the family body that we saw in Minuchin and Satir. This is the period where language and meaning become predominant. In 1988, Anderson and Goolishian published Human Systems as Linguistic Systems: Preliminary and Evolving Ideas about the Implications for Clinical Theory, in which they hypothesize that problems are not "objective things" but social, linguistic, and narrative constructions. The purpose of therapy is to help create new stories. Narrative approaches emerge, like that of White and Epston (1990),

which hold that therapy aims to show that problems are not dominant stories but can be deconstructed and rewritten. The emblematic book Therapy as Social Construction edited by Gergen and MacNamee appears in 1992, where the idea of the not-knowing therapist is postulated. From here stem a series of developments within constructionist therapy up to the dialogical therapist of Bertrando (2007) and Robert's internal conversations (1999). Influenced by constructionist therapy is also Seikkula's Open Dialogue model (2003) for the treatment of psychosis. The prioritization of language and meaning systems dilutes to the point of obliterating interest in both the therapist's body and that of the patient. The body is definitively the pink elephant in the therapy room relegated to a marginal role. Its experiences, if noticed at all, are translated into meaning systems. From this concise chronicle of systemic therapy, it clearly emerges how interest in the body has progressively faded over time. If at its origins there was attention to the body, perhaps more that of the family than of the therapist, progressively the latter has been relegated to the background almost disappearing with the linguistic turn in family therapy. The constant focus on epistemology has inhibited the development of a more ontological thinking; and the body, with its materiality, plays only a secondary role if primary attention is paid to epistemological reflection—that is, to thought and therefore speech. This final reflection finds support in what happened in the transition between first and second cybernetics. At the moment systemic therapists of second cybernetics realize they can intervene in the observed system, they adopt a purely epistemological vision that risks placing them in a liberal posture: since many observation points are possible, they attempt to embody them all. Perhaps what has been taken for granted is precisely the point of origin from which such observations emerged, the ontological aspect of those observations. And is it not the case that the starting point of such observations lies precisely in the body (of the therapist)? A body that is always situated. Systemic therapists perhaps have been more interested in changing their viewpoint than reflecting on how the point of departure might inhibit or facilitate epistemological access to other observational standpoints. It is from the philosophical provocations of Spinoza and Deleuze that my neo-materialist proposal finds fertile ground: to reintegrate the pink elephant in the therapy room. It is not only the body that is reintegrated,

but a new body, a materialistic one whose boundaries are not clearly defined. If the epistemological perspective has obscured the body, the neo-materialist perspective not only reinstates it but treats it as a fundamental knot—because it is the starting point from which every observation may or may not depart.

1.3 Philosophical Provocations to Systemic Practice

What I want to emphasize here is that my interest in the therapist's body, discussed at the beginning of this dissertation through the four plateaus, led me to explore a series of lectures given by Deleuze on Spinoza between 1978 and 1981 in Vincennes. Spinoza is one of those philosophers who, like Bergson and Nietzsche, can be defined as heretical. His phrase, “The object of the idea constituting the human mind is the body, or a certain mode of extension which actually exists, and nothing else” (1677/2002, Part II, Prop. 13), touched and fascinated me, perhaps because it is profoundly anti-Cartesian, going beyond the mind/body dualism.

In order to situate my research project, I refer to Deleuze’s interpretation of Spinoza’s “What can a body do” (1980/2007, p. 55). Spinoza’s philosophy is a materialist one: everything is material — a thought, a word, a chair. This stems from his claim that there is a single infinite substance that includes all modes of being (Deleuze, 1968/2002). All modes imply the substance, and the substance includes them. This relation of “double interdependence” — implication and complication — abolishes any hierarchy among entities: thought, word, and chair all share the same substantive value. This leads to a flat ontology in which everything happens on a “fixed but not immobile plane,” an “absolute immanent” plane (Deleuze, 1968/2002, p. 14). In such an ontology, Cartesian dualism cannot persist, since all entities have the same attributes of the same substance. Thought and extension can no longer exist in a hierarchical relation.

In this ontology, morality gives way to ethics (Deleuze, 1980/2007, p. 77). A moral stance presupposes a higher position from which to judge, but if all entities are equally implicated in substance, there is no such position. The ethical stance, instead, suspends judgment and focuses on

possibilities: not “what is right or wrong?” but “what is possible now?”; not “what is an entity?” but “what can an entity do?” Entities are defined by possibilities, not essences. For Spinoza, what differentiates them is not substance (since substance is unique and infinite) but power, the possibilities they can realize (Deleuze, 1980/2007). Nietzsche later reformulates this as “will to power” (1886/1996, §13). Essence is thus redefined as what an entity can do with what it has.

For my research, I focus on the bodies of two therapists who, like all entities, have a specific quantity of power at a given moment. Spinoza describes this as an intensive quantity (Deleuze, 1980/2007, p. 57). Intensity, not essence, defines entities: what matters is what a body can do at a specific moment. This leads to the relation between power and affect. For Spinoza, affects actualize the power of an entity, functioning as transitions that increase or decrease its power (Deleuze, 1980/2007). He distinguishes affect from idea: while an idea represents something external, affect “never represents anything” (p. 44).

For example: if I meet Paolo, whom I find pleasant, I stop to talk; if I meet Pietro, whom I do not appreciate, I walk away. These encounters generate different ideas (Paolo, Pietro), but also different variations in my power: one increases it, the other decreases it. Affect, then, is a lived transition, a continuous variation in the power to exist (Deleuze, 1980/2007, p. 48). Spinoza further distinguishes affection: the immediate effect another body has on mine at a given moment. If affection is a state — a still image — affect is the movement between states.

Movement and rest are therefore the two fundamental variables of any entity within Spinoza’s flat ontology (Deleuze, 1980/2007). The body is an infinite process of composition resulting from a specific relation of movement and rest (p. 53). This relation arises in encounters — what Spinoza calls “occursus” (p. 51). In the encounter with Pietro, my body is unpleasantly affected, decreasing its power. Affections follow one another, producing a continuous process of composition. Permanence lies not in essence but in the continuity of these variations (Deleuze, 1980/2007).

For Spinoza, the way I am affected by others is also the way I come to know them. Against Descartes' res cogitans, Spinoza sees knowledge as arising from the actions other bodies exert on mine and the combinations that result. Every body has a power to affect and be affected. The question is not "what is a body?" but "what can a body do?" (Deleuze, 1980/2007). The essence of a body is defined by its capacity to be affected, which reveals as much about itself as about the other.

This is why Spinoza's provocations matter for systemic therapy. They challenge us not only to reintegrate the body into systemic practice and theory, but also to give it epistemological and ontological weight. The body — with its affects and affections — is how we come to know ourselves and others. In therapy, which is itself an occursus, an encounter, knowledge emerges from what the clinician's body can do in relation to others. As Deleuze writes: "an ethological map of affects will yield different results" (1980/2007, p. 56). From this perspective, therapy becomes a kind of ethology of affects: guided not primarily by the clinician's capacity to formulate hypotheses or interpret symptoms, but by the sensitivity of the clinician's body and the possibilities it enacts in the encounter.

1.4 From the Cartography of Sensations to the Discovery of Mimesis

"What counts is what a body can do," says Spinoza in Deleuze's lecture of January 24, 1978, at Vincennes. Perhaps my encounter with the concept of mimesis was itself an instance of discovering what a body — my own and those of the therapists who took part in this research — is capable of. At the beginning of this work, the concept of mimesis was invisible to me. As I will discuss in the methodology section, it was not a pre-existing category but something that I gradually palpated through the descriptions of therapeutic gestures that had a direct impact on me. Before I could intuit and name mimesis, my attention was drawn to how my body was being affected by the material at hand. I began by tracing those events in which my body underwent a transition, a shift in its state. This process became a cartography of sensations — an ethological map of affects — that enabled me to develop a form of self-knowledge through the affections that touched me. It was within this Spinozian cartography of affects that I eventually encountered another concept that resonated deeply

with me: mimesis. Words such as “mimesis,” “mimicry,” and the adjective “mimetic” were not part of my vocabulary when I began this thesis, which initially focused on what a therapist’s body can do. Looking back, I now recognize how my attention and sensitivity to the therapist’s body led me to encounter, discover, and later explore the concept of the mimetic faculty. As I deepened this exploration through the works of Taussig (1993) and Benjamin (1933/1999), I recalled a book I had first read during my undergraduate studies in sociology: Roger Caillois’ Man, Play, and Games (1961). Reflecting on this connection, I realized that in the 87 fragments that make up my cartography of sensations (the full version is provided in the supplementary material), drawn from the four therapies in which I participated and were audio and video recorded, I had already employed words such as “mimicry,” “resemble,” “reproduce,” “resonance chamber,” “simulate,” and “imitation.” These fragments were identified through an event-based rather than an evidence-based approach. Although these terms are not identical, they all belong to a common semantic field: the field of transformation, of becoming other than oneself. My conviction is that the body provides the very material on which this mimetic process unfolds. In this sense, Benjamin (1939) writes: “The first material upon which the mimetic faculty attempts to operate is our body” (p. 720). For Benjamin, then, the body is the primary substrate of mimesis. It is a materiality capable of becoming something else, of transforming into otherness. This insight marks the precise point of connection between my focus on the therapist’s body and the concept of mimesis.

1.5 What is Mimesis?

Mimesis is not a closed concept but an open process — one that resists reduction and remains in motion. Following Benjamin (1933/1999) and, more directly, Taussig (1993), I approach mimesis not primarily as representation, but as an embodied faculty: a process of becoming similar that always carries difference within it. Some concepts resist semantic capture, refusing to be monolithic. Animated by multiplicity and heterogeneity, they reject ontological fixation and remain open to ontogenesis. Mimesis belongs to this category, more processual than categorical. Generally, mimesis

refers to a capacity or faculty (Benjamin, 1933/1999) — a very particular one of living beings, including humans: the capacity to mimic or imitate, to produce symbolic forms, representations, and artefacts that both mirror and transform their objects. In Appendix A, following Potolsky's Mimesis (2006), I sketch a history of how the concept has evolved across four traditions: the classical-philosophical, the aesthetic-literary, the modern and contemporary, and the anthropological. For now, however, it is important to turn to the author who most influenced my relationship with this concept at the beginning: Michael Taussig.

His book Mimesis and Alterity (1993) was crucial. From the very title, Taussig signals that mimesis is never autonomous or self-contained but always bound to alterity. In the opening pages, particularly in "A Report to the Academy" (pp. xiii–xix), he defines mimesis as a faculty (p. xviii), explicitly drawing on Benjamin (1939). He frames it as:

"Nature that culture uses to create a second nature, the faculty of copying, imitating, making models, exploring difference, yielding into and becoming Other" (p. xiii)6.

Taussig situates mimesis within a long tradition, yet renews it by stressing its embodied and anthropological dimensions. For him, mimesis is not simply a faculty but also a history and an anthropology, shaped differently in each society. As he adds:

"The wonder of mimesis lies in the copy drawing on the character and power of the original, to the point whereby the representation may even assume that character and that power" (p. xiii).

Here Taussig makes a striking move: from the mimetic faculty to the concept of "sympathetic magic" (p. 250). He conceives of mimesis as a necessary element of knowledge. His analysis traces it across diverse contexts: from the rise of mimetic technologies in the West, such as the camera, to ethnographic encounters in Tierra del Fuego and the Darién Peninsula. In these contexts, he examines how Indigenous peoples use mimetic practices — such as the Cuna figurines — not only as

[6] These dense words required multiple readings before I could begin to grasp their meaning.

representations but as means of accessing power, healing, and transformation. The central point for my research is that, for Taussig, mimesis is not a purely cognitive act nor merely external representation. It is an embodied process that fully engages the body and the senses. The body becomes “the primary material upon which the mimetic faculty operates” — as Benjamin (1933/1999, p. 127) also suggests. Mimesis, then, is not just about copying but about transformation: making oneself similar to the other while remaining different. For Taussig, the mimetic process is relational and creative: a way of entering into deep contact with alterity. It involves bodily contamination, a dynamic interplay between self and other, where boundaries become porous without ever disappearing. Mimesis always carries a potential for alteration — for both the one who imitates and the one who is imitated.

Part 2: Literature "(Re)-View(s)"

2.1 Literature and Rhizomatic Review

In this thesis, I conducted two types of reviews. The first is a traditional literature review, in which I examined how the therapist's body has been addressed in studies employing Conversation Analysis (CA) within the context of systemic psychotherapy (see Appendix B – The missing therapist's body: a conversation analytic perspective in systemic therapy). The second is a rhizomatic review, designed to articulate my personal and professional relationship with the concept of mimesis. Given the scarcity of explicit discourse on mimesis within systemic psychotherapy, and in line with the ontogenetic orientation of my research (discussed in the methodology section), I followed Fox's (2024) proposal of a "Rhizomatic Review: A Materialist Minor Science Approach to Research Evaluation." More specifically, I adopted the "following the action" approach (p. 1109), which suggests reviewing a theme rather than addressing a specific research question. However, this approach is not without limitations. Following the action is necessarily shaped by the points of departure of the researcher. In this case, it was carried out by a researcher who is white, male, and heterosexual. These points of departure may have facilitated access to certain texts while inhibiting access to others, privileging specific theoretical trajectories. Moreover, because following the action is grounded in a personal relationship with the concept under investigation, it carries the risk of idiosyncrasy and self-referentiality. If the academic and clinical environments I have inhabited are both marked by particular biases, this process may have inadvertently reproduced them. In this sense, the rhizomatic review can appear arbitrary rather than systematic: I chose to engage with authors such as Bhabha, Caillois, Fanon, and Spivak, while others were necessarily excluded. From this perspective, a more systematic approach may help to counterbalance some of these limitations. It should be noted, however, that in order to counterbalance these risks of self-referentiality and idiosyncrasy—assuming they can indeed be considered just limitations—I also conducted a systematic review of the literature on research concerning the body in systemic therapy. Within this review, I sought to trace how mimesis has been addressed through the use of CA. It is worth noting that, within these systematic

studies, there are very few reflections on the colonial and gendered dimensions of mimesis. The question that led me to mimesis is Spinoza's philosophical inquiry: "What can a body do?" (1980/2007, p. 55). This thesis does not begin with mimesis itself but with an exploration of the potentialities (in the Spinozian sense) of the therapist's body. Through an affective methodology, I observed how therapists, through their bodies, repeated, represented, copied, and imitated the words and behaviors of families. From this, my interest in mimesis emerged, particularly through the work of Taussig. I begin my rhizomatic review with a set of questions aimed at exploring my personal relation to this concept: "What is my relationship with mimesis? In which moments of my personal and professional training have I encountered it?"

2.2 From Harlequin to mirror neurons: a rhizomatic review of mimesis

When I hear the word mimesis, the book Man, Play and Games by Roger Caillois (1961) comes to mind. The French author identifies four fundamental categories of play (agon, alea, mimicry, and ilinx), among which we also find "mimicry." Caillois argues that, in its various manifestations, the common element of mimicry is that the subject plays at believing—or at making others believe—that they are different, that they have become another. It is interesting to note that Caillois uses the English term mimicry, which refers especially to the mimetic abilities of insects, to name this category (Caillois, 1961, p. 22). He draws a parallel between the natural tendency of insects to camouflage and the human inclination and pleasure in disguise, masking, and performing a role: both are about altering one's appearance and instilling fear in others. There are two main pillars of the category of mimicry in the human world, according to Caillois (1961): mimicry as bodily mimicry and disguise. This category includes theatrical performance, where bodily mimicry and disguise feed into one another.

On a social and cultural level, in the Italian context, Carnival could be considered the celebration of mimicry par excellence. In Italy, there are some of the most famous Carnivals in the world, such as those of Venice, Viareggio, and Ivrea. It almost seems, on reflection, that within the Italian context

there is a cultural disposition toward mimicry and disguise. During Carnival, people dress up, wear masks, and become someone other than themselves. I myself remember dressing up over the years as a myriad of characters, completely unrelated to each other: I dressed up as a Native American, Zorro, a clown, as a child as Harlequin, and later as a vampire. Harlequin, in the context of the Bergamo area—where I come from—is a very well-known Carnival figure. But what is the story of Harlequin? It's worth discussing briefly, as it relates to the cultural dimension of this mimetic process rooted in the area where I live. Harlequin originates from Zanni (from the Venetian Zani, meaning Gianni), a foolish and naive servant (Katritzky, 2006). It appears that an Italian actor, Alberto Ganassa, was the first to adopt the name Harlequin instead of Zanni, perhaps alluding to Hellequin, a devil figure from 13th-century legends. The character is recognizable by a costume made up of brightly colored patches—green, yellow, red—covering the whole body. He is an irreverent, prankish character, always hungry. His way of speaking is extremely confused, often tangled, making it very difficult for interlocutors to understand him. Moreover, his speech was often vulgar, full of double entendres and swear words. For this reason, he was censored in some courts, especially in France.

Continuing to follow this "following the action" approach, if on the one hand the concept of disguise led me to talk about masks and therefore Carnival, the concept of mimicry brings me to the field of neuroscience, where the discovery of mirror neurons is receiving increasing interest. I encountered this concept during my graduate studies in Clinical Psychology, in a course on Neuroscience. The hypothesis was developed by researchers at the University of Parma, led by Professor Rizzolatti (Rizzolatti et al., 1996) between the 1980s and 1990s. These neurons were first discovered in macaque monkeys and later in humans. Their main characteristic (Rizzolatti & Craighero, 2004) is that they activate both when an individual performs an action and when that same action is performed by someone else. Rizzolatti (2005) argues that mirror neurons represent the primary neurophysiological mechanism for understanding an action: to understand an action, a direct matching is required between the observed action and the motor representation of that action. According to Rizzolatti (2005), this matching is performed by the mirror neuron system. He goes so far as to claim that this

matching between the observed action and its motor representation is a prerequisite for imitation. This is also referred to as the ideomotor model (Iacoboni, 2005).

Continuing along this trajectory concerning the relationship between mirror neurons and imitation, a line of research has emerged that postulates an association between the imitation of an action performed by another and the capacity for empathy—and thus, for understanding other minds. For example, Iacoboni (2009), arguing that imitation facilitates social interaction by increasing connection and bringing people closer together, posits a correlation between the tendency to imitate others and the ability to empathize with them. In this case, what is being imitated is not so much a visible action, but rather the mental-emotional state of the other is being simulated. The neurophysiological areas that are activated differ: in the case of action imitation, the neural circuits involved include higher-order visual areas and the fronto-parietal mirror neuron system, whereas for empathy they include the insula, the limbic system, and the fronto-parietal mirror neuron system (Iacoboni, 2005; 2009). Following this line of inquiry, one could argue that those therapists who more frequently resort to mimetic gestures are also those who possess a greater capacity for empathy.

Following the trajectory of mirror neurons and the neurophysiological correlates of imitation, what came to mind was the mother-child relationship. Mothers and children often imitate each other—both in gestures and in paraverbal expressions—in a reciprocal and dynamic way. The hypothesis of an ideomotor model derived from the discovery of mirror neurons assumes that a mimetic process underlies social interaction, since the mirror neuron mechanism involves a reproduction of other-related information onto primary self-related brain structures. This model, later extended to the concept of empathy, presupposes that a copy, an overlap, a congruence occurs between the action and/or emotional state of the other and that of the observer. This hypothesis, increasingly “confirmed” by neuroscientific research (Gallese, 2009; Iacoboni, 2009; Plata-Bello et al., 2023), places identity at the core of social interaction and relationality with the other. The more a subject can mirror the action and emotional state of the other—particularly in the brain areas where mirror neurons are

located (the posterior part of the inferior frontal gyrus and the anterior part of the inferior parietal lobule)—the more he will be able to understand the other.

This hypothesis leads potentially to a reduction of differences between subjects: understanding becomes a matter of becoming the same—having the same brain areas activated. It seems that difference either doesn't exist in understanding, or is interpreted as distance from the other.

Here, I am reminded of the decisive role that Taussig (1993) played in my research. The anthropologist himself speaks of yielding and sinking into the other: for Taussig, the subject to some extent loses himself in the act of sinking into the other. It is an act of imitation and contact. However, it is not a process that eliminates difference—on the contrary, alterity inhabits the space. The attitude of yielding into things highlights and renders difference visible; it does not flatten it in favour of total overlap. The original is affected by the reproduction of itself—it is not a static copy to be aimed at or replicated. When discussing mimesis as yielding and sinking into the other, Taussig (p. 95) refers to Freud's concept of death drive. According to Taussig, letting oneself go and surrendering to the other equates to a loss of self-boundaries, a death drive, a tendency to disappear by not differentiating oneself—thus, a loss of identity. Although Taussig does not explicitly refer to Freud's concept of identification—he instead identifies a different connection between active yielding and what Freud calls ideational mimetics in his essay on wit and humor (1905)—I believe that the psychoanalytic concept of identification shares common ground with mimesis.

My "following the action," therefore, diverges at this point from the parallel that Taussig draws with Freud. According to Freud—who saw Sophocles' Greek tragedy Oedipus Rex as an inexhaustible source of metaphors for the unconscious—Oedipus develops a strong identification with his father, Laius, who becomes (on an unconscious level) an ideal figure, someone to aspire to. By identifying with Laius, Oedipus begins to desire Laius' wife—Jocasta, who is in fact his own mother. We are thus witnessing a process of identification with the father and a deep desire toward the mother. It is worth noting that Freud's earliest uses of the concept of identification date back to his clinical training at

the Salpêtrière under Charcot, where he observed hysterical patients. Later, together with Breuer, Freud described a strong tendency toward imitation in hysterical symptomatology (Freud & Breuer, 1895/2000). The Freudian process of identification presupposes a certain degree of assimilation of something other-than-self into one's own identity: the subject's identity formation, according to Freud, occurs through the internalization of parts that are other—which are then assimilated into the self. If with Freud the process of identification is involved in the development of the subject's identity, in family therapy Minuchin rearticulates mimesis as a concrete method for joining and reshaping the family's communicative and affective style. In the book Families and Family Therapy, Chapter 7, titled "The Formation of the Therapeutic System" (1977, p. 124), Minuchin presents methods that the therapist can use to create the therapeutic system and to position themselves as its "leader." Among the various methods that he defines as "accommodation"—actions performed with the specific purpose of establishing a relationship with family members—Minuchin includes mimesis (p. 129), along with maintenance and tracking. What strikes me is that Minuchin draws a parallel between the role of the therapist and that of the anthropologist: he argues that, to correctly understand accommodation processes, one must refer to anthropology. Just as the anthropologist associates with the culture being studied in order to personally understand its structure, so too must the family therapist. In this passage, Minuchin refers to Lévi-Strauss (1977, p. 125) and describes therapeutic work as a process of association with the family's culture. Among the methods of association and accommodation, he includes mimesis, which he describes as "a universal human operation" (p. 129). For Minuchin, mimesis is an operation aimed at adapting to the family's style and affective modalities. As examples, he mentions the therapist slowing down the communicative rhythm with a family that tends to make long pauses, or becoming jovial with an expansive family. Referring to Harry Stack Sullivan, Minuchin states that mimesis is a means of increasing the sense of affinity in that "particularly human relationship" (p. 129) that exists between the therapist and the family. He describes mimetic operations as implicit and spontaneous. For Minuchin, mimetic operations are automatic, carried out without the expert therapist even realizing it, but they have a well-defined

effect: to create accommodation and association with the family system. They are therefore spontaneous, yet purposeful. From my point of view, it is difficult to claim that an operation can be both spontaneous and goal-directed at the same time. Minuchin, however, seems to be able to foresee the effects that this operation has on the family system. For example, in the Smith family (p.130), there is general agreement that the problem lies with Mr. Smith. His position as the "identified patient[7]" (IP) has been reinforced by ten years of medical attention focused solely on him. Minuchin resorts to mimesis as an accommodation operation to free him from this position. At one point in the therapy, feeling that he is losing contact with Mr. Smith—who is staring fixedly and distantly while his wife speaks—Minuchin, in an attempt to reconnect with him, first asks him for a cigarette (Mr. Smith is smoking), and then takes off his coat, just as the identified patient had done earlier (p.171). He then begins a series of observations to establish a strong connection with the identified patient: Minuchin points out that he is the same age as Mr. Smith, that they are both working men, and that both are restless (p.186). This series of mimetic actions is meant to challenge the initial hypothesis that Mr. Smith himself has about himself—and thus about the problem: "I am the problem," a position that the whole family system upholds. Now, according to Minuchin, since the therapist is both an expert and the strongest member of the therapeutic system, these "mirror maneuvers" (p. 186) are challenging to the family system: if Mr. Smith, a person described as deviant, behaves like the expert, then he can no longer be seen as deviant. With the Dodds family (p.195) on the other hand, the mimetic operations are carried out by Carl Whitaker and commented on by Minuchin. In the Dodds family, the identified patient is an eleven-year-old boy, scared and dominated by a controlling mother. According to Minuchin (p.197), Whitaker uses mimesis when the therapist shares a similar personal experience regarding the wife he himself chose. Mrs. Dodds is a very strong woman, with fire in her voice and in her eyes. During the therapy, Whitaker repeatedly emphasizes this fiery characteristic of

[7] In systemic psychotherapy, the term identified patient refers to the family member who is considered the bearer of the family's pathology. In other words, this person is often seen as the symptom bearer—the one who manifests the distress of the whole system. However, this interpretation is often reduced to an individualistic view, overlooking the relational dynamics that contribute to the problem.

the woman. In an attempt to accommodate the family, Whitaker invites Mr. Dodds—calm and quiet—to solve the wife's problem (p. 197). He describes their relationship as complementary: the maternal strength is balanced by paternal sweetness. At this point, Whitaker resorts to mimesis by talking about himself: he too married a woman full of fire because he himself is calm and accommodating. He explains that he has received a lot from that fire, just as Mr. Dodds probably has. Whitaker and Mr. Dodds share a similar experience: both have chosen strong, fiery women—and perhaps these women chose calm, accommodating men to help temper some of their own fire. In another moment during the therapy, Mr. Dodds is playing with the child while the therapist is smoking a pipe. As soon as the therapist begins to play with the child, it is the father who lights a pipe. These are examples of mimesis that Minuchin identifies in Whitaker's therapeutic practice. Minuchin argues that mimesis, both in his clinical practice and in that of another systemic therapist like Whitaker, aims to create accommodation to the family system (1974).

So far, the different forms of mimesis that I have encountered and integrated into my rhizomatic literary review (excluding Taussig) see mimesis as a process characterized by the political concepts of identity and representation. Oedipus' father, Laius, represents the model that Oedipus himself must aspire to; the ideomotor hypothesis of mirror neurons represents the reproduction within one's own neural system of an action being performed by another. Caillois' notion of mimicry, which originates from the concept of mimicry as a mimetic ability in insects, describes a process in which the human being—just like Harlequin—becomes identical to a foolish and irreverent servant. We could almost venture to hypothesize that these authors present a transcendent reading of the concept of mimesis: Laius, Harlequin, and the mirror neurons represent a standard of reference—the original—to which the copy must aspire. Minuchin sees in the patient's behaviors, especially those of the identified patient, a model to be mirrored in order to de-pathologize their position. However, this transcendent reading of mimesis risks reducing, if not erasing altogether, the role that difference plays in the development of this concept. I ask myself: what space is left for difference if there is an original to which one must tend? What changes if we shift from the idea of mimesis as a movement from a

maximum degree of difference (Oedipus) to a maximum degree of sameness (Oedipus = Laius) to a mimetic process where difference is always maintained, allowing even an alteration of the "original"? What if this latter hypothesis allowed us to see something invisible in the original itself? Or perhaps even meant that there are no originals at all?

On this point, Taussig can help us by speaking of mimesis in direct relation to the concept of alterity. By introducing alterity, Taussig (1993) suggests that one of its potentialities is colonization. If mimesis is a process of becoming the same, there isn't even the possibility of discussing colonialism—it is colonialism. But if we introduce alterity, we can begin to ask how this process might also become colonial. This brings to mind Fanon (1967): echoing the Freudian concept of identification—introduced earlier as a psychic mimesis between Oedipus and Laius—Fanon draws a parallel between this father–son identification process and the identification process between the native child and the motherland. The colonized subject, just like Oedipus modeling himself to become Laius, undertakes a mimetic act to become like the white colonizer: the Black native identifies with the white colonizing Laius. Fanon (1967) offers as an example the Black boy who reads stories about white explorers bringing civilization. According to Fanon, through various forms of media (books, school, radio, newspapers...), the Black boy adopts a "white man's attitude" (1967, p. 36) and soon becomes a replica of the white man. But here lies the tragedy of the situation—a deep ambivalence: the Black boy psychically identifies with the white Laius while remaining Black in his skin. A Spaltung, a splitting, manifests at the level of identity between being mimetically white psychically and being totally other at the epidermal level. As a Black person, he is treated as Other. No matter how hard he tries to identify with Laius, the Black boy will always remain other to Laius. He will never be a "true" brother to Oedipus.

In Matthew Potolsky's book Mimesis (2006), I encountered the name of Homi Bhabha, a contemporary postcolonial theorist who wrote the essay "Of Mimicry and Man" (1987). I was previously unaware of this work, but it appears to be a new and coherent trajectory within my

research. Bhabha proposes a Platonic reading of the colonized Other, who must be simultaneously similar enough to the white colonizer to be reformed, and different enough to be subordinated to him. The colonial subject is therefore a poor imitation (here enters mimicry) of the European original: neither too similar nor too different—"a subject of a difference that is almost the same but not quite" (1994, p. 86). For Bhabha, mimicry is thus a tool for producing an authorized version of the Other, creating a mere imitation that is both sufficiently similar and different at the same time. As Bhabha writes: "in order to be effective, mimicry must continually produce its slippage, its excess, its difference" (1994, p. 86). Unlike Taussig, for whom mimesis can alter the original and thus have an effect on it, Bhabha argues that mimicry "is one of the most elusive and effective strategies of colonial power and knowledge" (1994, p. 85). Bhabha's use of the word subordinated, and his anti-colonial discourse, brings to mind the term "subaltern", which Spivak (1988, p.271) borrows from Gramsci. Spivak famously asked: Can the subaltern speak? Is the Black boy described by Fanon a subaltern? Are the patients in the therapy room examples of subaltern subjects? And if so, is mimesis a tool that keeps them in a position of subalternity? The word subaltern is used by Gramsci in his Prison Notebooks (1934, 1935) to describe social groups that are subjected to the authority of others and lack their own voice. These groups need someone to speak on their behalf, to represent them. Spivak (1988) critiques both Foucault and Deleuze (whom she associates with the Subaltern Studies Group) for claiming to "represent" subaltern groups (p. 272) and for suggesting that these groups could speak for themselves once the "right" conditions were created. For Spivak, even when such conditions are met, the subaltern cannot speak—at least, not in a way that is not already mediated, appropriated, or co-opted by dominant structures. This reflection also leads me to ask myself: Am I, as a researcher present in the room, part of what Spivak calls the "Subaltern Studies Group"? What is my role in the reproduction—or the interruption—of these representational dynamics? Perhaps Spivak's suggestion that the subaltern subject is heterogeneous and resists being fixed, spoken for, or captured by stable representation may help in avoiding being trapped by the propensity to generalize. It points to a stance

against representation itself—particularly when such representation is enacted by those who occupy positions of epistemic or institutional power.

2.3 After the wandering: concluding reflections

At this point in my rhizomatic review, I feel compelled to explicitly state my position regarding the various interpretations I have encountered. I believe that the authors I have met in this erratic wandering take different stances on two main aspects of the mimetic process:

– How much space each leaves for difference within the mimetic process (the teleological or finalistic hypothesis reduces difference to a minimum, since there is a priori a copy to be imitated or aspired to).

– What relationship exists between the mimetic process and the process of othering.

To be honest, before encountering authors such as Taussig, Bhabha, and Fanon, my personal—perhaps immediate—reading of the mimetic process was to see mimesis as a micro-clinical practice of relating, of moving forward together with the other. From this gut feeling, it follows that I had—and perhaps still have—a tendency to interpret the mimetic process in a teleological way, and that I saw mimesis as a process of relating without considering othering. In this reading, the potential for colonizing processes was invisible to me. I now wonder whether this "immediacy," this "automatic" reading—as if the autopilot were switched on—might be the symptom of a hidden colonizing practice. Minuchin (1974) maintained that mimesis was a technique for approaching the other from a behavioural perspective and, automatically (even if unspoken), from an affective one as well. Yet he did not make this distinction. Perhaps the focus on difference in Taussig, Bhabha, Fanon, and Spivak helps me to recognize this blind spot: the automatic equation of Same Behaviour = Positive Affect. Getting closer to the other at the level of behaviour does not necessarily mean that the affect will be positive. This remains a blind spot for me—perhaps a little more visible now, but still difficult to confront because it resists awareness and returns in the form of automatic response.

Part 3: Methodology

3.1 Participants and Ethical Considerations

The participants in this doctoral inquiry were three families who sought family counseling at the CMTF. All sessions included in the study were conducted in the therapy room of the Center. Each session lasted approximately one hour and a half.

Families were contacted through the Center: in two cases, the therapists themselves asked families who had already started their therapeutic process to take part; in one case (Family 1), the invitation was made through the Center's secretary.

All three families consisted of cohabiting parental couples. The age of the parents ranged from their early fifties to their seventies, while the age of the children ranged from minors to approximately forty years old.

- Family 1 consisted of a father, a mother, and two adult children. I attended and documented two therapy sessions with this family.
- Family 2 consisted of a father, a mother, and three children. I attended and documented one therapy session with this family.
- Family 3 consisted of a father, a mother, and one daughter. I attended and documented one therapy session with this family.

The sessions were both participated in (through ethnographic observation) and video-recorded. Recordings were securely stored together with fieldnotes, accessible only to the researcher, and preserved according to the principles of secure data management. The study received ethical approval from the Tavistock Research Ethics Committee (TREC). The application was approved on 19 June 2023. All participants were informed about the aims of the research and provided informed consent prior to taking part. Participation was voluntary, and families were reminded that they could withdraw at any stage without any consequence for their therapeutic path. In relation to participant recruitment,

two different routes were followed. For families already in treatment at the CMTF (Chiara's and Veronica's families), the therapist initially identified families who could be approached for participation, without imposing involvement in the research. His role was limited to an initial clinical screening. From that point onward, I took full responsibility for presenting the study, explaining its aims, and ensuring that participation was entirely voluntary and independent of the therapeutic process. Families were explicitly informed that the focus of the research was the therapist's body, which appeared to reduce concerns about being examined. Each family member was required to provide clear consent, and participation would have been suspended immediately had any doubts emerged. For the family attending their first session (Elisabetta's family), recruitment was handled with particular care, as no therapeutic alliance had yet been established. During the initial intake contact, the family was informed about the possibility of participating in the research and received the information sheets by email in advance. Upon arrival at the centre, they met with me, and I explained the study again, explicitly inviting questions or concerns. The family was informed that the focus of the research was the therapist's body. Every member was required to provide clear consent. I did not perceive any doubts emerging from any family member. In both cases, participation was presented as having no impact on the therapeutic process. Participants were informed that they could withdraw at any time without consequences for therapy. Confidentiality and anonymity were guaranteed throughout the study: all names and potentially identifying details have been anonymized, and data have been managed in compliance with the UK Data Protection Act (2018) and UK GDPR.

3.2 Beyond Epistemology and Ontology: Toward an Ontogenetic Perspective

Epistemology and ontology are two heavy words each researcher is condemned to deal with in their inquiry. The field of Systemic Psychotherapy has confronted them in heterogeneous ways (Bateson, 1972, 1978; Selvini Palazzoli et al., 1978, 1980) across different strands of its history. The definitions and positions we assume in relation to these terms strongly shape how we approach reality both as clinicians and as researchers.

Epistemology and ontology are usually presented as two distinct branches of philosophy: the former dealing with how we know reality, the latter with being or reality as existing independently of knowledge. If so, there is an incomparable gap between them. Great philosophers such as Plato (Repubblica, 514a–517; Fedone, 73a–75c), Aristotle (Metafisica, VII, 1, 1028a10–1028a30), and Kant (Critica della ragion pura, Bxxvii–Bxxx) grappled with building and dismantling bridges across this gap, debating whether such a bridge could exist. Systemic psychotherapy has also faced this age-old question, in different ways depending on perspective (e.g., first vs. second cybernetics).

Although many reviewers disagreed when I wrote about this (Albertini et al., 2024), I am convinced that social constructionism has become endemic in systemic therapy. Hoffmann (1990) defines it as "an American product" (p. 5), and like many American products, it has promoted a liberal orientation of political correctness. This orientation fostered the illusion of a purely epistemological world: a world of perspectives where each must be considered legitimate, even if bordering on delirium. It also spread the idea that it is always possible to adopt perspectives other than one's own—potentially an infinite number of them.

From my point of view, a purely epistemological stance risks producing an obsessively relativistic world where anything goes, all views have equal value, and everything can be constructed and deconstructed through language (McNamee & Gergen, 1992). What concerns me as clinician and researcher is the neoliberal politics hidden behind this position. For this reason, my epistemological stance is ontological—or, more precisely, ontogenetic. This may seem paradoxical, but here lies the crux of my argument: there is widespread misunderstanding of these concepts. In systemic therapy, discussing ontology and epistemology often feels like philosophy for its own sake, and some may ask: what use is philosophy in clinical practice? Yet philosophy can be profoundly useful if studied and understood, rather than dismissed as speculation while clinicians attend only to "real" problems. Assuming an epistemological or ontological stance leads to very different effects in clinical practice.

To demonstrate this, I begin with a provocation: there are multiple ontologies. Therapy is not merely a matter of perspectives or relativism; the real issue is "bridging" between worlds, not between ways of perceiving a single world. To illustrate, consider the concept of empathy. It presupposes that one can always put oneself in another's shoes—an inherently liberal idea: regardless of experience, I can feel and understand what you feel. My position, however, is that this is not possible. A liberal world is not possible even at the level of emotion. As clinicians, and as humans, we cannot truly participate in worlds other than our own; we can only inhabit the ontology in which we have historically been produced.

This is why I believe ontology and epistemology are decisive in both clinical practice and research. Rejecting a purely epistemological view means rejecting the liberal assumption that clinicians can always put themselves in the patient's shoes. Assuming an ontological stance instead places us in a less secure, less comfortable position—uncertain and difficult—where the task is to build relationships (never take them for granted) with others who belong to different ontologies. Adding language makes the issue even more complex: the gap between self and other deepens and multiplies. Language cannot be the "only bridge" across this gap, because it is itself shaped by our ontological historicity. The issue is not only that there is nothing of the chair in the word "chair," but that the word "chair" takes on different meanings depending on the cognitive domain (ontology) that defines it.

As Maturana and Varela observed: "it orients the oriented within its cognitive domain toward interactions that are independent of the nature of the orienting interactions themselves" (1980, p. 78). What a liberal perspective takes for granted is precisely this "cognitive domain." By assuming an undifferentiated biological democracy, it pretends to equate all actors, flattening differences and making all cognitive domains identical.

3.3 Participant Observation

This section outlines the procedures and conditions of my participant observation at the CMTF. My approach combined direct observation with two qualitative methodologies—Multimodal Conversation Analysis (MCA) and ethnography.

As underlined by Selvini Palazzoli et al. (1975), therapy sessions at the CMTF are structured into five phases: pre-session, session, team discussion (behind the one-way mirror), conclusion, and post-session. I attended only the phases in which both the family and the therapists were present in the clinical room—specifically, the clinical session and its conclusion. I refrained from verbal interaction with both therapists and family members, was never alone with the family in the therapy room, and did not participate in the team discussion behind the mirror.

To remain fully immersed during the sessions, I refrained from taking notes while in the therapy room. Instead, my field notes were produced in three stages: (i) immediately after the clinical session, in a separate room at the CMTF; (ii) immediately after the conclusion of the session, again in a separate room; and (iii) later, after leaving the CMTF, while traveling home and once at home, when further memories and reflections emerged. These notes captured both the clinical session and the conclusion—the two key moments of the therapeutic process in which I was present.

All field notes were transcribed in a research diary, which supported the affective methodology in "palpating" and describing the mimetic gestures. (Appendix C provides, as an example, the field notes of a therapy session attended on 13 October 2023, while the complete version is available in the supplementary material, Cartography of Sensations).

3.4 An affective methodology: can affect be a re(search) methodology?

The therapist's gestures were identified through the effects they produced in altering the state (affect) of my own body, both during participant observation and while reviewing the recorded sessions[8]. The traces left on my body by these affections became the driving force in palpating and selecting specific events. My own body—the researcher's body—was affected by 87 events across four therapy sessions. It's being affected is a symptom of its capacity for aesthetic responsiveness: I was touched, moved, and stirred by these 87 fragments. I experienced, at a bodily level, that something significant was happening in the therapy room. Relays of sensations unfolded as I immersed myself in the richness of details. My body's aesthetic sensibility became the cipher of my cartography.

In this sense, affect itself became a research methodology: it produced effects on my body, leaving traces. Being "confused ideas" (Spinoza, Ethics, II, Prop. 35, Schol.), they stirred something within me that was not yet clear. It resembled a hunch, a gut feeling embodied within me. Selecting events through these "confused ideas" resulted in a heterogeneous corpus of material, whose guiding thread was both difference and inconsistency.

I elaborated a working definition of the "event." In this research, the event is characterized by a disruption in the continuity of the therapeutic process, wherein the therapist's body plays a pivotal role in revealing and emphasizing aspects significant to the unfolding of therapy. The definition of the event also includes the process of its identification: considering not only what it is but also what it can do. Each event had a perceptible impact on my body, signaling that, within the 87 identified fragments, something important was occurring.

To illustrate how this process unfolded, I present two fragments from my corpus that did not ultimately join the "definitive" set of 22 mimetic events. At that stage, mimesis was not yet in my mind—it was a concept I would palpate later.

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[8] All four sessions were recorded and subsequently reviewed multiple times, both with and without sound, in order to prevent verbal language from overshadowing my focus on the therapist's bodily expressions.

Event 47–48: From hilarity (47) to startlement across my face in the blink of an eye (48)

This event relates to my reaction to Chiara's way of both acting and speaking. In reviewing the recording, I asked myself: did I really do that? Is this how I reacted (48)?

Fragment 47-48

In fragment 48, my surprise at Chiara's reaction is evident. Her brother has just downplayed what he did with the bread (he took hers before leaving for university). Chiara responds vehemently at a paraverbal level: her tone rises, her pitch sharpens, her gestures grow more animated. "Knowing that I am the one who eats wholemeal bread"—she points to herself with both hands as she says "I am." I am struck by her relational mode. Watching the video again, I notice that Chiara's body also lurches forward, as if confronting her brother for taking something that belonged to her. Her anger had a powerful impact on me. My gaze locked on Chiara and her mother; my mouth opened, eyebrows lifted, forehead furrowed. I felt caught off guard, pulled out of myself. Just moments earlier my face had been relaxed, smiling—then everything changed abruptly. Perhaps it was the acceleration in her voice and gestures that cut through me. I felt an uncanny estrangement from myself, as if her anger had seized me. I wondered whether my startlement stemmed from realizing that I had joined in the laughter that provoked her—something I recognized only afterwards, at a cognitive level.

Event 70: Perfect ideas, imperfect realities

This event concerns the feedback given by Therapist to Chiara's family. The discussion revolved around the persistent idea of a perfect caring relationship between parents and daughter.

Fragment 70

T1 says, "since you can think it…" while bringing both hands to his temples, emphasizing that parental perfection belongs to the realm of the mind rather than lived experience. Immediately afterwards, he lowers his hands and makes an intense movement, extending both arms forward as if to indicate the immediacy of the here and now. This gesture accompanies the continuation of his sentence: "it should be realized in reality." In doing so, T1 underscores how the idea of perfection inhabits the family's psychic world but not their everyday life. He also stresses the deceptive nature of language, even though it is our primary means of communication.

What led me to select this event was the rapid shift of T1's arms—from his head to the space before him. I felt called by this accelerating movement; my body followed it, drawn into its force. T1 had already distinguished verbally between perfect ideas and imperfect life, but I was not as affected as in the moment when his body accelerated. That movement caught me, stirred a desire to participate, and set something in motion within me.

3.5 Discovering mimesis

The affective methodology I described above led me to identify 87 events. What linked these events was the effect they had on me—on my body: they affected me, captured my attention, and gave me the sense that something significant was happening in the therapy room.

The challenge was to find a principle of connection among these initially heterogeneous fragments. My first impression was that chaos—entropy—dominated. I feared the material was too fragmented. I began to observe and re-observe the fragments (often with the audio muted), describing them in detail while struggling to relate them to a coherent research question. Through immersion in these descriptions, I gradually began to glimpse—borrowing Bateson's words—a "pattern that connects" (1979, p. 8).

Certain gestures and words, though different, began to resonate with each other: "producing the same gesture," "reproducing the atmosphere," "therapist resembling the mother's withdrawal," "simulating the chess-pawn control," "becoming an echo-chamber," "mimicking the gesture of swallowing food," "embodying entropy," "making the family's boundaries tangible through intertwined hands."

Little by little, I sensed a concept emerging, not yet fully clear, but tied to reproducing, simulating, mimicking, representing, duplicating, copying. I remained suspended before something still undefined but taking shape. Then, suddenly, I recalled a book I had studied during my undergraduate degree in psychology, in a sociology course: Man, Play and Games by Roger Caillois (1961). After outlining the essential characteristics of play, Caillois classifies games into four categories—one of which is mimicry: games of simulation and imitation. That was the moment I thought: this is the pattern that connects!

From there, I chose to focus on the 22 definitive events I selected among the 87—those in which mimesis, or reproduction, was present. This became the guiding thread running through my corpus. From that point, I embarked on a deeper exploration of how the concept of mimesis has evolved

across different times and disciplines. A fundamental influence in this process was the anthropologist Michael Taussig, particularly his book Mimesis and Alterity (1993).

3.6 A Dual Lens on Mimesis: Ethnographic and Multimodal Approaches

The central research question of this project is: What can the therapist's body do? To address it, I adopted two qualitative methodologies: Multimodal Conversation Analysis (MCA) and an ethnographic approach.

The rationale for combining these approaches rests on the distinction, outlined in previous chapters, between affect and affection. Following Deleuze's reading of Spinoza (1980/2007), affect was defined as the lived transition of a body, while affection referred to the state produced in the therapist's body by another. From these definitions, two methodological needs emerged: first, a systematic way to analyse the therapist's bodily states (affections) within specific frames of therapeutic interaction; and second, an approach to follow the movements between these frames—their flow and unfolding (affects).

To attend to affections, I chose MCA, developed by Goodwin and Goodwin (1987, 1992) and Mondada (2008, 2009, 2018). Before turning to its practical assumptions, it is important to situate MCA within its disciplinary lineage, namely Conversation Analysis (CA).

Born in the 1960s, CA placed social action at the center of its study. Mondada (2009) argues that CA, together with ethnomethodology (EM), developed a substantial research program devoted to understanding social action through its situatedness, emergence, and sequentiality. She also notes that the early focus of EMCA (Ethnomethodology and Conversation Analysis) was not strictly on language, but on the organization of social action. In fact, pioneers of the discipline such as Goodwin and Heath, in the 1970s, pursued this agenda starting from studies on gestures (Kendon, 1970, 1979; McNeill, 1985). If the origins of CA lie in the study of gestures, then the body—and its relation to language—was already central. In this sense, Mondada (2009) speaks of a "rediscovery of the body,"

emphasizing how attention to embodiment, foundational to EMCA, has gradually diminished over time. If her argument is correct, EMCA cannot be considered inherently logocentric.

Several authors (Clough, 2008; Cromby, 2012; Wetherell, 2015) have argued that the social sciences have undergone an embodied turn, reacting to the hyper-focus on language at the heart of the Linguistic Turn. With a few exceptions—such as Muntigl et al.'s (2013) study on head-nodding and Voutilainen et al.'s (2018) work combining CA with autonomic nervous system measures—psychotherapy research has remained predominantly logocentric (Peräkylä, 2019). That is, it prioritizes words, turn-taking, and transcripts, while often overlooking bodily conduct.

Systemic therapy, as part of this broader framework, has theoretically embraced the embodied perspective, but empirical research remains scarce. This paucity reflects a broader trend in psychotherapy process research and calls for further investigation. My adoption of MCA responds to this gap, as it offers tools to systematically analyze aspects of embodiment that conventional CA tends to fragment or subordinate to language.

CA does illuminate paraverbal dimensions—tone, timbre, rhythm, volume—but rarely provides a framework for treating the body as a whole. Broader bodily elements such as posture, gaze shifts, or limb movements are often disregarded. This limitation stems partly from CA's reliance on textual transcripts, difficulties in obtaining video-recorded therapy, and its theoretical emphasis on verbal language, particularly turn-taking.

MCA extends CA by systematically engaging with embodied communication, while also introducing methodological complexities: variability in transcription methods, the indexicality of analytic choices, the multi-temporality of bodily and verbal processes, and the distinction between transcription and coding. Mondada (2018) provides detailed guidance on these issues:

Transcription variability: inherent to situated practice, involving researcher selectivity, decisions about granularity, and the nominalization of details into a formal model.

Multi-temporality: while sequentiality is central to speech, embodied conduct introduces simultaneous sequences. For instance, a therapist preparing a triadic question may extend an arm toward the addressee while leaning forward at the same time.

Transcription vs. coding: MCA transcription entails situated selections and descriptions of details, while coding applies predefined categories continuously to actions.

By "multimodality" Mondada (2018) refers to "all relevant resources that are mobilized by participants" (p. 88)—such as language, gestures, gaze, posture, movements, and other embodied actions. MCA annotates these resources both alongside speech and during pauses, guided by two principles:

- Timing: each embodied action is temporally located within the multimodal activity and delimited by identical symbols marking beginning and end.
- Specification: each action is described briefly, with minimal wording and consistent annotation.

For the affective dimension of this research, I chose observed participation. Based on the assumption that there is no observation without participation, I entered the therapy room as a researcher. Since clinical work involves the whole body, I considered it essential to be in the room, despite the availability of a one-way mirror at the CMTF.

Participating with my whole body—as both clinician and researcher—was a fundamental requirement of this study, even though obtaining ethical approval from the Tavistock ethics committee was challenging. The choice to be in the therapy room was guided by the conviction that in order to sense affects and affections, one must be immersed in the here-and-now of the situation in which they arise.

I recognize that the one-way mirror is a useful tool to observe therapist and family interactions, but I argue that the affective atmosphere is not palpable from behind the mirror, as affects and emotions do

not always pass through it. Observing from behind the mirror is similar to observing through video recordings: it allows for visual and auditory data, but lacks other sensory dimensions.

Being physically present in the therapy room enabled me to sense visual and auditory details in depth, but also to capture olfactory and tactile impressions inaccessible from behind the mirror. I also believe that participant observation counters the "video-cracy" that dominates CA research, where reliance on vision and hearing risks overshadowing other senses such as smell and touch.

Part 4: Data analysis

4.1 MCA in Action

All 22 mimetic gestures were transcribed using MCA and following Mondada's notation system (2019; see Appendix 1). Below is an example:

1 * (0.1) ★ (0.05) ★ * TOT: 1.5 secs
T *When she did like this*
★ touches his belly with right hand ★
>> looks at the brother -->>
>> his back rests against the chair -->> Time: 45:50 (1st session)

In line with my research question, I transcribed only the therapist's (T) gestures, focusing not only on the mimetic movements but also on what the rest of the body was doing while the gesture was produced. All mimetic gestures are marked with the same symbol: ★.

As Mondada (2019) suggests, the transcription process relies on two principles:

Timing – each action is temporally located, with its duration indicated. In the example above, the gesture lasts a total of 1.5 seconds, with the mimetic component lasting 0.5 seconds.

Specification – Each embodied action is briefly described and delimited by a specific symbol if ends within the fragment —for example: ★touches his belly with right hand★ or +looks at the brother+. The asterisk * is used to indicate the therapist's direct speech (verbatim words).

In this notation, actions marked with the symbol >> indicate movements that began before the mimetic gesture itself. If an action does not end within the fragment, the notation appears as - ->>.

4.2: From MCA Transcriptions to a Taxonomy of Mimetic Gestures

Below, I present the results of the MCA applied to the 22 mimetic gestures I palpated, organized into the categories that emerged from the analysis. Each category is introduced with its defining features,

followed by the discussion of a single representative event. For each mimetic gesture, the MCA transcript is provided together with a brief description of the gesture and its temporal location within the therapy session. The full dataset—including all 22 mimetic gestures with their MCA transcripts and descriptions—is available in Appendix E. From this analysis, seven distinct categories of mimetic gestures were identified, each illustrating a different way in which therapists use their bodies to reproduce, transform, or echo elements emerging within the therapeutic process.

- Direct Mimetic Gestures
- Iconic Mimetic Gestures
- Accent Mimetic Gestures
- Imperative Mimetic Gestures
- Provocative-Irrevent Mimetic Gestures
- Amplificative Mimetic Gestures
- Externalizing Mimetic Gestures

Direct Mimetic Gestures

This category aligns most closely with Minuchin's conceptualization of mimesis (1974). Direct mimetic gestures occur when the therapist reproduces behaviours enacted by family members during the session. The term direct emphasizes the immediacy of this relationship of reproduction. These gestures are marked by a high degree of similarity between the original action and its reproduction. Yet, the reproduction is never an exact copy, as it always introduces subtle differences. The function of direct mimetic gestures is accommodation: moving closer to the position of the identified patient and serving as a tool for building a therapeutic alliance. In my event set, the only instance of a direct mimetic gesture pertained specifically to the identified patient.

Event 1 "Therapist touches his belly like the patient did"

Mimetic gestures share the same symbol ★.

1 * (0.1) ★ (0.05) ★ * TOT: 1.5 secs
T *When she did like this*
★ touches his belly with right hand ★
>> looks at the brother -->>
>> his back rests against the chair-->> Time: 45:50 (1st session)

Fragment 1

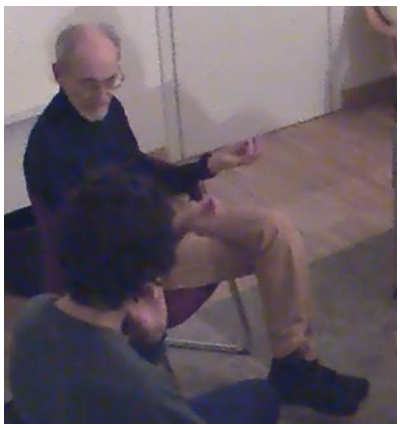
Description: The therapist places his hand on his abdomen, reproducing the gesture that the patient had made at the beginning of the therapy while speaking about her irritable bowel syndrome. With his right hand, he touches the centre of his belly, mimetically echoing the patient's movement; the open palm covers a wide area just below the navel. His left hand rests on his knee, holding the notebook where T1 takes notes. The therapist's back leans almost entirely against the chair's backrest, while his head, slightly tilted, is directed forward toward the patient's brother. His legs remain crossed.

Iconic Mimetic Gestures

This category proved the most complex to define. Initially, I labelled it symbolic mimetic gesture, but the term symbolic felt too vague, since all mimetic gestures could be seen as symbolic in some sense. For this reason, I opted for iconic. Iconic mimetic gestures are figurative and representative. Therapists use their bodies to visually depict elements, positions, or themes emerging within the family. These gestures function like a mirror, reflecting back to the family an image or figure of itself. Their intent is not primarily disruptive but descriptive: they materialize concepts or dynamics, enabling the family to perceive itself "from the outside." A large portion of these gestures occurs while therapists are providing feedback. Their function is to offer a form of embodied synthesis. The etymology of "iconic" derives from the Late Latin iconicus, from the Ancient Greek εἰκονικός

(eikonikós), meaning “related to an image” or “figurative,” itself based on εἰκών (eikṓn), “image,” “portrait,” or “figure.”

Event 4 “Therapist’s embodying his hypothesis (pt 1) (mimetism of a spaltung-split)”



Mimetic gestures share the same symbol ★.

4 *(0.2) ★(0.5) + (0.2) +★* TOT: 9 secs

T >> and not something that concerns their being as women or persons *

★He makes an inverted cone shape with both of his hands ★

+ directs his gaze toward the brother + Time: 2:12 (Feedback-2nd session)

Fragment 4

Description: The therapist is here providing feedback to the family. His way of moving has changed: rather than directing his attention to a single member, he now looks toward all family members. In this fragment, his gaze is specifically directed toward the identified patient’s brother. During earlier moments of the family therapy session, the therapist tended to focus on a single participant—usually the one speaking. When asking questions, he projected his entire body toward the family member being addressed. Here, however, he opens his arms and positions his hands in a particular manner to physically convey the division between the “unhealthy” female side and the “healthy,” even “overly healthy,” male side of the family. His arms are parallel, extending outward at a distance equal to the width of his body, forming a 90-degree angle. Both hands make the same gesture: the five fingertips of each hand touch together, shaping a small cone. With his legs crossed, his gaze remains fixed on the male side of the family, and in this fragment, particularly on the patient’s brother. Just prior to this gesture, the therapist had remarked that Parkinson’s disease and irritable bowel syndrome have affected the female side of the family.

Accent Mimetic Gestures

This category concerns the assimilation of a therapeutic style rooted in the Milan school. Here, the mimetic aspect does not involve reproducing family members' behaviors but rather replicating the communicative style of the therapists' mentors, Boscolo and Cecchin. When addressing the theme of affects, for example, the therapist shifts tone and rhythm, adopting an accent typical of the Chioggia region, where Boscolo and Cecchin originated. Interestingly, no Venetian dialect words are used; rather, what is mimicked is the prosodic style—the embodied mood of expression. Although both therapists studied are Lombard in origin, their speech contains no Lombard traces. Instead, the only accent emerging in their practice is Venetian. This suggests a process of internalization during training: they absorbed not only theoretical concepts but also the embodied rhythm and prosody of their mentors.. My research highlights how the atmosphere (ethos) in which they learned to become systemic therapists within the Milan group is embodied and reflected in their body language.

Event 9 "Therapist's feedback to the family: from perfection to sufficiency"

Mimetic gestures share the same symbol ★

9 + (0.1) ★●○ (0.2) ★ TOT: 3 secs

T ★ But they tri::e::?d to do us goo:::?d as much as possi:::?ble::." ★
● Raises his shoulders - ->>
○ Turns hands upward with open palms - ->>
+ Looks at the mother - ->> Time: 05:34 (Feedback 5th Session)

Fragment 9

When T1 tells the family that parents cannot be perfect, he speaks with a strong Venetian accent. He is emphasizing the need to shift from a logic of perfection to a logic of sufficiency. One hypothesis is that therapists at the Milanese center use this accent when they want to irreverently introduce differences into the family system. T1 raises both shoulders and turns his hands upward, palms open. His body becomes small, almost contracted, as if embodying the very criterion of sufficiency he is

describing. In this moment, it is not a body in its full "perfection"; it is closed in, reduced, giving form to adequacy and parsimony. It is a body that represents doing what is possible—a body that conveys acceptance of what is.

Imperative Mimetic Gestures

In this category, the mimetic gesture is introduced by the therapist toward a family member. The gesture carries an instructive quality: the therapist gives a prescription (though without clearly defining how to perform it—he tells what to do, for example, "act as if you have Parkinson's," but not how to do it). The therapist's approach is markedly directive, visible both in his bodily posture (see description below) and in his use of the imperative verb tense. The stimulus aims to highlight the difficulty of behaving as if one were ill with Parkinson's, without providing guidance on how to enact it. The how of the behavior thus becomes the very core of the mimetic prescription. The challenging intent is to make the person realize the difficulty of acting in a way that does not belong to her. This prescription also constitutes an inversion of the father's position in this family, where he had invited the mother to behave as if she did not have Parkinson's. The therapist's mimetic prescription is therefore the negative, mirror image of the father's: it is its opposite

Event 10 "Behave like you don't have Parkinson" vs "Behave like you have Parkinson"

Mimetic gestures share the same symbol ★

10 ★(0.4) # (0.1)# ★ TOT: 5 secs

T ★ Try to behave as if you had Parkinson's. What would you do? ★
extends his head toward the father
>> He looks straight toward the father - - >>Time: 10:24 (Feedback-2nd session)

Fragment 10

Description: The father states that, in his view, the most important thing to do is to behave as if one does not have the disease. The therapist interrupts the father's speaking turn and challenges this suggestion by proposing the opposite: he invites the father to behave as if he does have Parkinson's disease, exclaiming, "Behave like you have Parkinson's." After a moment of silence in the therapy room (TRP)[9], the father responds softly, in a subdued tone lower than his usual, "It's tough." The therapist then asks, "Can you understand that?" while keeping a steady downward gaze toward the father. His arms are crossed, resting on his abdomen; his eyebrows are arched, and his expression is serious. His legs are extended, not crossed, and his whole body—head to legs—is oriented directly toward the father.

Provocative Irreverent Mimetic Gestures

This category draws on the concept of irreverence, foundational to the Milan systemic model. Cecchin, Lane, and Ray (1993) describe irreverence as a survival strategy for therapists: a way to resist dependence on theoretical models, preserve autonomy, and legitimize creative impulses. It invites disobedience to predefined patterns. I interpret irreverence here as provocation. These gestures deliberately step outside the familiar framework by invoking culturally charged images: the rough, physical movements of a chimpanzee, the secretive behaviors of a spy, or the passivity of a chess pawn. Each carries a strong symbolic load. By exaggerating and amplifying these images, the therapist caricatures family dynamics, pushing them to the point of absurdity. The function of these provocative gestures is disruption. They intensify systemic themes such as control, secrecy, or subordination, allowing the family to see its own dynamics in an exaggerated mirror.

[9] TRP refers to a transition-relevant point, that is, a conversational juncture when no one takes the floor.

Event 14 “Therapist Uses Hand Gesture to Depict a Spy”

Mimetic gestures share the same symbol ★

14 *(0.1) ★ (0.4)* (0.1) ★ TOT: 6 secs

T * I am convinced that there is someone following you... you don't notice it... someone who is following you from a distance *

★ Raises his left arm and moves the hand ★

>> Looks at the identified patient - ->> Time: 13:12 (5th Session)

Fragment 14

Description: In this fragment, T1 embodies—through the movements of his left hand—the figure of a “spy” that he imagines the parents might have hired to monitor their daughter. While enacting this, he says: “…There’s someone following you from a distance.” The therapist raises his left arm, forms a fist, and extends the index finger to trace the spy’s movements as if following Chiara. His wrist and finger move irregularly, mimicking the unpredictable path of someone tailing her. The index finger points directly toward Chiara, reinforcing the link between the spy’s imagined actions and her presence. His gaze is also directed at her. The therapist’s style here is ironic. By staging this scenario, T invites Chiara to reflect on her position regarding the possibility that someone might be following her during her vacation.

Amplificative Mimetic Gestures

This category involves the therapist acting as a sounding board. The mimetic element lies in echoing the words or stance of a family member and re-presenting them to others. Typically, the therapist signals the person whose position is being amplified through bodily orientation, while directing his gaze toward the recipient of the amplified message. The function is to reposition what may have been downplayed or marginalized, bringing it into the center of family attention. By amplifying and redistributing this perspective, the therapist tests the family’s response to a voice made more central.

Event 16 “T1 relays the brother’s concerns to Chiara”

Mimetic gestures share the same symbol ★

The therapist has just paraphrased the words of Cecilia's brother, who had implied: 'you had a very low weight and therefore we were worried that you might be too thin.

16 ★▲+ (0.2) ▲ ★ + TOT: 2 secs

T ★ That's what he says ★

▲ He points to her brother with his left hand ▲

+ Looks at her brother + Looks at the identified patient - ->>

Time: 29:20-21 (5th Session)

Fragment 16

Description: In this fragment, T1 acts as an echo chamber for the narrative of one of Chiara’s brothers. Addressing Chiara directly, he reflects to her the concerns expressed by her brother about her weight. While speaking to Chiara, T gestures toward her brother with his left hand. His gaze remains fixed on Chiara. Both arms rest in a similar position, with the elbows supported by the arms of the chair. While holding a pen in his right hand, T1 uses his left hand to point to the brother whose words he is relaying. The left hand forms a fist, with the thumb extended and pointing to the left side of the therapist, where Chiara’s brother is seated. The therapist does not appear to be taking the brother’s side but rather conveying his concerns to Chiara in order to bring them into the therapeutic dialogue.

Externalizing Mimetic Gestures

In this category, therapists attribute potentially disruptive hypotheses to colleagues with different characteristics from their own. Rather than voicing such ideas directly, the therapist introduces them indirectly through this externalized attribution. The function is protective: it allows the therapist to introduce challenging elements while preserving the therapeutic relationship. By placing responsibility on an absent colleague, the therapist softens the impact of the provocation, while still allowing it to operate as a destabilizing force within the family system.

Event 22 “Therapist uses an externalized colleague’s voice to mark family boundaries”

Mimetic gestures share the same symbol ★

22 ★ ☼ (0.1) ☼ ★ TOT: 1 secs.

T ★ With your family ★
☼ pushes his right hand toward the identified patient ☼
>> looks at the father - - >>

Time: 55:54 (14th Session)

Fragment 22

Description: On several occasions during the therapy, the therapist acted as a sounding board for the different positions of the three family members, presenting the perspective of one to the others through clarifications. In this fragment, however, the therapist goes further: rather than merely presenting positions, he emphasizes the pragmatic consequences they entail. Importantly, he does not frame this intervention as his own opinion or as the position of a family member. Instead, he externalizes it by attributing it to a hypothetical colleague with a more direct therapeutic style. He introduces this move by saying: “I’m reminded of a colleague of mine who is a bit more direct than me…” Using this voice, he presents the consequences of the different positions he has observed in the session. He continues: “Someone needs to be here to say… my daughter, you already have enough trouble with your own family, that is your new organism.” As he says “your own family,” his gaze remains fixed on the father, while his right hand—palm open—gestures toward the designated patient. This gesture indicates a boundary, a demarcation line now established between the two families. The therapist uses his body here to make visible the differentiation process. His body shifts forward: his back no longer rests against the chair but moves toward the edge of the seat. With his right hand, he makes a horizontal, forward-directed movement toward the designated patient. The gesture is unidirectional, conveying irreversibility, as if underscoring the weight and intensity of the differentiation now taking place.

4.3 Beyond Taxonomies: Mimesis in motion

While writing the section on the "data analysis" process, I found myself questioning whether the codings I had identified belonged to a positivist understanding of qualitative research. I acknowledge that this doubt has profoundly unsettled me and, at times, has been a source of discouragement in the course of my inquiry. I repeatedly asked myself whether it was indeed possible to develop a post-qualitative research project. This stage of the work made me hesitate and generated a sense of uncertainty, a kind of vertigo that challenged me in my role as a researcher. I have consistently sought to ground my work within a post-qualitative perspective… and yet, to falter precisely at the stage of data analysis? I identified seven clusters of mimetic gestures, yet I wonder whether these clusters are excessively abstract and generalized, reproducing the very tree-like structures (Deleuze & Guattari, 2004; MacLure, 2010) that post-qualitative researchers themselves critique (Lather & St. Pierre, 2013; MacLure, 2010; St. Pierre, 2021; St. Pierre & Pillow, 2000). I ask myself whether it is possible to remain as closely—as "glued" or "flattened"—to the details as possible, so as to avoid colonizing the data. Perhaps, in reality, it is not possible not to colonize—but perhaps it is possible to construct an inquiry that is more rhizomatic in nature. It is from this place of doubt and uncertainty that I turned to ethnography, as my focus shifted from categories to processes. In what follows, I present my ethnographic material. I begin by providing, for each of the three families who participated in the research, an excerpt intended to convey the atmosphere of what I palpated was unfolding in the therapy room. I have entitled this section "daring to be there," to mark a contrast with the distance that categorical thinking in the previous section had created between myself and the events of which I was a part.

4.4 Ethnography in action: daring to be there (Appendix F provides an ethnographic account focusing on the therapists)

4.4.1 Ethnography with "The Divided Family: Sick Women, Healthy Men"

In the therapy room, only the female members (the mother and the daughter) of the family are present. T's tone of voice is very low, calm, and welcoming, while PD's tone is very faint. The girl appears very shy: she often looks down, and at times, a timid smile flickers across her face. The mother expresses herself with decisiveness in the content she conveys, yet her manner remains calm. The atmosphere is very respectful, with no overlapping verbal exchanges. Despite the heavy topics being discussed (irritable bowel syndrome, Parkinson's disease, and medications), there is a sense of harmony in the therapy room. We are at the beginning of the session (7:15), and the designated patient raises her right hand. "Do you still feel this irritable bowel now?" the therapist asks in a very warm and gentle voice, slightly tilting his head after touching his own stomach. However, just before the two male family members enter the room, the designated patient's behavior changes—she becomes more rigid and withdrawn. When they finally enter (22:13), something unexpected happens—something that had escaped my previous observations[10]. The patient stiffens, visibly tense, and seems to retreat further into herself. While the father speaks about how he perceives the situation, she keeps her gaze down and at times looks away. The family is also divided in terms of professions: the male members take care of the economic aspect, working in sales, ensuring professional continuity. The women in the family, on the other hand, focus on health and caregiving: the mother worked as a psychiatric nurse, while the daughter is involved in veterinary medicine. Economy vs. Caregiving: Those who care fall ill. The mother brings greater concern for the daughter into the session, while the father conveys more positivity. I have the feeling that the brother is an ally for the daughter: the brother–designated patient axis is the one that could break the family division. The mother-daughter bond seems very strong. The two men are dressed for work: the father wears a short-sleeved white shirt with a pair of jeans, while the son wears a light blue shirt and beige trousers. Both men arrive late to both sessions. It is as if the spirit of the worker (as opposed to the family spirit) inhabits this

[10] Materiality: the session is interrupted by the sound of the intercom; my heart starts pounding while waiting for the male side of the family entering the room.

side of the family. When the conversation shifts to animals and passions, the designated patient appears much more relaxed: she smiles, her body radiates more positive energy, her gaze is lifted, directed toward the therapist and the other family members. She sits in her chair differently compared to when discussing her distress. She is no longer sinking into the chair; her back is now straight, fully resting against the backrest. Her legs form a right angle. In this position, she conveys a sense of agency. However, when she talks about issues like her colon, her entire body language changes: she becomes more tense, moves less, and adopts a more closed posture. Her gaze shifts downward. Even her voice changes; she speaks more slowly, and her tone becomes hoarse and subdued. The father irritates me a little: on the one hand, he seems to downplay problems by maintaining a stance of positivity. Perhaps behind this optimism lies a fear of the issue itself. What bothers me most about him, though, is the way he dismisses the problem. It makes me think—perhaps he is trying to sell the very image of his own family. He has a seductive manner, as if he were trying to sell something. He always addresses the therapist with, "Excuse me, doctor" … I struggle to see him as authentic; something feels off, something about him irritates me. Maybe he comes across as arrogant—or perhaps, more than that, as fake. He talks about his wife as being more capable than he is of understanding their daughter's situation, given her professional background. Yet, he doesn't seem arrogant—if anything, he presents himself as someone who doesn't know. But I still sense an undertone of pretense. For example, in a slightly scolding manner, he asks his wife if she has mentioned that she worked in psychiatry for many years. In that moment, his tone is stern and authoritative

4.4.2 Ethnography with "The Scared Family and the 'Perfect' Idea Resisting Death"

In this family, I feel at ease—I haven't felt like an outsider from the very beginning. I feel comfortable here, and I allow myself to smile right away. The atmosphere isn't tense, and even when it does become so, it remains light. There is this paradoxical tense lightness, or perhaps a light tension. There is a contrast in this space: we are in a therapy room, yet irony takes the lead—at least in the initial

phase. The overall mood of this family is quite bright. The mother's laughter embodies this ironic brightness—it is cheerful, amused, and engaging, almost contagious. At times, however, the subject of this light-hearted irony becomes the designated patient, who doesn't always join in the general family laughter. I wonder if, beneath this atmosphere of levity and humor, something else is lurking. Perhaps irony is being used as a defense mechanism, a way to exorcise fears that might otherwise remain too threatening for this family. The designated patient's voice grows sharp, reaching high, piercing peaks. It is through these vocal outbursts that she sometimes disrupts the family's shared laughter. I notice some striking differences between the designated patient and the other four family members. First of all, their clothing style: the mother, father, and two sons wear casual outfits—sporty pants paired with a sweatshirt or a sweater. The colors of their clothing are muted and understated; they do not stand out. These are basic colors, the kind that people tend to wear in their daily routines. The designated patient, on the other hand, contrasts sharply with this: instead of casual attire, she opts for a formal style—a light blue shirt, a handbag in a more vibrant shade of blue than the shirt, and elegant, classic-style dark blue trousers. Another striking difference is the positioning of the family members: the males are physically closer to each other, with the father at the center. The mother is slightly distanced from this trio, sitting further away from her daughter, who is to her left. The designated patient is the most distant from all the family members. Composure/Nervousness vs. Comfort/Relaxation: The family members display different ways of being in the therapy room. The designated patient appears tense and nervous. When she is not speaking, she touches her hair; when she speaks, her nervousness shifts from the bodily to the verbal level—she gives voice to her position: her voice has peaks, it is shrill, and it builds in a crescendo. Her two brothers, by contrast, exhibit the opposite behavior: they seem relaxed and adopt slouched positions in their chairs. They do not sit upright against the backrest; rather, they slide down as if almost falling from the chair. The irony used by the four family members in response to what the designated patient says makes me take a stance—I feel like I am on their side. I, too, am tempted to be ironic about what she is saying. However, only now do I stop and reflect: What kind of relational dynamic is this irony producing? What impact does

it have on family relationships? Is it an irony that disqualifies? Perhaps the designated patient's nervous behavior is connected to this irony. Feeling disqualified, she expresses herself and protests in order to assert her position. The therapist, for his part, also uses irony, but directed at a parental behavior. While the family's irony seems to disqualify the designated patient, the therapist's irony targets a controlling parental behavior. This is a crucial point: the therapist is ironic about the parents' tendency to control. The rest of the family does not seem unsettled by the therapist's irony—they do not respond, either verbally or through body language. They appear unaffected. The designated patient's reaction, however, is completely different: she always responds with a firm "No" to the irony about controlling behaviors. She opposes control by shifting her discourse and raising her voice.

4.4.3 Ethnography with "Blurring the Boundaries: How Many Families Are We?"

The designated patient's mother displays a bourgeois demeanor, evident both in her movements and in the clothing she wears: purple trousers and a sweater in a slightly darker shade, complemented by orange earrings and a matching bracelet adorning her right wrist. She is very well-groomed. By contrast, the designated patient appears awkward. She stands in stark opposition to her mother in many respects, starting with her movements. While the mother's bodily movements are always measured, restrained, and precise, the daughter's are unrestrained, excessive, and energetic. At the start of this therapeutic session, the two women enter the room in very different ways. The designated patient, carrying a backpack on her shoulders, gently swings her shoulder bag onto the chair where she will later sit. Meanwhile, the mother, with a regal demeanor, places her handbag on the floor. Once seated, IP crosses her legs with composure, but in doing so, she accidentally strikes the small table at the center of the therapy room, nearly knocking it over. I do not feel comfortable in this family, unlike the previous ones. There's an air of Milanese bourgeoisie here, and I do not like Milanese bourgeoisie. One of the themes discussed in therapy concerned the responsibilities of managing a house in central Milan. A prejudice immediately springs to mind: this family truly has no other problems than debating how to manage their real estate properties. Inside me, I feel an emotion

shifting between annoyance and irritation. My prejudice against them grows stronger; I tell myself, “Is this really a problem? Real problems are of another order—such as having a daughter with anorexia.” What strikes me in this whole context are the therapist’s signs of misunderstanding during the session, both verbal and non-verbal. More than once, he says that the situation is a mess, and at times, he brings his hands to his head as if symbolizing a chaos he cannot grasp. The contrast between the two female figures becomes more and more evident, involving many aspects. I notice it especially in their manners and clothing: to the mother's purple trousers, the daughter opposes a simple pair of casual blue jeans; to the brown wood-colored loafers, she contrasts worn white sneakers. Their differences do not stop at clothing. Their voices are distinct: the mother’s is thin, steady, almost monotone, while the daughter's is sharper, sometimes even shrill. There is a subtle sense of victimhood in the mother's tone. Their body language also catches my attention: the mother’s gestures are almost in slow motion, always calm and measured, while the daughter's movements are more erratic and abrupt. The difference in the speed of their gestures is striking: the mother’s are gentle, while the daughter's convey urgency, almost as if they were torn, producing and transmitting disorder. The designated troublemaker in this family is the patient herself. Maybe she really is a troublemaker! The father is not physically present, as he is attending the session remotely from the hospital, where he is recovering from cartilage reconstruction surgery on his knee. I know him mostly through his voice—it is soft, though it seems to come from a person under physical strain. These three voices are strikingly different, and a thought crosses my mind: What kind of symphony could these distinct tones create if brought together? Maybe a cacophony?

4.5 Ethnography of Mimetic Events

In the following section, I present the ethnographic material related to the three mimetic events that I have chosen to analyze. I selected one mimetic event for each family. The first mimetic event was chosen because it exemplifies a mimetic gesture à la Minuchin, in which the therapist reproduces a behavior directly observed in the therapy room (mimetic event n. 1). The second mimetic gesture was

selected because it illustrates how the therapist's repetition of the same mimetic gesture can generate different effects (mimetic event 11-12). The third mimetic gesture was chosen because it highlights how mimetic gestures involve both bodily and verbal dimensions, each originating from different external sources (mimetic event 22).

- Therapist touches his belly like the patient did (Mimetic Event n. 1) noted in "The Divided Family: Sick Women, Healthy Men".
- Therapist uses hand gesture to depict a spy (Mimetic Events n. 11–12) noted in "The Scared Family and the 'Perfect' Idea Resisting Death".
- Therapist uses an externalized colleague's voice to mark family boundaries (Mimetic Event n. 22) noted in "Blurring the boundaries: how many families are we?"

4.5.1 Ethnography with therapist touching his belly like the patient did (Mimetic Event No. 1)

The brother has just stated that it is obvious—at least for him—when the IP has stomach issues. However, he does not assert this position decisively. His voice is soft, careful, and measured. There is, perhaps, a fracture both within the content of what he says and between the content and the way he expresses it: at the level of content, on the one hand, he uses the adjective "obvious," which refers to a category that is objective, visible, and clearly identifiable. He accompanies this adjective with the verb "seem," which, on the other hand, refers to a dimension of greater subjectivity and uncertainty—interpretation. It seems like an oxymoronic juxtaposition: "obvious"—"seems." Something is either obvious, or it seems to be. The designated patient's brother has, throughout the course of therapy, tended to take an intermediate, unexposed position. Perhaps he is walking a tightrope between the two positions inhabiting the family ("concerned" vs. "positive"). Here, he seems to be doing so partly on a verbal level. On a bodily level, as soon as he verbalizes the oxymoron, he looks around, looks at the family members, and then at the therapist. It almost seems as if he has gone too far, as if he has said something that could be annoying—something dissonant. He seems to be seeking confirmation from others, first looking at the female side of the family, then at the therapist,

and at me. He does not turn his gaze toward the father. Watching and rewatching this segment, I notice that the same brother (45:40–41) produces a mimetic gesture similar to the gestures that the IP makes when she does not feel well in her stomach. It is worth noting that I had not noticed this detail before. The brother is sitting with his back to the one-way mirror, to my right, and with his back to the camera that is recording the therapy. Probably, my focus on the therapist's gestures distanced me from this detail, which now emerges as important: the gesture that the therapist is about to produce—the same one that the designated patient made at the beginning of the session—has just been made by the brother. The bodily dimension emerges with force. The mimetic gesture unfolds across different bodies.

There are three mimetic gestures that have elements in common, although they differ:

The brother first brings both his hands to the level of the lower abdomen and then to the stomach. His gesture is characterized by a double movement: first, he touches the lower part and then the upper part of the abdomen. This is the gesture that allows him to understand whether his sister is unwell at that moment.

The therapist, for his part, immediately takes this gesture into consideration, connects to it, and reproduces it in his own way: he does it with only one hand, placed at the level of the abdomen with delicacy. However, the gesture is quick, and it ends with his hand pointing toward the parents.

The designated patient does it differently. She places her right hand at the center of her abdomen, seeming to push, applying consistent pressure alternating with light strokes in a horizontal and circular direction. She then opens the palm of her right hand and begins to move it in a vertical direction. The patient massages her belly, as if she were keeping it warm—she is comforting herself. She herself is taking care of her belly. She keeps it warm; she cuddles it.

As soon as the therapist finishes touching his stomach, he continues the gesture by pointing to the parents. The brother's gesture had stopped. The therapist draws a relational continuity from the

gesture by saying, “When she did this, what…?” From the gesture, the focus shifts to exploring what the parents do when the designated patient makes precisely that gesture. He asks the brother. Mother and father look at him, waiting for his answer.

4.5.2 Ethnography with therapist using hand gesture to depict a spy (Mimetic Events n. 11–12)

The atmosphere of hilarity surrounding the designated patient continues to unfold. They begin to talk about the upcoming trip that the designated patient is preparing to take to Bali in early April. It is true that the predominant affect on the surface seems to be one of cheerfulness and sarcasm. This appears to be the strongest feeling expressed. However, this general mood is not the only one present and may actually be hiding something deeper, something more underlying.

The therapist asks one of Chiara’s brothers (the one who had been absent from previous sessions), "Who is the calmest person here?" The brother replies that he and the other brother are the calmest, followed by their father. Then comes their mother, and finally Chiara. It appears, then, that Chiara is the least relaxed of them all. The other brother then jumps in and adds that, in fact, it might actually be their mother who is more worried at this time. The two brothers come to agree that the role of the most worried or least relaxed member of the family tends to shift between Chiara and their mother, depending on the family’s current situation. The other brother eventually states that, in his view, at this moment it is their mother who is the most concerned—especially about the trip Chiara is about to take alone to Bali.

According to the father, the mother was the most worried—until both parents, in unison and with amusement, say, "We found some solutions," and the father continues, "because in life, you always find some."

At this point, a first mimetic gesture occurs: the therapist performs the gesture of installing a microchip into Chiara’s head, as his sarcastic interpretation of the "solution" the parents claim to have

found. At this moment, the father and mother openly reveal what that solution actually is for Chiara's solo trip to Bali.

This raises a question: what problem are they really trying to solve? Is it Chiara's (yet unspoken) need to have someone to rely on in Bali? Or is it the mother's anxiety about her daughter traveling alone?

As it turns out, the father, who had been involved for several years in fair trade activities and had attended global fair trade assemblies, ended up meeting a local producer from Bali. The father describes this man as a "great guy," with long hair and a ponytail—"just like" the therapist—"a madman, but in a good way." Upon being informed that the daughter would be coming to Bali, the man expressed his willingness to welcome and support her.

It emerges that Chiara has already been in touch with this local Balinese man. Since this connection was established, the mother's worry appears to have diminished.

At this point, the therapist makes a second mimetic gesture: that of a spy trailing Chiara from a distance. Chiara's reaction to this gesture is immediate. While the therapist is still miming the action of a spy following her, she raises her voice and abruptly exclaims, first with a sharp "but", followed immediately by a "no!" She downplays the role of the Balinese man. For Chiara, this man holds the position of a companion—someone to help her discover parts of Ubud, which is the most demanding part of the trip due to the abundance of sites and attractions to visit.

The therapist then goes on to ask whether any specific vaccines are required to travel to Bali. The designated patient promptly responds that no vaccines are needed if coming from Italy. Her answer is firm but less abrupt than in other moments. She then adds that there are a few insects and that, to deal with them, she is prepared to use repellents.

This shift in topic—from vaccines to insects "managed" through the potential use of repellents—triggers a strong reaction of amusement from her parents. The father, smiling and with a sarcastic

tone, remarks that there are insects in the Po Valley as well, even large ones. Meanwhile, the mother observes her daughter with a slight smile, which I interpret as bitter.

The designated patient then shifts the focus from using repellents to taking probiotics and lactic acid bacteria. This last remark provokes a stronger reaction from the mother, who seems unable to contain herself any longer. She clasps her hands together and starts moving them in a gesture that conveys the meaning of "What on earth are you saying?!"—a typical Italian expression, characterized by a rapid back-and-forth movement of two joined hands. The gesture is swift; the mother does it and then immediately looks at the therapist. The designated patient does not notice it. She almost seems about to speak, opening her mouth, but then stops, as if left speechless by what she might consider an imprudent and reckless attitude.

The woman appears discouraged, as if silently saying, "My daughter, don’t you realize what you’re saying?" The father continues to accompany his daughter's remarks with irony. When she speaks about probiotics, he chimes in with a playful, sarcastic tone, saying, "Oh, of course, of course."

This is the atmosphere surrounding the coming into being of the mimetic gesture. It is interesting to observe how the therapist himself contributes to this sarcastic tone. Shortly after, when the designated patient brings up the need to purchase a local SIM card, the therapist looks at her with a smile and rhetorically urges her not to share her number with them (the parents). He phrases it as a negation: "And of course, you won’t be giving them your number…" While looking at the designated patient with wide eyes, he gestures toward the parents, implying that she does not want to share her number with them.

The only person who seems serious and conscientious is the designated patient herself. She turns toward her mother, looks her in the eyes, and firmly states that she does not want to share her number. This is the atmosphere surrounding the mimetic event that is about to take place.

At this point, it is the father who brings up the idea of having "spies" to keep the parents updated as a remedy for her refusal to share her phone number. The father says it with a smile. He talks about spies and then laughs. The therapist at this point draws a line in the air—irregular, curving. A slight smile appears on his face, just beneath his mustache. With his left hand, he mimics the movements of the spy as they follow Chiara. These movements are quick and stealthy. They happen in hiding, meant to go unnoticed—distant, yet precise. Through this gesture, the therapist conveys these dimensions. A smile appears on my face.

4.5.3 Ethnography with therapist using an externalized colleague's voice to mark family boundaries (Mimetic Event n. 22).

The designated patient's mother is very expressive; her body amplifies what she conveys verbally. As the mother speaks, I am struck by the way her daughter expresses herself. Her gaze is not directed at her mother but remains fixed, motionless, toward the ground. It is astonishing that this daughter does not feel the urge to look at her mother as she speaks. However, when the therapist speaks, she watches him. When the therapist exclaims, "Pay attention!" he raises his voice, almost shouting. His body jolts forward, following the movement of his right hand as it slices through the air. The gesture is executed with such force and vigor that his entire body follows. The therapist's body is now positioned at the very edge of the chair, far from the backrest. But that is not all: even my own body, as the researcher, reacts with a jolt. I shift in my seat, leaning forward as I follow the therapist's movement. It feels as though, along with the therapist, I am pushing forward into this act of expulsion, of breaking away from a single entity. Just before the therapist shouts "Dedicate yourself!" I even move my chair a few centimeters forward, as if drawn into the movement the therapist is creating. The therapist produces this act of expulsion toward the designated patient while his gaze is fixed on the father, who is present online. When he says "Dedicate yourself!" despite directing the gesture toward the patient, his eyes remain locked on the father. Perhaps the therapist is suggesting that this is something the father himself could say to his daughter. I find this point particularly interesting: the

therapist is reproducing a statement that a third party—her father—might say to his daughter, yet he does not direct it at the daughter herself. Instead, he addresses the father, as if the father had become the daughter to whom this message should be delivered.

Part 5: Findings

5.1 Constructing Analytic Frameworks: The Cartesian Plane and Benjamin's Immaterial Similarity

I employed two different analytical frameworks to examine and discuss the differences among the various mimetic categories emerged from the MCA analysis: the Cartesian plane and Benjamin's concept of immaterial similarity

5.1.1 The Cartesian Plane

In an effort to bring order to my material—almost as a survival strategy—I resorted to the Cartesian plane. I am aware of the paradox inherent in this choice: adopting a tool historically associated with categorization and a philosophy that tends to fix, immobilize, and crystallize. Yet, as the Italian saying goes, "necessity is the mother of invention" my personal necessity was to identify a common thread—a fil rouge—within a body of material that was heterogeneous, perhaps excessively so. This process may be imagined as wandering among diverse and heterogeneous mimetic events. To survive this intellectual chaos, I began to question whether these events, despite their heterogeneity, shared certain underlying elements. Two factors gradually emerged as central:

- the word–behaviour axis (horizontal), and
- the internal–external axis (vertical) (Figure 1).

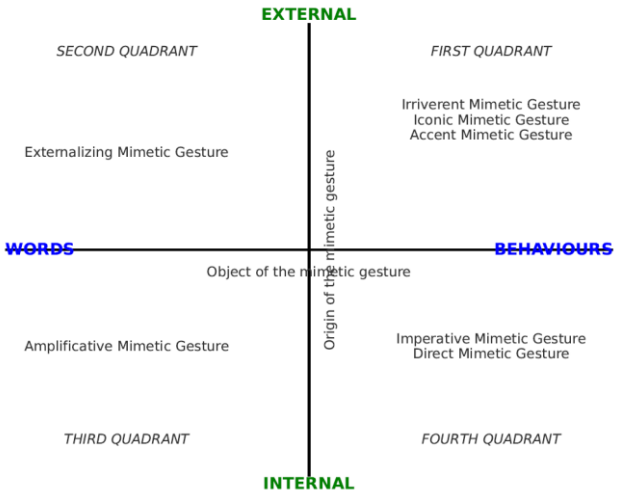


Figure 1

Two-dimensional representation of mimetic gestures along Cartesian axes.

I believe that research frequently requires the drawing of lines and distinctions. The first of these distinctions concerns the difference between words and behaviours. I realized that the mimetic events I had identified could be distinguished according to the object of the mimetic gesture. By "object," I refer to what is being imitated by the therapist. Two primary objects of imitation emerged: words and behaviours.

Quadrants I and IV: Mimetic Gestures Focused on Behaviours

In Quadrants I and IV, the mimetic gestures are directed toward behaviours. In such cases, the therapist physically enacts the mimetic gesture within the consulting room.

Quadrant I – Iconic Mimetic Gesture

In event number 3, the therapist produces an act of translation: using his body, he assumes a backward, recoiling posture evocative of a bowling pin struck by a ball. This bodily representation mirrors the mother's reaction to the therapist's question. Specifically, the therapist had asked the mother about her relationships with the masculine side of the family. The mother immediately shifted her focus to the father–daughter relationship, disregarding her own relationship with her husband. The therapist's mimetic bodily gesture thus embodies and reflects the mother's disengagement and withdrawal from the conjugal dynamic.

Quadrant IV – Direct Mimetic Gesture

In event number 1, the therapist accompanies a triadic question addressed to the brother: "What did they do when she did that?" The question referred to the parents' behaviour when the sister touches her stomach. As the therapist uttered the words "when she did that", he replicated the gesture produced earlier by the identified patient at the beginning of the session: briefly touching his own stomach. The gesture, though extremely rapid and lasting only a fraction of a second, conveyed a

sense of tenderness. A bridge was thereby formed between the patient's earlier gesture and the therapist's mimetic act.

The distinction between event 3 and event 1 lies not in the object of imitation (which in both cases is a behaviour), but rather in the origin of the mimetic gesture, corresponding to the internal–external axis. In event 3, the mimetic behaviour is invented by the therapist through the imitation of something external to the therapeutic room. By contrast, in event 1, the therapist reproduces a gesture that had occurred directly within the session itself.

Quadrants II and III: Mimetic Gestures Focused on Words

In Quadrants II and III, the object of the mimetic gesture shifts from behaviours to words. Here, the therapist imitates verbal expressions previously uttered, often amplifying or reframing them through bodily movements.

Quadrant III – Amplificative Mimetic Gesture

In event number 20, the therapist echoes the mother's position, which she had just verbalized: she reported feeling constantly attacked and judged, adopting a tone of reproach, anger, and criticism toward her daughter. The therapist paraphrases and amplifies this position by exclaiming: "I always get it wrong, don't I!" Importantly, the object of imitation here is verbal; yet the body is not absent. To magnify this position, the therapist points to himself with his left hand while speaking, thereby producing a gesture isomorphic to the mother's expressed position.

Quadrant II – Externalizing Mimetic Gesture

In event number 22, the therapist takes as the object of imitation not the words of a family member but those of a third party: a colleague, typically more direct than the therapist himself. The therapist conveys this colleague's position, external to the therapy room, by saying: "You already have enough chaos in your own family—this is your new system. Focus your attention and concern on that." This intervention occurred in a session where the designated patient felt excluded from managing family

assets, while her parents insisted that the responsibility lay with an external agency rather than with them. By reproducing the verbal style of his colleague, the therapist introduced an externalizing perspective. Once again, the body did not disappear he accelerated the movements of separation produced by pushing forward his hand, intensifying the sense of separation between the two family systems.

5.1.2 Benjamin's Concept of Im-material Similarity as Analytic Framework

In addition to employing the Cartesian plane, I also turned to Benjamin's concept of immaterial similarity in order to refine the distinctions among the categories that emerged from my MCA analysis. Walter Benjamin, in his essay "Doctrine of the Similar / On the Mimetic Faculty" (1933), distinguishes between material (sensuous) similarity and immaterial (nonmain -sensuous) similarity. Material similarity refers to those resemblances perceivable by the senses—objects or behaviors that outwardly resemble one another. Immaterial similarity, by contrast, is not directly perceptible; it connects what is said and what is understood, what is linguistic and what is mimetic, in ways that exceed mere outward likeness. In his essay on the mimetic faculty, Benjamin writes that "immaterial similarity" is the central idea regarding the mimetic faculty. (1933, pp. 210-213). It is, in Benjamin's words, a kind of resemblance between the word and the object it designates, or between speech or writing and meaning. Michael Taussig builds on Benjamin's concept of immaterial similarity in Mimesis and Alterity (1993), exploring how mimesis operates beyond simple copying, involving both resemblance and difference. This concept has provided me with a theoretical lens through which to examine whether mimetic events could be differentiated according to a delta—a gap between what is said and what is done, between the mimetic and the linguistic. This led me to classify the identified mimetic events according to the degree of immaterial similarity, that is, the extent to which they reproduce or transform their "object of reference".

Classification of Mimetic Gestures: From Material to Immaterial Similarity

The seven categories of mimetic gestures that emerged from my MCA analysis can be arranged along a spectrum ranging from material similarity—where the mimetic act is closest to sensuous resemblance and immaterial similarity is at its minimum—to immaterial similarity, where resemblance is more mediated, transformative, and irreverent.

1. Direct mimetic gesture

This category includes those behaviors in which the therapist "faithfully" reproduces the behavior of a family member. Here, material similarity is maximized, as the reproduction relies on sensuous resemblance. At the same time, immaterial similarity is at its minimum, since the imitation is almost identical to its referent. These gestures typically occur in the early phases of therapy.

2. Accent-mimetic gesture

This category involves mimetic behaviours by the therapist that are not directly linked to the linguistic or behavioural content under discussion in the session, but rather to the therapist's own training at the CMTF. In many instances, therapists resort to the use of a Venetian accent. Boscolo and Cecchin were originally from Chioggia, and although the therapists in this study do not have personal roots in the region, they often employed this accent in their clinical practice. Here, the resemblance does not take the form of a direct mimetic gesture, yet it still relies on material similarity. The behaviour derives from something encountered during the training with Boscolo and Cecchin, which remains perceptible through the senses and thus preserves a concrete, material link.

3. Externalizing mimetic gesture

To this category belong those gestures in which the therapist chooses not to state their own opinion directly, perhaps because they believe it could potentially be dangerous for the family system. Instead, they introduce their opinion into the therapy room by attributing it to a more outspoken colleague, saying that it would be this colleague who would actually express such a view. In this case, the degree

of material similarity is greater than immaterial similarity, since there is a verbal overlap between what the therapist actually says and what the more outspoken colleague would say.

4. Amplificative mimetic gesture

In clinical practice, the therapist frequently amplifies a linguistic element introduced by a family member—often one that has been downplayed—by repeating it almost verbatim. This gesture is primarily linguistic: the therapist echoes the words of the family member, effectively serving as a resonating chamber. Here, immaterial similarity is higher than in externalizing-mimetic gestures, because the therapist not only reproduces but also magnifies the utterance, creating a subtle shift between the original and its mimetic echo.

5. Iconic mimetic gesture

This category includes gestures in which the therapist translates a concept or idea introduced by the family into a bodily enactment. In these cases, immaterial similarity increases further, since the therapist must translate from the linguistic plane into the mimetic/embodied. The act is not a direct reproduction but a transposition and as such the translation might introduce a new layer of distance from the original.

6. Imperative mimetic gesture

This category includes situations in which the therapist invites a family member to imitate the behavior of another family member. In such cases, the mimetic gesture is not produced by the therapist but by the family member, at the therapist's request. Here, immaterial similarity is even higher, as the therapist introduces a new layer of mediation: the imitation is displaced from therapist to family member, creating a dynamic in which resemblance is orchestrated rather than enacted directly.

7. Provocative-Irriverent mimetic gesture

This category involves an irreverent stance on the part of the therapist. The therapist mimetically reproduces, through gesture, what has been said by family members, but in a way that deliberately

provoke. At this point, the delta between linguistic and mimetic act is at its maximum: the therapist transforms the family's words and/or behaviors into new gestures that are not directly present in the family's discourse. For this reason, immaterial similarity reaches its highest degree, since the resemblance is based on a creative distortion rather than sensory likeness.

The Mimesis–Alterity Axis and Immaterial Similarity

At this point, it is necessary to reflect on the Mimesis–Alterity axis and on the role of immaterial similarity. A crucial point is that every mimetic gesture necessarily introduces a gradient of difference: a copy is never identical to the original. Nevertheless, degrees of overlap can be identified, depending on whether the mimetic act engages with verbal–linguistic or behavioral dimensions. On the Mimesis–Alterity spectrum I constructed (see figure 2)

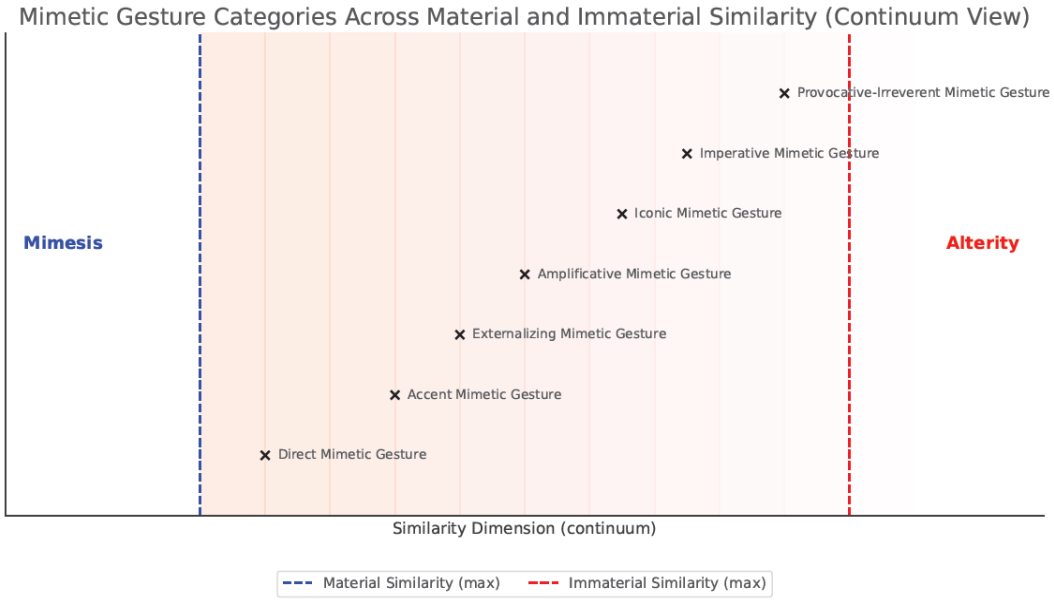


Figure 2

Mimetic Gesture Across Material and Immaterial Similarity

My data reveal a noteworthy pattern: mimetic gestures that exhibit a higher degree of immaterial similarity tend to occur when the translation—and the inevitable "betrayal"—happens within a diverse register (either verbal or behavioral). A mimetic gesture that shifts from self to other within a single channel is a more faithful copy than one that crosses channels. On the left side of the spectrum, for example, we find the direct mimetic gesture, where the therapist faithfully reproduces a behavior

enacted by a family member (behavioral register → behavioral register), and the amplificative mimetic gesture, where the therapist echoes words spoken by a family member (verbal register → verbal register). On the right side of the spectrum, we find the provocative mimetic gesture, which involves translating verbal content into a behavioral register. Such cross-channel translations result in a higher degree of immaterial similarity because it is less "directly" perceivable.

Multimodality and the Mimetic Gestures

A further question arises: does distinguishing between verbal and bodily planes contradict the multimodal approach that underpins my doctoral research? Multimodality assumes that participants in interaction simultaneously mobilize multiple semiotic resources. My aim is not to deny multimodality, but rather to highlight the selectivity of the mimetic faculty: which elements it chooses to imitate, and how. My Mimesis–Alterity spectrum rests on two premises:

- identifying what kind of stimulus the therapist chooses to imitate, and
- identifying on which plane—verbal or behavioral—the therapist primarily enacts the imitation.

I hold that word and body are always present simultaneously (multimodally). Yet, within this simultaneity, it is possible to discern whether the mimetic gesture is primarily verbal or primarily behavioral, and to trace the origin of the gesture. This can be observed through the degree of immaterial similarity: which aspects are emphasized, and at what level of resemblance.

5.2 Mimetic gesture categories and their timing in therapy

Is it possible to reflect on the timing of mimetic gestures? Let us start with a brief premise: the four sessions that are part of my research project are highly heterogeneous in terms of the stage of the therapeutic process they represent. Two sessions are the first two in the same therapeutic process, which is in its early stages. The other two sessions belong to more advanced family therapy processes: one is the fifth session, while the other is the fourteenth. In this analysis, however, we must consider

at least two different dimensions of timing: the time between sessions and the time within the same session. In Figure 3 (see below) all 22 mimetic gestures have been placed on the same temporal continuum taking into account both within and between temporal dimensions.

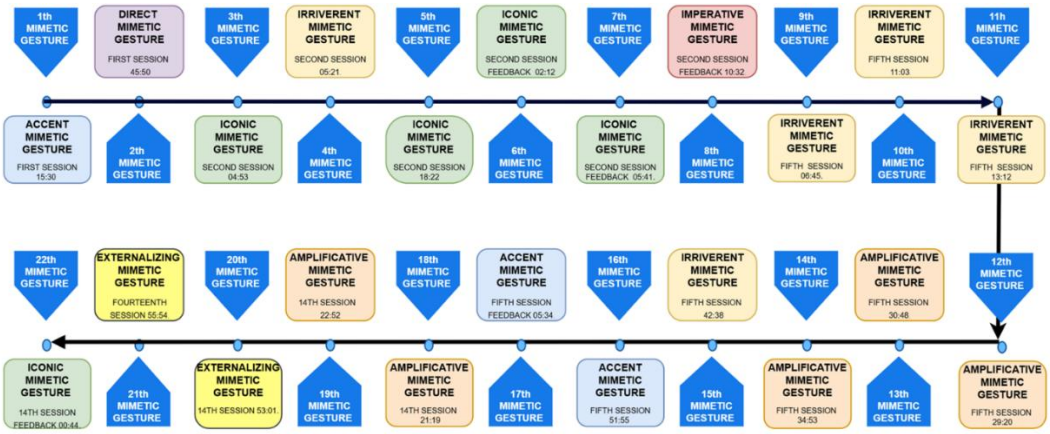


Figure 3: Distribution of mimetic gestures across intra-session and inter-session dimensions. Each mimetic category is represented by a different colour.

I wonder whether it is possible to speculate about the diverse timing of the different categories of mimetic gestures I have identified. It could be that the timing of a mimetic gesture is influenced by its purpose. Let's explore this idea further:

Direct Mimetic Gestures

These gestures may serve the purpose of accommodating the designated patient. In my dataset, they occur both at the beginning of a session and at the start of a therapeutic process. This could support the hypothesis that direct mimetic gestures are intended to establish a connection with the designated patient during the early stages of therapy. Reproducing the "exact" copy of a specific behavior brings the therapist closer to the patient, acting as a form of acknowledgment of the patient's behavior.

Accent Mimetic Gestures

These gestures show a non-homogeneous distribution in my data. They were observed both in the initial phases of the first session and in the fifth session, appearing during both the central phase of

therapy and the feedback stage. This suggests that, unlike the other categories, their distribution appears more random. Their purpose can be exploratory, as occurred in the first session, or more perturbative, as in the feedback. This apparent randomness may be explained by the different effects that accent mimetic gestures produce within the therapy room.

Externalizing Mimetic Gestures

This category of gestures was observed only in the fourteenth session, and interestingly, they were produced by a single therapist. Here it becomes evident that not only timing but also therapeutic style may be determining factors. Therapist T1 never resorted to externalizing gestures, whereas Therapist T2 did. These gestures occurred toward the end of the central phase of therapy, when the therapist seemed to want to introduce perturbations into the family system. Employing such gestures in the early phases might have hindered the therapeutic relationship. It is also significant that they were observed with a family that had been in therapy with the same therapist for a long time (fourteenth session).

Amplificative Mimetic Gestures

These gestures occurred multiple times in both the fifth and the fourteenth sessions. However, as with the externalizing mimetic gestures, only one therapist (T2) employed this type. They tended to take place in the central phases of therapy, when the therapist attempted to explore what might happen by making visible those narratives that seemed to have less space within the family context.

Iconic Mimetic Gestures

These gestures were observed in the later stages of therapy, often during the feedback phase with the family. Given their primarily descriptive and summarizing function, it appears that therapists required first an exploratory phase, then a provocative phase, and finally a phase for providing feedback based on what had emerged.

Imperative Mimetic Gestures

This category occurred only once in my dataset, during the feedback phase of a second session. It is difficult to hypothesize about the timing of this gesture, since the feedback phase usually involves reflections directed at the system as a whole. In this case, however, the therapist adopted a strongly instructive stance toward a specific family member.

Provocative-Irreverent Mimetic Gestures

These gestures occurred predominantly during the central, more tension-filled phases of therapy. None were observed in the first session. They first appeared in the early phase of a second session, with most taking place during the central phases of therapy. Their irreverent and perturbative nature suggests that they function as a tool to disrupt established dynamics once the therapeutic relationship has already been established.

The analysis of the seven categories of mimetic gestures observed at different moments of therapy suggests that their timing is not random. Some categories tend to occur in the early stages of therapy—such as Direct Mimetic Gestures, which seem to serve the purpose of easing the atmosphere when the therapist seeks to establish initial rapport. Other clusters, such as Provocative-Irreverent Gestures, appear more frequently in the central phases of therapy, where the therapist likely aims to perturb the family system by increasing internal tension. Still others, like Iconic Mimetic Gestures, seem to occur more often in the later stages of therapy, where they are used as part of feedback on what has emerged. At the same time, categories such as Amplificative Mimetic Gestures and Accent Mimetic Gestures display a more heterogeneous temporal distribution. This suggests that timing alone cannot account for the distribution of mimetic gestures. For instance, the Amplificative Mimetic Gestures, which appeared with high frequency (n = 5), were all produced by the same therapist. This supports the hypothesis that, in addition to timing, the therapeutic style of the individual therapist also plays a significant role in shaping the distribution of mimetic gestures. Mimesis in therapy therefore appears to be intertwined both with timing and with the therapeutic style of the individual practitioner.

5.3 What the therapist’s mimetic gesture makes visible: rhizomatic reflections

In the following section, I present what my ethnography of the three mimetic gestures has enabled me to see—elements that MCA, with its categorical disposition, had obscured. I have focused on the immediate effects produced when the therapist's mimetic gesture renders something visible. In doing so, I have drawn inspiration from two Deleuzian concepts: the line of flight and deterritorialization. As Deleuze and Guattari (1987) write:

"Multiplicities are defined by the outside: by the abstract line, the line of flight or deterritorialization according to which they change in nature and connect with other multiplicities." (p. 9)

For these two authors, "line of flight" and "deterritorialization" describe similar processes in which structures, hierarchies, and rigid patterns are broken apart. My hypothesis is that the mimetic gesture, by rendering visible something implicit and/or unspeakable within the family context, may generate a rupture in the rigid patterns of a system. I do not believe, however, that all mimetic gestures can generate lines of flight, nor that all lines of flight are capable of destabilizing rigid structures.

5.3.1 What the therapist's mimetic gesture makes visible: rhizomatic reflections (Event 1)

In reflecting on what the mimetic gesture makes visible, several questions arise: "Who notices when the identified patient has a stomach-ache? Is it perceived even if not verbalized?" The therapist seems to explore whether anyone can recognize her discomfort even if the IP does not put it into words. Perhaps, through the mimetic gesture, the therapist draws the family's attention to a behavior that is familiar—but unfamiliar in that it is being "noticed." Or perhaps it is already familiar to the brother, who explicitly states—though contradictorily—that it is obvious when his sister has stomach problems.

The gesture of touching the stomach passes through multiple bodies: the IP, the brother, and the therapist. It does not pass through the parents' bodies—at least not as a gesture. They respond differently, each in their own way. The therapist's gesture is extremely quick and immediately connected to what the parents are doing. Just before it, the therapist asks whether, regardless of

verbalization, anyone notices the IP's discomfort. The IP does not answer in relation to her parents but does in relation to her brother, dodging the question by saying she does not often eat with him (as he now lives away from home).

Then the therapist produces the gesture, again shifting the family's attention onto a behavior now visible to all—enacted, not verbalized. It is on stage. Everyone sees it with their own eyes. The IP is confronted with that familiar gesture—her own—but perhaps not one that has been seen. The parents now face a gesture they may not have perceived in their daughter. The brother, who recently reproduced it, sees it again. He is used to seeing it. I wonder: is there a link between those who "see" the gesture and those who "reproduce" it?

Maybe words are not enough. To see and name something is not enough. Perhaps one must "experience" it—go through it to "feel" it. The one closest to the IP is the one who enacts the gesture. He "feels" it. The mimetic gesture may allow both therapist and brother to immerse themselves, more than words alone, in the IP's world—her way of feeling and living what she goes through.

The mimetic gesture becomes "deterritorialized": it shifts geographically, passing through multiple bodies. It breaks boundaries—between individual bodies. One slips into another. Borders blur. Therapist and brother become a bit more like the IP, going beyond their body-skin—beyond the "I-skin." Perhaps we witness a "mimetic excess": therapist and brother sinking into the IP's experience. The gesture makes possible this movement outward—stepping beyond oneself to see the other more closely. It opens a way to inhabit what is "not mine" in a way closer to the other.

Perhaps this is what allows the brother to connect more with his sister. The parents do try, but mostly through words—cognitively, rationally. The brother enacts the gesture, opening a possibility for another kind of "cum-tact"—a contact felt rather than thought. But what kind of difference is this? What kind of contact? Perhaps it is precisely what brings the brother closer to his sister. While producing the gesture, the therapist asks: "What do those two (the parents) do when she does this (touches her belly)?" What do those who do not participate in the mimetic gesture do? The question

is asked, the gesture produced. Father, mother, and daughter remain still—waiting for the brother's answer. A moment of suspension arises. The IP's gaze drops slightly. I wonder if the therapist's gesture makes visible something that has remained unseen by the parents. The IP's way of producing it seems like a gesture of care—a self-soothing caress. It resists a single meaning. Perhaps meaning is not even necessary. What matters is to bring attention to the gesture without rushing to interpret it. The therapist does not focus on its meaning but on the dynamics around it: Who notices? What happens when it is noticed? Who takes care of it? Who is most concerned with it?

5.3.2 What the therapist's mimetic gesture makes visible: rhizomatic reflections (Events 11–12)

While the therapist uses his hands to mimic the movement of spies following Chiara, her father nods: he reinforces, supports, and sustains the idea of these spies. A new smile appears on her mother's face, first directed at the therapist making the spying gesture, and then at Chiara. Chiara does not hesitate—before the therapist can even finish speaking, she firmly and confidently shakes her head no. She rewrites the behaviour of this Balinese man. He is not a spy, but rather an escort, a guide helping her explore the small town of Ubud. The same Balinese man, but two very different roles are being attributed to him: spy or tourist guide? Chiara does not accept the former, and she shows it assertively: the Balinese man is an escort, a "genius loci"—a knowledgeable local who can support her in visiting the most interesting tourist attractions in Bali. He has nothing to do with being a spy or, more generally, with any act of surveillance directed at her. While we can clearly observe reactions from the parents—the father, who ironically continues to support the idea of surveillance, and the mother, who smiles at the reassurance represented by this man—the two brothers do not reveal their stance. We do not know which narrative about the role of the Balinese man they subscribe to. But this is not the end of it. About two minutes later, the therapist once again performs the mimetic gesture of the spies following Chiara, and this time her reaction is different. The therapist repeats the spy gesture originally introduced by the father, who had said, "Well, we'll have the spies who will tell us everything," after Chiara declared she did not want to share her new SIM card number with her

parents. This time, Chiara is not having it—she decides to change the subject. It is interesting: the moment the therapist brings up the surveillance issue again, prompted by the father, Chiara refuses to engage. Earlier, she had attempted to redefine the role of "the Balinese man"; now, she does not even try. She "deterritorializes" the surveillance—perhaps challenging it—by affirming, "But this is definitely the longest flight I've ever taken alone." She says it in a very firm and decisive tone. There is no sign of anger, but rather a strong, clear stance. One wonders whether this double mimetic gesture served to make Chiara's protest against controlling behavior visible. Two pairings seem to be at play here: "control and irony" vs. "autonomy and anger." Chiara is angry—very much so. Sometimes, this anger is expressed more through her tone than through her words. She raises the stakes, challenges the surveillance by declaring her desire for autonomy: "This is the longest trip I've ever taken." The mimetic gesture is right there, produced—visible. It is the parents themselves who see it, who are faced with it directly.

5.3.3 What the therapist's mimetic gesture makes visible: rhizomatic reflections (Event 22)

The therapist introduces what I have defined, based on the MCA analysis, as an "externalizing mimetic gesture" by saying: "I'm thinking of a colleague of mine who's more direct than I am." As he says this, his right hand swings back and forth. At the words "more direct than I am," Veronica, who is looking at her father on the screen, slightly lifts her gaze toward the therapist and observes him with a smile that seems almost like a smirk. She lets out a small sigh as a subtle smile spreads across her face. Her gaze remains directed toward her father. The therapist produces the mimetic gesture: both family members (mother and daughter) remain impassive as the gesture is enacted. Veronica's mother stares fixedly at the therapist. The father is not visible. Here we are given the opportunity to disprove the artificial division that often results from MCA analysis: there is a mimetic gesture in the therapist's words, but also a mimetic gesture carried out behaviorally. Once he finishes speaking and acting, a moment of "suspension" takes over—no one speaks, and silence fills the scene. Then, two voices start almost simultaneously (Veronica and her father), but Veronica's voice is

sharper; it takes over the scene, almost dominates it. Her voice bursts out and, in a cold and detached tone, she says: “But that’s how it is!” accompanied by a slight head movement. There is a clear contrast between the “energy” the therapist puts into his mimetic gesture—which enacts a separation between two organisms—and Veronica’s “reaction.” It seems as if the flow of movement initiated by the therapist is blocked, almost interrupted. The therapist does not accept this. He counters with a very firm voice: “But who made this point? I did!” The contrast remains striking: the therapist is very energetic; Veronica responds that this point had been made implicitly. “It remained implicit!” We are at a “focal point”: the mimetic gesture has made explicit something that had always remained “implicit.” It translates a previously unspoken narrative into bodily movement (not just nonverbalized but “embodied”): it draws everyone’s attention to something “unsaid”—an underlying force —which has now not only been spoken but “produced.” Here, the body becomes crucial—it becomes the “site of occurrence,” the place where a previously unspoken concept is produced. This concept likely always inhabited the family context like a kind of “specter”: both there and not there, present and absent in equal measure. But not anymore: now it “inhabits the therapy room.” It lives there with “power and intensity.”

5.4 Lines of flight as moment of grace?

My doctoral dissertation does not assume that each mimetic event necessarily produces a line of flight. The concept of unpredictability and indeterminacy pertains not only to the occurrence of the mimetic event but also to its effects. Since the effect of the mimetic gesture has a strong character of uniqueness and indeterminacy, it is never possible to predict what its effects will be, nor to assume that the mimetic gesture will have any effect at all.

The main thesis of this research project is that the therapist is part of a mimetic event that actualizes itself, in part, in the materiality of the therapist’s body through the mimetic gesture. The gesture arises because the therapist has been affected by what was happening in the therapy session. Something makes the therapist produce the gesture; we can hypothesize that this “something” is the effect of an

affect felt in that moment of the therapy. Considering the mimetic gestures I explored through the concept of “lines of flight” and “deterritorialization” (events 1, 11–12, and 22), not all gestures, in my view, have a disruptive effect. For example, in mimetic event 1, where the therapist touches his stomach, producing a gesture similar to the one first produced by the designated patient and then by her brother, the effect is different from the gestures in events 11–12, when the therapist imitates the spies who would follow Chiara in Bali.

The issue here is to understand what this difference is. My sense is that it lies in the effects once the mimetic gesture has been produced. A difference not only at the extensive level (behavior) but also at the intensive level (something that can be felt, palpated, rather than verbalized).

In mimetic event 1, the therapist makes a gesture through which I hypothesized that he tries to sink into the body of the IP. Looking back at my ethnographic notes and the video, what is visible—and even more importantly, what is felt—is that the effect does not strike me as disruptive; I do not perceive a change in the family system. The brother continues to maintain his position as mediator. Mother and father, in a state of suspension, wait for the son to respond. The designated patient watches her brother without making any sign. The issue is not only behavioral but also affective: I, in my own body, do not feel affected, and perhaps neither is the family system.

Things feel different in mimetic events 11–12, when the therapist reproduces the spies twice. In event 11, Chiara maintains an attitude of anger and aggression. I hypothesized that she was protesting for her autonomy. She is extremely irritated by the laughter mocking her protest. When the therapist reproduces the spy gesture again (event 12), I feel that a line of flight begins to take shape. I can palpate it. Something different is happening in the therapy room: Chiara is no longer angry, her tone of voice changes; anger gives way to an assertive disposition. Assertively, she changes the topic: no longer disputing whether the native is a spy or a companion. It is no longer a fight against control or a matter of lacking an escape route; now she speaks of having found a way out. With a clear and determined voice, no longer with sharp peaks, she declares this is the longest flight she has ever taken alone.

Chiara's mode of interaction shifts: anger against control yields to her desire for and assertion of autonomy. She lucidly asserts her position. Event 12 differs enough from event 11 to generate something new. Something similar also happens in event 22.

Writing about a "difference that makes a difference" (1972, p. 453) Bateson comes to mind, and with him a hypothesis: could it be that the lines of flight I am describing are, to use Bateson's term, moments of Grace (1972, p.128)? Could Grace be the distinction between mimetic event 1 and 11 on one hand, and mimetic events 12 and 22 on the other?

Bateson discusses Grace in Style, Grace and Information in Primitive Art, contained in Steps to an Ecology of Mind (1972). The essay begins with Aldous Huxley's claim that "the fundamental problem of humanity is the search for grace" (1972, p.128). Humans, Bateson argues, have lost the naturalness and simplicity in communication that animals still possess, and verbal language plays a decisive role in this loss of "communicative lightness." My research thesis also begins with a strong invective against verbal language. According to Bateson (1972), it is through art that humans can recover lost grace. Throughout the essay, he associates grace with "integration," ultimately concluding that the problem of grace is a problem of integration.

Integration of what? In line with his ecological thinking, Bateson suggests that what is integrated are "different parts" of the mind system (1972).

Let us examine mimetic event 22: Therapist produces with his body a movement of separation and differentiation between two entities. A single entity (the family of origin) differentiates into two heterogeneous entities. The mimetic event makes a transition visible, giving body to something unspoken. No one had ever said, verbally, that now there are two different organisms. There is a communion of parts that are separating.

There seems to be a paradox: how can this be a moment of grace (integration) when the protagonist is a gesture that makes differentiation visible (a potential disintegration)? I think it can still be

associated with a moment of grace because something has changed, and it no longer seems possible to return to the state before the mimetic gesture unfolded. The gesture of differentiation, by differentiating, brings into communion—it creates participation. One can participate in something once a differentiation has been drawn. I do not think there are now two distinct families simply added to one another. Rather, what emerges is the possibility of carrying on alongside one another in differentiation.

5.5 What kind of knowledge is it now possible to reach?

What are the consequences for my conceptualization of mimesis once I have turned to ethnography and to the concepts of lines of flight and deterritorialization? I believe there are mainly three consequences that emerge from having set aside a categorical disposition in exploring my material:

- The Asignifying Attentionality of Mimetic Gestures
- The Corresponding Nature of Mimetic Gestures
- Beyond interaction: mimesis between doing and undergoing

5.5.1 The Asignifying Attentionality of Mimetic Gestures

I believe that the power of the mimetic gesture does not lie in its ability to signify or impose an order of meanings. Its strength resides in making things visible—drawing attention to elements not yet signified through language—and in observing what happens within the family when such elements are brought into focus. Gestures such as touching one's belly, the expelling movement, or the spy gesture are not encapsulated in a fixed meaning. Through the body, they are placed at the center of attention for those within the system. Assigning them a precise semantic interpretation would close the system into a single meaning—a dispositive, normative move. In this sense, the gesture makes something visible before it acquires definition.

The semantic aspect of a gesture requires intentionality, a regime of signs that would capture and pin it down. By contrast, the embodied mimetic gesture, being enacted rather than thought, resists precise

connotation. My claim is not that the therapist makes visible something already known to him but unknown to the family. Rather, the therapist stages something that even he has not yet been able to define, though he is touched by it—something at a pre-semantic level. This openness is what characterizes the mimetic gesture.

The mimetic gesture inhabits a material-semiotic space: the contact point between the body's materiality and a semiotic dimension. Enacted and unthought, it resists codification. Instead of meaning, it is better to speak of "sense" (Deleuze, 1969/1990): these gestures do not convey something clearly defined; they remain open, and in doing so they produce effects. There is no definitive translation—only nuances. Their elusiveness makes them unsettling: always in chiaroscuro, escaping the mechanism of semantics.

The mimetic gesture is attentional in nature. The therapist's attention is activated by a constellation of forces that the event itself calls forth, rather than by deliberate direction. Take, for example, Chiara and the gestures of the spies. A multiplicity of disparate elements—insects, repellents, the Po River, the SIM card, the spies, Bali—acted upon the therapist's attention, guiding it toward the mimetic gesture of the spies following Chiara.

Hence the idea that perhaps, more than a "mimetic gesture," we should speak of a "mimetic event." These elements summon the therapist's attention. He feels something there—he does not yet know what, but he feels it. There is an affect, a movement that runs through the event. The mimetic gesture can thus be seen as one modality of responding to this movement. Responding implies that attention has been called. Attention, as Ingold (1969/1990) reminds us, differs from intention. The mimetic gesture is one way the therapist felt—rather than thought—how to move forward within the system. It is not the product of deliberate thought but of attentiveness: waiting, attuning to something on its own terms, and responding in kind. Attention, ultimately, is a form of care.

5.5.2 The Corresponding nature of Mimetic Gestures

From my point of view, the mimetic gesture is a way of relating to the other by corresponding rather than interacting. It is not about representing something as if the other were separate from me, but about responding to the other. Take, for instance, the gesture made by T, who replicates the patient touching her belly. Interpreting this as interaction would assume two distinct entities with fixed boundaries.

Tim Ingold (2019) offers a useful metaphor: in interaction, the link between the two banks of a river is a bridge built perpendicularly across it. The banks remain fixed, their distance unchanged, and the bridge functions as the connecting structure. Correspondence, by contrast, assumes that the banks themselves are in becoming, shaped by the river's flow. To correspond is to participate in that flow.

Returning to the therapist's mimetic gesture: if it were simply interaction, the therapist, the designated patient, and the brother (who also replicates the gesture) would remain isolated entities, connected only by a single channel, like a bridge. Instead, the mimetic gesture opens an in-between space. It allows resonance rather than mere imitation, a responsiveness to what cannot yet be accessed verbally. The gesture is not a simple copy; it is a way of being responsive to the therapeutic space.

The metaphor of the skin's boundary breaking down captures this shift: the banks are no longer fixed, but porous. The gesture traverses bodies, expanding them. The therapist becomes the designated patient; he also becomes the brother, who had himself become, in part, the patient. Together they move into a shared flow.

Interaction would not allow this. Each would remain on their own bank, exchanging elements across a bridge. But the mimetic gesture is like entering the river itself. The bridge resists the current and may collapse under pressure; correspondence, instead, throws the therapist into the flow. Of course, he risks safety—unlike the distance the bridge provides. From above he could watch the current, but never become part of it. Through the mimetic gesture, the therapist joins the current, immerses himself

in it: not outside, detached, or safe, but in motion from within. He moves with the identified patient, becoming other than himself, and in becoming other, comes closer to her.

Is it perhaps a coincidence that the only family member who reproduces the mimetic gesture is also the one closest to her?

5.5.3 Beyond interaction: mimesis between doing and undergoing

The conventions of grammar often lead us to assume that an action is either performed or undergone. As seen in the introduction of this work—particularly in the plateau on "the tyranny of language" inspired by Paradox and Counterparadox (1978)—language itself imposes this linearity (subject–verb–object) on reality. Yet when it comes to the mimetic gesture, this opposition does not hold.

Take, for instance the therapist who enacts a sudden, forceful movement of separation—raising his voice, jolting forward, cutting the air with his right hand. Was this gesture intentionally produced, willed in advance by his mind, and then executed by his body? I do not think so. No volitional subject precedes the mimetic gesture. The therapist finds himself inside the process: he becomes the gesture even as the process of differentiation moves him. In this sense, he both does and undergoes it.

Does this mean mimesis can be considered a technique? Not in the modern sense, where technique refers to proceduralized, transferable knowledge embedded in a theoretical framework. The mimetic gesture is not procedural, nor is it mastered. It is an enactment arising from affect, from being struck by the other, more akin to the original Greek meaning of téchnē—a practical art oriented toward what it engages with, always implying creativity.

Consider Events 11–12 from my event set: in an atmosphere of collective hilarity at the patient's expense, followed by her protest, the therapist suddenly embodied the spies. The timing was immediate, leaving no space for deliberate thought. He did not decide: "Now I'll make the gesture of the spies." He was caught in the movement, inhabiting it. Participation replaced mastery. If mimesis

is doing–undergoing, then it cannot be reduced to a technique, because technique implies control from outside, whereas mimesis involves responsiveness from within.

Part 6: Struggling with reflexivity: an embodied perspective

6.1 Encountering reflexivity: a personal note

The first reflexive thought I want to share here is that reflexivity is not a word I am used to working with. To some extent, it does not belong to my vocabulary. During my three years of professional development at the CMTF I have seldom heard about it. I think, but this is just an assumption of mine, that what in the UK context is known as reflexivity, at CMTF (and in the Italian systemic context), is linked to the idea of the therapist's prejudices within the framework of second-order cybernetics, and this brings to mind the book Cybernetics of Prejudices in the Practice of Psychotherapy (Cecchin et al., 1994).

The second reflexive thought I want to share here is that it was my prejudice that working as well as researching with clients with whom I share cultural background, race, and often class would have made the issues of reflexivity less complex and more straightforward, as if the relationship between the researcher and "the researched" would have been extremely transparent and intelligible. Here is where the risk of glossing over colonial practices lies in my research project: the danger of assuming that the "others" are just like me. And becoming aware of this does not ensure that my research will be a non-colonial one. In this regard, I want to delve into the fact that my work attempts (attempting is mandatory) to be transcultural. Every encounter is a cultural encounter following the ontological position I have previously described, as that position assumes that the word ontology is plural: when two people meet, even if they belong to the same socio-cultural context, they are two ontologically unknown singularities to each other. This encounter between singularities is a transcultural encounter if it implies a transition from one state to another because two ontological (not epistemological) realities are meeting. I am referring here to different life worlds. The work of the researcher, like that of the clinician, is a transcultural one: a work of crossing, of creating connections between singularities that are ontologically different. It should be understood that this connection between

different worlds is not built a priori but is constructed step by step, and it is not always guaranteed that this bridge will succeed. Trans- implies the word transition, the passage from one state to another.

It is my prejudice that through reflexivity I cannot completely forestall the ways in which my subjectivity infuses and will infuse my research, and probably this is neither my desire. Reflexivity plays a growing pivotal role in the quality criteria about the validity of qualitative studies in the field of systemic psychotherapy. Tseliou (2013), for instance, considers reflexivity as one way to establish adherence to quality criteria in qualitative studies developed in the field of systemic therapy using CA (conversation analysis) and DA (discourse analysis).

6.2 What Kind of Reflexivity?

What reflexivity is, however, is not a question with only one possible answer. Lynch (2000), for instance, distinguishes between an array of versions of reflexivity running from mechanical to methodological, upon an ethnomethodological version of reflexivity. Now I will focus a bit on two different versions of reflexivity: discrete cognitive self-conscious and ethnomethodological uses and meanings of reflexivity. Reflexivity is a term referring to a process that makes me feel doubtful, as long as this process is equated to a kind of reverse self-referential mechanical-engineering matter. I feel stuck both at the level of bodily sensations and feelings—I could say affect—and also at the level of intellectual, cognitive production. My potentia agendi11 has incredibly diminished in this last period of thinking about reflexivity, and the more I try to be reflexive about my research interests and questions, the more that potentia agendi is running away from my body.

These profound difficulties, these deep challenges, and this fleshy immobilization that is affecting me personally while working with the concept of reflexivity have invited me to find a point of departure, a base from which to start, an anchor able to support me in dealing with this concept. I have therefore

[11] Potentia agendi is a Latin term employed by Spinoza in Ethica ordine geometrico demonstrata (1677/2002) referring to the effects of one body on another body's "power to act". The power to act according to Spinoza might be either increased or diminished.

decided to make an etymological analysis of the concept of reflexivity: reflexivity is a term coming from the Latin verb flectere, describing a movement either of folding (flectere) back (re) or folding again (re).

re → keep on doing it / doing it again / doing it over and over again.

reflex → it is about an automatic response. Where do those automatic responses come from? Why did I respond like that in that situation?

(to) flex → it is about power. A flex is something that carries power from one place to another. How does power move? How is power fluid within a system?

flexi → being open to change, being able to create change. It is about changing one's corporeal or mental position. What makes me change my position?

-ivity → means doing. What are you going to do with that understanding?

The roots of the etymology of this term thus call for a context where a movement of turning back or again is envisioned, a movement that to my view might be either corporeal or mental12.

Reflexivity and Positioning

I shall discuss the heterogeneous kinds of reflexivity diverse ontological and epistemological positions call for: the kind of reflexivity a constructivist researcher might assume, I will argue, is not compatible with the kind of reflexivity a constructionist researcher might assume because these positions entail contradictory ideas of "subject" and "person." It is not my aim here to privilege one side over the other, though, of course, I have a position: I define myself as a critical-realist constructivist researcher. My point here, however, is to highlight that each position we take brings up

[12] In systemic psychotherapy, the concept of feedback is probably the earliest form of reflexivity: if, in a first order framework, feedback is a quite mechanical-engineering matter having as its metaphor the homeostatic steam engine, the movement from first order to second order cybernetic in the field of systemic psychotherapy represents a huge problematization for the idea of feedback as a mechanical activity because as Luhman (2013) has underlined, in a second order framework, there is what he calls the problem of re-entry: the observers make distinctions, and those distinctions cannot be separated from the one who makes them

a whole cascade of struggles and paradoxes about the process of reflexivity that need to be listened to and not silenced. In such an effort, I will refer to both biographical elements of my personal history and to my pilot study about the encounter between Giovanna (GA) and the therapist (accepted).

6.2.1 Reflexivity as a discrete cognitive self-conscious activity (constructionist version of reflexivity)

I now decide, paradoxically of course, to behave as a self-determining liberal researcher: I follow some of the tips provided by Ahern (1999) to help myself, using my reflexivity, to identify my potential areas of bias. This endeavour is aimed at reducing the influence of my biases on the research processes (e.g., data collection and data analysis)[13]. The topic of my research proposal is what the therapist's body can do and, more specifically, how it deals with the unfolding affect running between bodies in the therapeutic setting.

As I have described in the second plateau of the introduction "the tyranny of language", there is embodied within my bodily experience a paradoxical aversion to language: the consequence of over-privileging language and its representational logic, coupled with a strong reliance on sight, is a cultural disposition that has ended in a framework of the supremacy of mind over body. It is the mind, the conscious purpose, that moves the body: a body relegated to the position of function of the mind. From my point of view, this omission of the body, which is visible and has been discussed in the introduction within the systemic therapy paradigm, needs to be questioned and escaped.

But why am I so interested in escaping language and giving "voice" to the body? This is a question I am tussling with, and I am meeting difficulties in providing a coherent answer to it. I sometimes feel, during conversations with clients and people belonging to superior positions in academic and mental health contexts, especially when the conversation is taking a symmetrical shape, an inadequacy in my

[13] The process of bracketing assumes a pivotal role in this (to my view unreachable) practice of freeing the product of research procedures from the researcher's values, interests and influences.

verbal ability to sustain a position that is different from theirs14. It is not uncommon that in those situations I am angry with myself for not having defended "at best" my position.

What is even more interesting to me is that when the interactions become symmetrical, I am used to quoting what I think are great thinkers and philosophers. It is as if my position is not sustainable by myself—not through my own words—but only through direct quotation from people I believe to be important in the field of discussion. While all this is taking place, my body speaks a different language, which is not the language of others nor a quotation of their words, but my own personal bodily language.

There is an issue of translation between what I feel and how I am touched by those feelings, and the way I can communicate them to others. My interest in non-language-mediated methodologies might reflect a tentative endeavour to give voice to those affects flowing in my fleshy body. The situation becomes even more complex if we also consider how the "other," a generalized other, attaches meanings to what I am communicating.

I feel myself as a white, middle-class, heterosexual man with a political orientation on the left wing. My belonging to this side and not the other is important to me and might be linked to my interest in new materialism, which is at the heart of my doctoral research project. A partisan spirit (to use Bourdieu's words, 1998) is infused in my family spirit15: my father Ugo and his brother Novello, my uncle, grew up in a family coming from Montefiorino, a small village of about 2000 people located between Emilia-Romagna and Tuscany, in central Italy, a territory known as the "Appennino Modenese." Montefiorino is the homeland of partisan values: on the 17th of June 1944, during World

[14] While writing about this personal bit of experience, I am recalling to my mind the words by Bell Hooks related to "talking back" meaning speaking as an equal to an authority and daring to disagree and/or having an opinion (Hooks, 1989).

[15] It is interesting to underline how this "Partisan spirit" has developed and was transformed across diverse generations within my family: I am a researcher dealing with new materialism, my brother Lorenzo is a politician in the left-wing party of the town where we live, and my uncle is a politician in another left-wing party in the town where he lives.

War II, in a time of Nazi-fascist occupation, the inhabitants of this small town proclaimed themselves as belonging to an independent republic.

The values I have inherited from such historical events might be summarized in the following quote from Antonio Gramsci in the journal La Città Futura (1917):

“I hate the indifferent. I believe that living means taking sides… Alive, I am a partisan. That is why I hate the ones that don’t take sides, I hate the indifferent.” (para. xx)

I also wonder what is my relationship with my own body. The one writing these words inhabits a body and writes through that very body. The body of the writer is slender, light, elongated. An orderly, clean body, without excesses: not a body of pure physical power, not muscular. A body that is generally very resilient—perhaps too much so. On the one hand, certainly an enviable quality, but on the other, perhaps a body too accustomed to fatigue, at times failing to recognize it. After all, if I have endurance, why should I stop when I am tired?

It is a body that makes itself felt when it is unwell. I am not sure if it knows how to listen to itself when it is well. Mine is a body that communicates on the olfactory plane: it sweats differently depending on the situation. It has a pungent odor when in a state of agitation, while in moments of motor activation, for example, the sweat has a sweeter smell. In recent years, my body has increasingly been captured by the forms and influences (the weights and responsibilities) imposed by work, and it has increasingly borne their traces, their symptoms. In these last years, it has become slightly inclined at the level of the back, and a small belly has begun to form. The belly, the stomach, is perhaps the organ that has protested the most in recent years, that has made itself heard: pains not clearly identified or localized, periods of difficulty in evacuating, moments of intense bloating. Clinical tests were done—everything normal. Several gastroenterologists consulted—no diagnosis. They say everything is fine; my stomach disagrees.

Now the situation seems to have improved. It is a body that, in terms of strength, is surprising. Even without training, it manages to perform truly unthinkable efforts. I believe my body deserves to be considered more—not only when it protests. Perhaps I have taken it for granted. My body is white, heterosexual, and male. Its heterosexuality has been questioned over the course of its history. Its delicacy of gesture and measured ways have been a source of segregation: in elementary school, the boys would not let me play with them, saying I was "effeminate," too sweet, too gentle, too delicate to join in boys' games. Sometimes I was allowed, because I was very coordinated and good at physical activity.

Then came a period of crisis with my body, due to my short stature and slight frame: when I was in middle school, my pubertal development was much slower than that of others. I was a dwarf among children becoming men, their voices changing, hair sprouting under their arms, the first traces of beards appearing. Not me, not yet. I remained the smallest, in a child's body. At soccer practice I was called "the flea." A complex period, now that I think back.

Within my family context, there was some space—though not excessive—for the body. I loved being cuddled with tickling; I remember when Grandma Alessandra was with us: after lunch, we would lie down side by side on the sofa in her living room, my head resting on her chest. With her right hand, since I lay on her right side, she would tickle me: with very light pressure, using two or three fingers on my belly and side, she drew circular, irregular movements. I also remember that in the evenings I would often fall asleep resting my head on my father's chest. I would curl up and let myself go while we watched television. The strange thing was that if there was something on TV that we really liked, we didn't assume that position; we sat upright. Perhaps in my family there wasn't much space for bodily manifestations like hugging, but the body was more a signal of a moment of rest, a precursor of the sleep to come.

Discovering, or better, tracing the movements from my uneasiness with talking back, to the historical issues of my paternal great-grandparents' partisan affiliation, to my interest in new materialism and

what a therapist's body can do is the example of a good confessional exercise that I am not denying, but that implicitly and tacitly carries liberal and modernist cultural assumptions about subjectivity which need to be made clear: here we find a potentially solipsistic16 researcher that is wholly knowable to himself, that is both fixable and singular. Finally, this constructionist researcher can transcend himself and, from the privileged position he can achieve, he is endowed with the power to become fully aware of the power dynamics and privileges in which he is implicated at an individual level.

We are now left to wonder: does this bit of a confessional tale forestall the impact of me, the researcher, on the researched?

6.2.2 The ethnomethodological version of Reflexivity (constructivist version of reflexivity)

The ethnomethodological version of reflexivity assumes that reflexivity is a ubiquitous and unavoidable activity, not distinguishable from non-reflexive utterances or performances, which are thought not to exist. In my doctoral inquiry, I employed MCA transcripts to explore mimetic events emerging in the interactions between families and therapists. Since CA (of which MCA is a subfield) is rooted in the ethnomethodological framework (Mondada, 2009), and in line with this tradition, I argue that an ethnomethodological version of reflexivity must be taken into account in this research project.

Garfinkel's quote, "uninteresting essential reflexivity of accounts" (1967, p. 4), plays a pivotal role in this endeavour. Against the assumption that reflexivity is a discrete cognitive act that a researcher can deliberately decide to perform or not, Garfinkel invites us to consider reflexivity as an activity always implicated in the very process of research, because any empirical investigation produces the world it aims to study.

[16] Potentially solipsistic because I am dealing with my feeling and thoughts and how they might affect my research.

Take for instance the following passage from my doctoral inquiry, which I have considered interesting in relation to my research questions about "what can a therapist's body do?"

Mimetic gestures share the same symbol ★.

1 * (0.1) ★ (0.05) ★ * TOT: 1.5 secs

T *When she did like this*

★ touches his belly with right hand ★

>> looks at the brother -->>

>> his back rests against the chair-->> Time: 45:50 (1st session)

First of all, I need to be clear and fair (accountable in CA terms) about the fact that an unfolding vivid more-than-visual, affecting event in the therapeutic setting has been translated into the above "research assemblage17" consistently with the methodological features of MCA. Here an act of translation and probably, to some extent, an act of betrayal has taken place. This can happen because of the dynamics of power embedded in my privileged position as a researcher. It is my claim here that my potentially colonizing practices are at work on different levels: I have a priori defined what kind of research methodologies to employ, I have a priori defined the place from where to "find and analyze" the data, I have a priori decided which part of the therapy to analyze, and I have a priori identified which therapy sessions to analyze. These are just some of the decisions that my position as researcher has allowed me to make without any possibility of contradictory actions on behalf of the families joining the study and the therapists. It is also interesting to note that I have assumed (in my doctoral research and pilot study too) that the participants of my research, as they are sharing my own cultural background, are prone to have understandings similar to mine, ways of giving meaning, living, being affected by the unfolding events within the therapeutic context. In my inquiry I have

[17] Assemblage is a term developed by Deleuze and Guattari in a Thousand Plateaus, employed to refer to "multiplicities or aggregates of intensities" (Deleuze and Guattari, 1980/1987, p.15) always in danger of being captured by strata. There is not consensus today around the theory of assemblage developed by Deleuze and Guattari: Nail (2017) for instance argues that Deleuze and Guattari never formalized it as a theory whereas DeLanda argues it is not a theory at all (2006).

taken for granted that Chiara, Veronica, just like their parents, as a white, middle-class, North-Italian family belonging to the working class of the north of Italy, are similar to me. I argue, and I am still convinced of this, that at the CMTF most of the families[18] are SNAF[19] (Smith, 1993). The fact that overarching structures such as class, gender, race, and sexual orientations are assumed to be shared between me, the researcher, the therapists, and the participants of my inquiry might hide the following unconscious expectation or bias: "As we share the same cultural background we think, act, and feel in similar ways." In my inquiry I focused my attention on the mimetic process as an example of this. Let us take mimetic event number 1, in which the therapist reproduces the gesture of touching the belly that the designated patient had produced. As described in my ethnographic section, the gesture of touching the belly is done both by the therapist and also by the patient's brother, who seems to be the closest member in the family to the designated patient. The hypothesis I discussed in the ethnographic section is that those who are not engaging in this mimetic gesture are not moving closer to the patient—namely, her parents (the only ones in the therapy room not producing the gesture). Behind this hypothesis lies a postulate: if the therapist reproduces the gesture of the family member closest to the designated patient, he too is automatically moving closer to the patient. This postulate has materialized a vision that could potentially be defined as innocent mimesis: mimesis as the sole relational modality of relating with the other. The fact that I share the same cultural background as the participants of this research made me take for granted, for example, that even if the therapist reproduces a gesture overlapping with the brother's (the family member closest to the designated patient), it could actually have other effects beyond correspondence. It is from my rhizomatic review that the colonizing potential of mimesis entered into my vision: the potential appropriation of a gesturality, in this case belonging to the patient. Why did I not see this potential appropriation? Perhaps I do not need to, as a white heterosexual man? Reflecting on this, in writing these words, I

[18] The reasons for these assumptions are heterogenous and among the other there is the fact that CMTF is a private mental health clinic located in the city centre of Milan and that family therapy is a westernized practice. I consider CMTF a white place

[19] Smith (1993) states that SNAF families are White American, middle-class families.

have come to the idea that mimesis is perhaps an ambiguous process, both of correspondence and of colonization, and perhaps it is precisely the same gesture that can have different effects: maybe if the brother touches his belly it is correspondence, while if the therapist does it, it is colonization.

In my discussion I explore how perhaps even my training at the CMTF may have contributed to this innocent vision. What is being questioned is not only the innocence but also the very neutrality of the mimetic process which, as an ethical duty, has invited me to reflect on the place from which I am speaking, writing, and producing behavior. But this last reflection on mimesis allows me to broaden my perspectives even further and to say that potentially any action of a therapist in the therapy room is colonizing. From here there are at least two elements I have learned and that need to be taken into account: Since all behaviors can potentially be colonizing, the therapist must pay attention to the hic et nunc effects of each of his or her actions (I have attempted to do this through ethnography with particular attention to lines of flight) in the therapy room.

As much as possible, it is necessary to deepen the understanding of the places from which the therapist/researcher comes, without which it would not be possible to act, feel, and think in that specific way. I also consider it important to introduce into this reflection the concept of the “fallacy of misplaced concreteness” discussed by Bateson (1972, p. 439). What if the entire structure of my research were an example of a “fallacy of misplaced concreteness”? What if the categories I have identified through the analysis of MCA were a map that invents the territory? I feel vertigo at the thought that this might be the case, but it is important to remember that the taxonomy of mimetic gestures was an attempt to bring order to chaotic material. As maps, they were abstractions. I later turned to the ethnographic section to remain more grounded, to immerse myself once again in that case from which I had fled. Behind these examples lies the “fallacy of misplaced concreteness” (Whitehead, 1925): how can I be sure that these interpretations are correct?

Differently from the four "validated reflexive strategies" identified by Pillow20 (2003), a reflexivity of discomfort has allowed me to understand that I, the individual researcher, cannot transcend the matrix of domination in which research practices are embedded (in this case, the MCA methodological framework) and of which the researcher might not only be unaware but might himself be the greatest ambassador (see my example of mimesis and colonial practice).

6.2.3 So what?

Once we realize that the equation between me, the researcher, and the research participants does not hold—even when the same cultural background is shared—we are left wandering within unpredictable, problematizing territories that Bateson had already encountered during his fieldwork on the Naven ritual in the Iatmul society (1958). He was, indeed, deeply concerned that his interpretations of this gendered ritual were not close to the way the Iatmul themselves would have interpreted it.

I must be fair in saying that the results of my MCA work on the encounter between the therapist and the participants of my research make me feel doubtful in the same way: how can I be sure that my interpretations are correct or even relevant? And to whom are they relevant? The risks associated with "the fallacy of misplaced concreteness" (Whitehead, 1925) are vivid here and, within a constructivist perspective, can never be solved once and for all. My relationship with the participants to my inquiry have been mediated by the research methodologies I a priori decided to employ. Experiencing two diverse, opposite directions reflexivity might take is not an easy task. In doing so, I have been inspired by Ahmed's (2004) suggestion of a reflexive double turn. Following Pillow's suggestion that "how the subject is thought is key… to how reflexivity is practiced" (2003, p. 180), the point then is how to answer this question. I think that as a researcher I need to be explicit about how I think about it. The subject fo is never the same as itself. The subject is its expression!

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[20]Pillow (2003) has identified the following four "validated reflexive strategies": 1) Reflexivity as recognition of self 2) Reflexivity as recognition of the others 3) Reflexivity as trust and 4) Reflexivity as transcendence.

I want to share some final thoughts about these experiences: the kind of sentiments and feelings I described at the beginning of this work are related to my rejection of the possibility for us, as individual persons (both researcher and clinician), to transcend ourselves and the structural power inequalities in which we are immersed ab initio—even when working (as therapist and researcher) with people who share with us what bell hooks (1989), in a feminist context, has defined as "the interlocking systems of domination" (p. 21): gender, class, and race. Whereas the desire for innocence might be acquired through a confessional catharsis in the socio-constructionist version of reflexivity—based on the assumption that a modernist and liberal subject (is he white? Is this a white academic privilege?) can transcend both himself and structural colonial practices—within a constructivist perspective the eye cannot see itself seeing, and therefore no possibilities for transcendence are allowed. My being a white, middle-class, heterosexual, doctoral-level researcher is a window to explore structural inequalities, not to transcend them. Not seeing for instance colonial practices embedded in mimesis at the beginning might have been a symptom of such inequalities.

In this regard, I would like to offer some reflections on the ways in which the coloniality of gender may have subtly permeated my research. Men colonize women. I recognize this formulation as a political statement and important contribution to the discussion around gender and mimesis. I do not intend to dismiss it. At the same time, my aim is not simply to endorse or reject such a statement, but to reflect on how gender coloniality has operated within the research processes involved in my inquiry. When I reflect on my research material, I can identify at least three moments in which the dynamics of gender coloniality become noticeable. The first concerns Events 11–12, which form part of the corpus analysed in my study. In a context marked by general hilarity on the part of the father, the mother, and the therapist, I find myself joining in: I laugh, I smile, and perhaps I mock what is taking place. Chiara (IP), by contrast, does not participate in such a shared hilarity; on the contrary, she appears deeply angry. It is possible that my laughter, in some way, disqualifies Chiara's position, colonizing her. I do not deny this, and I take this reflection seriously. At the same time, this general hilarity that I participate in can be read from another perspective. Through his mimetic gesture, the

therapist appears to be “making fun of” the surveillance strategies enacted by the parents rather than mocking Chiara. In this sense, my joining in does not merely risk disqualifying Chiara’s position; it also participates in an ironic caricature of the parents’ controlling behaviours. It is important to recall that Chiara’s mother is herself strongly ironic toward her daughter’s positions. The potentially colonizing dimension may lie precisely in this shared irony, which forecloses access to other emotional dimensions inhabiting the family system. Irreverence (1993), after all, is not a neutral concept. It was developed within the CMTF context by white male therapists, primarily as a survival strategy for the therapist himself (male?). My concern is not to deny the usefulness or historical importance of irreverence, but to ask what happens when irreverence—especially when interpreted through a masculine lens—becomes colonizing precisely because it inhibits the emergence of emotions. One could hypothesize that, within this masculine style, certain affects are rendered invisible or illegitimate. Fear, for instance. I wonder whether behind the general hilarity of these moments there is a shared, unarticulated concern regarding Chiara’s capacity to organize the trip autonomously. From this perspective, gender colonization does not operate solely as a process in which the masculine colonizes the feminine. It also colonizes the masculine itself. Neither the father, nor the mother, nor the therapist, nor I legitimizes ourselves to slow down and explore what emotions are inhabiting the family and the clinical context at that specific moment. For me, this is a crucial clinical point. When gender coloniality is treated as a fixed category rather than as a relational process, it risks producing a fracture—a Spaltung—between positions, thereby inhibiting the possibility of moving forward *together*. If gender coloniality is understood exclusively as a unidirectional process in which men colonize women, we risk foreclosing the very conditions for change. The task, instead, is to build strength within an authentic relational alliance between men and women, so that gender colonialism can be confronted together. This difficulty, I would suggest, is partly inherited from structuralist thought, in which categories precede processes. It is only by shifting our attention from fixed categories to situated processes that we can begin to decolonize the totalizing category of the masculine. I want to be clear: I do not deny that the masculine can be colonizing. What I contest is

the idea that there exists a single, totalizing masculine that colonizes all masculinities and the feminine alike. If this were the case, there would be no way out. For example, when the therapist, in mimetic Event 1, touches his belly in the same way as the designated patient, he does so with such tenderness and care that reducing this gesture to something merely colonizing feels reductive. Why is it that, when discussing gender coloniality, we are more inclined to interpret this man as a colonizer performing a sexualized gesture, rather than as a grandfather attempting, as best he can, to come closer to his granddaughter? This categorical splitting is increasingly visible in my clinical practice. Female patients often describe a masculine that cannot be trusted, perceived as oriented exclusively toward sexuality and as incapable of relational engagement. Male patients, in turn, describe women as femmes fatales, occupying a privileged position in deciding which of the many men who present themselves they will choose. This is the paradox produced by a categorical approach to gender: the human being disappears, and behaviors become intelligible only insofar as they are read as materializations of gender.

The second colonizing attitude can be teased out through the same lens. In my analysis of mimetic gestures, I identified what I call the accent mimetic gesture: the tendency of male therapists to adopt a Venetian accent that does not belong to their geographical origin (the Lombardy region). Reflecting on this, I realized that I have never heard a female therapist from Milan employ this particular mimetic strategy. This observation suggests that the use of a Venetian accent may belong more to a masculine style than to a feminine one. Here, the mimetic aspect would be reflected in the prosodic style of male therapists who mimic the voices of Boscolo and Cecchin. It would be highly informative to explore how these dynamics operate for therapists who do not identify with a binary understanding of gender—an issue that future research could address. I also wonder whether this gendered recourse to the Venetian accent—most often deployed in an irreverent mode—might open the possibility for another form of irreverence: one that is less bombastic and less masculine. For instance, a more relational irreverence, in which tenderness rather than irony becomes the pivotal element. Why is irreverence so readily associated with irony, and so rarely with tenderness? Perhaps the climax of my

colonizing research process (third colonizing attitude) lies in having named a heterogeneous body of material “irreverent mimetic gesture”, thereby colonizing it through a concept historically situated within the Milanese centre tradition. This concept comes to function as a single name for a multiplicity of different events (Events 11, 12, 13, 14, and 15). In Event 11, the object of irreverence is the masculine, gendered interactional style of a father and son, compared to that of chimpanzees. In Events 12, 13, and 14, the object appears to be parental practices of control and surveillance toward Chiara. In Event 15, the object is the brother’s gesture of taking the bread out of Chiara’s mouth. Beyond the heterogeneity of these objects, what is striking is what irreverence may block, obscure, or render invisible.

From a clinical perspective, this reflection raises a concrete question: what do we, as therapists, choose to privilege in the moment? If gender coloniality is treated as a fixed explanatory category, there is a risk that the therapist becomes more occupied with naming power than with sensing what is happening in the room. At times, the most decolonizing gesture may not be an ironic or irreverent one, but the decision to suspend humor, accent, or mimicry, and to remain with uncertainty, fear, or tenderness as they emerge. I therefore wonder now what effect this reflection might have on my own clinical practice. I notice that I, too, resort to using a Venetian accent—often in a very insistent way—at those moments in therapy when I feel we are entering a terrain that could be genuinely fertile for the individual or the couple in front of me. Yet perhaps I become irreverent precisely when I find myself on ground that feels familiar and comfortable to me, a terrain in which I sense that I “have the right strategy.” From this perspective, irreverence may signal not openness, but a subtle retreat into competence and technique. Perhaps, then, my clinical task is to pay closer attention to when and with whom this disposition of mine—so natural to me—tends to emerge, and to ask whether, in those moments, it opens space for new unfolding or instead forecloses the emergence of other affects that may be asking to be heard.

Through this reflexive journey, what has changed for me is not that I have eliminated bias or transcended my colonial positionality. Rather, I have learned to pay greater attention to the hic et nunc consequences of my gestures and actions within the clinical encounter. I recognize now that every movement, every bodily expression, every word can carry simultaneous potentials: to affiliate, to distance, to colonize, or to liberate. This awareness has begun to reshape my practice, making me more attentive, more cautious, and more accountable to the immediate relational effects of my presence as both therapist and researcher.

Part 7: Discussion

In the first part of the discussion, I retrace the stages of this inquiry: I briefly describe the methodology that enabled me to palpate the mimetic events and then examine how two different qualitative research methodologies produced distinct "outcomes." Subsequently, I discuss the main ideas that emerged from this Inquiry, which I summarize below:

- Mimesis as perturbation: beyond accommodation in systemic psychotherapy
- Conceptual tools: perturbation and postcolonial ambivalence
- Mimesis as passage to action: when words fail
- Rethinking technique: from intentionality to participation

I conclude the discussion by reflecting on whiteness as the point of departure for my observations.

Figure 4 summarizes the main steps of my inquiry.

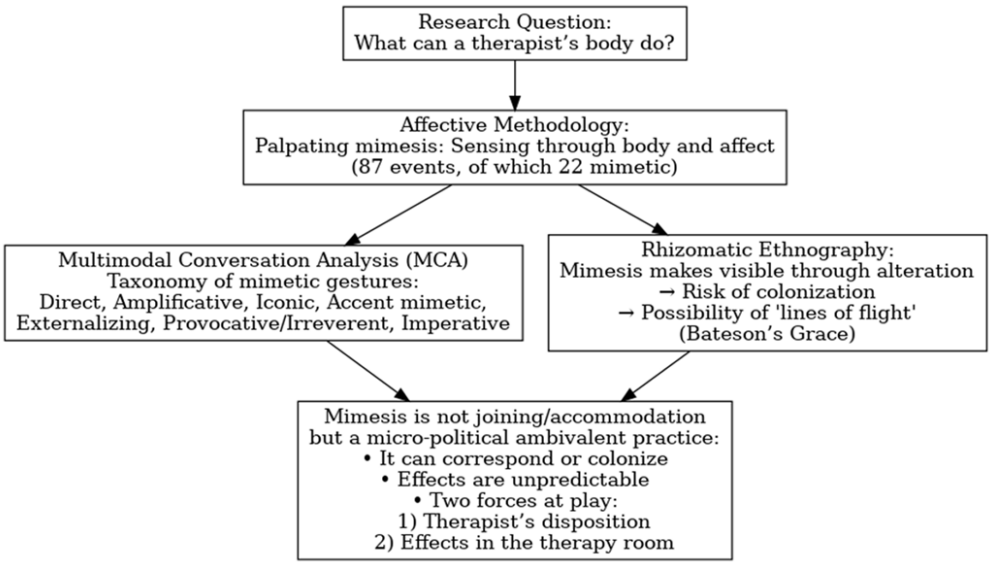

Figure 4

outlines the main trajectories that took shape in this research.

7.1 Methodological reflections: the affective body as research instrument

In this inquiry, I set out to explore how the micro-process of mimesis may contribute to therapeutic action, beginning from the philosophically oriented question: What can the body (of a therapist?) do? From a methodological perspective, my body—with its materiality and capacity to be affected—was the very instrument through which I palpated the mimetic events. These events were felt; they affected me; they left a trace within me, altering what Spinoza (1677/2002) calls the potentia agendi of my body—of this body, and not of any other. This approach could be accused of lacking scientific rigor, of falling into radical subjectivism. Yet I consider this risk worth taking, as an act of resistance against those mechanisms of capture rooted in what Larner (2004) has defined as the politics of evidence—a regime in which manualization, controlled replication, and application with specific client populations are the gold standards, erasing from scientific discourse the idiosyncratic (and embodied) dimension of the individual clinician. When in this thesis I speak of my body or of the therapists' bodies, I am referring to a specific and particular body that is indefinite, whose boundaries have dissolved and blurred; a body that resembles more a swarm of bees than a body with clearly demarcated limits. It is a body—the body of the researcher (and of the therapist)—that is neo-materialist: I have not been captured by the will to discover its essence and its clear boundaries, but rather I have considered it as a body of potential, one that indeed has a form tending toward unification and delimitation, but that also and above all possesses a force that creates deviations within the form. I have sought to explore and to wait for these "deviations of form," attempting to render them visible. For example, in mimetic event no. 22 it is possible to observe the force with which my body attempted to go beyond its unifying form: when the therapist enacted a movement of differentiation between two organisms (within the family), he moved his right hand horizontally, forcefully, toward the designated patient. Astonishingly, my own body seemed to participate in this movement, throwing itself with force in the same direction as the therapist's gesture. I became aware of this potential only when reviewing the videotape of the session. It was as if my body were not a clearly delimited organism, but rather a plastic body, a relational body, one that participates in and sustains the force of

the therapist's gesture. This participation of my body speaks to an idiosyncrasy—something specific to an event that is itself singular and specific. To place my body at the centre of this inquiry can be seen as a gesture of resistance to the capitalist tendency toward generalization: going with the body reminds us of the importance of finding singularities in contexts that are always local.

7.2 The affective methodology as cartography of the sensations of my body

Even before mimesis emerged in this inquiry, my body was the element through which I palpated the 87 fragments that made up the raw material of the research. My body was affected (affettato) by what was happening in these fragments. Looking back on this affective research process, I propose that the methodology of which I was part was, in the end, cartographic: the 87 fragments constitute a cartography of the sensations of my body, rather than a cartography of mimetic events. As a cartographer, I went in search of those events that generated intensity and affect within my body. This is not a cartography of movements from one point to another (geographical), but a cartography of sensations (immaterial elements). In this cartographic inquiry, I took into consideration at least two dimensions: an extensive dimension and an intensive dimension. The first refers to actual (extended, spatial) relations between bodies; the second describes the affections and immaterial forces that flow between bodies. This point is crucial: the same behavior (extensive)—for instance, a gesture of subtraction—can have different degrees of intensive dimension. For example, the gesture of subtraction in mimetic event no. 15 (See Appendix E), in which the therapist simulated the act of taking the "bread from Chiara's mouth," had a strong impact on me. The speed, the acceleration with which the therapist enacted it affected me. The same gesture can carry different degrees of intensity. Not all the extensive gestures produced by therapists possess the same intensive dimension. The greater the effect a gesture produces in the therapy room, the greater its degree of intensity—that is, its capacity to affect other bodies, to slice them into pieces, to take away a part of them in some way. This is an idiosyncratic dynamic: this cartography of my sensations is local, and as such, it is an act of resistance.

7.3 From an interest in the body to the discovery of the mimetic process

Before arriving at palpating mimesis, the starting point of my research interest was the therapist's body. In the introductory part of this thesis, in Plateau "The body as guarantor" I attempted to describe how I became interested in the body. I ventured the hypothesis that the body is an indicator of my degree of diffidence toward the Other. The antithetical play on words "The body does not lie" (it. Il corpo non mente) is a phrase that has touched me and often inhabits my thoughts. It has happened to me, throughout my life, to think that words are one thing, and behaviours that either follow or contradict those words are another. Beyond diffidence toward the Other, for me the body—both in clinical practice and in everyday life—is a kind of receptor that signals how I am positioned in a given situation–relation. Its heartbeat, its sweat, its breathing, its posture, its expressions and gestures are signals that call forth a specific context. Alongside these elements, at times my body becomes mimetic: it tends to imitate the gestures of those who touch it. Perhaps it is precisely the mimetic dimension of my body that signals to me who is affecting me. From my interest in the body, then, there was a shift toward my mimetic tendency: I too, like the therapists in their clinical practice, find myself using a Veneto accent. During this research project, particularly in the ethnographic phase, I realized that I was producing gestures that were not mine but belonged to the therapist I wanted to "correspond to." For example, at one point I touched my nose with a slight vertical movement along its bridge, using my thumb and index finger. This is not a gesture that belongs to me, but I appropriated it—it became part of me without my being aware of it. And perhaps it was the gesture itself that appropriated me. Thus, I began palpating mimesis.

7.4 Palpating Mimesis

Having palpated the 87 events through the cartography of sensations I described above, I found myself immersed in an extremely heterogeneous material, within which I struggled greatly to find orientation. At one point, I even thought the material was too heterogeneous, too incoherent to be organized. Yet, as I recounted in the methodological section of this inquiry, at a certain point I began

to palpate a “pattern that connects” (Bateson, 1979, p. 8) within some of the descriptions I had produced. This pattern that connects would eventually take on the name of mimesis. It is important to note that this pattern that connects was not visible to me for some time. At a certain moment in the process, I had the sensation that something was slowly emerging from the material, but I was not yet aware of what it was. It was a strange situation: I was palpating, I could feel that something was there, but I could not grasp its contours. It was so elusive, so subtle, that at times I lost its traces. The sensation of the pattern would vanish, and I would find myself once again lost, in a chaos devoid of sense. The process of palpating plays a fundamental role in my research, and I would like to explore it further here. It is a term May (2005) uses in Gilles Deleuze: An Introduction to describe a process antithetical to representation. For May, when Deleuze speaks of the concept of difference, he is palpating, not representing. It is worth noting that the term “palpare” derives etymologically from the Latin verb “palpare”, meaning to caress, to touch lightly with the hand, since palma is the flat of the hand. It is a profoundly materialist term, one that reveals how knowledge is not a cognitive act of representation but a direct con-tact (again, touch!)—an engagement with the material itself. Thus, palpating became a speculative gesture through which a zone of touch was created. In 22 of the 87 events, such a zone of touch with the mimetic process emerged. The mimetic process was not identified, individuated, or recognized; rather, it was grazed, caressed, palpated.

7.5 Plugging in MCA and Ethnography: one more reflexive account

“Plug in” (p. 4) is a term adopted by Jackson and Mazzei (2013) taken from Deleuze and Guattari’s A Thousand Plateaus (2004), referring not to a fixed concept but rather to a process of making new connections—something I try to both discuss and practice below, between MCA and ethnography. The 22 mimetic events were scrutinized (in a more Deleuzian sense) through two different qualitative research methodologies. These two approaches generated different, and perhaps even inconsistent, outcomes. MCA, with its focus on a fine-grained analysis of verbal and nonverbal conduct, led me to create a taxonomy of seven categories of mimetic gestures. I speculated that these seven categories

may potentially serve different purposes. I suggested that what varies across categories is the degree of perturbation toward which the therapist seems to aim. I also speculated about the timing of these mimetic gestures. Certain categories appear more frequently at specific points in therapy: for example, iconic mimetic gestures tend to occur during the restitution phase; direct mimetic gestures are more likely in the early stages of therapy; while imperative mimetic gestures appear in later phases of a session. I further hypothesized that therapeutic style may influence the distribution of mimetic events: for instance, the gestures I called amplificative mimetic gestures were produced mainly by one therapist, whereas the imperative mimetic gesture was produced only by the other one.

Ethnography, in contrast, enabled me to attend more closely to the co-dependent nature of mimesis—its ability to make visible something that, within the family system and for the therapist, was previously unseen—and to its non-signifying attentionality. From a reflexive standpoint, it is important to make explicit that these two methodologies generated in me very different dispositions. MCA, and especially the creation of the taxonomy of mimetic gestures, was a crucial step for me: it prevented me from being overwhelmed by the sheer burden of the material in which I was immersed. It was, in a sense, a survival strategy, even though I share McLure's critique that coding offends research material with its "structure" and its "strictures" (2013, p. 175).

Indeed, through MCA analysis I did end up categorizing my material: (1) first I palpated it, and (2) then I searched for patterns through naming and categorizing. What I did not do at the outset—something often implicit in coding—was to reduce complexity into superordinate categories. I believe that avoiding this step allowed me, at least partially, to remain more grounded, steering away from the classical arborescent structure of coding. Of course, in categorizing I also felt at arm's length from my material, risking a liberal stance from which I could interrogate it as I pleased. The danger of imposing a regime of meaning onto a heterogeneous set of elements was always close at hand—and perhaps I fell into it, as in the case of the category "irreverent mimetic gestures," which I will discuss shortly. For Deleuze & Guattari (2004), coding is linked to territorialization, understood as cutting

flows of difference and intensity in order to produce stable linguistic and semantic systems. The risk is that, by applying to the material a grammar that precedes it, difference may be "subsumed under the One" (Olkowski, 1999, p.185). It is clear that in my taxonomy of mimetic events, the material became static, almost frozen, as it was slotted into pre-existing categories. Yet I also resisted being entirely captured by this apparatus, asking what might exceed or escape this practice of coding. To counteract this staticity, I searched for lines of flight—deterritorializations—in my correspondence[21] with the material, through ethnography. Coding did not allow me to delirare—to stray, to leave the furrow traced by the plough, to engage directly with pure difference (intensities, forces, sensations). Ethnography, instead, placed me in both the position and the disposition to attend to whatever might escape categorization: micro-movements, micro-forces, singularities, and emergences—everything that evades and resists what Smith (1995) calls the "elevation to generality" (p.27). To illustrate what emerges from this plugging in between MCA and ethnography: in events no. 1, 11–12, and 22, there was a correspondence observable through both methods. Let us take, for example, gestures 11–12, which in my taxonomy I categorized as "provocative irreverent mimetic gestures." It should be noted that I placed these events in a category named after a concept belonging to the CMTF tradition, thereby risking the subsumption of heterogeneous phenomena under a single notion (irreverence). The concept of irreverence is itself a re-coding of something already coded within the symbolic, cultural, and linguistic context of CMTF. Yet what exceeds or escapes this recoding cannot be made visible by my taxonomy, which contaminates the specificity of the event with a symbolic-linguistic order (irreverence) drawn from a tradition external to the singularity of the event itself. From the ethnographic perspective, what emerges is that the predominant affect seemed to be hilarity, playfulness (associated with irreverence in the CMTF tradition). However, through coding this affect became nominalized as the generality of the event, risking cutting off and obscuring other flows.

[21] Correspondence designates a shift in orientation from the between-ness of beings and things to their in-between-ness. It is concerned with the interaction between participants but also with how participants *go along together* in dialogue. From our point of view, this "going along together" represents a much more sustainable idea of dialogue, which is articulated as an ongoing process characterized by movement instead of a back and forth between disparate and pre-existing entities.

Ethnography, instead, allowed me to perceive at least two additional forces or intensities at work in these events, resisting capture by general hilarity: anger and protest, expressed by Chiara more in tone than in words, and her desire for autonomy, articulated in response to the second mimetic gesture of surveillance (event no. 12) by shifting her affective tone and deterritorializing "surveillance" with the phrase: "This is the longest trip I've ever taken." At this point, she no longer attempts to redefine the role of the Balinese man. Anger gives way to a stance expressed with firmness and resolve. Yet beware! Naming this event as "irreverent" might isomorphically collude (from con-ludere, "to play along, to play the same game") with the attempt within the therapy room to interrupt and cut off the very forces that were opposing general hilarity. Thus, the ethnographic dimension of my study represented an attempt to resist the subsumption of difference under the One, typical of coding practices. I do not see this as simply a choice between process and category, change and structure, or territorialization and deterritorialization. Rather, it is about recognizing that these are inseparable forces at work simultaneously, and that movement and indeterminacy are ontologically prior as fields of experience from which categories emerge—just as the concept of irreverence once emerged within CMTF.

7.6 Mimesis as Perturbation: Beyond Accommodation in Systemic Therapy

My analysis, grounded in both MCA and rhizomatic ethnography, has shown that mimetic gestures cannot be reduced to a mere technique of joining or accommodation, as originally conceptualized within the structuralist framework of Minuchin (1974). For Minuchin, mimesis was a tool for accommodation: a way for the therapist to align with and adapt to the family system. The CMTF however, emphasized perturbation as a central mechanism for systemic change. In my research, I have argued that mimesis is situated at the intersection of these two orientations. It can indeed function as accommodation, but it also has the potential to perturb the therapeutic system, destabilizing its equilibrium and creating space for transformation. My analysis of Accent Mimetic Gestures illustrates this ambivalence. Here, therapists engage in paraverbal imitation by adopting a

Venetian accent—despite their Milanese origins. This gesture does not directly mirror the patient's behavior; instead, it stems from the therapists' professional formation and the historical-cultural legacy of the CMTF with Venice. The distinction between accommodation and perturbation becomes sharper when comparing different categories of mimetic gestures. Imperative mimetic gestures, for example, where a therapist interrupts a parent, challenges their words, and instructs them to act "as if they had Parkinson's disease", generate a tense and rigid atmosphere in the therapeutic room. These gestures appear highly perturbative, perhaps even carrying the risk of a colonizing dimension. Yet their potential cannot be understood solely through the therapist's disposition; it is equally necessary to attend to their effects within the therapeutic system. In one case, the father—who earlier presented himself with a disruptive, salesman-like communicative style—responded very differently after an imperative gesture: his voice softened, his bombast diminished, and his characteristic assertiveness receded. Through rhizomatic ethnography, I was able to trace these shifts, showing how mimetic gestures can reshape the affective atmosphere of therapy.

7.7 Conceptual Tools: Perturbation and Postcolonial Ambivalence

To articulate this tension, I drew on Maturana and Varela's Autopoiesis and Cognition (1980). Their substitution of "information" with "perturbation" can help us see and understand mimetic gestures not as predictable carriers of communication (sender–channel–receiver), but as events whose effects cannot be determined a priori. Drawing on Maturana and Varela, I contend that mimetic events serve to "orient" (1980, p. 78) rather than to determine the oriented within their own cognitive domain. From this reflection an initial hypothesis arises: at the CMTF, as I have already described, colonial discourse is often left unexamined. While I believe this is in part due to the broader Italian socio-cultural context, I am also led to suspect that the theorization of autopoietic systems may have contributed to maintaining this blind spot with respect to colonial discourse. In particular, I identify two concepts as central to this: autopoiesis and structural coupling. Maturana and Varela argue that the notion of autopoiesis is "necessary and sufficient to characterize the organization of living

systems" (1980, p. 135): a system is living if it is autopoietic; and a system is autopoietic when it is composed of components that are related to one another in such a way that these very relations regenerate both the components and the relations that hold them together (Maturana & Varela, 1987). The focal point lies in the distinction they make between organization and structure. In an autopoietic system, every change is subordinated to the preservation of its autopoietic organization (p. 154), and ontogenesis is for Maturana and Varela "the history of the structural transformation of a unit" (p. 155). As Ceruti (2009) observes, if the organization of a system is the set of relations among its components that must be preserved for the system to maintain its identity as a unit, then structure refers to the set of concrete relations that manifest in a specific space–time. Organization must remain invariant, whereas structure may change. If organization changes, the system loses its unity and thus ceases to exist. With Maturana and Varela, we thus arrive at a biological theorization of the autonomy of the system, since all structural changes are subordinated to the conservation of its organization. We are therefore dealing with a system that is simultaneously closed and open: closed at the organizational level, but open at the structural level. Why is this notion of organizational closure so important for systemic and clinical thought (at least for those formed at CMTF)? Because it deconstructs, ab initio, the very concept of information: organizational closure underlies what is defined as the cognitive domain. The word cybernetics derives from the Greek κυβερνητική (kybernētikḗ), meaning "the art of governing," from κυβερνήτης (kybernḗtēs) = "helmsman, pilot, guide." Early cybernetics did not see—and could not see—the autonomy of living systems, being preoccupied instead with control: the logic was input–output, stimulus–response. With Wiener (1948), and later with Maturana and Varela (1980; 1987), attention shifted from control to the problem of the system's internal organization. It is precisely this shift from control to autonomy that deconstructs the idea of instructive information: there can no longer be instructive interactions if the cognitive domain is autonomous; at most, there can be perturbations capable of triggering but not determining change within an autonomous cognitive domain (Ceruti, 2009). Hence the phrase from Maturana and Varela that has stayed with me since my training at CMTF: "Linguistic behavior is orienting behavior; it orients the oriented within

its cognitive domain toward interactions that are independent of the nature of the orienting interactions themselves" (p. 78). By cognitive domain, they mean "the domain of all interactions in which an autopoietic system can participate without losing its identity" (p. 199). From here my idea of considering mimesis as a perturbative gesture. But, as noted earlier, there is another concept in Maturana and Varela (1980) that can assist us: "structural coupling" (p. 85). Structural coupling refers to two or more systems which, throughout their ontogenesis, remain in constant interaction, serving as reciprocal sources of perturbation that trigger—but do not determine—structural changes (Maturana & Varela, 1980). My hypothesis is that mimesis is a micro-practice of perturbative participation in the structural coupling between the therapeutic system and the family system. Yet we cannot forget that Minuchin introduced mimesis into systemic practice as a technique. Minuchin was a man of his time—a time when cybernetics still focused on behavioural control. In Minuchin (1974) the technique of mimesis clearly emerges as an instructive element. Minuchin was the helmsman, the pilot of the session: for him, mimesis was a technique of accommodation aligned with this role. I wonder whether this instructive perspective was also marked by a greater degree of certainty. My impression, in reading Families and Family Therapy (1974), is of a "strong" and "self-assured" therapist, with a clear map of how to navigate family systems. Perhaps more certain than the two therapists in my study. When describing the technique of mimesis, Minuchin explicitly used the term "manoeuvre." (1974, p. 186). He was certain of the effects of his mimetic moves: for example, in the case of the Smith family, Minuchin reports a series of behaviours he enacted to imitate Mr. Smith (the identified patient): when Mr. Smith lit a cigarette, Minuchin smoked; when Mr. Smith removed his jacket, Minuchin removed his jacket. He emphasized that they were the same age, both workers, both restless. Without hesitation, Minuchin claimed that these "manoeuvre(s)" (1974, p. 186) had the effect of lifting Mr. Smith out of the "deviant" position: if the patient shared characteristics with the expert therapist, then he could not be entirely deviant. But I ask: who is to say that Mr. Smith did not, for example, feel mocked in seeing the therapist imitate him? Mimesis, after all, carries in its history a connotation of mockery. Darwin himself spoke of mockery, as reported by Taussig (1993, p. XIV),

upon arriving at the shores of Tierra del Fuego. Darwin (1839) may have felt mocked—but perhaps the Fuegians were not mocking him but rather engaging in their own way of knowing him. And in being imitated, Darwin may also have seen something new of himself. Here lies the ambivalence of the mimetic process. Minuchin does not appear to have considered this other possibility; he was certain, assured. He was not mocking Mr. Smith but removing him (from a position of power) from the place of illness. He assumed that Mr. Smith saw the same thing. He did not bracket his position. I consider the concept of perturbation to be more ethical and relational than that of instruction. The two therapists I observed did not seem so certain in what they were doing. True, I did not interview them—whereas with Minuchin I rely on what he wrote—but my impression is that the Milan therapists were more interested in what effects their mimetic process might have than in predicting them. It is difficult to pinpoint precisely what gave me this impression; perhaps it is linked to my personal and professional bond with CMTF. Still, the difference may lie in the degree of certainty regarding the effects of mimetic events: Minuchin knew where mimesis would lead, whereas with the Milan therapists this remains uncertain. For Minuchin, the colonial dimension of mimesis was not visible at all; perhaps for the Milan therapists a fissure exists. I say perhaps because I come from the same cultural background. Indeed, while the concept of perturbation (as opposed to instruction) allows us to bracket our therapeutic modalities (the mimetic gesture may accommodate, but it may also mock), I nonetheless struggled to see possibilities of colonization ab initio in the mimetic gesture. I wonder whether it is precisely the idea of perturbation that prevented me from seeing the colonizing potential of mimesis. Perturbation, as we have seen, presupposes the autonomy of the cognitive domain of a living system. But in a dynamic of colonization, what degree of autonomy does the cognitive domain of the colonized have? What kind of structural coupling are we speaking of? Maturana and Varela (1980) emphasize that the cognitive domain of an autonomous system is closed at the organizational level. But is it also closed in the face of colonial politics? My rhizomatic review led me to the thought of Fanon, whose work I find crucial for those who regard communication not as informative but as perturbative. Fanon (1967) describes a young Black boy who, in reading stories

of civilization, identifies with the white boy who brings civilization—an act of mimesis (psychoanalysis would speak of identification) in order to become like him. I ask: what degree of autonomy does this boy's cognitive domain have? Perhaps Fanon's phrase, "Beside ontogeny and phylogeny stands sociogeny" (1967, p. 4), allows me to take this further, toward a new way of approaching the concept of perturbation. Maturana and Varela place their focus on ontogenesis: structural changes at the level of the system subordinated to the preservation of its organization. Fanon points us instead to sociogenesis: in the introduction to Black Skin, White Masks (1967), he coins the term to contest the idea that the alienation of the Black man is merely an individual matter. Fanon invites us not to be captured by the idea that a subject's cognitive domain is private. What does it mean to approach the statement "it orients the oriented within its cognitive domain toward interactions that are independent of the nature of the orienting interactions themselves" (p. 78) from a sociogenetic perspective, not only ontogenetic and phylogenetic? It may mean assuming that the cognitive domain is always embedded *ab initio* in a social context, and that therefore the autonomy of this domain must, in Maturana and Varela's terms be "bracketed" (1987, p. 25). From a sociogenetic perspective, it may be part of the cognitive domain of the oriented (Fanon's young Black boy) to have interiorized whiteness and to respond as white. Autonomy is not private, never pure, but always already infiltrated by the social context. Perhaps it is the biological metaphor of autopoiesis itself that, for a time, prevented me from seeing the colonizing potential inherent in the concept of perturbation. Autopoiesis takes place within a sociogenetic process.

7.8 The poietic dimension of mimesis

The artist Paul Klee, in his Creative Credo (1961), writes: "Art does not reproduce the visible but makes visible." (p.76). I encountered this phrase in an article by Ingold titled "Art and Anthropology for a Sustainable World" (2019). Upon rereading the article, I realized that perhaps this phrase encapsulates what the mimetic process is capable of. Mimesis, from my perspective, is not a mirror that innocently reflects an image, but rather a mode (among the many within systemic psychotherapy)

of entering, of getting one's hands dirty by participating in those processes through which the therapeutic relationship emerges. Therefore, the micropolitical dimension of the mimetic event lies not primarily in its capacity to reproduce something, but in its ability to render visible—even to the therapist—what until then had remained unseen. I can thus postulate that the mimetic gesture is poietic: it produces the very possibility of perceiving an unheimlich, an unspeakable. The word poiesis derives from the Ancient Greek ποιητικός (poiētikós), meaning "related to making, to creating something new, something that was not there before." I consider event no. 22 exemplary of this dimension. We are in the fourteenth session with the family "unclear boundaries." Through an externalizing move, citing a colleague, the therapist says: "I'm reminded of a colleague of mine who is a bit more direct than me" and continues, "Someone needs to be here to say... my daughter, you already have enough trouble with your own family, that is your new organism." The poietic element of mimesis is present both verbally (the therapist reproduces what a more "direct" colleague might have said) and nonverbally, through a vigorous right-hand gesture plunging into the air toward the designated patient with the exclamation "your own family." The bodily gesture is intense, forceful, powerful. Within the therapy room, my own body was activated: I too jolted in my chair, moving in the direction of the mimetic gesture. In some way, I was unconsciously participating. I too thrust into the air toward the designated patient. The tension was palpable; my body signalled it. Difficult to articulate in words this intensive dimension, but the effects it had in the room were clearly visible: a stark contrast emerged between the vigor, the strength of the therapist's gesture, and the response of the two women of the family: neither replied; silence filled the room. Veronica then, coldly and distantly, broke the silence by saying, "But that is how it is." It was as if the flow of intensity had been interrupted, blocked, suffocated. But the therapist resisted this attempt to suppress his force. He tried again—perhaps protesting—with firmness and resolve, exclaiming: "But who made this point? I did!" The therapist seemed to underline his taking responsibility for putting word and gesture to something unspeakable, to a ghost haunting the family. Here lies the poietic dimension: the mimetic gesture produced something that had not previously been taken up. Through the therapist's body, the

mimetic gesture made visible the existence of two distinct organisms—a reality within the family that had remained hidden and unutterable. Yet every creative act is political in at least two directions: political because it produces something new (politics as natality, in Arendt's sense (1958)), and political because this newness always has effects on relationships. The mimetic gesture does not only reproduce, but recognizes that in reproduction there may be alteration—and in this alteration something previously unseen may be revealed. Capitalism is a politico-economic model of mass reproduction at scale. It reproduces ad infinitum something identical to itself, annihilating difference. My reading of mimesis is anti-capitalistic, insofar as it recognizes that in reproduction there is alteration—opening spaces of difference. Yet alteration can also be problematic, since among its possibilities lies colonization. The thesis emerging from this project is that different mimetic gestures can be situated along a continuum whose opposing poles are correspondence and colonialism. As can be seen in Figure 5, I positioned along this continuum the taxonomy of mimetic gestures that I palpated in this research. At one end of the continuum are direct mimetic gestures, which I regard as more disposed toward correspondence, while at the opposite end are imperative mimetic gestures, which appear more disposed toward colonization. The taxonomy I propose suggests that as the perturbative dimension of a mimetic gesture increases, so too does its colonizing potential. This is particularly evident in directive forms such as imperative gestures, as opposed to amplificative or iconic forms.

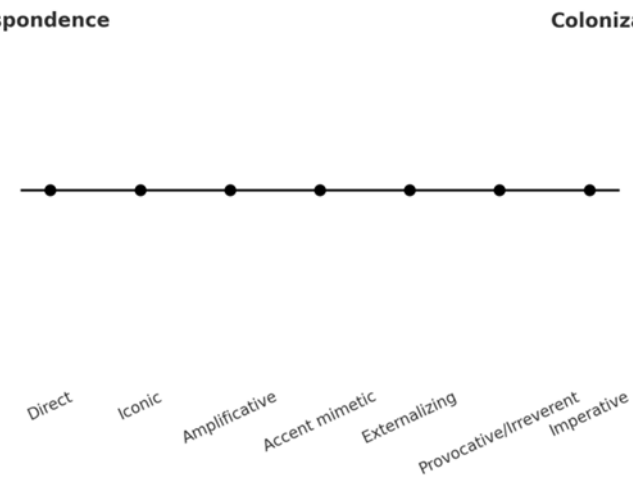

Figure 5

Positioned along this continuum is the taxonomy of mimetic gestures identified in this research. At one end lie direct mimetic gestures, oriented toward correspondence, while at the opposite end are imperative gestures.

Although mimesis is therefore an ambiguous process that opens up contrasting possibilities, and navigating between these different possibilities appears to me an arduous and complex task, my inquiry suggests that at least two elements are at play in determining the direction a mimetic gesture may take:

- the disposition of the therapist: The concept of disposition designates a point of orientation which, by definition, always calls forth a domain of possible actions. A disposition calls a specific context where some courses of action are doable, whereas others are not.
- the effect that the mimetic gesture has in the therapy room: the unpredictability of the mimetic gesture obliges us to pay close attention to its hic et nunc effects on the different bodies participating in the clinical encounter.

As an example of this distinction, I will discuss two mimetic gestures that, for me, stand at opposite poles with respect to these two elements. The first, which in my view has a strong colonizing potential, is mimetic event no. 7, belonging to the category of Imperative Mimetic Gestures. This takes place during the restitution phase in the second session with the family "The divided family: sick women, healthy men." The father of this family, in a decisive and confident tone, has just declared that for him it is important that his wife behave as if she did not have Parkinson's. This man seems, in some way, to want to deny the presence of the illness within the family. The therapist does not even let the father finish speaking and, with a smirk, invites him to a "game"—to simulate having Parkinson's. Whereas before interrupting the father's words the therapist's face was marked by a smile and his body was in a position of listening and welcoming, I observed a sudden shift in his disposition when he invited the father to behave "as if Parkinsonian." The therapist's body stiffened, his gaze lowered,

and he seemed almost to become defiant. The smile gave way to a serious look. He crossed his arms, raised his eyebrows. For me, the therapist was no longer disposed to welcome the position of this man. He seemed rather to want to challenge it, even deconstruct it. This was not only a matter of behaviour but also of affects: within the therapy room, the atmosphere suddenly became more tense, marked by suspension and by the anticipation of the father's response to the therapist's imperative. The affect traversed my own body as well: a sigh crossed me, I felt a shortness of breath. Here we encounter the second element I find significant: the effect of the mimetic gesture in the room. In this moment of waiting between the therapist's directive and the father's response, two micromovements occurred rapidly: the Parkinsonian wife turned her gaze quickly toward her husband, and the designated patient allowed a slight smirk to appear on her lips. The father, accustomed to being forceful in his verbal and nonverbal style, altered his behaviour: his voice weakened, and in a muffled tone he said, "It's hard." The colonizing element that may have occurred here is that the therapist's directive, his almost symmetrical stance toward the father, may have stifled not so much the denial of the symptom (which seemed to me to be the therapist's goal to bracket) as the access to the emotions underlying this denial. The colonizing aspect of this mimetic gesture lies in the defiant affect assumed by the therapist, which may have colonized the space, preventing, for example, the emergence of the possible fear hidden behind the man's denial of Parkinsonian symptoms. One hypothesis is that the colonizing side of mimesis is not so much that it shows something, but rather that it prevents something from being shown. Quite different, in my view, is mimetic event no. 20, belonging to the category of Amplificative Mimetic Gestures. This took place a little more than twenty minutes into the session—the fourteenth—with the family "blurred boundaries." The mother had recounted a series of episodes (rearranging the storage unit in order to rent it out, or visiting her husband in the hospital) in which there had been strong misunderstandings with her daughter, and in which she felt criticized, judged, and reproached, to the point of feeling "a bit always attacked and judged," as if placed in the position of "the one who is always wrong." The therapist repeated the mother's words, "It's always me who's wrong," accompanying them with a gesture in which he

pointed to himself. At first, he did so very calmly, almost as if to draw near to the mother's position in order to understand it. He did not address others, but directed his gaze toward Veronica's mother. This first mimetic gesture already provoked a reaction in the daughter, who lowered her head toward the floor, avoiding her mother's gaze. The therapist's disposition seemed to be one of wanting to render visible how the mother felt in the dynamic with her daughter, and to observe what effects this visibility would generate. I perceived his disposition as exploratory. His tone of voice remained steady and uniform, his body made no abrupt movements. He was calm. The daughter then decided to speak, noting that her mother always resorted to the same pattern: withdrawing into silence. The therapist then reproduced a new mimetic gesture (similar to the first) but this time asked the daughter directly what she thought of her mother's stance: "But about this thing she says… that it's always me who's wrong…?" It seemed that this move by the therapist opened greater space in the relationship between mother and daughter. While asking this question, he again reproduced the gesture of pointing to himself. Here a change occurred: the daughter's response to the first amplificative mimetic gesture had been to accuse the mother of always putting herself in the position of victim. Anger and frustration colonized the situation. Now Veronica responded with a "I'm sorry"—her affective tone shifted. Unlike in mimetic event no. 7, where my own body registered a degree of suspension and waiting following the therapist's imperative disposition, in event no. 20 I felt within myself a greater mildness and calm. A greater disposition to explore, rather than to challenge, the other's position.

Thus, it is precisely the two elements—the therapist's disposition and the effects in the therapy room—that lead me to speculate that mimetic event no. 20 was oriented more toward correspondence than colonization. Yet it must also be noted that drawing a strict line of demarcation between these two possibilities is itself speculative, and perhaps artificial. In event no. 7, which I described as colonizing, it should be noted that the imperative mimetic gesture toward the father may indeed have been colonizing for him, but not necessarily for the daughter—on whose face appeared a slight smile. This specification makes the ambivalence of the mimetic gesture even more complex: the same mimetic gesture may simultaneously be colonizing and corresponding for different subjects involved.

7.9 Mimesis as Passage to Action: When Words Fail

Could it be that the mimetic gesture reaches where words cannot?

I consider two concepts to be illustrative of the current systemic tendency to prioritize dialogue and conversation: Rober's concept of inner conversation and Bertrando's notion of the dialogical therapist. For Rober (1999), inner conversation refers to "a negotiation between the self of the therapist and his role. In this process of negotiation the therapist has to take seriously, not only his observations, but also what is evoked in him by these observations, that is, images, moods, emotions, associations, memories, and so on" (p. 211). For Bertrando (2007), the therapist who moves within a dialogical perspective interprets therapy as a conversational process capable of constructing new possibilities of meaning. Both positions appear to prioritize language and dialogue above all else, assuming—prejudicially—that everything in human experience can be translated into language. Rober (1999) speaks of an inner conversation within the therapist that verbalizes images, moods, emotions, and so on. From my perspective, he seems to take for granted that an image or an emotion can find a perfectly mimetic representation in words. Mimesis destabilizes this supposed one-to-one perfection between word and experience. What emerges from my research is that therapy sometimes deals with material that is unsayable, something that cannot be verbalized. For example, in mimetic event no. 1, when the therapist produced the gesture of touching the belly enacted by the identified patient, I described it as an "excess of mimesis," where the therapist and the brother sank into the experience of the designated patient, attempting a con-tact (cum-tactus) with her. The mimetic gesture passes through the bodies it affects. Only the parents did not reproduce it. Perhaps they were not affected, or perhaps something prevented them from being affected. It may be that the fear of what was happening to their daughter inhibited the parents' potentia agendi. No words were able to fully grasp the gesture, which was therefore enacted. It is a passage to action. Words are insufficient. This is not a question of nominalism—no name is given to the gesture. It is enacted by the designated patient, by her brother, and by the therapist. Here we encounter a passage to action where words seem

no longer able to provide support. This is one of the focal points of mimesis: its being agito (enacted) rather than thought—and since it is not thought, it is unlikely to find verbalization. In systemic therapy (as in psychoanalysis), the idea of an agito non pensato (an unthought action) may be frightening, as if—precisely because it is unthought—it might be something uncontrolled, something that could even cause harm, and that perhaps a therapist should instead be able to mentalize and signify. Is it scandalous, even shocking, for a systemic therapist to pass into action? To do an acting out? Yet passing into action is a creative, poietic act, as I discussed in the previous section. The idea of mimesis as passage to action can thus be seen as an act of resistance to the socio-constructionist, and therefore linguistic, drift that systemic therapy is currently undergoing. If for Rober and Bertrando conversation constitutes the core of therapeutic practice, mimesis reveals the existence of experiences that escape language and that find expression in bodily enactment—especially when we speak of affects and intensities. In this sense, the mimetic gesture appears as a form of resistance to the primacy of language and semantic, reminding us that not everything human is translatable into words. Mimesis invites us to confront the ineffability and untranslatability of human bodily gesture.

7.10 Rethinking technique: from intentionality to participation

Burnham (1999), in a seminal paper on family therapy, defined technique as "specific activities practised by users of the approach that can be observed and even 'counted' by an observer of the activity" (p. 5). My position diverges. While mimesis can indeed be observed by an external eye, its objectivity must remain bracketed. My mimetic faculty—the capacity to perceive similarities across difference—is not a universal mechanism but an idiosyncratic and situated capacity of my body. For Burnham, technique is not only objectively observable but also a practice of the volitional subject. Here, I am less convinced. The immediacy with which therapists enact mimetic gestures leaves little room for reflection prior to action. In my view, action precedes thought: the therapist's body is "called," "activated," "moved" by forces present in the room. For this reason, mimesis should not be understood as technique (if by technique we imply intentionality), but rather as participation. It is a

micropolitical practice precisely because it is a practice of participation. Yet participation is always specific to a given context. In all 22 mimetic events, what we witnessed was a local way of participating in the relationship with the other. Each of the 22 mimetic gestures was different from the others, even those classified within the same category. And each of the 22 mimetic gestures produced different effects within the therapy room. What space, then, does technique occupy in this discussion? I believe it occupies a very limited, marginal space. Although systemic therapy today is still saturated with technique, and efforts are being made to manualize it, my thesis moves in the opposite direction: the mimetic gesture is anti-technical.

7.11 Confessions from within: a white body as a point of observation

This research originates from a point of observation that is white; my thesis has also encountered white bodies. If I were to ask myself: what kind of body did I imagine for this thesis? I always imagined it as white—perhaps homosexual and female—but certainly white. I once considered involving a woman as a participant, but I NEVER thought of involving, or being able to involve, a therapist of color. White the therapist, white the researcher. Yes—because the starting point of this thesis is my body, the body of a white man. And everything I have written here likely originates from that whiteness. As Haraway (1988) makes clear, “Seeing from nowhere is a God Trick” (p. 589). I want to be clear about my relation to my own whiteness: my position is not meant as an apology, but rather as an act of self-exposure, even self-indictment. I do not think it serves anti-colonial discourse for a white man to apologize simply for what has been done historically by whites. What I can do, from where I stand, is to acknowledge that in developing this research project—as a white man—I became interested in colonial discourse, and that this shift led me to reconsider mimesis not as an innocent process. This, I believe, is the anti-colonial contribution I have learned: as a white man, I did not have to take this perspective into account. I do not claim that everything is resolved, but at least (once again) mimesis has enabled me to see what previously I could not: the colonizing potential inherent in mimetic processes. The strength of this blind spot—this not-seeing—becomes even more

striking if we recall that one of my entry points into mimesis was the anthropologist Michael Taussig (1993), who speaks of colonialism *ab initio*. And yet, I still risked losing sight of its colonizing dimension. It is remarkable how strong, in me as a white man, is the tendency to ignore or resist this aspect. Perhaps it is precisely from the very starting point of my gaze that my attention to the colonial potential of mimesis became blurred. But now I can state openly that my understanding of the mimetic process has radically changed: from seeing it as a process of pure accommodation, free of colonizing implications, to recognizing that mimesis may always carry such a risk. This is because, as the etymology of the word colonialism reminds us, it is about appropriation; and in mimesis—in reproducing a gesture—there is always, in the end, a small act of appropriation. This, I argue, is the major contribution of my thesis. Whereas Minuchin (1974) upheld a transcendent conception of mimesis—teleological, aimed at aligning with an original model and thereby flattening difference—I propose instead that mimesis allows difference to be seen by altering the very "original source" of mimesis. Within this alteration lies a double possibility: opening spaces of correspondence, or initiating processes that may carry a colonizing dimension. Mimesis, as a poietic gesture, is never neutral: it generates difference. But precisely because it generates difference, it always carries political ambiguity—oscillating between the potential to create new spaces of correspondence and the possibility of enacting processes of colonization.

7.12 Limitations of the study

There are many limitations to my study. First, these limitations concern the socio-cultural characteristics of the two therapists who participated in the research: both are white men over 50 years old. This means that my speculations on mimesis must be contextualized. For example, from memory, when I observed sessions conducted by female therapists at CMTF from behind the one-way mirror, I do not recall (perhaps this is simply a lapse of memory) witnessing the use of the Venetian accent typical of Boscolo and Cecchin, as described in the accent mimetic gesture. This was the case even though the female therapist in question had also been directly trained by them. This

leads me to wonder: could the imitation of the Venetian accent be something gendered, a practice associated more with men? In an informal conversation with one of the two therapists, while discussing the Venetian accent, he told me: “there was a song that said the master is in the soul” to describe how deeply he had been influenced by Boscolo and Cecchin. What emerges from my thesis is that the “master in the soul” appears in those who are men. Nothing is said about mimesis in female clinical practice. Future studies could also examine how mimesis is produced in therapy rooms within training contexts other than CMTF. For instance, I wonder what role mimesis may have in psychotherapy schools with a more constructionist orientation, where language is given greater priority. I also wonder, within a cross-cultural framework, whether therapists from different socio-cultural backgrounds resort more or less to mimetic gestures. Such research could expand on the cross-cultural dimension of mimesis, something my study could not explore.

Perhaps another limitation of this inquiry concerns the need for a deeper reflection on the embodied and embedded point of departure of this project. More specifically, this thesis takes as its fundamental starting point the act of “palpating” the events that affected my own body. In this regard, I have referred to the aesthetic capacities of this body. A limitation—or perhaps more precisely, a specification—is that these aesthetic capacities belong to a particular body: my own, which is white, male, and heterosexual. I therefore wonder whether other bodies—of different genders and different colours—would have been “touched” by the same events, or by different ones, and whether the very concept of mimesis would have been palpated in the same way. If I were to respond intuitively, I would suggest that they might have been affected by similar events while simultaneously being affected by different ones. An additional clarification is necessary here. While it is true that I palpated these events through the affections of my own body, the process of palpation was supported by a colleague—a psychologist who is completing her training at the CMTF. A female colleague, a white colleague. She supported me through a shared process of sensing, by reflecting with me on whether she too had seen, or more precisely felt, that something had touched her at that moment in the therapy. Future cross-cultural research could further explore how clinicians and researchers from different

cultural backgrounds are “touched” by the materials with which they engage. It is also important to note that, unlike my colleague, the palpation of events in my case occurred across two distinct moments: through direct participation in the session—being physically present in the therapy room, what I have referred to as “daring to be there”—and through repeated viewings of audio- and video-recorded sessions. For my colleague, this process occurred solely through audiovisual recordings. This difference may have generated different modes of palpation, insofar as different affects circulate through different material research assemblages. In the therapy room, my declared position was that of participant observer, and it was from this position that I sensed the events. Nevertheless, I believe it is never easy for a clinician-researcher to draw a clear line of demarcation between observation and clinical involvement. For me, this line remains extremely thin—like a Möbius strip.

Another limitation, at the level of ontological positioning, concerns the consistency of MCA methodology with an ontogenetic and neo-materialist approach. On the one hand, MCA allowed me to focus on the bodily gestures of therapists; on the other hand, the risk of a behaviourist drift became apparent. Descriptions generated through this methodology left little room for concepts central to a neo-materialist ontology, such as affects, forces, intensities, and sensations. I sought to moderate this drift by drawing on ethnographic methodology. I did not use structured interviews to validate whether my speculations were correct. Involving the therapists might have given me access to their perspectives. Yet a central thesis of this inquiry is that not even the therapists themselves were fully aware of what they were doing. I emphasized that the therapists were not volitional subjects, but rather that they participated with their bodies in what was unfolding in therapy. My reflections are therefore speculations—just as I speculate in my clinical practice. They are not to be validated but rather to be falsified. What clearly emerged from this thesis are new research questions on mimesis which, to my knowledge, have not yet been considered in systemic therapy, and which could be explored in future studies. For instance, one might ask: Has the patient noticed that the therapist imitated them? What effect did it have to see themselves imitated? What do other family members perceive when the therapist imitates one of them? How do those who are not imitated experience the

session? As of today, within systemic therapy, mimesis remains a micromovement at the margins of research—even though, historically, the concept of mimesis has played fundamental roles in human evolution across disciplines and historical periods.

Part 8 Conclusion

The production of this thesis has been an itinerant journey through the intricacies of the mimetic process. In closing, I ask whether the trajectories I have traced open up the possibility of conceiving the therapist as someone who makes mimesis an identitarian element of his clinical practice. Can we hypothesize the existence of a mimetic therapist who employs mimesis not as a mere relational technique, but as a constitutive mode of participating in therapy? To address this question, two aspects must be considered. On the one hand, my research shows that mimesis is not only a process of accommodation, as Minuchin conceptualized it (1974), but also of perturbation, in the sense that Maturana and Varela (1980) attribute to the term. This perspective suggests that the therapist might employ mimesis both to accommodate and to perturb. Yet this hypothesis conflicts with another fundamental point that has emerged from my work: mimesis is not a technique, but a micropolitical practice of participation. Technique presupposes mastery and a predictive capacity regarding the effects produced. But in the mimetic gestures I observed, speed, immediacy, and the absence of calculation indicate that action precedes thought. The mimetic therapist does not dominate the gesture, does not possess it as a tool: rather, he participates in it, allowing himself to be carried along by it. In my taxonomy of mimetic events, elements emerge that exceed the technical perspective. Mimesis is not confined to what unfolds within the therapy room but takes shape in different ways: it may accommodate, perturb, but also colonize. Here its ambivalent and ambiguous character becomes clear: mimesis is at once opening and risk, participation and potential capture.

8.1 The Mimetic Therapist

The trajectory of this thesis has shown that mimesis in therapy cannot be reduced to a mere technique of joining or accommodation; rather, mimesis emerges as an ambivalent micro-practice: it can accommodate or disrupt, correspond or colonize, reproduce or alter. Its effects cannot be predetermined; they unfold through the specific assemblages of bodies, affects, and histories that populate the therapeutic encounter.

From this perspective, I propose the figure of the mimetic therapist. The mimetic therapist is not a new professional role to be prescribed, nor a model to be imitated. It is a conceptual figure, a way of naming what my research has made visible: that the therapist's body is always already caught in mimetic forces that exceed intention and technique.

The mimetic therapist is affected and in turn affects; he participates in gestures that may destabilize as much as they may join, and renders visible what had until then remained unseen. This figure highlights the micropolitical dimension of therapeutic practice. Mimesis is not simply a way of mirroring the other, but a poietic act that produces new possibilities of perception: the unheimlich, the unspeakable, the not-yet-known. In this sense, the mimetic therapist is both witness and participant in processes of becoming, where bodies affect with and through one another. The mimetic therapist reminds us that therapeutic change is not generated solely by words, techniques, or strategies, but also by gestures that pass through bodies, sometimes where words fail. In these passages to action, therapy becomes more than a narrative intervention: it becomes a site of encounter between material forces, a space where difference can emerge, and where the very conditions of systemic change are enacted.

8.2 But… What can a Mimetic Therapist do?

The non-mimetic therapist remains within the safety of words, of semantics. The mimetic therapist, instead, acts: he rises from his chair, moves within the therapy space, produces and reproduces gestures. He is not static but throws himself entirely into the flow of the relationship.

For him, reproducing the patient's behavior is an epistemic act: a way of knowing the other. Yet in knowing the other, he also transforms his own image, his own ontology. Words that emerge in therapy are translated into gestures—gestures that draw everyone's attention to what was previously invisible.

The mimetic therapist sees in mimesis a way of making the unheimlich inhabiting the family perceptible. He communicates through gestures, refusing to remain confined to the comfort zone of

speech. He returns to the patient an image of themselves that has emerged in therapy and, at the same time, provokes the system with irony and irreverence, inviting it to produce actions it had not until then legitimized. He amplifies the most marginal positions, the silenced voices.

The mimetic therapist takes a position toward the pink elephant in the therapy room. He not only sees it—which in itself would already be a step forward—but engages it, involves it, and makes it the very fulcrum of therapy.

He strives, as much as possible, to become other than himself through the mimetic faculty: in producing gestures that do not belong to him, he attempts to cross his own limits, to become otherwise. He does not consider the body merely as an object of words and semantics, but develops another idea of the body.

The body of the mimetic therapist opens up, allows itself to be traversed by intensities, losing its clear boundaries. It is a relational body rather than an organicistic, individual one—a body whose contours are no longer sharp or definitive. Where does this body end? It does not coincide with the "skin-ego." It is never a privatized body. It is a body of participation.

In clinical practice, the mimetic therapist employs mimesis in multiple ways:

- to approach the other, while being aware that this act may also involve appropriating parts of them;
- to provoke and perturb the system, introducing new domains of attentionality beyond semantics;
- to render visible the unheimlich that inhabits the family;
- to return to the patient-system a different image of itself;
- to become other than himself by reproducing behaviors that do not belong to him;
- to act as a resonance chamber for positions that remain silenced or marginalized.

The mimetic therapist does not merely interact; he prefers to correspond.

Appendix A

Background review - Lost in Mimesis: A Conceptually Confused Researcher's Guide

This section is deliberately written from the perspective of a "conceptually confused" researcher, disoriented by the heterogeneity with which the concept of mimesis has proliferated across different disciplines. Rather than aiming to arrive at a definitive definition of mimesis, I wander through the many genealogies of the term. The goal is not to produce an exhaustive review but rather to highlight how this concept has played a significant role in the development of thought across various fields. I sketch below a (certainly not exhaustively) history of how the concept of mimesis has evolved over time, at times radically changing its own form, across four different traditions: the classical-philosophical reading, the aesthetic-literary tradition, the modern and contemporary approach, and the anthropological approach. I do this, in part, by following Potolsky's book, Mimesis (Potolsky, 2006)

Classical and Philosophical Roots of the Concept of Mimesis

Plato argued that reality consists of at least two distinct and separate levels: the world of Ideas, a perfect, incorruptible, and immutable realm, and the sensible world, which is imperfect, corruptible, and constantly in flux. This distinction is famously illustrated in the Allegory of the Cave (Book VII, 514a–517a). In The Republic, Plato developed a negative connotation of mimesis, considering it a fundamental element of poetry and art. If the sensible world is merely a copy of the world of Ideas, then art, which attempts to imitate the sensible world, is merely a copy of a copy. According to Plato, the mimetic act in art and poetry was deceptive because it distances individuals from the perfection of the world of Ideas, corrupting the soul by misleading the senses (Platone, 2007).

Aristotle, by contrast, reevaluates the mimetic concept in the context of art. In the Poetics (2003), he conceives of mimesis as an act that contains a creative element: the mimetic act in art and tragedy is not merely reproduction of reality but also includes something intrinsic to the artist who produces the imitation (Aristotele, 2003).

Plotinus, in the Enneads (1993), despite being a Neoplatonist, also reassesses the concept of mimesis, which Plato had viewed negatively. He considers the mimetic act as a pathway of emanation toward the One. While Plato saw the sensible world as a mere copy of the world of Ideas, and art (mimesis) as a copy of a copy, Plotinus—who viewed the sensible world as the result of an emanation process (in which each level of reality imitates the one above it)—believed that artistic mimesis allowed for greater closeness to the One (Plotino, 1993).

Aesthetic and Literary Tradition

In De copia (1512), Erasmus of Rotterdam urged students to develop ever greater skills in expressive variation, drawing inspiration from classical authors such as Cicero (for prose) and Virgil (for poetry). For Erasmus, mimesis was not a faithful reproduction of something that already exists but rather a fundamental exercise in flexibility and variation in the expressive process. The "original" material thus served as a source for semantic and linguistic variation, which must then be personalized by the individual (Erasmo da Rotterdam, 2013).

In The New Science (1744/2013), Giambattista Vico presented an epistemological interpretation of mimesis: for Vico, to know is to imitate. He argues that societies have passed through three fundamental stages:

The Age of the Gods – Humanity lives in a mythical world, imitating natural forces.

The Age of Heroes – Early political institutions emerge, and aristocratic society imitates gods in their hierarchies and laws.

The Age of Men – Reason gradually replaces myth, giving rise to science and democracy.

In Vico's vision, mimesis is no longer merely an aesthetic concept but assumes a foundational role in history. History unfolds as a mimetic process in which societies imitate and reinterpret the past. In other words, for Vico, history follows an internal logic grounded in mimesis (Vico, 2013).

In Laocoon, Lessing opposes both Platonic and Aristotelian views of mimesis. Although these perspectives differ broadly—Plato assigning a negative connotation, Aristotle a more positive one—both regard mimesis in relation to painting and literature. Lessing, however, argues that different art forms require different modalities of mimesis: visual arts (representing space) use a form of mimesis that captures instantaneous, static moments, emphasizing expressivity; poetic arts (representing time) employ a mimetic mode that narrates action over time (Lessing, 2010).

Within the artistic context, we turn to Nietzsche. Although he is not a theorist of mimesis per se and does not frame it explicitly, his ideas in The Birth of Tragedy (1872) can be read in relation to different forms of imitation and representation. He identifies two artistic impulses:

The Apollonian impulse, associated with order, measure, and rationality.

The Dionysian impulse, associated with intoxication, chaos, and dissolution of boundaries.

For Nietzsche, a great artwork emerges from the balance between these forces. Greek tragedy, in his view, merges the two, producing a harmonious synthesis of structure and emotional intensity (Nietzsche, 1972).

I now move to the so-called modern and contemporary approaches to mimesis.

Walter Benjamin introduced the idea of the "mimetic faculty" (1999), understood as the human ability to perceive and create similarities between the elements that surround us. According to Benjamin, this faculty has undergone a transformation. In ancient times, there was a deep connection with this ability: people recognized profound relationships between heterogeneous elements, such as natural phenomena and celestial bodies. Over the course of history, however, language, according to Benjamin, has shifted this faculty from the sensory level to the symbolic level. In modernity, the mimetic faculty has been rationalized and repressed. This is partly due to the development of mechanical reproduction technologies, such as the camera (Benjamin, 2008). Although it has not disappeared entirely, this deeply human capacity has become increasingly abstract. Taussig, in his book Mimesis and Alterity, references Adorno (Taussig, 1993, p. 1). For Adorno (1997), mimesis was originally a non-dominating mode of human interaction with nature. The ancients imitated nature not in order to later dominate it, but to develop a deeper relationship with it. Adorno argued that the rise of rationality—exemplified by the Enlightenment and its attempt to reduce all reality to calculation—repressed this fundamentally human propensity. However, despite these repressive efforts, mimesis has survived to the present day through art. For Adorno, mimesis (1997) was a form of resistance against capitalist production, whose foundational element is rationalization. Furthermore, he saw an ethical dimension in his conceptualization of mimesis: if a society represses and suppresses mimesis, reducing everything to calculation and rationality, it also threatens the interpersonal dimension of human life. Adorno's. Together with Horkheimer, in Dialectic of Enlightenment (1966/1997), he explores how Western rationality has undermined mimesis—first in relation to nature and later in social relationships. Auerbach, in Mimesis: The Representation of Reality in Western Literature (1956/2000)—one of the most important studies on the concept of mimesis in literary criticism—interpreted mimesis in a way that differs from both Taussig (1993), who takes an embodied and anthropological approach, and

Adorno (1992), who adopts a dialectical perspective of resistance against capitalist rationalism. What primarily interested Auerbach (1956/2000) is the way reality is represented in literature across different historical periods. For him, mimesis is fundamentally about how literature describes reality. He begins his major work on mimesis by comparing the Homeric and biblical styles. He characterizes the former as highly detailed, presenting events in a linear and explicit manner, leaving little room for interpretation. The latter, by contrast, presents events with omissions, leaving emotions and thoughts partially unexplained, thereby inviting inference and interpretation. For Auerbach, mimesis is thus tied to the way literature represents, describes, and narrates historical and cultural changes. In Time and Narrative (1983-1985), Ricoeur, within a philosophical and hermeneutic framework, suggests that mimesis is a threefold process connecting temporality, narrative, and human experience/interpretation. Developing a tripartite model of mimesis, he explains how narratives shape human experience of both time and reality.

His central focus is the link between mimesis and time. The tripartite model of mimesis is as follows:

Prefiguration (Mimesis I): Experience before narrative—lived time.

Configuration (Mimesis II): The act of narration—the moment of storytelling.

Refiguration (Mimesis III): The impact of narrative on experience—the act of reinterpreting our own time.

Unlike Auerbach (1946), Ricoeur directly connects mimesis to temporality.

Anthropological approaches to mimesis.

Unlike other thinkers such as Auerbach, who focussed on mimesis as representation, Taussig, who saw it as a historical, anthropological, and embodied process, and Ricoeur, who interpreted it as a narrative and temporal structure, Girard viewed mimesis as a force that drives human desire (1972/1980; 2008). Girard's thesis was based on the premise that human desire is not autonomous; rather, an object becomes desirable because it is already the object of another person's desire. A clear example of this can be seen in a child who suddenly insists on wanting another child's toy only after seeing them play with it. Girard distinguishes between two different types of mimetic desire:

Desire with external mediation and desire with internal mediation. – In desire with external mediation this case, the object of desire is distant (e.g., admiring a historical figure). Since the object of desire remains out of reach, the relationship does not lead to conflict and rivalry .

Desire with internal mediation – Here, the object of desire is close (e.g., belonging to a friend or another child). This proximity inevitably generates rivalry and competition over the desired object. Girard calls this process mimetic competition (1978/1983): the object of desire itself fades into the background, and the true focus becomes the rival, with whom one competes for possession of that object. When this process extends on a large scale, Girard argues, society, in an attempt to manage the potential chaos caused by relentless competition, gives rise to the scapegoat mechanism, in which individuals or entire groups are accused of causing disorder and are thus sacrificed—symbolically or literally—to restore order. In this view, human desire is always intertwined with that of another, often entangled in a dynamic of rivalry. Mimesis becomes a process that binds individuals together on an interpersonal level, shaping their desires, their conflicts, and, ultimately, challenging the structures of social cohesion and violence. Baudrillard (1994/2008) did not not speak directly of mimesis but rather of simulacra. He argued that in the contemporary world, representation has shifted from imitation to simulation, where the distinction between the original and the copy has completely eroded. While in past eras a clear separation between reality and its representation was maintained, in the age of mass media and advertising, this distinction has vanished.(1994/2008). The copy no longer refers to an original but instead exists in a self-referential system of signs.

Baudrillard identifies four different stages through which the concept of representation has evolved:

Reflection of reality – The image represents a real object (traditional mimesis).

Distortion of reality – The image still refers to reality but modifies or exaggerates it.

Absence of reality – The image no longer reflects reality but instead constructs an illusion of it.

Pure simulacrum – The image has no connection to reality; it exists only in reference to other signs, producing hyperreality.

Baudrillard describes hyperreality as the state in which the distinction between the real and the simulated disappears, leaving only a world of self-referential signs. His theory does not signify the collapse of mimesis into simulation but rather the replacement of mimesis by the simulacrum. In this shift, mimesis—as a reference to an external reality—ceases to function, giving way to a world where signs no longer point to any real object but only to other signs, creating an endless loop of simulation. It is in the context of anthropology that my particular relationship with the concept of mimesis is shaped by Taussig's work on mimesis (1993). I find it crucial to address how this American anthropologist approached the concept and how his perspective has influenced me. The first thing that struck me is that Taussig does not speak of mimesis as an "autonomous" concept, as something independent and self-contained. From the very title of his book, Mimesis and Alterity (1993), he established a relationship between the mimetic faculty and alterity. In the first pages of the book, particularly in the section titled "A Report to the Academy" (p.xiii-xix) Taussig defines mimesis as a faculty (here drawing on Walter Benjamin, p.19). His definition plays with the nature-culture relationship; according to him, mimesis is:

"Nature that culture uses to create a second nature, the faculty of copying, imitating, making models, exploring difference, yielding into and becoming Other" (p. xiii).

Taussig draws on a long tradition of studies across different disciplines concerning the mimetic concept, yet at the same time, he innovates and renews it from certain perspectives. His stance is unique: mimesis is not just a faculty but has its own history, precisely because it is a faculty. It also has its own anthropology, which varies according to the different "societies" that engage with it. He adds:

"The wonder of mimesis lies in the copy drawing on the character and power of the original, to the point whereby the representation may even assume that character and that power" (p. xiii).

In his book, he also makes an immediate leap— from the concept of mimesis to that of "sympathetic magic" (p. 250). He conceived of mimesis as a necessary element for knowledge. Taussig traces the presence of the mimetic faculty across different parts of the world, beginning with the resurgence of interest in mimesis in the West, triggered by the invention of "mimetically capacious machines" (p.xiv) such as the camera. He then makes a bold leap—from the Western world to the shores of Tierra del Fuego, where, in 1832, the young Darwin was filled with wonder as he observed firsthand the extraordinary mimetic abilities of so-called "primitives," particularly in their imitation of his own behaviors. From there, Taussig moves on to analyse Swedish ethnographic studies on the Indigenous peoples of the Darién Peninsula, between the Panama Canal and Colombia , where he speculates on what it might mean to inhabit and experience a world like that of the Darién—a world where spirits copy physical reality. And what might it mean, as a white human being, to inhabit a world where Indigenous men use images of the white man to access the magical power of the land? In relation to the Cuna people, who inhabit the lands of the Darién Peninsula, the main question Taussig raises is why the figurines—so crucial to Cuna healing practices—are carved in the shape of European men. He ponders this point and reflects on how these figurines make him other to than himself, thus turning him into part of the very object of his study. We arrive, then, at a central point that directly connects to my research: the relationship between the mimetic faculty and the body. For Taussig, mimesis is not merely a

cognitive process, nor is it solely concerned with representation or the external construction of something outside the self. Rather, it is an embodied process (p.8-10)—one that fully engages the body and its senses. If mimesis is not simply a cognitive act of representing something or someone (as in the Cuna figurines), but rather a process of transformation and becoming, then it opens up the possibility of becoming Other. This is not just representation but partial transformation—a shift that does not lead to a total erasure of the self but rather to a dynamic interplay between self and Other.

But the fascination of mimesis continues today, in an era in which artificial intelligence is gaining increasing prominence. Consider, for example, memes[22] or those applications that, by pushing to the extreme the concept of the mimetically capacious machine described by Taussig in relation to the video camera, are able to reproduce images of famous (and ordinary) people and place them in situations that never actually occurred. It is as if the mimetic faculty has now been brought to its limit: whereas in the past the subject spontaneously imitated something, today, through memes and digital technologies, they are made to imitate unreal events—things that never happened.

Is here a conclusion even possible?

From this background review, it can be seen how the concept of mimesis has taken on highly heterogeneous forms across different traditions. Of all the authors discussed, it is Taussig who has influenced me the most, for his direct connection between mimesis and alterity, and for linking mimesis and embodiment. I wonder, as I reflect on my background review, what the conclusion of such a review might be. The first answer is that perhaps there can be no conclusion at all. Or perhaps there can be an "open conclusion"? But what does an open conclusion look like? What shape does it take? When is a conclusion truly open? It feels like an oxymoron—something that is supposed to bring closure, yet I conceive of it as open. A concept suddenly comes to mind, something I encountered at the 11th European Family Therapy Association Conference (EFTA) in Ljubljana in 2022: that of cacophony. I believe there is an aspect of cacophony more than polyphony in my background review.

I have felt a bit bewildered by the complexity of this concept, like a disoriented researcher stepping into a room where different voices are speaking all at once about mimesis. I hear a great commotion; I struggle to understand what is being said. Everyone is talking—in pairs, in trios. It's all so chaotic in here. Multiple voices rise at the same time, overlapping. I try to catch fragments of their words. Faces from vastly different historical periods appear before me, each one adding to the chorus. The only thing I can make out is that they are talking about mimesis—about production and representation, about the relationship between a copy and its original.

I sketch below a cacophony of the different voices involved in my background review:

Erasmus of Rotterdam has just finished saying: "Mimesis is an exercise to learn how to express oneself more flexibly!"

Vico adds: "In my view, mimesis is the internal logic of history."

Taussig exclaims: "Mimesis, to me, is nature that culture uses to create a second nature."

Benjamin exclaims: "To me, it is a faculty."

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[22] The term "meme" was introduced by biologist Richard Dawkins in The Selfish Gene (1976), derived from the Greek mimema ("that which is imitated"). Dawkins used it to describe a unit of cultural information that, like genes in biology, spreads and replicates through imitation. A meme can take the form of an idea, a fashion trend, a song, a ritual, or any social practice transmitted from person to person. In the 1990s and 2000s, the concept was applied to digital memes—images, videos, and gifs that spread rapidly online. The original principle remains: a meme "lives" only if it can be copied, shared, and widely diffused.

Adorno interjects: “Mimesis is a form of resistance against capitalist production.” Meanwhile, Horkheimer nods in agreement.

Caillois adds: “I believe that mimicry is a form of play!”

Girard follows, shouting: “What is mimetic is desire!”

Baudrillard steps in, smirking, and declares the death of mimesis: “Mimesis? It is dead. It has been replaced by simulacra.”

On the other side of the table, I hear discussions about art and imitation. It feels as if they are talking about mimesis in the plural, no longer as a singular, unified concept.

Auerbach says: “In literature, mimesis is the process through which literature describes and represents reality.”

Lessing suggests: “As there are two different arts, two different forms of mimesis follow.”

Nietzsche adds: “There are two artistic impulses too: the Apollonian and the Dionysian!”

Ricoeur steps in, urging us to consider the dimension of time: “Mimesis is threefold—there is lived time, the time of narration, and then the time in which narration influences lived experience!”

A little further away, another small group is engaged in a discussion about the connection between philosophy and mimesis.

Plato firmly declares: “Mimesis is nothing but a copy of a copy... It distances us from the Truth! It corrupts our souls!"

Aristotle counters: "I don’t think so. It always carries a creative element inherent to the artist who produces it."

Plotinus follows, adding: "It is a process of emanation toward the One, not a movement of estrangement from it.“

The voices swell, overlapping, crashing into each other. Some are clear, others fade into murmurs. Arguments emerge and dissolve before they can fully take shape. I try to listen, but the ideas blend into an ever-growing spiral of echoes. Mimesis fractures and multiplies. It is art and philosophy, history and resistance, play and power, desire and illusion. No single answer emerges—only the relentless, shifting echoes of mimesis itself. This is where I have found myself at a certain point in my inquiry. Through this cacophony, I have sought to convey the awkward position of a conceptually confused researcher.

Appendix B

Literature Review: the missing therapist’s body: a conversation analytic perspective in systemic therapy

In April 2025, I conducted a systematic review with the aim of examining the literature within the systemic therapy context that has employed Conversation Analysis (CA). This review was guided by three research questions:

- What types of verbal and nonverbal behaviors are examined in CA studies on family therapy?
- To whom are these behaviors attributed—that is, whose verbal or nonverbal conduct is analyzed?
- Are there mimetic gestures within these transcripts?

The review comprised three stages: (1) a database search on PsycINFO via EBSCOhost; (2) a manual search within selected journals (Journal of Family Therapy, Family Process, Journal of Marital and Family

Therapy, and the Australian and New Zealand Journal of Family Therapy); and (3) a snowball search, reviewing the reference lists of articles identified in the previous two steps, with particular attention to Tseliou's (2013) critical methodological review and the two reviews by Ong et al. (2020)—one critical and one narrative—on studies using Conversation Analysis (CA) in family therapy.

Inclusion criteria were: (a) original articles published in peer-reviewed journals on family and systemic psychotherapy; (b) use of qualitative research based on Conversation Analysis; (c) exclusion of studies using only Discourse Analysis (DA), Interpretative Phenomenological Analysis (IPA), or Discursive Psychology (DP); (d) therapeutic context involving couple or family therapy (articles on Open Dialogue, Solution-Focused Therapy, or Reflecting Teams were excluded); (e) articles written in English; and (f) publication year ≥ 2000.

The database search used two free-text term pairs:

"Systemic Therapy" AND "Conversation Analysis" (n = 5 results; 2 included: Pote et al., 2011; Pethica et al., 2020). "Family Therapy" AND "Conversation Analysis" (n = 67 results; 20 included).

After removing one duplicate (Pote et al., 2011), the total number of unique records was n = 71. Therefore, the total number of articles included through the PsycINFO search was n = 21. Additional articles identified through the manual journal search (Stage 2) were n = 3: Sutherland (2013), Messent (2020), and Everri & Fruggeri (2014). However, Sutherland (2013) was excluded as it replicates Sutherland & Couture (2007), and Everri & Fruggeri (2014) was excluded because CA was applied to interview material rather than therapy sessions.

Through the snowball technique (Stage 3), n = 9 articles were added: from Ong et al. (2020): Couture & Strong (2004), Couture (2007), Friedlander et al. (2000), Hutchby & O'Reilly (2010), O'Reilly (2006), Stancombe & White (2005), Suoninen & Wahlström (2009), Williams & Auburn (2016); and from Tseliou (2013): Kurri & Wahlström (2005).

Including these, the total number of articles meeting the inclusion criteria was n = 31. Among these 31 articles, 3 are editorials addressing qualitative methodology with explicit reference to CA (Tseliou, 2018; Messent, 2020; Singh, 2011) and 3 are review articles (Tseliou, 2013; Ong et al., 2020 [x2]) (see Figure 6).

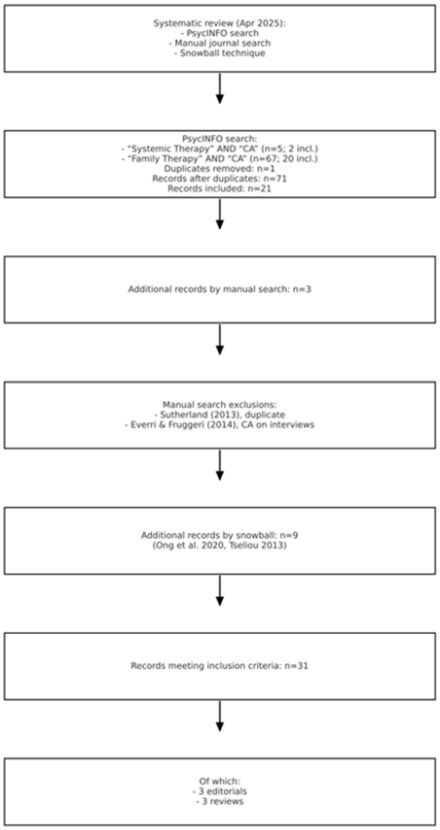


Figure 6. PRISMA statement. Adapted from Moher et al. (2009)

Discussion

All 31 articles included in the review were read in full and analyzed. I then concentrated specifically on those studies that published therapy-session transcripts based on Conversation Analysis (CA). The examination of these transcripts was guided by the three research questions outlined above.

The findings are summarized in Table 1, where Column 1 lists all identified studies; Column 2 reports the paraverbal behaviors considered; Column 3 reports nonverbal behaviors by both therapists and family members (therapist gestures are italicized; potentially mimetic gestures are bolded); and Column 4 specifies the transcription/annotation system used for verbal and nonverbal conduct.

Within systemic therapy, three main transcription traditions are used. Among these, only one—developed by Kogan (1998)—explicitly includes nonverbal elements, referred to as “choreographic” features.

The review shows that CA studies in family therapy predominantly focus on paraverbal rather than strictly nonverbal aspects of interaction. This trend is consistent with CA’s methodological orientation, which emphasizes fine-grained analysis of turn-taking, timing, and prosody. This finding supports my use of Multimodal Conversation Analysis (MCA), which—à la Mondada (2009)—enables systematic attention to embodied conduct that would remain unexplored in a conventional CA approach. When CA studies go beyond paraverbal aspects of language, they nonetheless often overlook broader bodily elements such as posture, gaze shifts, and movements of the shoulders and legs.

Of the 31 studies, 14 report nonverbal behaviors. Most of these focus on describing family members’ behaviors, even when the research question directly involves the therapist. For example, although Couture and Strong (2004) examine how the therapist moves “beyond entrenched positions” together

with the family, they do not describe the therapist's nonverbal behaviors. Consequently, the number of studies that actually report the therapist's nonverbal behaviors drops from 14 to 8.

Below, I present examples outlining the therapist's specific nonverbal behaviors described in these eight studies (see also Table 1, Column 3). For instance, in Couture (2006) the therapist (Karl Tomm) looks down, then at family members; looks at the parents and laughs loudly; he speaks in an old man's voice while holding a contract. In Watson (2019) the therapist raises eyebrows and nods; sits forward and gestures with an open hand for emphasis; the therapist and parent nod together; the therapist nods. Notably, when the therapist's body is considered, descriptions tend to cluster into three categories—gaze, nodding, and hand movements—as if the therapist's body were reducible to head and arms, despite the clinical fact that we participate in therapy with our whole body.

CA's contribution in systemic psychotherapy has been to illuminate paraverbal dimensions (tone, timbre, rhythm, volume). This is not to say CA neglects the body altogether; rather, it often reduces the body to speech-related features and does not offer a framework for treating the body as a whole. Its focus is limited to paraverbal elements directly tied to talk. Even when therapists' nonverbal behaviors appear in transcripts, their clinical role is rarely discussed in the main text; when it is, the body is treated as an accessory or confirmation of verbal content, rather than analyzed as a constitutive component of therapeutic action.

Furthermore, there appears to be a behaviorist tendency in how the therapist's body is described: the body is reduced to observable behaviors or extensive qualities, while its intensive quality is lost. Following Deleuze and Guattari (1980), the extensive dimension is measurable and divisible—a body occupying space—whereas the intensive is qualitative, considering affects and feelings that circulate between bodies. This means the same behavior—such as nodding or gazing—may have different intensities or affective capacities at different times, a nuance largely absent from current analyses. This underscores the need for greater, more holistic attention to the therapist's body—an approach that MCA can facilitate—while remaining mindful that even MCA can be read behaviorally if not carefully applied.

With regard to mimesis, after thoroughly examining all CA-based transcripts, I identified three mimetic behaviors:

1. Couture (2006) (advice-giving in systemic practice; therapist Karl Tomm with a family whose son, Joe, had recently been discharged after self-cutting): when discussing a safety contract Joe had written, the therapist uses humor and speaks in an old man's voice, "Joe, you have a contract here" (Lines 278–279). Couture describes this as a "non-linguistic vocalization" intended to shift the key from serious to humorous (see Butney, 2009, p. 308). Although Couture does not invoke mimesis, this can be read as a mimetic gesture that provocatively challenges the contract's certainty and timelessness, adopting a position of "elderly wisdom." Here, mimesis does not reproduce a client behavior; its origin is external to the therapy room.

2. Muntigl & Horvath (2016) (construction and repair of the therapeutic alliance; therapist Salvador Minuchin, acting as external consultant): early in the consultation, Suzanne discloses feeling nervous about meeting Minuchin. He replies verbally, "So am I," and then shakes hands with her—described as reciprocation to dissipate tension. Although the authors do not use the term mimesis, Minuchin first mirrors Suzanne's affective state verbally and then co-reproduces a gesture (handshake). This appears as classic Minuchinian mimesis—a technique for joining and accommodation.

3. Watson (2019) (how power is managed by parents and systemic psychotherapists in child social care): after repairs clarifying that social services are not blaming the parent (Maggie), the

therapist Tina leans forward and opens one hand to emphasize "we are not blaming you." Maggie responds with a forceful "NO," overlapping Tina's talk, and mimics the therapist's gesture—using both hands, thereby doubling the denial's force. Watson interprets this as increased connection; from a mimetic perspective, the client's gesture also amplifies her own position.

Reference	Paraverbal features	Non Verbal behaviour	Transcript notation system
Couture (2006). Giving Advice on Advice Giving: A Conversation Analysis of Karl Tomm's Practice. (Same material of Couture (2005). Moving forward: Therapy with an adolescent and his family (forward-moving conversations))	pause, extension of preceding vowel sound, words uttered with added emphasis, words uttered louder than surrounding talk, exhalation, inhalation, rising inflection, stopping fall in tone, talk is quieter than surrounding talk, talk is quicker than surrounding talk, overlap of talk.	*Therapist first looks down and then looks at all family members*; son looks down and plays with a bottle; father looks at mother; mother gives a short laugh; *therapist looks at the parents and laughs loudly*; mother joins the therapist; father smiles; *therapist laughs*; **therapist speaks in the voice of an old man while holding the actual contract**; mother and father join the therapist in loud laughter; father leans his head on his hand and looks down; son shakes his head no; mother laughs in the background.	Unspecified
Couture (2006). Transcending a Differend: Studying Therapeutic Processes Conversationally. (Same material of Couture (2005). Moving forward: Therapy with an adolescent and his family (forward-moving conversations))	pause, extension of preceding vowel sound, words uttered with added emphasis, words uttered louder than surrounding talk, exhalation, inhalation, overlap of talk, rising inflection, animated tone, stopping fall in tone, talk is quieter than surrounding talk, talk is spoken more quickly than surrounding talk, *non-verbal choreographic element*.	Father furrows his brow, father sits up straight with a small smile, son looks down at his bottle of pop, son looks down and fiddles with the bottle, son bites his nails, mother looks at son, *therapist looks at father*, father furrows his brow, mother's laughter, *therapist's laughter*, father joins the therapist and wife in laughter, *therapist's laughter continues*, father looks down (not at son), son looks down, father looks up to the ceiling and purses his lips, father's hands are still on his mouth and he nods slightly, son is leaning forward looking down at his hands, father leans the side of his face on his hand, mother uncrosses her legs, both parents raise their heads, father's hands come down and he leans forward, mother's short laughter, *therapist looks at the parents and laughs loudly*, mother joins the therapist, father smiles, **therapist speaks in the voice of an old man while holding the actual**	Kogan (1998)

		contract, *therapist begins to lean forward, puts his head down and scratches the back of his head*, father nods his head in agreement.	
Couture (2007). Multiparty Talk in Family Therapy: Complexity Breeds Opportunity. (Same material of Couture (2005). Moving forward: Therapy with an adolescent and his family (forward-moving conversations))	pause, extension of the preceding vowel sound, words uttered with added emphasis, words uttered louder than surrounding talk, exhalation, inhalation, overlap of talk, rising inflection, animated tone, stopping fall in tone, talk is quieter than surrounding talk, talk is spoken more quickly than surrounding talk, *non-verbal choreographic elements*.	Father wringing his hands, *therapist first looks down and then looks at all family members,* son looking down and playing with the bottle, father looks at mother, mother's short laughter, *therapist looks at son and furrows his brow*, son shrugs his shoulders, son overlaps the previous turn and speaks quietly as he looks up at the therapist, father looks down (not at son), son talks quietly and quickly while looking down, father looks up at the ceiling and purses his lips, son speaks softly, shrugs, and continues playing with the label on the bottle, son looks up at the therapist, father shakes his head no, father looks down (not at son), son is looking down, father looks up at the ceiling and purses his lips, father furrows his brow, son is looking down playing with the bottle, sarcastic tone, words solidly spoken by the son, father looks down, son is looking down.	Kogan (1998)
Couture & Strong (2004). Turning Differences into Possibilities: Using Discourse Analysis to Investigate Change in Therapy with Adolescents and Their Families. (Same material of Couture (2005). Moving forward: Therapy with an adolescent and his family (forward-moving conversations))	pause, extension of the preceding vowel sound, words uttered with added emphasis, words uttered louder than surrounding talk, exhalation, inhalation, overlap of talk, rising inflection, animated tone, stopping fall in tone, talk is quieter than surrounding talk, talk is spoken more quickly than surrounding talk, non-verbal	Son looking down, son shrugs his shoulders, son looks up at the therapist, son looking down, son is very quiet and father touches him and he moves away, son is looking down and fiddling with the label of a pop bottle, son looks up, son shrugs and continues playing with the label on the bottle, son looks up at the therapist, father shakes his head no.	Kogan (1998)

	choreographic elements.		
Friedlander et al. (2000). Responding to Blame in Family Therapy: A Constructionist/Narrative Perspective.	No transcript is included	No transcript is included	Not included
Hutchby, I., & O'Reilly, M. (2006). Children's participation and the familial moral order in family therapy.	Detailed paraverbal transcripts are provided, but the transcription system used is not reported.	Nonverbal behaviour is not included in the transcription	Unspecified
Janusz et al. (2018). Gender-Related Issues in Couple Therapists' Internal Voices and Interactional Practices.	Overlapping talk, pause, talk lower than surrounding, talk louder than surrounding, in-breath, out-breath, smiley voice, animated voice, creaky voice, laugh particle, accented sounds, abrupt cut-off of preceding sound, lengthening of a sound, talk faster than surrounding, rise or fall in pitch, intonation, gaze, nod.	*Therapist nods*, client nods.	Hepburn & Bolden (2012)
Janusz et al. (2021). How couple therapists manage asymmetries of interaction in first consultations	Overlapping talk, silence, *description of nonverbal activities*, accented sound or word, falling intonation, flat intonation, rising intonation.	Wife clears throat, husband shrugs shoulders, husband tilts his head to the left.	Hepburn & Bolden (2012) (simplified version)
Janusz et al. (2023). How therapists respond to "uneven" alliances in couple and family therapy: A conversation-analytic study.	Overlapping talk, pause, talk at a lower volume than surrounding talk, talk at a louder volume than surrounding talk, in-breath, out-breath, spoken in a smiley voice, spoken in an animated voice, spoken in a creaky	Nonverbal behaviour is not included in the transcription, although nodding and gazing are present in the transcription system	Hepburn & Bolden (2017)

	voice, laugh particle, accented sound, abrupt cut-off of preceding sound, lengthening of a sound, talk faster than the surrounding talk, rise or fall in pitch, nodding, gazing.		
Kurri & Wahlström (2005). Placement of responsibility and moral reasoning in couple therapy.	Overlapping talk, pause	Nonverbal behaviour is not included in the transcription	Unspecified
Messent (2020). Conversational analysis and what it teaches us. (Editorial)	No transcript is included	No transcript is included	Not included
Muntigl & Horvath (2016). A conversation analytic study of building and repairing the alliance in family therapy.	Overlapping speech, silence, prolongation of sound, speech cut-off, spoken quietly, emphasis, inhalation, exhalation, laugh particle, marked falling intonation, marked rising intonation, falling intonation at the end of an utterance, rising intonation at the end of an utterance, spoken slowly, spoken quickly, *nonverbal behaviour*.	Parent gazes at the therapist, **therapist and parent shake hands**, *therapist gazes at the regular therapist*, *therapist continues talking toward the regular therapist*, *therapist looks between the parent and the regular therapist, therapist gazes at the regular therapist*, *regular therapist shrugs shoulders*, parent smiles, multiple nods (the therapist is Minuchin).	Jefferson (2004) (adapted from)
Ong et al. (2020). Conversation Analysis and Family Therapy: A Narrative Review.	No transcript is included	No transcript is included	Not included
Ong et al. (2020). Conversation analysis and family therapy: A critical review of methodology.	No transcript is included	No transcript is included	Not included
O'Reilly (2006). Should children be seen and not heard? An examination of how children's	Detailed paraverbal transcripts are provided, but the transcription	Daughter raises her hand.	Unspecified

interruptions are treated in family therapy	system used is not reported.		
O'Reilly & Parker (2013). 'You can take a horse to water but you can't make it drink': Exploring children's engagement and resistance in family therapy.	Pause, overlapping speech, pace of speech has quickened, pace of speech has slowed down, rise in volume or emphasis, rise in intonation, drop in intonation, something said loudly or even shouted, laughter, latched speech, elongated speech	First child is jumping, second child is jumping, child shakes head, *therapist stands and leads the child to the door*, mother is crying softly.	Jefferson (2004)
Pethica et al (2020). Developing the therapeutic conversation: A conversation analysis of information giving in Family Domains Therapy.	Overlapping talk, no space between turns, intervals within or between talk, discernible silence, abrupt cut-off of preceding sound, extension of preceding sound, closing intonation, continuing intonation, rising intonation, weak rising intonation, emphasis, loud relative to surrounding talk, soft relative to surrounding talk, sped up relative to surrounding talk, slowed down relative to surrounding talk, "jump-started" talk with loud onset, marked rise or fall in pitch, in-breath, out-breath, laughter particle, description of solid or *nonverbal behaviour*, tongue click.	*Therapist claps hands, therapist slaps own knee*, mother nods, mother nods, mother nods, mother and young person nod	University of York. (2016). Elements of Jeffersonian transcription.

Pote et al. (2011). Vulnerability and protection talk: Systemic therapy process with people with intellectual disability.	Detailed paraverbal transcripts are provided, but the transcription system used is not reported. (is in the appendix)	Nonverbal behaviour is not included in the transcription	Jefferson (1986, 2002; Sacks, Schegloff, & Jefferson (1974)
Singh (2011). Ecological epistemologies and beyond: Qualitative research in the twenty-first century. (editorial)	No transcript is included	No transcript is included	Not included
Smoliak et al. (2018). Issuing and Responding to Unusual Questions: A Conversation Analytic Account of Tom Andersen's Therapeutic Practice	Pause, extension of preceding vowel sound, words uttered with added emphasis, exhalation of breath, inhalation of breath, overlap of talk, rising inflection, fall in tone, rising intonation, talk quieter than surrounding, talk more quickly or slowly than surrounding, higher or lower pitch, cut-off, laughter, smiley voice.	Nonverbal behaviour is not included in the transcription	Hepburn & Bolden (2012) (adapted from)
Smoliak et al. (2020). Authority in therapeutic interaction: A conversation analytic study.	Pause, extension of the preceding vowel sound, words uttered with emphasis, exhalation of breath, inhalation of breath, overlap of talk, strongly rising inflection, fall in tone, slightly rising intonation, talk quieter than surrounding, talk spoken more quickly than surrounding, higher or lower pitch, cut-off.	Nonverbal behaviour is not included in the transcription	Hepburn & Bolden (2012) (adapted from)

Stancombe & White (2005). Cause and responsibility: Towards an interactional understanding of blaming and 'neutrality' in family therapy.	Overlapping of talk, pause, emphasis, loudness in comparison to surrounding talk, abrupt end of utterance, slowing of tempo of talk, latching of utterance, sudden end to an utterance, prolonged syllable or sound.	Nonverbal behaviour is not included in the transcription	Unspecified
Strong et al. (2008). Conversational evidence in therapeutic dialogue. (Same material of Couture (2005). Moving forward: Therapy with an adolescent and his family (forward-moving conversations))	Pause, extension of the preceding vowel sound, words uttered with added emphasis, words uttered louder than surrounding talk, exhalation, inhalation, overlap of talk, rising inflection, animated tone, stopping fall in tone, talk quieter than surrounding talk, talk is more quickly than surrounding talk, *nonverbal and choreographic elements*.	Son picks up the bottle, father looks at son, son leans back and looks away from father, father looks down and not at son, son looks down, father looks up to the ceiling and purses his lips, son looks down, playing with the bottle, father looks at son, son leans back and looks away from father, word solidly spoken by son.	Kogan (1998)
Suoninen & Wahlström (2009). Interactional positions and the production of identities: Negotiating fatherhood in family therapy talk	Pause, beginning and ending of overlapping speech, lack of pause between utterances, falling intonation, continuing intonation, quiet voice, loud voice, breathing in, stretching out of vowels, fast-paced speech, slow-paced speech, laughter.	Nonverbal behaviour is not included in the transcription	Jefferson in Atkinson & Heritage (1984) (derived from)
Sutherland & Couture (2007). The discursive performance of the	Pause, an extension of the preceding vowel sound, words	Son picks up the bottle, father looks at the son, son leans back and looks away from the father,	Sacks, Schegloff, &

alliance in family therapy: A conversation analytic perspective. (Same material of Couture (2005). Moving forward: Therapy with an adolescent and his family forward-moving conversations)	uttered with added emphasis, words uttered louder than surrounding talk, overlap of talk, rising inflection, animated tone, stopping fall in tone, talk is quieter than surrounding talk, talk is spoken more quickly than surrounding talk, *nonverbals*.	son looks down, father looks up to the ceiling and purses his lips, father furrows his brow, father sits up straight with a small smile, son is looking down at his bottle of pop, son is looking down and fiddling with the bottle, son is looking down, playing with the bottle, sarcastic tone, solidly spoken word by son.	Jefferson (1974) (adapted from)
Sutherland & Strong (2011). Therapeutic collaboration: A conversation analysis of constructionist therapy.	Pause, extension of the preceding vowel sound, words uttered with added emphasis, words uttered louder than surrounding talk, exhalation, inhalation, overlap of talk, rising inflection, fall in tone, talk is quieter than surrounding talk, talk is more quickly than surrounding talk, higher pitch, lower pitch, abrupt cut-off.	Nonverbal behaviour is not included in the transcription.	Kogan & Gale (1997) (borrowed with modifications)
Sutherland et al. (2017). New sexism in couple therapy: A discursive analysis.	Transcript provided, but does not adhere to conversation analysis transcription conventions.	Nonverbal behaviour is not included in the transcription	Not included
Tseliou (2013). A critical methodological review of discourse and conversation analysis studies of family therapy.	No transcript is included	No transcript is included	Not included
Tseliou & Borcsa (2018). Discursive methodologies for couple and family therapy research: Editorial to special section (editorial)	No transcript is included	No transcript is included	Not included
Watson (2019). Jointly created authority: A	Pause, talk is latched onto prior	Parent looks at the floor, parent makes brief eye contact before	Jefferson (2004)

conversation analysis of how power is managed by parents and systemic psychotherapists in children's social care.	talk, overlapping talk, talk is quicker than surrounding talk, talk is much quicker than surrounding talk, talk is slower than surrounding talk, talk is much slower than surrounding talk, sound is prolonged, cut-off of prior words, in-breath, out-breath, laughter, creaky voice, smiling voice, rise in pitch, fall in pitch, low intonation, high intonation, low volume, high volume. (the elements of CA transcription are grouped into three categories: (1) timing, (2) sound, (3) pitch, intonation, stress and volume)	returning her gaze to the floor, parent looks down looking displeased, parent shakes her head, *therapist raises eyebrows, therapist nods*, parent nods, parent makes eye contact with therapist, parent looks at the floor, parent looks up, **therapist sits forward and opens hand for emphasis — parent responds by opening her hands in a mirroring gesture**, parent looks at therapist thoughtfully, parent makes strong eye contact with therapist, *therapist nods*, *therapist and parent nod together*, *therapist nods*, parent looks directly at therapist, parent points firmly at her chest.	(base on)
Williams & Auburn (2016). Accessible polyvocality and paired talk: How family therapists talk positive connotation into being.	Overlap, rising intonation, no gap or break between two lines, brief interval in or between utterances, stress through pitch or volume, trailing off or increasingly quiet end to an utterance, prolongation of the immediately prior sound, shift into high or low pitch, soft sound relative to the surrounding talk, utterance is sped up relative to the surrounding talk, utterance is slowed down relative to the	Son is nodding, son nods.	Jefferson (2004) (adapted from)

	surrounding talk, breath in, breath out.		

TABLE 1. Summary of reviewed articles and main findings

Conclusion: Are We Still Haunted by First-Order Cybernetics in CA Studies of Systemic Psychotherapy?

From the 31 CA-based studies reviewed, several points emerge. Four transcription systems are currently used for paraverbal features: Hepburn & Bolden (2012, 2017), Jefferson (2004), and Kogan (1998). While all originate in the Jeffersonian tradition, only Kogan (1998) explicitly accommodates nonverbal/choreographic behaviors. Regardless of whether the stated research focus is the therapist or not, only 8 studies actually report therapists' nonverbal behavior. When reported, the therapist's body is effectively reduced to head and hands, as though the rest of the body were not involved—despite clinicians participating with their entire bodies. Mondada (2019) reaches a similar conclusion outside clinical contexts.

Given my focus on mimesis, I examined whether mimetic behaviors could be identified among the nonverbal phenomena (Table 1, Column 3). I found three mimetic gestures (Couture, 2006; Muntigl & Horvath, 2016; Watson, 2019). Of these, only Watson (2019)—albeit indirectly—acknowledges the mimetic aspect, using the term "mirroring hand gesture" (p. 333). In Couture (2006), the mimetic gesture has an irreverent quality, challenging the taken-for-granted agreement among family members about the contract and questioning its duration. In Watson (2019), the gesture is amplificatory, reinforcing the verbally articulated stance that the therapist is not blaming the parent. By contrast, Muntigl & Horvath (2016) exemplify mimesis as joining/accommodation within the family system, with the therapist reproducing the client's behavior. Notably, in Couture (2006) the therapist mimics an external figure (an elderly man), whereas in Watson (2019) the client mimics the therapist. These heterogeneous examples suggest that, although no study focuses explicitly on mimesis, mimesis is indeed present in CA studies that include nonverbal analysis. This heterogeneity invites a broader conception of mimesis beyond its traditional framing in systemic therapy as a technique solely for accommodation and joining (Minuchin, 1977).

It is striking how many studies overlook therapists' "nonverbal doing," despite Bateson's (1972, p. 139) distinction between primary and secondary process and Watzlawick, Beavin, and Jackson's (1967) demonstration that humans communicate analogically and digitally (Pragmatics of Human Communication, Axiom 4). Outside systemic therapy, Mehrabian (1972) famously reported that in emotionally laden communication contexts (as therapy surely is), nonverbal elements account for ~55% of the message, paraverbal for ~38%, and verbal for ~7%.

I propose three hypotheses for this bias:

1. the inherent complexity of studying nonverbal communication;

2. the possibility that CA-based research remains influenced by a first-order cybernetic disposition; and

3. the enduring dominance of the discursive turn, reinvigorated by social constructionism's focus on language and semantics.

Our tendency as researchers to attend more to clients' behaviors than to our own may conceal an automatic, first-order orientation—studying "the other" rather than our embodied contribution to the therapeutic system. The literature therefore indicates a need for methodologies that foreground the therapist's embodied conduct. Multimodal Conversation Analysis (MCA) is a promising candidate. As Peräkylä (2019) suggests, psychotherapy research should further investigate how the body participates

in therapeutic action. Although MCA has been applied in medical and non-institutional settings, its use in psychotherapy remains rare. For example, Mirivel (2010) analyzed how plastic surgeons combine gestures, touch, and talk to co-construct surgical needs; Goodwin & Goodwin (2002) and Goodwin (2006; 2011) showed how meaning in children's play and family life is built through verbal language, gaze, gesture, and posture; Streeck (1993) has demonstrated how manual gestures anticipate or coordinate with speech in turn organization; and Mondada (2008; 2018) has made major contributions to multimodal CA in everyday, non-institutional environments. In short, communication is fundamentally multimodal across settings; yet, to date, there is only one study that systematically employs MCA in psychotherapy—Vranjes & Bot (2021)—and this was not conducted within the systemic therapy tradition. While the importance of therapists' embodied presence has long been theorized, few empirical studies systematically analyze therapists' nonverbal communication in psychotherapy in general—and in systemic therapy in particular.

Appendix C – Field notes from session attended on the 13/10/2023

I have transcribed and translated my field notes regarding the first therapy session I have attended as participant observer on the 13th, October, 2023 at the Milan Centre for Family Therapy (CMTF). This was the first session of a family consultation requested due to the issues (physical symptoms) the daughter was showing since June 2023. The family is made up of the following persons: a father, a mother, one daughter (Identified patient) and his brother. The therapy session lasts around one hour and a half. In the first half of the therapy session there was in the therapy room only the "female" part of the family because the "male" part was on a late.

MY OBSERVATIONS ABOUT THE THERAPIST

T1 has mostly asked questions; his tone of voice was lighter and quieter towards the women of the family. T1 touched his nose and mouth; he remained seated throughout the whole session.

T1-> primarily uses questions (most of which are directed at the designated patient). The therapist was still throughout the session. He primarily asked questions.

T1 burst out laughing.

The therapist is directed with his body (both gaze and body position) towards the designated patient; it is to her that he asks most of the questions. Proxemically, the designated patient is close to the therapist.

Initially the T1 starts writing down the names of the family with their occupation next to them. He sketches a first drawing of a genogram.

T1 does not respond to an intervention by the father and takes care of the designated patient (there is a theme of turn taking here).

T1 does not always follow/respond to the father of the family and focuses on the designated patient.

Use of irony by the therapist when talking about benzodiazepines and SSRIs.

T1 gets up to join the team and asks the family for permission.

T1 makes fun of the fact that the two men of the family have not arrived yet. (Before they entered the room, they arrived more than half an hour late).

MY OBSERVATIONS ABOUT MY SELF

I heard my heart pounding just before the male family members entered the session.

I feel that the designated patient's mother seeks my gaze.

When her mother says she has Parkinson's I moved in my chair, I jumped towards her.

I feel a bit annoyed by this father who does not pay attention to the maternal perspective. "Didn't you say so?" the father says with reference to the fact that his wife was a nurse in a psychiatric community.

There was a difficulty on my part as to where to direct my gaze-> what the therapist does is closely related to how the family members respond.

I am very touched by the word “Parkinson” used by the mother. Here, at this moment I remember moving from my chair.

A contrast with GA's study comes to mind; HYPOTHESIS: too early in the first session to use the body? But then I realized that in GA’s study it was the first session! So maybe this is due to different a “event” unfolding here.

I am struck by the smiles of the designated patient (which I remember especially when the father speaks).

I feel a slight discomfort when the father speaks.

I am very annoyed by the father's tone of voice which seems to be prevaricatory.

MY OBSERVATIONS ABOUT THE FAMILY

The designated patient attends the school of veterinary medicine.

The father’s narrative is very positive compared to the mothers’ (worried mother, optimistic father).

I am very impressed by the designated patient's gaze -> the mother seems to disagree with the father's positivity.

I am struck by the way the designated patient touches her belly. One of the symptoms she brings is that of an irritable colon.

The mother comes across as very worried. The father sees the positive side of what is unfolding in his family.

I remember that there was a change of affection at the beginning of the therapy session.

There must have been an absurd silence that reminds me of the change of affection within the room (this memory is not that clear to me. I have just the gut feeling that at a certain point in the session an absurd silence was produced and that this silence has something to do with a change in the affects flowing in the therapy session).

I feel some unspoken about what happened in June to the designated patient.

I note that it was the daughter who suggested to the mother to tell what she has (her illness).

It is the father who emphasises the fact that the mother was a nurse.

The father's voice resonates very loudly, it is heard very loudly in the therapy room; it seems to go over the voices of the other family members.

I am struck by the designated patient touching herself; she places one hand on her belly and the other slightly above her stomach. It's interesting!

When the father speaks, the mother seems to disagree, and the daughter looks away.

I feel that the brother of the designated patient is a good place to stand for her. I have felt deep closeness between the brother and the sister.

I feel that there was a change of affection between when the two women were in the consulting room and then the other two men joined the session.

The father talks a lot about work.

THE CONCLUSION OF THE SESSION

MY OBSERVATIONS ABOUT THE THERAPIST

T1's hands were placed crossed at the level of his face when he spoke of a double narrative unfolding in the spirit of the family: 1) worry (women) 2) positivity (father).

In the restitution phase T1 interrupts the father speaking turn and does not follow him (T1 recounts what happened during the session).

T1 invites the mother to go on dopaminergics and do exercise

T1 invites the designated patient to take care of herself

T1 says that both narratives are positive

MY OBSERVATIONS ABOUT MY SELF

My resonance toward the father changes when we shake hands. I feel I am now less annoyed by him.

I am affected in a certain way by the father's voice; my fondness for him changes when we shake hands.

MY OBSERVATIONS ABOUT THE FAMILY

Father thanks both T1 and me after the session is over.

The father thanks T1 by using the appellative "doctor" over and over again

Some of my thoughts after the session is over:

T1 asks very few questions to the mother although he closes the restitution by paying attention to the two women of the family. The therapist did not refer to the family members bodily movements unfolding in therapy (e.g. when the father speaks, the identified patient moves her head and eyes elsewhere as if she does not agree with the father). I think I would have asked questions about what happened in June with more depth. At one point during the observations, I thought of moving from my position to a chair that I could see beyond the patients (mother and father) in order to better observe the therapist's movements. I decided not to make this movement as I thought this might intervene in the construction of the therapeutic alliance between family and therapist as this was the first session. Here during the observation, I made a drawing of the positions of the family, the therapist and where I was, from which the observation point begun to unfold. I remember struggling, having great difficulty in staying focused on just the therapist's movements; I tended to follow the turn to speak; several times I had the feeling that the mother was trying to meet my gaze. There is a pattern between the therapist, the father and the identified patient: father speaks, T asks the daughter a question. In relation to the father who has initially annoyed me: his optimism may hide a fear beyond just a very positive view of the well-being of his own daughter. It is interesting to note that the fact that the mother is taking less medication than she should (half) is evoked as something positive, is this perhaps a symptom of a denial? I am also reflecting that the father’s positivity might hide a deep fear due to the fact both the two women of the family are facing

illnesses at the moment. It is not clear to me where the brother of the identified patient sits within the two different narratives unfolding in the family.

What did the therapist do?sits, asks questions, smiles, places his palms inside each other during restitution; writes (does a genogram part), gives a lot of space to the designated patient in terms of listening and questions. T1 resorted to smiling several times during the session.

Appendix D: conventions for multimodal transcription (adapted from Mondada, 2019)

The following transcription conventions are adapted from Mondada (2019). They have been tailored to the purposes of this study in order to capture relevant multimodal details of the therapist's bodily conduct.

★ ★ delimit descriptions of T's mimetic gestures

+ + delimit descriptions of T's gaze

* * delimit descriptions of T's words

▲ ▲ delimit descriptions of T's pointing gestures

✤ ✤ delimit descriptions of T's raising of hands

○ delimit descriptions of T's raising shoulders

● delimit descriptions of T's opening hands

☼ delimit descriptions of T's pushing hands

✦ delimit descriptions of T's moving both hands forward simoultaneously

☾ delimit description of T's moving his head horizontally

delimit description of T's extending his head toward the father

❊ delimit description of T's moving his hands with different movements

- - ->> action described continues until and after excerpt's end

---->* action described continues until the same symbol is reached

>> action described begins before the excerpt's beginning

---- action's apex is reached and maintained

Appendix E: full data set of the 22 mimetic gestures with MCA Transcripts and Gesture Descriptions

Direct Mimetic Gestures:

Event 1 "Therapist touches his belly like the patient did"

Mimetic gestures share the same symbol ★.

1 * (0.1) ★ (0.05) ★ * TOT: 1.5 secs
T *When she did like this*
★ touches his belly with right hand ★
>> looks at the brother -->>
>> his back rests against the chair-->> Time: 45:50 (1st session)

Description: The therapist places his hand on his abdomen, reproducing the gesture that the patient had made at the beginning of the therapy while speaking about her irritable bowel syndrome. With his right hand, he touches the centre of his belly, mimetically echoing the patient's movement; the open palm covers a wide area just below the navel. His left hand rests on his knee, holding the notebook where T1 takes notes. The therapist's back leans almost entirely against the chair's backrest, while his head, slightly tilted, is directed forward toward the patient's brother. His legs remain crossed.

Iconic Mimetic Gestures:

Event 2 "Therapist's contrasting Parkinson: trekking poles"

Mimetic gestures share the same symbol ★.

2 *★ (0.2) ★* TOT: 2 secs
T *Use these things*
★ makes an alternating movement with arms★
>> looks at the mother -->>
>> his back rests against the chair-->> Time: 4:53 (2nd session)

Description: The mother speaks about her need to remain active and in motion as a way of counteracting Parkinson's disease. In response, the therapist imitates the movements of walking with trekking poles. This gesture may be seen as a way of counteracting the slowing of the mother's movements caused by Parkinson's disease. He extends his arms, moving them rhythmically in a downward motion from top to bottom, alternating right and left. In this fragment, his right arm is positioned low at the level of his pelvis, while his left arm is raised to the level of his head. Together, the two arms form a 90-degree angle. His legs remain crossed, his gaze fixed on the identified patient's mother, while his back rests fully against the chair's backrest.

Event 3 "Therapist resembling the mother's withdrawal"

Mimetic gestures share the same symbol ★.

3 *★ +(0.2)✻(0.1)✻ +★* TOT: 3 secs
T *Elisa and Dad*
★ leans back with his spine★
+ directs his gaze upwards +
✻ moves his hands with different movements ✻ Time: 18:27 (2nd session)

Description: The therapist produces an embodied movement that mirrors the mother's way of responding to the question: "How are the relationships with the male members of the family?" In this fragment, he leans back, his spine forming an angle greater than 90 degrees relative to his crossed legs. Head, neck, and torso are aligned, creating an almost straight line, while his head, shoulders, and upper back withdraw beyond the chair's backrest. His gaze is directed upward, fixed and rigid. The index finger of his left hand points upward, while his right hand makes an amplifying gesture toward the right. His posture conveys both withdrawal and stiffness. Through this embodied gesture, the therapist mimetically reflects the mother's retraction as she addresses his question. The mother responds by withdrawing from the therapist's matter of concern.

Event 4 "Therapist's embodying his hypothesis (pt 1) (mimetism of a spaltung-split)"

Mimetic gestures share the same symbol ★.

4 *(0.2) ★(0.5) + (0.2) +★* TOT: 9 secs
T >> and not something that concerns their being as women or persons *
★He makes an inverted cone shape with both of his hands ★
+ directs his gaze toward the brother + Time: 2:12 (Feedback-2nd session)

Description: The therapist is here providing feedback to the family. His way of moving has changed: rather than directing his attention to a single member, he now looks toward all family members. In this fragment, his gaze is specifically directed toward the identified patient's brother. During earlier moments of the family therapy session, the therapist tended to focus on a single participant—usually the one speaking. When asking questions, he projected his entire body toward the family member being addressed. Here, however, he opens his arms and positions his hands in a particular manner to physically convey the division between the "unhealthy" female side and the "healthy," even "overly healthy," male side of the family. His arms are parallel, extending outward at a distance equal to the width of his body, forming a 90-degree angle. Both hands make the same gesture: the five fingertips of each hand touch together, shaping a small cone. With his legs crossed, his gaze remains fixed on the male side of the family, and in this fragment, particularly on the patient's brother. Just prior to this gesture, the therapist had remarked that Parkinson's disease and irritable bowel syndrome have affected the female side of the family.

Event 5 "Therapist's embodying his hypothesis (pt 2)(mimetism of a spaltung-split)"

Mimetic gestures share the same symbol ★.

5 ★ (0.2) + (0.1) ★ TOT: 3 secs

T >> Somehow, it seems to me that they are more - - >>

★ spreads his hands wide, keeping them apart ★

>> keeps the gaze toward the father + directs his gaze toward the identified patient - - >> Time: 5:41 (Feedback-2nd session)

Description: The therapist continues to hold his hands apart to illustrate the differences in styles within the family. In this fragment, both hands assume the same position as in earlier moments: open, with palms facing downward and fingers spread apart. His arms form a ninety-degree angle. During this sequence, the therapist directs his gaze first toward the father and then toward the identified patient.

On one side, he associates the style of the identified patient, described as more solitary, while on the other side he positions the father's style, characterized as more populist (nazional popolare). Through these hand gestures, the therapist embodies the juxtaposition of styles that shapes the father–daughter relationship. He then exclaims, "There are several differences!" In the subsequent exchange, the therapist emphasizes that each person has their own lifestyle and clarifies that lifestyle itself is not the determining factor in the irritable bowel syndrome affecting the identified patient: "The style has nothing to do with disease."

Event 6 "The intertwining of the hands (mimetism of confusion)"

Mimetic gestures share the same symbol ★.

6 + (0.1) ★ (0.1) ★ TOT: 2 secs

T >> That's where the confusion starts - - >>

★ intertwines rapidly his hands ★

+ He looks straight ahead - - >> Time: 00:44 (Feedback-14th session)

Description: In this segment, T2 makes the level of entropy within the family tangible through the intertwining of his hands. The gesture symbolizes a confusion of overlapping levels, tangled and knotted together—a mass that needs to be disentangled. Here, T2 attempts to untangle this knot. The knot represented by T2 refers to the confusion between the concepts of love and interest. Within this family, it is often unclear whether an action stems from love or from self-interest. T2 identifies the family's "money taboo" as a factor that sustains and perpetuates this confusion, keeping the tangle alive. At this moment, T2 intertwines his hands rapidly, as if the acceleration itself conveys a loss of control and a corresponding increase in confusion. For him, this confusion is "triggered" precisely when one family member tries to communicate something important to another. His rapid hand movement directly

alludes to such a trigger—something that sets the confusion in motion. The speed of the gesture recalls the sudden ignition of a spark that quickly turns into fire. There is a sudden acceleration!

Accent Mimetic Gestures:

Event 7 “Therapist’s Use of ‘Affection’ in a Venetian Mode of Expression”

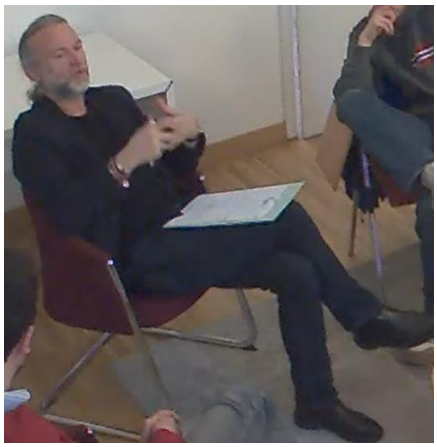
Mimetic gestures share the same symbol ★

7 ★ (0.1) ☾ (0.1) ☾★ TOT: 2 secs

T ★ Does she have an affection:::?n outside? ★
☾ Slightly moves his head horizontally ☾
>> Looks at the identified patient - ->> Time: 15:27 1st Session

Description: The therapist exclaims: “Do you have an affect?” In this moment, he speaks with a dialectical variation typical of the Veneto region in Northern Italy (around Venice). Both Boscolo and Cecchin, the therapist’s trainers, were themselves from Veneto. The therapist directs his gaze toward the identified patient. His arms and legs are crossed, and his back rests against the chair’s backrest. Interestingly, while he does not use words from the Venetian dialect, the modality through which he expresses concepts reflects a Venetian style of speaking. The term “affect” employed here is of Deleuzian origin, but what carries a Venetian imprint is the particular way in which the concept is conveyed.

Event 8 “Navigating indeterminacy: negentropic questioning”



Mimetic gestures share the same symbol ★

8 ★ (0.1) ✦ (0.1) ✦★ TOT: 2 secs

T ★ What is the idea that has to di::?e::? ★
✦ moves both hands forward simultaneously ✦
>> Looks at the identified patient - ->> Time: 51:55 5th Session

Description: In this fragment, T1 directly explores with the mother and daughter which idea they believe “should die.” The question posed by T1 creates a significant moment of tension in the therapy room (TRP). Neither of the two women responds; in fact, the mother is left speechless. Here, TRP refers to a transition-relevant point, that is, a conversational juncture when no one takes the floor. Neither woman responds; the mother, in particular, is left speechless. The therapist poses a negentropic question in an effort to bring clarity, sensing confusion about which idea should die. He hypothesizes that the two women may hold different views on this issue. The confusion T1 perceives is confirmed by their visible

struggle to answer. While asking “Which is the idea that needs to die?” T1 makes a tearing gesture, using both hands as if to rip something apart. He delivers this question in a Venetian accent.

Event 9 “Therapist’s feedback to the family: from perfection to sufficiency”

Mimetic gestures share the same symbol ★

9 + (0.1) ★●○ (0.2) ★ TOT: 3 secs

T ★ But they tri::e::?d to do us goo:::?d as much as possi:::?ble::." ★
● Raises his shoulders - ->>
○ Turns hands upward with open palms - ->>
+ Looks at the mother - ->> Time: 05:34 (Feedback 5th Session)

When T1 tells the family that parents cannot be perfect, he speaks with a strong Venetian accent. He is emphasizing the need to shift from a logic of perfection to a logic of sufficiency. One hypothesis is that therapists at the Milanese center use this accent when they want to irreverently introduce differences into the family system. T1 raises both shoulders and turns his hands upward, palms open. His body becomes small, almost contracted, as if embodying the very criterion of sufficiency he is describing. In this moment, it is not a body in its full “perfection”; it is closed in, reduced, giving form to adequacy and parsimony. It is a body that represents doing what is possible—a body that conveys acceptance of what is.

Imperative Mimetic Gestures

Event 10 “Behave like you don’t have Parkinson” vs “Behave like you have Parkinson”

Mimetic gestures share the same symbol ★

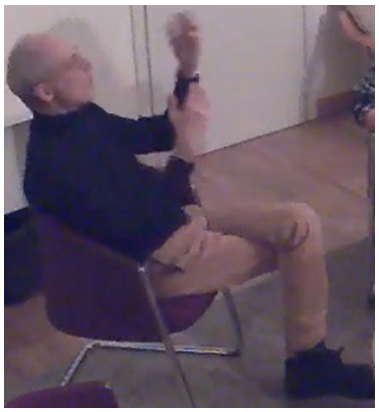
10 ★(0.4) # (0.1)# ★ TOT: 5 secs

T ★ Try to behave as if you had Parkinson's. What would you do? ★
extends his head toward the father
>> He looks straight toward the father - - >>Time: 10:24 (Feedback-2nd session)

Description: The father states that, in his view, the most important thing to do is to behave as if one does not have the disease. The therapist interrupts the father's turn and challenges this suggestion by proposing the opposite: he invites the father to behave as if he does have Parkinson's disease, exclaiming, "Behave like you have Parkinson's." After a moment of silence in the therapy room (TRP), the father responds softly, in a subdued tone lower than his usual, "It's tough." The therapist then asks, "Can you understand that?" while keeping a steady downward gaze toward the father. His arms are crossed, resting on his abdomen; his eyebrows are arched, and his expression is serious. His legs are extended, not crossed, and his whole body—head to legs—is oriented directly toward the father.

Provocative Irreverent Mimetic Gestures

Event 11 "Therapist is "mocking" the male part of the family"



Mimetic gestures share the same symbol ★

11 (0.1) ★ (0.1) ★ * TOT: 2 secs

T >> When the two males arrive, uh uh uh *
★ Raises both arms ★
>> keeps looking at the identified patient - ->> Time: 5:24-2nd Session

Description: The therapist raises both arms so that the right and left each form a 90-degree angle, with elbows lifted to shoulder height. He moves both arms in a horizontal oscillating motion while opening his mouth and imitating the sound of a chimpanzee, "uh uh uh." His legs remain crossed, and his gaze is directed upward. With this gesture, the therapist contrasts the atmosphere in the therapy room when only the female family members are present with the atmosphere that emerges when the male members join. Through his body, he reproduces and enacts the difference in atmosphere.

Event 12 "Therapist's provocation: a microchip as a solution"

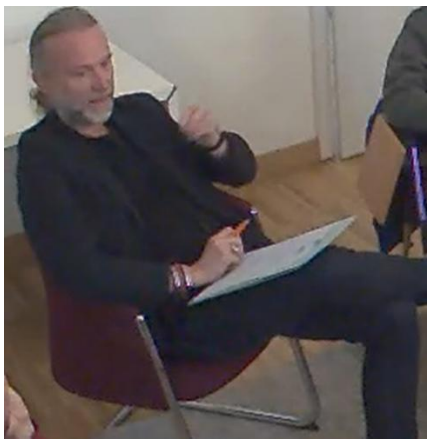
Mimetic gestures share the same symbol ★

12 * +(0.1)+★ (0.1) ★ +(0.1) * TOT: 3 secs

T * That is, a chip that you attach to her *
★ Pinches the earlobe with his right hand ★
+ Looks at identified patient + Looks at parents + Looks at identified patient- ->> Time: 06:45 (5th Session)

Description: Therapist exclaims, “So, a chip that you attach to her…” Therapist then brings his right hand toward his ear, repeating, “So you attach a microchip to her.” With this gesture, he indicates the place where such a chip would be inserted: the thumb and index finger pinch the earlobe, marking the imagined spot. His gaze is directed forward toward the parental couple, while his left hand holds a pen. With his right hand, T1 again indicates the imagined placement of the chip, provocatively suggesting it could be attached to Chiara’s head. This intervention occurs as the mother—who seems most concerned about Chiara’s upcoming solo trip—says, “We have found some solutions.” T1’s provocation imagines the microchip as one such “solution,” dramatizing the parental concern.

Event 13 “Therapist provokes the family by imagining someone tailing Chiara”



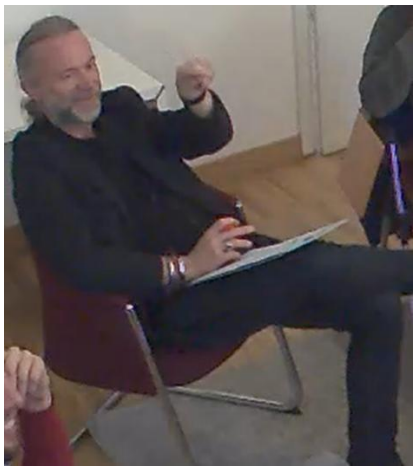
Mimetic gestures share the same symbol ★

13 (0.1) ★ (0.1) + (0.05)+ (0.3)* TOT: 5.05 secs

T >> You don't know it but they already have someone who will follow you at a distance*
★ Forms an inverted cone with his hands and moves it -->>
>> Looks at the identified patient + Looks at the parents+ Looks at the identified patient- ->>
Time: 11:03 (5th Session)

Description: In this fragment, T1 enacts a second provocation toward the family regarding the monitoring of Chiara during her vacation. After previously introducing the idea of a microchip, he now imagines that the family has hired someone to follow her while she is away. To reproduce the behavior of tailing, he mimics the movement of a chess pawn being moved across a board. T1 raises his left arm and brings the fingertips of his left hand together, pointing downward to form an inverted cone. This shape mimics the action of picking up a game piece between one’s fingers. Just as in checkers or chess, where one piece chases another, here the imagined piece is pursuing Chiara. Throughout the gesture, his gaze is directed toward her.

Event 14 “Therapist Uses Hand Gesture to Depict a Spy”



Mimetic gestures share the same symbol ★

14 *(0.1) ★ (0.4)* (0.1) ★ TOT: 6 secs

T * I am convinced that there is someone following you... you don't notice it... someone who is following you from a distance *

★ Raises his left arm and moves the hand ★

>> Looks at the identified patient - ->> Time: 13:12 (5th Session)

Description: In this fragment, T1 embodies—through the movements of his left hand—the figure of a "spy" that he imagines the parents might have hired to monitor their daughter. While enacting this, he says: "...There's someone following you from a distance." The therapist raises his left arm, forms a fist, and extends the index finger to trace the spy's movements as if following Chiara. His wrist and finger move irregularly, mimicking the unpredictable path of someone tailing her. The index finger points directly toward Chiara, reinforcing the link between the spy's imagined actions and her presence. His gaze is also directed at her. The therapist's style here is ironic. By staging this scenario, T1 invites Chiara to reflect on her position regarding the possibility that someone might be following her during her vacation.

Event 15 "Therapist Enacts the Subtraction of 'Daily Bread"

Mimetic gestures share the same symbol ★

15 ★ (0.05) ★ TOT: 0,05 sec

T ★ Makes a quick subtracting gesture with the left hand. ★

>> Looks at the brother - ->> Time: 42:40- 5th Session

Description: T1 makes a rapid gesture—so quick that it is difficult to capture in a still frame—that embodies and mimics the act of "subtraction." At this moment, Chiara's brother has just claimed to have taken away her "daily bread." While observing and conversing with the brother, T1 reproduces the subtraction gesture as the brother verbalizes it. Later (at 42:47), the therapist explicitly refers to the gesture, commenting to Chiara: "They take away your daily bread." In this frame, however, the gesture is performed without words. The therapist's left hand forms a closed fist that moves horizontally with great speed, propelled by the bending of the forearm. His right hand holds a pen, which he occasionally uses to take notes. Although his back rests against the chair and his body appears still, the intensity of the movement is evident—even in the photograph—through the blur surrounding the fist.

Amplificative Mimetic Gestures

Event 16 “T1 relays the brother’s concerns to Chiara”

Mimetic gestures share the same symbol ★

The therapist has just paraphrased the words of Cecilia's brother, who had implied: ‘you had a very low weight and therefore we were worried that you might be too thin.

16 ★▲+ (0.2) ▲ ★ + TOT: 2 secs

T ★ That's what he says ★

▲ He points to her brother with his left hand ▲

+ Looks at her brother + Looks at the identified patient - ->>

Time: 29:20-21 (5th Session)

Description: In this fragment, T1 acts as an echo chamber for the narrative of one of Chiara’s brothers. Addressing Chiara directly, he reflects to her the concerns expressed by her brother about her weight. While speaking to Chiara, T1 gestures toward her brother with his left hand. His gaze remains fixed on Chiara. Both arms rest in a similar position, with the elbows supported by the arms of the chair. While holding a pen in his right hand, T1 uses his left hand to point to the brother whose words he is relaying. The left hand forms a fist, with the thumb extended and pointing to the left side of the therapist, where Chiara’s brother is seated. The therapist does not appear to be taking the brother’s side but rather conveying his concerns to Chiara in order to bring them into the therapeutic dialogue.

Event 17 “Therapist echoes the brother’s words to Chiara”

Mimetic gestures share the same symbol ★

17 ★ + (0.1) ▲ + (0.1) ▲★ TOT: 2 secs

T ★ Did you hear what he said? ★

+ Looks at the identified patient + Looks at her brother - - >>

▲ He points to her brother with his left arm ▲

Time: 30: 48-49 (5th Session)

Description: Once again, T1 acts as an echo chamber for Chiara’s brother’s perspective. Addressing Chiara directly, he exclaims: “Did you hear what he said?!” His gaze is fixed on Chiara as he performs a rapid sequence of body movements that dramatize the transition from the brother to Chiara herself. In this moment, T1 alternates his gaze quickly: first toward Chiara, then toward her brother, and then back to Chiara. His arms also take on two contrasting positions. The right arm, which had been resting on the chair’s armrest, is pulled back, while the left arm extends outward toward the brother. The two arms

perform gestures that are similar in form but opposite in direction, physically enacting the relational distance between Chiara and her brother. Notably, the distance between the therapist's two arms here is wider than their usual positioning, which typically remains aligned with the width of the body. The sequence of T1's movements unfolds as follows: He looks at and addresses Chiara. He quickly turns toward the brother while verbally relaying his perspective. He returns his gaze to Chiara.

Event 18 "Therapist clarifies the brother's narrative to Chiara"

Mimetic gestures share the same symbol ★

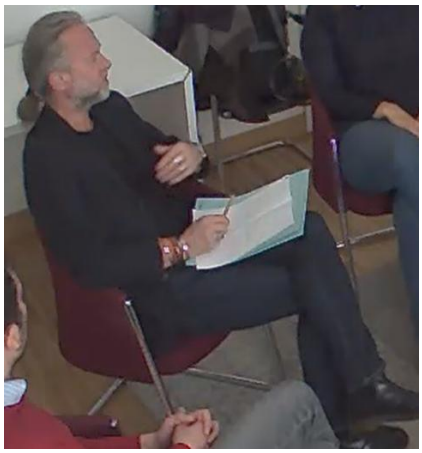
18 ★ ▲+ (0.1) ★ TOT: 1 secs.

T ★ So he says ★
▲ points with his right index finger at the brother - - >>
+ looks at the mother - - >>

Time: 34:47-48 (5th Session)

Description: Once again, T1 acts as an echo chamber for Chiara's brother's narrative. As in earlier fragments, he relays the brother's words to the designated patient, making slight modifications to clarify the message. The therapist's gaze is fixed on Chiara. His arms are partially crossed: the left arm rests on the right forearm, while the right arm is slightly raised to chin level. The right fist is half-closed, with the index finger extended to point toward one of Chiara's brothers—the person whose position T1 is presenting to Chiara. Throughout this exchange, T1 maintains his gaze on Chiara while using the pointing gesture of his right hand to indicate the brother whose perspective he is clarifying and conveying.

Event 19 "Therapist embodies the mother's position of feeling in the wrong"



Mimetic gestures share the same symbol ★

19 ★ (0.1) ▲ (0.1) ★ ▲ TOT: 2 secs.

T ★ It's always me who gets it wrong ★
▲ points to himself with his left hand ▲
>> looks at the mother - - >>

Time: 21:19 (14th Session)

Description: In this fragment, T1 makes the mother's position visible to the rest of the family. The mother often feels that she is in the wrong, and after listening to her perspective, T1 intervenes to embody this position, indicating himself with his left hand. Through this gesture, he highlights the uncomfortable stance in which the mother perceives herself. His gaze is directed toward the mother. In his right hand, which rests on his notebook, he holds a pen. The left arm is raised, with the elbow supported by the chair's armrest. With the open palm of his left hand, T1 points toward himself at the level of his abdomen, moving the hand back and forth horizontally. His back leans against the chair, his shoulders

slightly raised, and his legs remain crossed. It is as if the therapist translates the mother's verbal expression of her position into a physical gesture.

Event 20 "Therapist amplifies the mother's position with both hands"

Mimetic gestures share the same symbol ★

20 ★ + (0.1) ▲ (0.1) ▲ ★ TOT: 2 secs.

T ★ But about this thing she says... I'm always the one who gets it wrong.★
▲ points to himself with his both hands ▲
+ looks at the mother + looks at the identified patient - - >>
Time: 22:52 (14th Session)

Description: In this fragment, Therapist repeats the earlier gesture in which he indicated himself to embody the mother's position. Once again, he makes a self-directed gesture to represent the mother's recurring sense of guilt. This time, however, he adds a direct question to the designated patient: "But about this thing she says... am I always wrong?" Here, T1 appears interested in eliciting the patient's perspective on the uncomfortable position that the mother repeatedly brings into the session. His gaze turns toward the designated patient as he amplifies the previously performed gesture, now involving both hands. The right hand, after setting the pen down on the notebook, joins the left in the same movement: both elbows rest on the chair's armrests, and the forearms rise to chest level. With open palms, both hands move back and forth horizontally, pointing toward the therapist's own chest. His shoulders remain slightly raised, while his legs stay crossed.

Externalizing Mimetic Gestures

Event 21 "Therapist uses a Biblical gesture to represent the mother's struggle"

Mimetic gestures share the same symbol ★

21 ★ (0.1) ✣ (0.1) ✣ ★ TOT: 2 secs.

T ★ My psychoanalyst colleague would say...★
✣ raises his hands to the sky✣
>> looks at the mother - - >> Time: 53:01(14th Session)

Description: In this scenario, the mother appears confused, struggling to grasp the practical consequences of affirming that the idea which should "die" is letting go of her daughter. In response, therapist exclaims: "My psychoanalyst colleague here would say... Lazarus, come forth." As he speaks, enacts a gesture that conveys the solemnity of Christ's invocation of Lazarus. He alludes to the biblical episode in which Jesus goes to the tomb of his friend and resurrects him with the words: "Lazarus, come out." Notably, Therapist does not speak in the first person but attributes the statement to a

“psychoanalyst colleague,” thereby introducing the biblical miracle into the therapeutic space through a personified third party. In this way, Therapist seems to allude to unconscious processes that hinder the mother from discerning which idea should truly die. When he proclaims “Lazarus, come forth,” it is as if he were saying to the mother: “Let us move beyond resistances and relinquish the idea of an idealized relationship, rather than the very idea of letting go.” This formulation invites exploration of inner resistances that prevent the mother from accepting change and allowing her daughter to grow independently. As therapist verbalizes “Lazarus, rise and walk” in a loud, solemn tone, he raises both arms upward. His palms are open and facing the sky, with arms stretched parallel above his head. His gaze is directed upward, while the upper part of his back presses against the top of the chair’s backrest, serving as a lever for the gesture. His shoulders are raised, and his legs remain crossed

Event 22 “Therapist uses an externalized colleague’s voice to mark family boundaries”

Mimetic gestures share the same symbol ★

22 ★ ☼ (0.1) ☼ ★ TOT: 1 secs.

T ★ With your family ★
☼ pushes his right hand toward the identified patient ☼
>> looks at the father - - >>

Time: 55:54 (14th Session)

Description: On several occasions during the therapy, the therapist acted as a sounding board for the different positions of the three family members, presenting the perspective of one to the others through clarifications. In this fragment, however, the therapist goes further: rather than merely presenting positions, he emphasizes the pragmatic consequences they entail. Importantly, he does not frame this intervention as his own opinion or as the position of a family member. Instead, he externalizes it by attributing it to a hypothetical colleague with a more direct therapeutic style. He introduces this move by saying: “I’m reminded of a colleague of mine who is a bit more direct than me…” Using this voice, he presents the consequences of the different positions he has observed in the session. He continues: “Someone needs to be here to say… my daughter, you already have enough trouble with your own family, that is your new organism.” As he says “your own family,” his gaze remains fixed on the father, while his right hand—palm open—gestures toward the designated patient. This gesture indicates a boundary, a demarcation line now established between the two families. The therapist uses his body here to make visible the differentiation process. His body shifts forward: his back no longer rests against the chair but moves toward the edge of the seat. With his right hand, he makes a horizontal, forward-directed movement toward the designated patient. The gesture is unidirectional, conveying irreversibility, as if underscoring the weight and intensity of the differentiation now taking place.

Appendix F: an ethnographic account focusing on the therapists

Therapist 1 (the number is assigned progressively based on the sessions) is a man in his seventies, tall and thin, with a slender, elongated body. His hair is sparse, and he wears straw-yellow intellectual-style glasses resting on a slightly hooked nose. I recall the shape of his nose vividly because he often strokes it while listening or thinking, using his thumb and index finger in a back-and-forth motion along its length. At times, he alternates this gesture with a similar stroking motion around his lips. He has a short beard

outlining the area around his mouth. His voice remains soft and measured throughout the session; he never raises his tone. His face is expressive: he arches his eyebrows and moves his mouth when surprised by a family member's response. His head often nods up and down, reinforcing his attentiveness. He wears classic beige trousers and a sleeveless dark blue shirt. His body does not convey strength but rather a certain springiness, as if lacking a defined shape, molding itself to its surroundings. On his left wrist, he wears a classic watch with a dark buckle.

Therapist 2, in his fifties, has a strong and powerful build. He is not very tall but athletic. Dressed entirely in dark clothing, he presents a smart-casual style: shiny black shoes, dark jeans, a short-sleeved black T-shirt, and a stylish dark jacket. To complement this style, T2 wears numerous bracelets on both wrists—brightly colored, striking ones, including some purple. Several of his fingers are adorned with large rings. His hairstyle is distinctive: he gathers his hair into a small ponytail at the back of his neck. During the session with Chiara, this ponytail captures the father's attention. The dynamic surrounding the ponytail is particularly interesting. As noted, Chiara is preparing for a trip to Bali, which greatly worries her mother. At one point, the father explains that a solution has been found, referring to a "local" (he uses the word indigeno) he met in Bali while attending world fair-trade assemblies (mondo solidale). This man, described by the father with affection and respect, is a Balinese artisan who expressed his willingness to support Chiara. The father speaks of him with deep gratitude and admiration, even remarking: "He's quite a character… probably about my age, maybe a bit older. He also has a ponytail, long hair… but he's a good guy." T2 immediately picks up on the phrase "he also." Touching his own ponytail and laughing, he asks: "What do you mean 'he also'? Why do you say 'also'?" The father continues drawing parallels between T2 and the Balinese man, adding: "He's also a staunch environmentalist." In the Italian socio-political context, a man with long hair tied in a ponytail might easily evoke the image of someone with left-leaning ideals. Reflecting on T2's hairstyle, I am reminded of my own experience: during high school, I too wore my hair long, down to my shoulders, and was seen—using the Italian expression—as "a lefty." Today, though my political principles remain the same, my appearance has changed; I no longer seem to "authorize myself" to present that kind of look. My hair is now always short, often neat—something it rarely was in the past. I wonder what kind of representations a therapist's hairstyle might generate for patients who encounter them in therapy. In this case, the father seems to associate T2 with a leftist, environmentally conscious fair-trade milieu. T2's style is also markedly different from that of T1: his interactional style is pressing and irreverent. His pace is rapid—he leaves very little time between the moment a patient finishes speaking and his next question. It is as though silence and reflection are scarcely allowed. His voice is loud, marked by a Milanese-Brianza accent.

Appendix G: Hands, Materials, and Dexterity: An Ethnographic Model of the Therapy Room

I decided to construct a model of the therapy room as part of my ethnographic work. This step allowed me to incorporate the mimetic faculty into the ethnographic dimension of my study, since the construction of a model is not merely a representational act but a way of mimetically corresponding with the therapy room itself. In this sense, mimesis functioned as a methodology for ethnographic research. What emerged through this practice was the role of dexterity—the embodied attentiveness of working with materials, as Ingold (2002) suggests. Vision certainly played a central role in my ethnographic work, but building the model required my hands, my gestures, and my bodily adjustments. The tactile act of modelling demanded careful, almost obsessive attention to elements that I would likely have overlooked had I not engaged in this material dialogue. The more I worked with the material, the more the room disclosed details that had always been there but had remained outside my awareness. The model itself consists of a cardboard box (30 x 44 cm) cut in five spots with a utility knife: on the two short walls—one containing the entrance door and the other featuring three windows—and on one long wall, where a rectangular slit was made to insert the one-way mirror. The box was painted

three times with white acrylic paint to reproduce the “off-white” shade of the therapy room walls, since the brown cardboard altered the color. The floor (yellow ochre parquet) was made by carving a 0.5 cm poplar plywood sheet, painted with yellow ochre acrylic paint (see figure 7). The chairs required a more creative leap. They were made from the steel wire of sparkling wine cages, chosen to mimic the particular design of the CMTF’s therapy chairs: built from a single curved steel tube forming both the seat and backrest, rather than resting on four legs. To replicate this, I removed the circular wire from each cage and reshaped the arms to create a semicircular backrest and a C-shaped base (see figure 8). A large rectangular rug lies at the center of the therapy room, composed of smaller grey-toned rectangles, on which the table and chairs rest. In the real room, this rug muffles the sounds of furniture against the parquet. To replicate it, I cut and glued together small rectangles of material using hot glue. One of the most delicate steps was the construction of the one-way mirror. Initially, I was unsure how to reproduce it. While searching for flooring material at a DIY store, I came across a roll of transparent material that seemed promising, but I doubted its rigidity. A few days later, I returned to the store and found plexiglass panels, which inspired me. With the store assistant’s advice, I chose plexiglass. Back home, I measured and marked the dimensions for the mirror (29.50 x 10.50 cm) and the windows (15 x 7.8 cm) with a red marker. These were then cut using a large machine at the store. Once home, I faced the complex task of inserting the plexiglass into the cardboard incision (see figure 9). To stabilize it, I carefully carved away about 1 cm of the corrugated layer between the cardboard’s flat surfaces, ensuring precision to avoid damaging the structure. The plexiglass rectangle was then pressed vertically into the grooves until it rested on the lower corrugated layer, which acted as a base support. After several attempts, the panel fit almost perfectly. To secure it further, I used masking tape along the edges. Despite initial doubts about the model’s outcome, the completion of this step gave me confidence in the process. Reflecting on this work, I realized that the practice of mimetic correspondence through model-building revealed aspects of the therapy room I had never noticed in over four years of attending the Milan Center: the subtle “off-white” color of the walls, the unique structure of the chairs, and the way the rug softened the acoustics of the room. These details did not emerge from representation, but from dexterity—from the embodied, moment-to-moment adjustments of my hands in correspondence with the material. The model is therefore less a reproduction than an encounter: an assemblage born of my body’s mimetic dialogue with cardboard, paint, wire, and plexiglass.

Figure 7 (Floor painted with yellow ochre acrylic paint)

Figure 8 (Chairs made from sparkling wine cage wire, mimicking the CMTF's chairs)

Figure 9 (Insertion of plexiglass into the cardboard incision)

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