Continuing the Conversation

A Newsletter of
Ideas in Cybernetics

Co-Menting:
Toward a Systemic Poietology?

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(Author's note: An earlier version of this paper was presented in Bremen at a conference of the same name, November 4-5, 1988, at which Tom Andersen and Harry Goolishian were the main speakers. The present paper was presented at the First World Family Therapy Congress in Dublin, June 19-22, 1989. The title was borrowed from a contemporary Irish singer: "Poetic Champions Compose.")

Summary

In this paper I will present the essence of my own ideas about systemic therapy. It is the result of about 15 years of systemic therapy practice—seeing at least 10 client systems a week.

The ideas and models I propose here thus result from mutual influences between practice, theoretical reflections, and searching for better understanding therapeutic processes. In the context of my conclusion that any school of psychotherapeutic practice may be viewed as a school of the art of constructing interpersonal realities—mainly in conversation—I propose constructing *systemic therapy as poetry in and through conversation.*

To illustrate this point of view ideas and formal models are proposed to understand therapeutic conversations as co-mental processes.

> Whereof one cannot speak, thereof one must be silent.
>
> Ludwig Wittgenstein

> Any conversation presupposes a common language, or better: it forms a common language...
> Being understood in conversation is not merely a matter of exposition and getting ones own point across, but rather a process of change toward a shared view in which one no longer remains what one was.
>
> Hans-Georg Gadamer

Preliminary Remarks

In starting on a new chapter of a book, one has usually already read a few pages of the book. I assume that the readers of this journal have an idea of what systemic (family) (1) therapy is. I further assume that they read CC because, among other things, they are looking for new directions and new viewpoints, i.e., because they want to begin new chapters.

In that case, I think it important not to devalue previous experience, but to view it rather as a valuable basis for developing new ideas and methods. On the other hand, what is being held up here as "new" should not later appear to be "old wine in new skins," only the packaging being new.

In order to find a common basis on which to build, I suggest that the reader at first assume that I am simply using new terms for familiar ideas, other words for familiar notions. He or she may then decide later how "new" the proposed views are to him or her. Let me begin with two limericks quoted by Bateson in his last book, *Angel's Fear:*

> There was a young man who said, "Damn.
> I begin to perceive that I am
>   A creature that moves
>   In determinate grooves.
> I'm not even a bus, I'm a tram."

And the reply:

> There was an old man who said, "Cuss.
> I must choose between better and wuss.
>   By rulings of Fate,
>   I must keep myself straight.
> I'm not even a tram; I'm a bus."

Why have I chosen these limericks?

They are concerned with the degree of freedom we have in making decisions, the limits of this freedom, and with knowledge of these circumstances as related to differences of age. The model chosen, tram or bus, determines the degree of freedom.

Delimitation of the Discussion

Such topics as the degree of freedom attainable by changing our outlook on epistemic processes have been current for some time in the discussion of therapeutic views and practices and efforts to understand them. It may still seem surprising, however, that we are plagued with complicated questions and concerned with the ideas of Bateson, Maturana, von Foerster, etc. on the question *"how do we know what we know?"* Such questions belong to epistemology; we are concerned with questions pertaining to the description and explanation of the processes of acquiring knowledge.

And why do these concern us? One answer may be that many psychotherapists believe that the problems they have in their own profession and which they acquire through their patients will be solved by considering the question "how do we know what we know?" That question concerns *the way in which we acquire knowledge,* and an answer would seem helpful in solving our own problems.

In these endeavors, we increasingly encounter constructivist ideas such as those proposed by Ernst von Glasersfeld (1987). We no longer postulate the ability to recognize an "objective" reality; rather we develop models more or less fitting to our experience. We construct "experience-models." When we become aware that our model no longer fits, we must either change it or develop a new one. As in the familiar example, we may picture the earth as flat if we only want to lay out a

football field. But this model no longer fits or is viable, in Ernst von Glaserfeld's terms, if we want to put a satellite into orbit. Thus we require models which are conducive to answering the questions we ask.

The question I have asked myself, and which many of my colleagues share, is "what are the fitting models for psychotherapeutic processes?" i.e., *how do we construct what we construct?*

The first point that became clear to me after asking this question is the following. The basic question of epistemology, namely "how do we know what we know?" differs somewhat from the question "how do we construct what we construct?" The former entangles us in an absurdity. For we consider the constructivist ideas to be the product of epistemic processes. That is, we say that *the way we construct models* fitting to our questions depends on the *way we know what we know,* i.e., on epistemic processes. We thus say that our *constructions* of reality depend upon the processes of gaining *knowledge* of reality, and therefore that our constructions depend on how we gain knowledge of that which we call (objective) reality. In other words, *our constructions depend on the process of acquiring knowledge.*

I do not want to say that this is false, but only that this way of looking at things, this model, does not appear to me fitting. Acquiring knowledge (epistemic processes) has connotations of perceiving (objective) states of affairs, whereas "construction" is seen more as a subjective process.

For that reason, I propose that we psychotherapists begin a new chapter in our way of thinking and give new meanings to these questions by means of a new general notion. I propose that we no longer speak of epistemology when we are concerned with constructions, but rather of *Poietology.* (2) Accordingly, the question "how do we know what we know?" should then no longer be central, but rather the question *"how do we construct what we construct?"* or *"how do we invent what we invent?"*

This approach has, I believe, the advantage that we as therapists achieve a new degree of freedom in the construction of the therapeutic context. We are no longer tied to the apodictic limits of our faculties of perception and so no longer need to reject "crazy" viewpoints as incompatible with the epistemic processes of perception, terming our patients "ill" and devaluing them.

We are thus led to such questions as the following.

a) What methods of construction are most fitting to cooperation with the clients? *(Pragmatic Criterion)*

b) What methods are most pleasant for us and the clients? *(Aesthetic Criterion)*

c) What methods are most responsible? *(Ethical or Ecological Criterion)*

d) What methods are financially viable? *(Economic Criterion)*

All things considered, I think that this approach—asking *how we construct what we* construct—best fits our position as therapists. It can be summed up in the question: How can we facilitate the construction models of reality with our clients which put us in a position to:

a) cooperate with our clients in such a way that they may construct an escape from their dilemma or difficulties, and

b) better construct the processes of this cooperation so that we can better understand them?

If we accept this attitude, we approach what might be termed "poetology," i.e., the art of poetry as first set out by Aristotle. The difference between ourselves and the poets who write to stimulate our imagination would seem to be that we must negotiate the degree of freedom we have with the client seeking counsel. We cannot simply ignore the realities constructed by the client, but must accept, respect and understand them as the first prerequisite of therapeutic activity. *The clients' stories*

are the matrix to which we relate our own therapeutic stories, and against the background of which we must co-construct them.

The most important, necessary components of this therapeutic position are curiosity (Checcin, 1988) and not-knowing (Goolishian, 1989) with respect to clients' stories; to these may be added the cooperative, conversational, and/or narrative inventiveness of the therapist as a sufficient prerequisite. We must weave our stories or constructions with those of the clients in such a way that new patterns, effects, and meanings can result. Therapeutic inventiveness, however, is only as effective as we are curious about the stories constructed by the patients themselves. It therefore seems inappropriate to think that one understands before the clients themselves grant that understanding or feel understood. *Therapeutic inventions* (stories) only "take" constructively to the degree that they suit the stories and accounts (constructions) of our clients. Only then can our stories be meaningful for the clients, and only then can a new, mutual story emerge from the co-construction of clients and therapist.

Therapy: A Conversational Reality?

It becomes clear that our main therapeutic tool is language. To put it briefly, with this instrument we generate realities or, as Maturana says, *multiversa.* If we consider the therapeutic setting and ask for the common factor of the various schools of psychotherapy, the various therapists, and their many important differences, we quickly come to the answer that it is conversation. *In conversation with our clients we generate meanings and patterns of relationships or deal with the constructed effects of our actions.* We speak with our clients, engaging in conversation; therapeutic interaction, the greatest part of what we do, occurs in and by means of language.

Accordingly, an understanding of language is called for which recognizes its essential contribution to the generation of reality, e.g. through connotations, generation and alteration of meaning (attribution and revocation of meanings). But not only this; we must consider more than just the *generative semantic aspect.* We must also consider the *generative syntax* (generation of rules and patterns of relationships) as well as a *generative pragmatics.* This means that together with our clients we generate meaning, constructing certain relations (patterns) and inventing certain effects in conversation.

Since we want to view language as one of the most important tools for constructing reality, it will be worthwhile to reflect on the possibilities and limitations of this generative instrument.

As various authors have pointed out in this context, we use language to make *distinctions.* We draw attention to some portion of an otherwise undefined something, some chaos or flux of a non-determinate "soup"—call it Tao, if you wish. If I say, for example, "do you see that dog?" and I point with my hand, most every competent, native speaker of the language will be able to see just what I mean. Of course, things are not quite this simple. The important point is that we make distinctions when we draw attention to "things" around us the "existence" of which is assumed. We make distinctions between what we mean and what we do not mean. We call things forth by their meanings, etc. This understanding of language is not new; we already find it in the distinction between figure and background, text and context, etc. It makes some difference, however, whether we assume that we simply give names to "objectively" present things—the *denotative view of language—or* that we use language to call them forth, create them, invent them, etc., in various contexts of meaning.

The view being put forth here is that language has a *connotative function.* We assume that meanings are attached to certain things simultaneously *brought forth by us in and through language.* Thus the familiar example of the pessimist who calls the glass half empty and the optimist who calls it half full il-

lustrates a difference in meaning attribution. While an observer sympathetic to the objective construction of the world might say that both see the same thing, the present view permits saying that they do not, but rather that they generate different meaning-contexts. According to this view, we therefore use language to generate meanings and meaning-contexts. Communication becomes a reciprocal process of generating and proposing meanings in various contexts.

Bateson, of course, spoke of "the difference that makes a difference." Similarly, we may say that the distinctions proposed in conversation trigger further distinctions by the partner in conversation, who in turn initiates still further distinctions, etc. (cf. Deissler, 1986).

One of the most important aspects of conversation is that we can refer to things not (physically) present. If, for example, one meets a colleague at a flea-market and discusses a third colleague who is not present and the latest good or bad news from him, then persons, relationships, places and times "not present" are being spoken of. We can illustrate this with the classic solution-oriented question, *"what will you do first when your problem is solved?"* This question suggests imagining a solution at some indefinite point in time and then doing something after the solution has been achieved. We cannot point to these constructions; they are developed in language. Some linguists see in this the *possibility of situation-free, linguistic communication,* permitting us to speak of things which are *not, or not yet, present.* Other examples include talking about the future, the past, absent persons, hypothetical processes, telling stories, etc.

The situation is similar in therapeutic conversation. We usually discuss contexts which are "not (immediately) present," to which we cannot point. *We thus produce in conversation the contexts* which are the objects of the conversation, even though these are not present. The remarkable aspect of this is that it works. We can make ourselves understood and can generate therapeutic solutions or, as Goolishian et al. would say, form problem-dissolving linguistic systems (Goolishian, 1989). In and through conversation, we can invent realities that improve our lives beyond the context of the immediate therapeutic conversation. We call forth and grasp realities which, literally, cannot be grasped.

Thus it can be said that therapeutic conversations generate realities which would classically be assigned to the imagination, i.e. which are not—or not yet—present. The therapeutic conversation can thus be seen as *poetry in and through conversation (dialogue).* In it, new constructive realities are invented. In Goolishian's terms, *therapist and client are co-authors of a (new) story.*

But if this is so, and this kind of generation of reality is helpful, then we may ask why better advantage is not taken of this aspect of our lives by constructing *"future (positive) realities"* in therapeutic conversation (cf. Penn, 1985; Tomm, 1988; Lipchik DeShazer, 1986).

As therapists, we are all familiar with patients distinguishing between talking and acting. Thus a client may say at the end of the session, "we have *talked* about all the problems, now what should we do about our son?" Or we may find certain clients quite sensible and eloquent in the therapeutic conversation, although their behavior changes little in the direction they would like and can well express. Others may be untalkative and even clumsy with words and yet report satisfactory changes.

Most therapists explain this phenomenon to themselves by means of the so-called incongruity between analogue and digital communication, i.e., a deviation of speech from action. The implicit assumption in this is that the two are different and must be distinguished.

Many therapists see another difficulty in linguistic processes. They claim that language is *linear* and thus only adequate to sequential processes, e.g., *before-after, if-then.*

In difference to this view, still others complain that in language one is forced to make statements about statements and that *self-reference* then becomes a problem. In my opinion both of these views are too narrow and there are indeed possibilities for making constructive use of such linguistic constructs.

Thus Maturana and Varela (1987) resolve the above distinction between action and speech into the more general notion of *coordination.* Put simply, they present the following construction. There are simple kinds of coordination of actions occurring at a non-linguistic level, as when two people walking toward each other coordinate their actions so as not to collide. But when they begin to speak about these actions, they find themselves at a higher level of coordination, namely in language. *They coordinate (linguistically) on their coordination (of actions).* (They thus employ language to describe a linguistic phenomenon, taking advantage of the self-reference rather than banning it.)

In this way, we can view the *therapeutic conversation* as one in which an *improved coordination of actions is negotiated linguistically.* For example, a bed-wetting child can coordinate with his mother in the therapeutic conversation so that their actions become coordinated in such a way that the symptom disappears. Thus realities are negotiated in the therapeutic conversation which only become effective in another person-space-time context. We can make a distinction, then, between being in language and other kinds of action, by distinguishing between simple coordination of actions and coordination of that coordination as occurs in language.

Bateson and Korzybski asserted that "the map is not the territory." To my knowledge, only after Bateson's death, unfortunately, did Heinz von Foerster proclaim that "the map *is* the territory." Bateson makes a distinction between map and territory; with a linguistic operation, he generates a difference between the two. Von Foerster wants to dissolve the linguistically generated distinction with a new linguistic operation.

It would certainly have been interesting to hear the two dispute the point, and particularly so against the background we have been developing here. We can only ask Heinz von Foerster what he intended and how his thesis can be reconciled with the distinction between speech and actions. Might one not say that the map is speech and the territory is action, that there are various degrees of agreement between them, and that the goal is to reunite them? ... that both theses are right?

Be that as it may, let us make use of the controversy by considering the question "how can linguistically generated distinctions be reconciled?" i.e., "how might one meet von Foerster's demand?"

Von Foerster attempts to reconcile a linguistically generated distinction by means of an identification: the map is the territory; the idea is the object. From a constructivist point of view, it is less a matter of which of these two theses is "right" or "true" than of how well the distinction fits with our concerns.

Is, for example, this distinction helpful in therapeutic conversations? Should proposed solutions (maps) be distinguished from their implementation (territory), as is done in classical approaches to therapy?

Or is it more appropriate to say, *"in the therapeutic conversation itself, solutions of constructive realities are generated" ("the conversation itself is a solution" = "the solution is to continue the conversation")?* I do not want to make an either-or decision here in favor of one or the other standpoint. I believe that both views can be helpful, above all when used in conjunction. Each thesis is linguistically generated and so represents a construction. In my opinion, they belong together and offer possibilities for solutions through their very incompatibility. We may ask ourselves, "are they both more or less applicable; do they exclude one another; are they, perhaps, even complementary; are both to be rejected?"

all or nothing,
both... and...
or
neither nor?

I personally believe that it is less important what we as therapists think, or how our clients view their realities, than how these two possibilities are related to each other. Do the clients make a distinction? If so, the map-territory metaphor is likely to be useful; if not, it may be better to dispense with the distinction.

Varela (1979) also noticed this problem in another context, and he suggested that when two distinctions appear contrary they may best be seen as generating one another, i.e., as complementary components of a single unity. A few examples of such pairs are: figure/background, system/individual, text/ context, and stage/play, territory/map, observer/observed.

Keeney (1983), too, proposed the construction of complementary unities with his *recursive unities.* One could even say that, basically, the point of von Foerster's "the map is the territory" thesis is to dissolve the linguistically conceived separation by means of a recursion. Taking the individual as the starting point and *observing the observer,* as it were, it becomes clear that eventually the circle must close and the observer becomes the observer of himself.

A further example of the situation just mentioned is the linguistic distinction between self-change and self-confirmation. This linguistic distinction can be reconciled into a recursive unity. The example will be considered further in the next section.

Tools, Toys—Tolstois?

All things considered, one might well ask what further utility the consideration of cybernetic models could have in better understanding the therapeutic conversation. I will begin by cautioning the reader against taking the following models too seriously; they are models, almost toys, to help in generating realities. Only by playing with these tool-toys can it become clear whether they are fitting, useful, or superfluous. I invite the reader to join me in an attempt to apply these tool-toys to constructing therapeutic realities.

We begin by supposing an autonomous system, an individual or composite system, to have two tendencies:
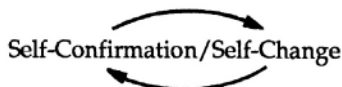a) A tendency toward change
b) A tendency toward stability.
Relating these tendencies to each other gives a recursive unity. I will use the notation suggested by Keeney (1983) and others:

Change/Stability

(e.g. client or therapist)

This recursive unity can be semantically altered somewhat to give the following recursive unity:

Self-Confirmation/Self-Change

(e.g. client or therapist)

We can assume that a therapeutic system consists of at least two such autonomous systems in interaction: client and therapist. Let us now suppose that neither of the two unilaterally determines the relationship; neither can force the other into something. One of the partners in communication, however, says:

I find that my own autonomy is restricted and so propose that you view me as a client, and further that you act as a therapist and conduct conversations with me to permit me to regain my autonomy.

The other of the two accepts the proposal, for he has long been active as a professional therapist, sees himself as such, and can accept the client's proposal to be viewed as a client.

To keep the example from becoming unnecessarily complicated, we assume that a therapeutic system has been established. On each side is an autonomous system, but there is a small yet important semantic difference between the two: one of them is recognized by both as client (Cl), the other as therapist (Th). (3)

(Cl) Self-Confirmation/Self-Change / (Th) Self-Confirmation/Self-Change
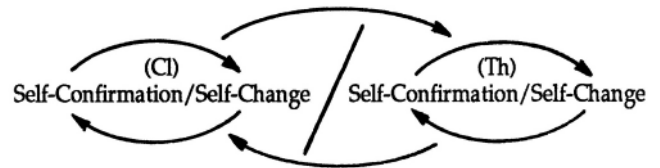
Here the question naturally arises, how the therapeutic process may be constructed as:
a) a means of influencing and/or eliminating the client's problem
b) an unspecific process of reciprocal perturbation according to certain patterns
c) a conversation in which meaning is generated and negotiated.
Although these questions are central to the therapeutic process, I will not pursue them here. My concern is rather to present a few even more basic ideas which will serve to clarify the fundamental therapeutic concepts and processes.

A Brief Excursion

The following account is oversimplified to the point that some colleagues may take exception. I request their patience, however, for the sake of a clear presentation.

The parties of a therapeutic system discuss primarily, of course, the client's problems and/or how to solve them. Traditional family therapists—to put it simply—construct problems on the genetic matrix (background, context) of the family. This means that the family produces (generates, invents, determines) a problem:

FAMILY produces PROBLEM

Since, in the framework of systemic family therapy, family and system are identified, we may write:
(e.g. client or therapist)

SYSTEM produces PROBLEM

Goolishian & Anderson have objected, again putting it very simply, that problems trigger the organization of systems as a response. To a child's problem at school

belong, for example, not only the parents who discuss it but also the teacher, etc., i.e., all parties in communication on the problem.

This assumption can be represented, again greatly simplified, as follows:

PROBLEM produces SYSTEM
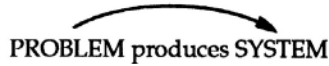
Those used to thinking in terms of recursive unities will respond to the question "which came first, the chicken or the egg?" immediately with the meta-question "why not view the two as components of a single recursive unity?" Accepting the proposal, one is led to the following result:
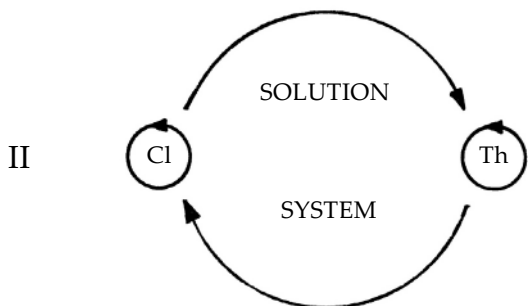
PROBLEM produces SYSTEM
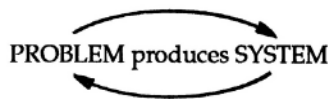
The final unity may be termed the *problem-system.*

Returning to the therapeutic system consisting of client and therapist, by excluding from consideration all other parties in communication we arrive at a problem-system consisting of those two parties discussing the problems.

I

PROBLEM

Cl   Th
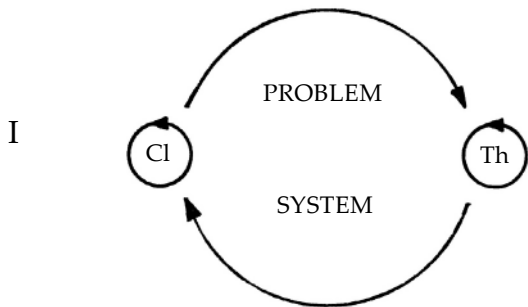
SYSTEM

Of course, these systems also discuss solutions (cf. DeShazer, 1988). We called systems organized around problems *"problem-systems,"* but we may just as well term them *"solution-systems."* Their members discuss solutions; they are organized around solutions. Thus we arrive at a second point of view: *systems produce solutions and solutions produce systems...*

A solution-system can be represented as follows:

II

SOLUTION

Cl   Th

SYSTEM

Recently, Goolishian and Anderson have suggested speaking of *linguistic systems.* In my opinion, only this formulation suffices to finally resolve the conflict between "the system produces a problem" and "the problem produces a system" or "the system produces a solution" and "the solution produces a system" (cf. also Hoffmann, 1985a).

It then no longer makes a difference where one begins, for the two belong together. The linguistic system can be formally depicted as follows:

PROBLEM / SOLUTION = I / II = Linguistic System
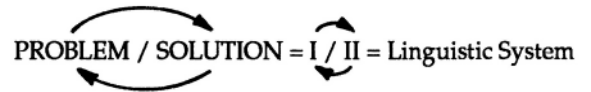
How Can Recursive Therapeutic-Process Models Be Constructed?

Returning now to the separation of *observer and observed,* if we want to reconcile this distinction, to make the map the territory, then I believe we will have to change first our understanding of therapy and second our practice of it. How can we do this, how can we arrive at what Hoffman (1985b) calls *second-order systemic therapy?*

For one thing, we can no longer act as though there were distinct entities such as families which we treat and which exist independently of our observing them. Of course, we can distinguish linguistically between ourselves as therapists and those we treat as clients, but we must tie them in to each other. That *is, we construct our clients and our clients construct us.* In other words, we—clients and therapists—together form a new recursive unity of higher order, namely the *therapeutic system.* The therapeutic system is, of course, also a *linguistic* or *conversational system.*

As is well known from classic systemic therapy, e.g., the Milan model, this distinction is complicated by another which is introduced, still from the classical "objective observer" standpoint. We distinguish those on one side of the one-way mirror from those on the other, therapist and clients from advisers and observers.

If we wish, we can construct a *hierarchy of observers* ad infinitum. Only by applying, e.g., von Foerster's recursive, infinite operations do we recognize the characteristics of a distinct recursive unity, one which operates on itself: *self-observation,* for example.

Classical systemic therapists unfortunately tend to make the mistake of attributing to families characteristics which they consider independent of themselves as observers. They thus try to smuggle in a certain *objectivity of observation* or to *control the experiment.* The observer is to describe as *objectively* as possible the *characteristic patterns of behavior* of the system "family" without exerting any influence himself. As we know from now-familiar sources, this is no longer necessary; the characteristic behavior of the client-system can only be determined by that system itself.

I would now like to present a couple of small models (4) which permit description of the therapeutic system as a recursive unity in which clients, therapists and observers work together, and the artificial cleft between *the family's objective characteristics* and *the objectivity of the observer* is eliminated. It should become clear that *the entire therapeutic system has an effect on itself and thus becomes a "true" recursive system.*

Model I: Classic Individual Therapy

The recursive contextualization by a therapeutic observer can be illustrated by the following simplified model.

Model I: Classic Individual Therapy

Cl = Client; Th = Therapist
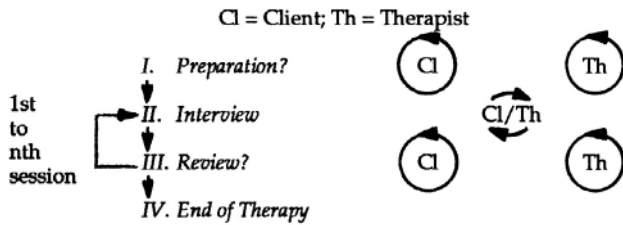
As is clear from the model, there are three types of recursive loops involved, namely:

a) the *recurring sessions* (left side of the illustration)

b) the *interaction between therapist and client* in those sessions (right center).

c) the *recursive subcomponents* of that interaction: Cl and Th.

As is well-known, within the model of individual therapy there are brief and long-term therapies. The number of sessions varies between one and over 1000, which means that the recursion resulting from the repeated sessions is often confirmed.

We will not pursue the details further; the illustration is intended simply to clarify the differences from systemic therapy. The aspects of classic systemic therapy which are absent are:

a) the two-chamber system, connected by a one-way mirror

b) the cooperating team members behind the mirror

c) the possibility for interaction between observers (team members) and therapist and/or client during the therapy process.

## Model II: Classic Systemic Therapy

As you know, the classic approach to systemic therapy employs a two-chamber system; the two chambers are connected by a one-way mirror. While the therapist conducts the interview in one chamber, his colleagues see and hear the conversation from behind the mirror in the other chamber. A typical session goes through six steps. The Milan school in particular is known for having advocated this method. The approach has received worldwide recognition and has become part of the standard repertoire of systemic-oriented therapists.

The illustration should serve to clarify this approach. In the left column are the six classic steps; the right column presents the various corresponding recursive unities.

Classic systemic therapy has four essential characteristics.

1) The therapist acts as a *double-agent,* working in two separate fields of operation.

As the diagram shows, the therapist frequently changes his field of operation. First he is part of the therapeutic team (I); in conducting the interview, he becomes part of the therapeutic system (II); then he confers with his colleagues in the team reflection (III) and transmits their results to the clients, possibly discussing them (IV); finally, he reviews the session as part of the team (V). Thus the therapist can be viewed as a component of two recursive unities:
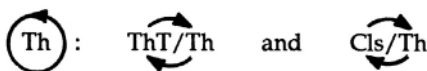

2) The therapeutic team keeps *"secrets"* from the clients. For therapeutic reasons, the team withholds certain information from the clients. Although the team can observe the course of the interview (seeing and hearing it), the client-system cannot observe the team's conference. This results in part from the one-way mirror which has, so to speak, an osmotic effect. Finally, the therapist reports to the client only what the team considers useful or he himself considers appropriate.

3) Phases II through IV can theoretically be repeated as often

Model II: Classic Systemic Therapy

Cls = Clients; ThT = Therapeutic Team; Th = Therapist.
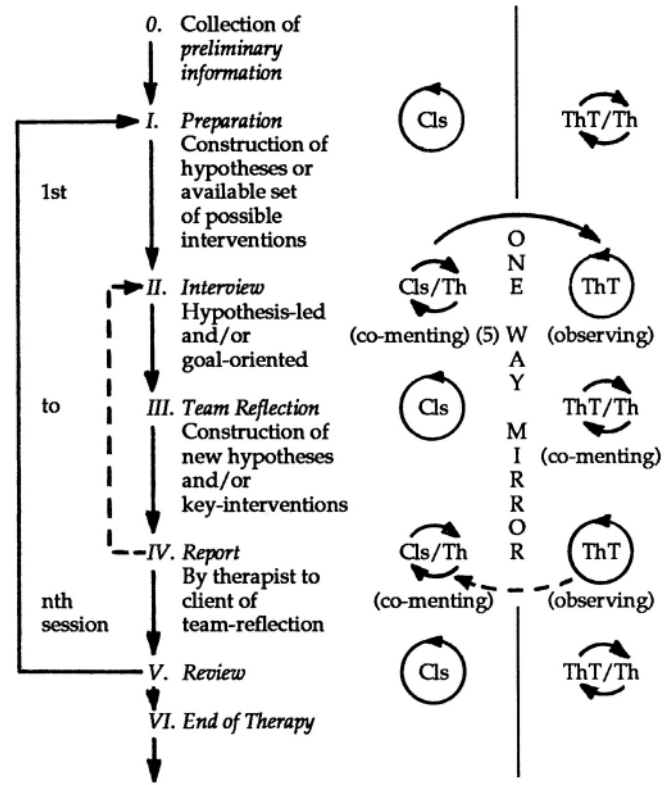
Explanation of symbols:

The symbol ⟳ indicates a (potential) closing of the recursion. (6).

The symbol ◢ or ⌐◣ indicates a complete recursive half-loop (phase II, right; V to I, left).

The symbol ◞◣ or ⌐◣ indicates an incomplete recursive half-loop (phase IV, right; IV to II, left).

as required during a session *(inner recursion-loop).* A practical limit is set, however, by the time allowed for the session, so that a maximum of three interruptions (steps III and IV) is usual. As can be constructed, this repetition presents a special kind of *recursion* or *dosing of the linguistic system:*

The process of constructing knowledge by the therapeutic team is influenced by the interview, since they can hear and see it and the therapist joins the team for consultation. This can be viewed as a *complete recursive half-loop.*

The client-system, however, has no direct access to the team's consultation; the therapist merely acts as a messenger bringing the result, be it a comment, task, or intervention. Thus the client-system receives a filtered message. This can be viewed as an *incomplete recursive half-loop.*

In the second half-loop, the recursion thus does not close completely. This incomplete recursion has been of particular interest to many therapists, although the founders of the approach did not intend this to be a point of special interest. It seems that many of their colleagues liked viewing themselves as *information controllers,* determining what information is reported to the clients and what is withheld. They thus see themselves, implicitly or explicitly, as experts deciding what the clients will be told and what not. This is often justified on the basis of so-called therapeutic responsibility. If we suppose that many therapists did not know exactly what they found so interesting in this approach, then it would seem likely that those who would enjoy being information controllers would also be attracted to it. By recognizing this circumstance and developing new methods, this "control thrill" may be lost.

Model IIIa: Reflexive Systemic Therapy

4) The *outer recursion-loop* indicates that the sessions themselves may be repeated; in practice, however, more than four to seven sessions would be unusual.

An interesting aspect of the outer recursion is the fact that each session can begin at a new level of "knowledge/development" on the part of the therapeutic team or the clients. This assumes that structural changes have occurred within the problem-system by closing of the inner recursion during the session or of the outer recursion as an aftereffect of the intervention.

In total, *seven different recursive loops* occur in this model:

The outer recursion which results from the closing of the recursion at the next session.

This outer recursion contains the inner recursion resulting from interruptions of the session.

These, in turn, are comprised of the recursive sub-unities ThT/T and Cls/Th:

ThT/Th   Cls/Th

Finally, Cls, ThT and Th can be construed as further recursive sub-unities:

Cls   ThT   Th

This approach is also attractive for systemically oriented teams for reasons other than those just mentioned. It is, e.g., intellectually demanding and allows the team to speculate on the configuration of the client-system on the basis of their expertise, experience, and creativity. Furthermore, interesting interventions can be constructed on the basis of those hypotheses. Their effects can then be anticipated.

Anyone who intends to work systemically nowadays should certainly be familiar with these methods and have mastered them fully. Even if he or she only rarely makes use of them later, these methods are valuable in understanding systemic therapy processes and their effects.

To use a metaphor, mastering the six-step model is like practicing the variations of a cadenza or practicing portraiture; both musician and painter must practice the basic techniques of their arts. Later, they may turn to more abstract forms or develop new forms of their own.

In order to become familiar with systemic methods, it is therefore valuable to practice this approach until it becomes almost automatic. It can then be "forgotten" in the way that, e.g., one might forget the techniques of meditation and later employ them subliminally. Later, too, further systemic methods can be learned.

Model III: Reflexive Systemic Therapy

In the model of classic systemic therapy, information control resulted from an incomplete recursive half-loop; it is natural to ask how one might arrive at a method containing a complete recursion.

It is remarkable that in therapeutic simulations (role playing) there has never been any difficulty in producing such a complete recursion, whereas in live therapy situations this has proven much more difficult. For a complete recursion can only be achieved by providing both clients and therapist with the possibility of full observation and co-menting. This new possibility was first described by Andersen (1987).

The diagrams on this page and the next page illustrate the approach.

Model IIIa: Reflexive Systemic Therapy

Cls = Clients; ThT = Therapeutic Team; Th = Therapist.
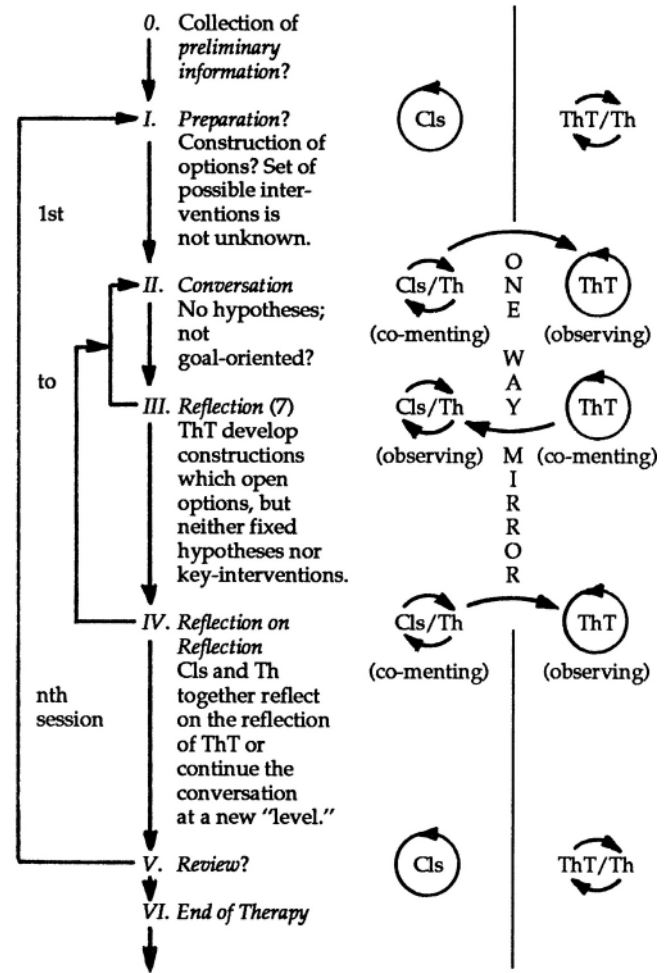
Explanation of symbols:
The symbol ➤ or ➤ indicates a complete recursive half-loop.

There are two ways of implementing Model IIIa:

Change of rooms: Therapist and clients exchange rooms with the therapeutic team. The latter reflect on the course of the session while the former hear and see their consultation from behind the one-way mirror. The exchange can be repeated any number of times.

Switching: Given the appropriate technology, lighting and audio are switched to give the effect of the above room-change without actually having to change. Here too, of course, the "exchange" can be repeated.

There are also two ways of implementing Model IIIb:

The therapist joins the therapeutic team (III) and at the same time the observation conditions are reversed either by changing rooms or by switching.

The therapeutic team occupies the same room as therapist and clients, but seated somewhat apart from them. The therapeutic conversation can be interrupted for the purpose of reflection. The therapist may then temporarily join the therapeutic team; after reflection, the therapist rejoins the clients.

It is worthwhile to compare the reflexive model with the classic model of systemic therapy:

1) In both versions (a and b), the *reflecting team* constitutes and important difference from the classical approach. The clients can observe the therapists and co-ment on their behavior just as the therapists can observe and co-ment on the clients. Only

Model IIIb: Reflexive Systemic Therapy

Cls = Clients; ThT = Therapeutic Team; Th = Therapist.
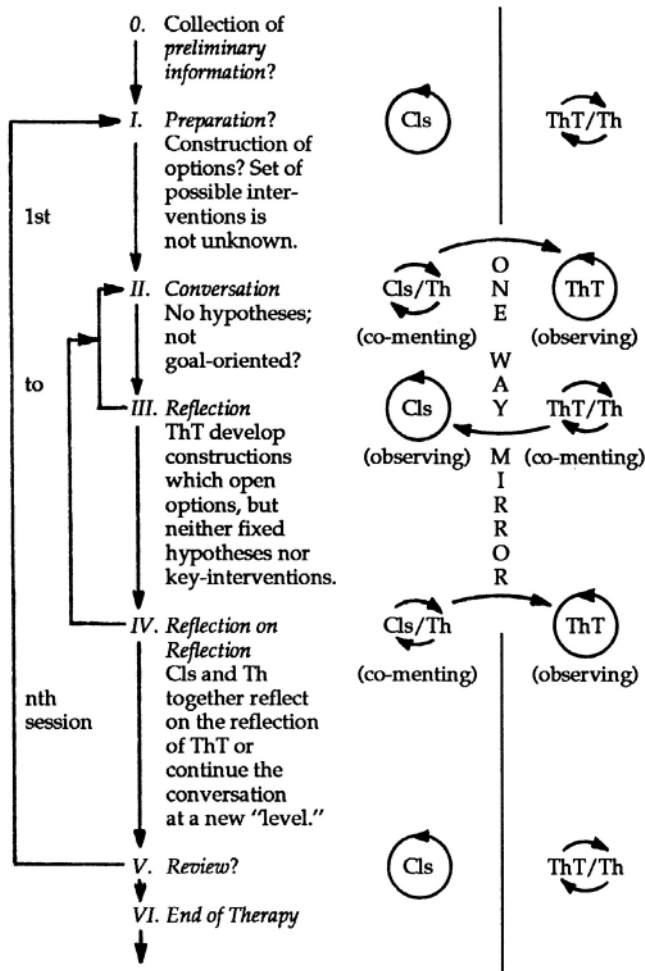
in this way is *the* condition of *the cybernetics of cybernetics* met, namely the observation of observation. Therapeutic team and clients can observe and comment on one another. Thus there is a *complete closing of the recursion.* Each party can observe and comment on the other under the same conditions.

Another way of putting it is that the *reciprocal calibration* between, e.g., Cls/Th and ThT is more successful. The *fine-tuning* between clients and therapeutic team occurs directly and without great intermediate steps.

Furthermore, a greater *overlap of triggering mutual self-confirmation* is achieved. This is conducive to the client's desire for self-change. One client, for example, who was familiar with both techniques, expressed this aspect by saying "one feels better understood and so is more willing to change."

It also becomes more difficult for the therapeutic team to keep secrets from the clients (the converse was already the case in the classic model; it was difficult for the clients to keep secrets from the team). The therapy process thus becomes more *transparent from both sides.*

2). These factors open the possibility of discontinuous co-mental (construction) processes. The therapeutic team can reflect on the material provided by the clients' self-portrayal and the clients on the reflections of the team, and so on. The process can be seen as taking a course through different *levels.*

3) The observation of observation occurs within a framework permitting greater *authenticity.* The observer can see and hear the speaker, permitting attribution of utterances and communicational acts directly to their source.

4) Of course, there remain differences as compared to a "normal conversation":

a) The *reflections are ritualized,* i.e., the session cannot be interrupted too often or at just any point. Although it is possible for the clients to request a comment from the therapeutic team, in practice interruptions are implemented by the team or therapist.

b) The room in which the conversation is conducted is still equipped with *audio and video devices and a one-way mirror.*

5) There is also a small but significant difference in the reflecting teams of the two models:

Model IIIa: The therapist remains a component of the client-system; he does not join the team as in the classic approach until the session is over. In model Ma he and the clients hear the views of the team together. He can then request the clients to comment on the team's deliberations. They in turn can accept or decline the offer to give comments. In this way, the therapeutic team can present their own views without being directly influenced by the therapist. One possible disadvantage for the therapist may be that he feels pushed too far into the client-system and so finds it difficult to retain the meta-position.

Model Mb: This is a further variation of the systemic approach. As in the classic approach, the therapist moves from the client-system to the therapeutic team. There, he can participate in the team's discussion which the client-system observes. The therapist has the possibility of presenting his views in the team; this may be a disadvantage for the team, since he may there appear a more competent observer of the clients. The advantage for the therapist is that he can detach himself from the client-system and develop a different point of view in the team reflection.

6) It will be seen that this model consists of the following eight *recursive loops:*

Inner recursion 1 (reflection)

Inner recursion 2 (reflection on reflection)

Outer recursion

The important difference between this and the classical approach, however, is that here the recursions are complete and closed in both directions. Both the client-therapist unity and the therapeutic team participate in a recursive conversation process.

Model IV

Do not be alarmed!

It may well be that the reader is growing weary of recursions, models, etc., but I would like to present one further approach occasionally employed at the Institut far Systemische Therapiestudien in Marburg. It is used, e.g., in conjunction with training seminars, where the participants have both the personal and technical skills required.

This approach takes advantage of all of the previously mentioned models. It is, so to speak, a combination of the classic and reflexive systemic approaches and results in even further reflexive loops. There occurs not only a reflection by the therapeutic team (ThT), but also a further meta-reflection through the addition of an observer team (ObT); both of these are then open to commentary by the clients, and so on.

Model IV: Second-Order Reflexive Systemic Therapy

Cls = Clients; ThT = Therapeutic Team;
Th = Therapist.; Obt = Observer Team

0. Collection of *preliminary information?*

I. *Preparation?* Construction of options? Set of possible interventions is not unknown.
   Cls   ThT/Th   ObT

1st

II. *Conversation* No hypotheses; not goal-oriented?
   Cls/Th O N E ThT ObT
   (co-menting) (observing)

to

III. *Reflection* ThT develop constructions which open options, but neither fixed hypotheses nor key-interventions.
   Cls/Th W A Y ThT ObT
   (observing) (co-menting)

M I R R O R

IV. *Reflection on Reflection* Cls and Th together reflect on the reflection of ThT or continue the conversation at a new "level."
   Cls/Th ThT ObT
   (co-menting) (observing)

nth session

V. *Meta-Reflection on Reflection* ObT reflects on II, III, and/or IV.
   Cls/Th ThT ObT
   (observing) (co-menting)

VI. *Review?*
   Cls   ThT/Th   ObT?

VII. *End of Therapy*

▮ = Obt observing, or co-menting from the meta-position.

It is hardly necessary to point out that this model—Model IV—entails still further recursions, etc. (e.g., meta-reflection by the observer team). I will spare the reader any further mental acrobatics by omitting a detailed discussion of this model.

Co-Menting

In conclusion, I would like to present a few brief thoughts intended to illustrate how therapeutic processes can, in Bateson's terms, be viewed as recursive mental processes.

The core of Bateson's ideas about mental processes is that they do not occur between the ears of an individual, but between various individual unities which can be viewed as recursively coupled. Mental processes are, therefore, more comparable to interactions than to intra-individual events.

If we now ask ourselves what a therapeutic conversation is, I think it can be said that it, too, is a mental process in therapy in Bateson's sense (cf. also Keeney & Ross, 1986). Systemic therapy, however, usually posits a second mental unity, namely the discussion behind the one-way mirror; thus several dialogues (cf. Andersen, 1987) are recursively tied together. I would like

to propose that we refer to such as *"co-mental processes"* and to the activity itself as *"co-menting"*; co-menting thus takes place when at least two mental processes stand in a certain relation to one other. (8)

As I have tried to show, the important point is how these *mental sub-processes* are related to each other, or to use Varela's terms, how they are *coupled*. As stated above, this seems to occur for the most part linguistically. *New realities are generated in and through linguistic co-menting.*

Summing up all of the above considerations, it can be said that what we do in working with our clients is a *mutual construction of myths or stories.* Therapists thus find themselves, together with their clients, in the practice of making myths or *"mythopoiesis"—as* Szasz or Bateson have also pointed out.

I believe that this standpoint makes it possible to dissolve the distinction between what are classically known as (psycho-) *technology* and epistemology. Psychotherapy is then no longer a technique concerned exclusively with the application of certain strategies, nor is it counterbalanced by an *epistemology in isolation* from its application. The two are unified in therapeutic processes as *poietic processes* which, as *co-mental processes,* intermingle to stimulate mutual *creativity. They are co-mental processes which converse.* In other words, we find ourselves in the realm of poietology, where "the land and the map are reunited," and in which "to speak is to act and to act is to speak."

From the Myth of Power to the Power of Myth? (9)

Finally, we may turn to the metaphors which have occupied our thoughts and influenced our actions as therapists since the turn of the century. Several important ones come to mind: Oedipus, the helmsman, and Hermes. What lends these their fascination?

Oedipus conjures up such colorful and diverse themes as love, incest, guilt, shame, father-mother-son relationships, and so on.

The helmsman, who is the metaphor of cybernetics, led us to believe that we could control and master all behavior through therapeutic intervention and strong manipulation. The stronger the intervention, the better the therapist.

Hermes plays the role of messenger and mouthpiece of the gods, although his function changed with the course of history. He can be associated with philosophical hermeneutics, for he provides clues to the interpretation of texts and stories. Perhaps he can aid us in generating meanings for therapeutic contexts and establishing a tie to the gods, presenting our stories with the "poetic spark" of the lyre. We do not yet know where this course will lead.

I would like to close with two questions which illustrate the thoughts developed here. They are based on a quote from the popular American rock-poet, Willy de Ville. In one of his songs, he sings:
  1) My love is like a storybook story.
  2) My love's as real as the feelings I feel.
I would like to ask:
Is his love *like* a storybook story? Are his actions *like* their descriptions; is the territory *like* the map?
  Or:
Is his love as real as the feelings he feels? Are his actions and their descriptions identical; is the map the territory?

Or both?
More or less?
Neither nor?

A final question: without the poetic spark, is psychotherapy possible as a recursive, co-mental process in which conversations intermingle?

Can that spark perhaps be termed "love"? Do we require access to the gods to achieve it? Must we enter a realm where "fools rush in but *angels fear* to tread"?

Curiosity and not-knowing are attitudes which we need to conduct interviews; are they also sufficient for therapeutic conversations? Is creative cooperation possible without the poetic spark?

Notes

(1) Following Maturana, who puts (objective) reality in *parentheses,* here the "family" will be put in parentheses.

(2) From the Greek *poien* = making, inventing.

(3) It may be noted that *information* can be thought of as composed of novelty and confirmation. Applying this to autonomous systems, it can be said that they are continually producing new information in the form of self-confirmation/selfchange (novelty). In other words, the communicating parties constantly produce information in the therapeutic conversation. This notion of information is incompatible with the technological conception of information (cf. Deissler, 1988a).

(4) Cf. Deissler, 1988b.

(5) This term has been "invented" following Bateson's criteria for mental processes (cf. Bateson, 1979). It refers to the activity of participating in or producing a mental process with others.

(6) I use the phrase "closing of the recursion" rather than "recursive closure" in order to stress that the recursion is a "soft" process resulting from (inter-)action rather than a "closed," inflexible unit. Thus, e.g., a recursion closes when two individuals join in a game, and it dissolves when they end the game.

(7) Note that reflecting and co-menting are somewhat different; co-menting includes both "sides" (Cls and ThT).

(8) In these terms, the therapeutic conversation becomes a co-mental process occurring in and through language.

(9) Cf. also Deissler, 1988c.

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Comments on "Co-Menting: Toward a Systemic Poietology

By Tom Andersen (University Tromsø, NORWAY). Copyright 1989 by Tom Andersen.

On page 3, you write "the map is speech and the territory is action"—it depends on the language one uses in describing "map" and "territory." Map can be something standing still or moving, depending on the use of language in the act of describing it. So also with territory.

The more difficult parts to comment on begin toward the end of page 2, about (as I read it) co-creation of new meanings, through pages 4 to 9, which comprise a lot about structures, over to the final four lines on this page.

How can one engaged in a co-creation which is similar to the acts of poetry (including the spontaneity in the exchanges of interaction (including talking)) when one part (the professional) is pre-equipped with ideas about the structures (non-spontaneous frame) the "co-creation" ought to (?) follow?

My main comment is therefore a big question mark to the question: To what extent does structure permit the evolution of spontaneity?

By Lynn Hoffman (P.O. Box 400, North Amherst, MA 01059). Copyright 1989 by Lynn Hoffman.

What I liked was the comparison between Classical Systemic and Reflexive Systemic Therapies. I too think they have outstanding differences, and the problem is how to point them out without hurting the Milan group's feelings. They have given so much to all of us. Also, "reflexive" is a word that covers much of the methodology of this new (or not so new) "interpretive" model that Harry Goolishian talks about. I think he traps us with the word "linguistic, " since I agree with you that it implies that there is less value to kinesthetic communication, or even that it doesn't exist. Jan Beavin Bavelas is doing some wonderful experiments to show exactly how much it does exist. One example, from my point of view, is the remarkable part that trance states play in therapy; these are only partly achieved and maintained by verbal means.

I also love your use of the term "Poietology," since in the beginning was the Word, and so we as therapists regain an important heritage. I already told you how nice is the sequence from Oedipus to Helmsman to Hermes.

As for your last question, I remember someone quoting Jung as asking: Which is younger, Meaning or Life? The implication is that if they are twins, one must come out first, but perhaps there is no older and younger here.

My major struggle with your paper (apart from my difficulty with complex little maps that remind me of notations of symbolic logic) is the basic allegiance to circles. The trouble with the whole cybernetic universe, and this includes some of Bateson, much of von Foerster, and all of Maturana (Varela is a Buddhist, and so breaks free) is the circle metaphor: homeostasis, circular causality, autopoiesis, and now "recursive unities." These are analogies that depend on closed loops; how samenesses stay the same. To apply them to human histories or histories of people talking together is to stretch them too much. Recursive Function Theory is (I think!) a mathematical theory that says if you feed the results of a computation back into the same operation, the outcome will be that the program begins to spit back the same and always the same final answer. And, of course, your pictures of recursions take on the shapes of little round things, where I would prefer a widening gyre (spiral form) or a river of action somewhat like an eternal Slinky, where co-menting keeps being applied to previous co-menting, with no set goal in mind. That, I think, is the meaning of "reflexive." It doesn't have to be a loop, whether complete or incomplete. And I think it can be applied to the circular questioning and the concept of the Classic Systemic mode (Milan), so we are not in the position of abandoning this mode entirely and doing violence to our fathers.

Particular comments:

1. Page 2. You use the term "cooperate" in the deShazer sense, but without telling its meaning within its history (a deliberate substitute for the term "resistance"), so the reader who doesn't know would wonder why you use that term.

2. Page 2. The idea of therapist stories having to match client stories is conventional, but some of the post-modern people are questioning that there are such "constructs" inside of people; they hold that meanings are developed in the space between them and have no existence or reality "within" them. Now I think that the idea that people, including therapists, do carry within them constructs, some of which are destructive or unhelpful, is a useful one, but I think that for tactical reasons it might be better to think of such "constructs" as mainly appearing and being maintained between people. They are then best described as emergent meanings that are constantly being renewed, changed, or exterminated. For these reasons, I am giving up my adherence to Constructivism and am moving over to Social Construction Theory in its newer forms. This is in response to some new readings from Kenneth Gergen and an argument (no argument, really) with Harry at Renvyle. I seem to eat so much crow in deserting former intellectual positions that I think I will start to grow black feathers.

3. Page 2, end of second paragraph in the section titled "Therapy: a Conversational Reality?" Not clear whether you mean language patterns or relationship patterns.

4. Page 6. Why use the word "half," as in "half-loop," when you already use the terms "complete" and "incomplete"? Surely a "complete recursive half-loop" is self-contradictory; if it's a half-loop, of course it's not complete. I don't understand.

5. Page 7. Under "*Preparation,*" you say "Set of possible interventions is not unknown." Surely you mean that it *is* unknown. Again, I don't understand.

6. Page 8. "Complete closure of the recursion" with the Reflecting Team suggests that informationally closed system which Maturana calls the nervous system; I would wish to get away from any suggestion of closedness, even in a metaphor. That's why the term "recursion" is such a trap.

7. Page 8. Don't use the term "authenticity"—it reeks of humanistic psychology. I know it is coming back in feminist and new individual therapy theory like self psychology, but I hate it. Who the hell is to say what is and is not authentic, anyway?

8. Page 9. I don't think you can equate map and territory with speech and action.

Thanks for giving this paper to me. I don't intend to shred it to bits, but more to share with you that I am evolving away from cybernetics and concepts of recursive unities, because they are tactically in the way when I do therapy. Otherwise, I think they are perfectly good frames to use, as long as you tag them as frames.

Don't stop writing these really carefully thought about and highly intelligent attempts to describe therapy models—this is the most difficult thing that clinicians can do, simply because in practicing our craft most of us cannot really "see" what it is we really do.

By Bradford P. Keeney (College of St. Thomas, St. Paul, MN 55105). Copyright 1989 by Bradford P. Keeney.

I applaud Klaus Deissler's suggestion to recontextualize therapeutic practice within the creative branches of rhetoric and poetics. His healing of several contemporary stop-gaps in the field of systemic therapy (e.g., "problems build systems" vs. "systems build problems") provides a bridge for him to demonstrate how more intricately woven abstractions and understandings of therapeutic discourse may be articulated. Following Hermes, he suggests we become more open to the evocations of improvisational possibilities. I fully welcome this invitation and look forward to other poetic musings.

By Peggy Penn (Ackerman Institute for Family Therapy, 149 East 78th St., New York, NY 10021). Copyright 1989 by Peggy Penn.

I was very interested in your article—I liked the details of your thinking, especially your designation of the reflecting team experience as a way for the family and the therapists to find their natural "fit." I have just written a speech for Budapest filled with poetry, trying to be persuasive about using a story/narrative metaphor to describe what we do, so though the structure of the two pieces is different, the spirit is similar. Both pieces ask therapists to invite acts of their own imagination when working with families.

By Harlene Anderson (Galveston Family Institute, P.O. Box 1485, Galveston, TX 77553). Copyright 1989 by Harlene Anderson.

I found reading Klaus Deissler's paper energized me and stimulated many reflections as I compared and contrasted my thoughts about theory and practice. I will share only a few:

Client and therapist stories. I agree that the client and the therapist both enter the therapy domain with their own stories and believe that in the process of the client's telling/retelling his or her story, the story changes. I believe that the therapist's responsibility and expertise is to provide a dialogical space and process in which a client's story can be told/retold in a manner that gives the client optimal opportunity for agency—a feeling and capacity to take effective action—concerning the reason for which he or she sought consultation. The therapist's story (combined ideas about and experiences with human behavior, problems, and therapy) provides the backdrop for the therapist's actions (for example, conversational questions) that help create the dialogical space and promote the dialogical process. This is different from Deissler's suggestion (if I understand his intent) that the therapist's story is woven with the client's story; nor do I see the new story or construction as co-constructed in the sense that it is a mutual story. Yes, it is intersubjective, and it is a co-generation of meaning, but I believe that therapy takes place in the realm of the client's story and that what evolves is not the mutual story of the therapist and the client in the usual sense of "co-" meaning equal. I would put "co-" in parentheses. It is the client's story that the therapist, through the creation of a dialogical space and process, consults with. Thus I see the therapist as a consulting author.

Therapist attitudes of not-knowing and curiosity. To put the above differently, I agree with Deissler that therapist attitudes of not-knowing and curiosity promote cooperative creativity and imagination. I believe that when therapy begins with such a therapist attitude, it soon shifts to a mutual (therapist and client) attitude, and a process of mutual puzzling (about what is of concern to the client) occurs. This therapist attitude or position is different from the therapist as a "narrative inventor" who invents or co-invents useful stories. I like Deissler's notion of "inter-mingle." I am still striving to describe more fully the relationship of the notion of intersubjectivity as it relates to the therapeutic conversation, the notion that therapy takes place in the realm of the client's story and understanding, the notion of the therapist as a consulting author, and that in the mutual narrative process, both the client's and the therapist's stories change.

3. Observing systems and models. I agree that one of the most difficult concepts for "systemic" therapists to translate into clinical thought and action is that of observing systems. It is much easier to talk of egalitarian, horizontal, non-hierarchical systems than it is to act as if we truly believe in such things.

I think Deissler's notion of "co-menting poietic process" can help. Certainly Tom Andersen and his colleagues' notion of the reflecting team and reflecting process has done more than anything else to this point in time to free therapists from the bonds of expertise, to encourage respect for and attention to the client's story, and to blur the distinctions between client and therapist, between client and therapist and therapy team, and between therapist and team. I like to take it one step further, to have all conversations public, to have none that the client is not privileged to. I would also like to delete the word "meta" from therapy vocabulary, because it has come to mean "better," although Deissler does not use it in this sense.

Co-co-ments

By Klaus G. Deissler. Copyright 1989 by Klaus G. Deissler. Here are my reflections on the comments of my colleagues.

Tom Andersen, I share your difficult question, "How can one be engaged in a co-creation..." with therapists who are "pre-equipped with ideas about the structures...?" I have to admit that I don't know any final answer to this question—except that one might spell out these ideas and make them negotiable. Speaking for myself, I don't know if I ever will be able to "empty" myself totally of any ideas about structure, etc. Sometimes I think the more experienced I get, the less I need structure in the form of a "security belt," but I also think structure does not necessarily kill poetry or creativity. Sometimes you need simple structures like a pen and a piece of paper to write down some poetry... And what about a therapy dialogue?

Lynn Hoffman, before I say something to your comments in general, your particular comments need some particular answers.

1. I agree.
2. I wanted to say that I believe in both: internal dialogue and conversation among people.
3. I mean both: language patterns and relationship patterns (created, e.g., in our dialogue), and both intermingled.
4. *Complete half-loop* for me is just a complete "one-way": the one-way mirror allows the observing team to *fully observe* the clients (complete half-way).

When the therapist comes back with his therapeutic message as is done in Classical Systemic Therapy, he tells a "filtered version" of the team's discussion (clients could not hear or see the discussion). Therefore I call it an *incomplete half-loop:* only an incomplete picture/scene of the team's discussion is given by the report of the therapist.

Only when both sides are able to observe one another can one say that a "self-observing" multi-person system has been realized, although this achievement is reached sequentially, not simultaneously: a. Complete half-loop: team observing clients; b. Complete half-loop: clients observing team. Both together make the loop complete as a "recursive unit"—a self-observing multi-person system. (This very explanation makes the "loop' notion more important than I wanted it to be.)

5. When I say that a "set of possible interventions is not unknown," I mean that all therapists who are now engaging in post-modern thinking/practice have some history of knowledge and practice of interventions. They can pretend they do not, but their story tells us about strategic thinking and practice—at least I can say this for myself.

6. I agree with your objection. Maybe note 6 on page 10 can make my formulation a bit more acceptable.

7. For me, "authenticity" has no bad connotations. I just mean that clients can hear and see what therapists discuss, and that there is no secret strategic arrangement.

8. As I read his comment, Tom also has doubts about this "equation." Let me reformulate it: dialogue may be seen as map, coordination of action may be seen as territory. At least this might be seen as a widespread prejudice, a premature distinction.

My using circles isn't much due to my affiliation with cybernetics. Simple drawings help me sometimes to make some differences in *understanding by seeing.* These differences are often hard for me to formulate in *words—understanding by reading or hearing.* I agree with you that the language one uses says something about his or her thinking or how he or she relates to his or her colleagues. I agree that cybernetic language often obscures what we are trying to say and heavily implies the metaphor of the "helmsman," the expert who is able to "steer

the problems away." I agree that maybe in hermeneutics we will find a better understanding. My drawings helped me to understand better what I *was* doing. Of course, I hope not to stick to these formulations for the future.

Thank you for reading my paper so carefully, for sharing all of your questions and comments with me, and for helping me to understand better what I am thinking.

Bradford Keeney, thank you for applauding my suggestions. I agree that improvisations are—maybe the most important—parts of music and therapy. I like jazz very much, but often I don't like totally "free" jazz, without myself being able to construct any *structure* (e.g., theme) into it—making some sense of what's happening. I do indeed hope for some future poetic musings—in conversations maybe.

Peggy Penn, since you were in Marburg in 1982, I have felt that we have several ideas in common about "family therapy: science or art?"—the title I gave to the 1982 conference. I hope to see your poetry for the Budapest conference, and I hope that our common story about how to do therapy will evolve in our future dialogues.

Harlene Anderson, your idea of a consulting author of the client's story may be more elaborated than my ideas about the same "story." But I cannot help thinking that the ideas of the therapist are part of the "poetic process" too—I do not know yet how to describe it; "co-menting" was one attempt. I personally would like to confine myself to "opening a dialogical space..." My difficulties begin when I think of myself as a "tabula rasa"—an open space with nothing, or a human being with only "no's": no story, no meaning, no attitude—implying all the premises which are then put aside by linguistically negating them. I do not want to imply that you are saying the "no's"—I am following my own trains of thought triggered by your comment.

I agree with your rejection of "sharing is caring, but meta is betta... "; another concept than "meta" might be more helpful. In this sense, I have tried to make more open the implications of "observing systems in therapy." Thank you for understanding this.

I appreciate your "one step further": to have all conversations public. There is one exception to mention: clients who don't want it.

I thank you all for your interest in my thinking, and for offering your ideas about it. I am looking forward to seeing you in the future and prefer "continuing the conversation" in personal meetings.

A Note from the Editor

I want to thank Klaus Deissler for taking responsibility for the organization of much of this issue. He has done an admirable job of providing the main article and gathering responses to it.

I also want to thank the members of the American Society for Cybernetics who welcomed *Continuing the Conversation* as "their" newsletter for so many issues, and especially Larry Richards, who first suggested our joint venture. This is the last issue of CC which will be sent automatically to all ASC members (you can subscribe on your own if you want, folks!). I wish all the best to ASC officers and staff who are preparing to publish a "real" ASC newsletter. As I myself attend to the task of refocusing this newsletter on the ideas of Gregory Bateson, I recall his soberly cybernetic assessment of the human condition: "Yes, the world repeats itself, such as it is." (*Loka,* Rick Fields, ed., Anchor Books, Garden City, New York, 1975, p. 28)

Book Review

By Gary Ronjak (634 173rd St., Hammond, IN 46324). Copyright 1989 by Gary Ronjak.

Freedom from Stress, by Edward E. Ford ($12.00 postpaid from Brandt Publishing, 10209 N. 56th St., Scottsdale, AZ 85253) is an exciting and well written book that approaches the problem of stress from the perspective of cybernetic control theory. According to control theory, stress is a condition in which a person is experiencing internal conflict, one desire at war with another desire. Based on the assumption that humans and other organisms are complex systems run not by external forces but more by inner motivations and networks of goals, the bottom line is that we create our own stress by our efforts to deal with life problems in ways which are internally inconsistent.

The solution involves having to learn something about how our bodies and minds work. Only after grasping the subtleness of arising inner conflicts can we go on to change the goals and perceptions that led to the conflicts generating the symptoms called stress. Those symptoms are the price we pay for control.

This latest in a series of books by Ford is a true labor of love. As a family counselor and teacher of graduate students in Social Work, he is dedicated in his attempts to make the ideas of control theory *practical. Freedom from Stress* is very successful at teaching control theory by examining problems encountered in ordinary life by ordinary people—not theoreticians and academics.

The book's format is conversational as it follows Ford working with a fictitious couple, individually and together, over several counseling sessions. The problems they encounter provide a cross-section of stresses which clients have brought to Ford's practice over the years—problems easily identified with by the reader. The dialogue is crisp and natural, with thorough presentations of key concepts of control theory (clearly for the reader's benefit, rather than a reflection of verbatim counseling sessions.)

Early in the book, Ford does an excellent job of teaching control theory to his clients. The dialogue is enriched with several poignant examples, demonstrations, and anecdotes drawn from his own family life and from his work with a variety of clients. The discussion is augmented by a very helpful diagram of control theory; I found it helpful to keep an enlarged photocopy of the diagram handy for reference as I progressed through the book

In the second chapter is a very thorough presentation of the way in which the brain constructs its perceptions and creates its goals, according to control theory. Many readers will appreciate Ford's discussion of the characteristics of the levels of control used to form perceptions in the making of one's world. Ford explains how we are driven internally by hierarchies of complex levels of control, all of which constantly need to maintain harmony within the system, while being interdependent.

Chapter three shows how control theory teaches that our brain, as a perceptual system, constructs our own unique set of values, standards, and priorities, and that we make our own decisions. From a control-theory counseling perspective, it is imperative for clients to have a thorough understanding of their thoughts and actions, and how they interrelate. The implication for a therapist working with this model is that he or she is really more a teacher, as Ford aptly demonstrates in this book: he helps his clients look at their own worlds, evaluate what they find, commit to alternative actions when appropriate, and make effective plans.

Chapter five concerns feelings, how they relate to what we want and to how we perceive things. Ford emphasizes that we have little or no control over feelings, so it is imperative to connect feelings to something we want.

In other chapters, Ford explains how to resolve conflicts (the results of incompatible goals, and the very heart of stress): learning to deal with others, setting standards at home and at work, teaching discipline, and teaching people to work together. He offers several helpful guidelines for counseling others, as well as advice to readers on how to explore their own worlds, evaluate their perceptions and priorities, recognize alternative choices, and develop plans to resolve difficulties.

What control theory claims, and what Ford illustrates, is that the only behavior we can control is our own. The only way we can control events around us is through what we do. If people choose what they are feeling and doing, then control-theory counselors can help them learn to make better choices, provided of course that the client is willing to make the effort to do so. In this context, a counselor's job is essentially to help clients satisfy their needs in better ways, so the painful behaviors will stop. What all this boils down to is that our personal happiness (freedom from stress) results from how we construct our beliefs and values, and from how reliably our perceptions match the standards we've set.

As a social worker, I feel indebted to Ed Ford. I know that his hard work has saved incalculable time and effort in my own attempts to understand control theory and apply it to real-life problems. Now when I return to more technical works on control theory, I find them more accessible. While some theoreticians might differ with Ford's presentation of control theory, I agree with William T. Powers's statement in his Foreword to *Freedom from Stress*: "After [the academics] read it carefully, however, they must admit that all the ideas are there, properly expressed, sounding like nothing more than good common sense." This book is quite an achievement. There is something here for everyone.

Volitional Action:
Conation and Control

This massive collection of papers concerned with purposive action, edited by Wayne A. Hershberger, is due out shortly from Elsevier Science Publishers B.V. (Physical Sciences and Engineering Division, Sara Burgerhartstraat 25, 1055 KV Amsterdam, THE NETHERLANDS). Included are 25 chapters, addressing the phenomenon of volition from physiological, systems-modeling, psychological, and clinical perspectives, with contributions by several control theorists. Contact the publisher directly for details on availability and price.

New Book by William T. Powers

Living Control Systems, Selected Papers of William T. Powers is now available. The control theory viewpoint in biology and psychology has gained many supporters recently because of its rigor, its beauty, and its explanatory abilities. This viewpoint was first developed by William T. Powers in the 14 papers included in this book. These papers, first published between 1960 and 1988, provide a thorough introduction to Powers' models of living control systems.

From the Foreword by Richard S. Marken: "Powers has looked at the phenomenon of behavior from a totally new angle and, sure enough, people have misunderstood him and ignored him, but they have rarely disagreed with him. The lack of disagreement is surprising, since Powers' ideas contradict the fundamental assumptions of scientific psychology. Conventional psychology views behavior as evoked motor output; Powers argues that behavior is controlled perceptual input. These approaches could hardly be more different."

Published by The Control Systems Group, Inc., a membership organization supporting the understanding of living control systems. ISBN 0-9624154-0-5, 1989, 300 pages, illustrated, softcover, $16.50 postpaid (KY residents add sales tax). Order from: C.S.G, Inc., Route 1, Box 302, Gravel Switch, KY 40328. Phone (606)332-7606.

Call for Papers:
1990 International System Dynamics Conference

This conference is scheduled for July 10-13, at Pine Manor College, Chestnut Hill, Massachusetts. Possible topics for papers, posters, workshops, and tutorials include business applications, public policy, economic planning, model analysis, software tools, deterministic chaos, simulation gaming, educational environments, and other developments in theory and applications. Selection will be based on competitive abstracts of approximately 250 words, submitted by November 1, 1989. Final papers for accepted abstracts are due by April 15, 1990. No paper may appear in print before the conference. Send abstracts to Cathy Chazen Stone, International System Dynamics Conference, Rockefeller Institute of Government, 411 State St., Albany, NY 12203. For more information about the conference, contact The System Dynamics Society, Julia S. Pugh, Executive Director, 49 Bedford Rd., Lincoln, MA 01772.

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