

Further Thoughts on Second-Order Family Therapy—This Time It's Personal

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A series of articles has recently appeared in which implications of second-order cybernetics for the practice of family therapy have been discussed. In this article, we attempt to advance the discussion by addressing ideas that we think have not been adequately emphasized thus far. Specifically proposed are ideas about conditions that might facilitate the emergence of consciously pragmatic strategy informed by the kind of systemic wisdom that delicately balances natural systems without the benefit of human planning. It is argued that a shift in the personal habits of knowing and acting that typically organize individual human experience is required. After attempting to specify what this shift might involve, implications of these ideas for the practice of family therapy and for human action in general are discussed.

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While first-order (simple) cybernetic thinking has been of unquestionable value in promoting the development of

systemic family therapies, there has been a growing concern in our field over the limitations of a first-order perspective. The basic concern centers on the idea that in first-order cybernetics the observer remains outside of or apart from the system being observed, and is viewed as being in a position to facilitate adjustments in the system without taking into consideration the observer's participation in the system. The potential danger is that an exclusive first-order approach may lead to an overemphasis on conscious control.

In recent years we have witnessed the development of a second-order cybernetics, sometimes called cybernetics of cybernetics, which concerns itself with complex layers of cybernetic process and addresses recursive connections between systems, including the connection between the observer and the system being observed (1-4, 13). Second-order cybernetics in no way replaces the validity of first-order cybernetics. Rather, they are related in complementary fashion. Ideally, pragmatic strategies gleaned from first-order thinking are contextualized by the aesthetic concerns of second-order cybernetics.

From the perspective of second-order cybernetics, the living world is viewed as organized in recursive layers of autonomous systems that are related through feedback structure, and are self-generating by nature. If left alone, these systems will balance and heal themselves. The appear-

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ance of a symptom may be viewed as an indication that a system is adjusting itself, likely due to a disturbance created by an escalation of one of its variables (10). Bateson (1) believed that in human systems such disturbances are often a direct consequence of conscious attempts on the part of individuals to divide whole systems into separate variables, and to maximize certain variables at the expense of others (for example, mind against body, "us" against "them"). Bateson pointed out that, while higher order ecosystems will continue to balance themselves no matter how badly they are tampered with, there is a level of disturbance at which corrections may be triggered that are themselves deleterious. For example, the problem of excessive population will eventually be corrected by starvation.

From this perspective, the task of a therapist is to participate in treatment systems in a way that facilitates adjustment before more serious measures are required. The difficulty is to find a way to use conscious strategy in this regard without falling into the same trap as have other participants in the system: controlling certain variables at the expense of others, triggering yet higher-order corrective measures. The therapist must discover how to participate in systems in a way that promotes systemic self-control, rather than control consciously engineered by specific individuals.

The coupling of pragmatic strategy with aesthetic wisdom is perhaps the major emerging concern for therapists who seek to be responsive to insights of second-order cybernetics. Keeney and associates have done much to bring these issues to the attention of family therapists (10-12). More recently, Hoffman (8) has echoed Keeney's concerns about a narrowly pragmatic focus in therapy and set forth some ideas about what a second-order family therapy would be like, namely, one in which therapists

give attention to their participation in therapy in terms of power and control. Golann (6) has expressed doubt that Hoffman's ideas will result in a therapy that is any less power-oriented, but he has offered no new parameters for second-order family therapy.

In this article we attempt to advance the discussion about second-order family therapy by addressing some ideas that we think have not been adequately emphasized in discussion thus far. Specifically proposed will be ideas about conditions that might facilitate the emergence of consciously pragmatic strategy informed by the kind of systemic wisdom that delicately balances natural systems without the benefit of human planning. We will argue that a shift in personal habits of knowing and acting that typically organize human experience is required. After attempting to specify what this shift might involve, implications for the practice of family therapy and human action in general will be discussed.

LIMITATIONS OF CONSCIOUS KNOWLEDGE

The arguments in this article are founded upon the assumption that an increase in conscious knowledge of ecosystems will never be sufficient to insure aesthetically informed action. Even if controlled observations could yield certain information about the world (a premise that is rejected by second-order cyberneticians), it is unlikely that we could ever observe broadly and rapidly enough to be able to safely predict the consequences of our actions at all systemic levels. Therefore, while conscious thinking about the effect of one's pragmatic action may be useful as a starting point, it seems a mistake to view it as sufficient. In fact, Rappaport (14) considers that an increased knowledge of systems may actually be dangerous:

Increased knowledge of the elements regulated by lower order controls, and the rela-

tions among them, does not necessarily, or perhaps even usually, lead to more effective regulation. The temptation to meddle, to subject directly to a higher order control the variables ordinarily regulated by lower order controls, probably increases with increased knowledge. But a little knowledge is a dangerous thing. An awareness of the principles of homeostasis does not supply the details of any particular homeostasis, and knowledge of some of the details does not provide knowledge of all. A number of attempts at ecosystem regulation by men informed by some, but apparently insufficient, knowledge of the systems to be regulated have ended disastrously. [pp. 58-59]

Rappaport further asserts that "knowledge will never be able to replace respect in man's dealings with ecological systems" (p. 59), and maintains that great gardeners, political leaders, and psychotherapists are successful not because they know all the details of the systems within which they operate, but because wisdom leads them to *respect* the conditions necessary for the functioning of these systems.

Bateson's "Shortcuts"

Rappaport's ideas come close to those of Bateson, who was concerned with the consequences of using increases in conscious knowledge to develop purposeful strategies to alter patterns within ecosystems. Bateson (1) observed that individual variables within an ecosystem both depend on the presence of other variables for survival and constrain the other variables from excessive growth at the same time. In a healthy ecosystem, there is a tradeoff of constraints so that no one part of the system is constantly minimized and another part maximized. There is passing around of "difficulties" among members or variables in the system. Any conscious, consistent attempt to minimize or maximize a particular variable, action, experience, or pattern may lead to higher-order systemic problems.

Bateson noted that, unlike other living species, humans, aided by heightened consciousness, have an increased ability to design conscious strategy to minimize their share of natural and necessary constraints and maximize experiences or variables they consider more convenient. Bateson maintained that human preoccupation with conscious control is ultimately responsible for the most serious problems that now face our planet. Inventing ways to circumvent natural and necessary constraints or difficulties has become an accepted way of life in western culture. In this century, we have discovered ways to eliminate a seemingly unlimited number of difficulties that humans have had to contend with since the beginning of life on earth. For example, we have found ways to make food taste better and last longer, only later recognizing that our bodies are threatened by harmful chemicals. We have learned how to escape the inconvenience of hot summer days by refrigerating air, later realizing that chemicals used in refrigeration may be contributing to a hole in the earth's protective atmosphere. The more successful we have been at eliminating inconvenient constraints, the more disastrous the repercussions.

Although it is much more difficult to verify through consensus, the same principles can be seen at work in human systems. Individuals who develop strategies to avoid the natural and necessary conflict in relationships frequently develop psychosomatic illnesses over time. Those who avoid the pain of loss by cutting off their negative feelings may recognize years later that they don't feel *anything*. Individuals who devise ways to make others comply against their wishes later suffer the consequences of unacknowledged hostility in return. Keeney (10) has postulated that whenever a symptom appears, one can assume that there has been a conscious and consistent effort to maximize experiences, actions, or patterns that promote the interests of some parts of

a system at the expense of the interests of other parts.

The Human Task

Following the above line of thinking, an important human task is to learn to recognize patterns of consistent, unilateral minimization or maximization of certain variables (experiences, actions, patterns, and so on), and then to attempt to influence these patterns in a way that might facilitate a more natural balance. It can be argued that this is exactly what family therapists have been doing for years, although practitioners seldom use this framework in conceptualizing their work. The patterns that family therapists seek to interrupt generally appear to involve consistent (rigid) maximization of certain experiences and minimization or exclusion of others. For example, a family therapist may notice a family's tendency to minimize conflict, and the therapist may seek to intervene in a way that promotes a natural expression of differences.

The problem with this approach once again involves limitations of individual human consciousness. It is not possible for any human observer to take into conscious awareness the recursive complexity of the multiple levels of systems involved in any problem situation. Further, observations are always colored by the purposes of the observer. What may appear to one observer to be the minimization of a particular variable or experience may appear to another to be a natural and appropriate response to an impossible situation. For example, one therapist might see "conflict avoidance" while another sees a healthy ability to refrain from engaging in self-defeating, emotional battles. In another situation, one therapist may see an unhealthy maximization of parent-adolescent conflict while another therapist, focusing on another level of the system, sees the parent-adolescent escalation as helpful in keeping a more dangerous marital battle

from getting out of hand. In short, individuals are always operating with limited knowledge of the systems they are observing. Unfortunately, action initiated with limited conscious knowledge, however well-intentioned, may actually trigger higher-order problems.

Given this situation, individuals may be inclined to become passive, not daring to intervene for fear of creating more problems. However, being passive may also be ecologically irresponsible. As Bateson has suggested, self-correction in ecosystems takes place through mutual constraint. Individual variables tend toward maximization unless constrained by the presence of other variables. In human systems it is likely that the views or actions of specific individuals are important in constraining views or actions of others that would escalate or dominate in the absence of such constraints. Thus, no view or action of an individual should be prematurely constrained or left unconstrained.

The difficulty is how to know when one has crossed the line from healthy constraint to unnecessary control. Keeney (10) has suggested that the best individuals can do is use their conscious views of ecosystems and responsibly develop actions designed to facilitate systemic balance, and then find a way to open their views/actions to a kind of systemic calibration that operates beyond the level of conscious awareness. Although the family therapy literature is full of guidelines for using conscious knowledge of systems to develop action designed to promote systemic health, little has been said about how individuals might subject conscious strategies to systemic patterns of organization that go beyond the level of conscious awareness.

Something beyond an increase in conscious knowledge of ecosystems is necessary. In fact, it could actually be argued that what is required is a *decrease* in individual human consciousness. It seems

that plants and animals are more directly connected to patterns of systemic wisdom than humans. Many ecologists contend that our planet would be much healthier if human consciousness had never evolved. While there may be a good deal of validity in this statement, few of us are ready to give up our human abilities to think and plan. However, we must find a way to come to terms with the notion that an *increase* in the ability of a system to determine its own adjustments may well require a *decrease* in the determination of individual parts to pursue their own goals.

A SHIFT IN PERSONAL EPISTEMOLOGY

Bateson (1) maintained that "the remedy for ills of conscious purpose lies within the individual" (p. 438), and indicated that perhaps the most important thing that humans can do in this age is to learn a way of experiencing a shift in personal epistemology, or way of experiencing the world. Bateson was quite serious about this matter, and was clear that the shift would necessarily involve more than an increased intellectual understanding of ecosystems.

Bateson (1) indicated that a shift to a cybernetic epistemology would lead to an experience of humility inspired by the realization "that man is only a part of larger systems and that the part can never control the whole" (p. 437). In his last book (3) Bateson explicitly discussed his observations regarding instances when individuals have achieved something of this order of change. In describing such individuals, he used the Scottish word *fey*, which refers to "an elevated state in which many previously unrecognized truths become plain" (p. 170). He likened this condition to the state referred to by Buddhists as "non-attachment," which means freedom from appetitive drives. For Bateson, there was the possibility of seeing through the illusion that more conscious control results in more freedom.

A major thesis of this article is that aesthetic wisdom cannot be accessed apart from a fundamental shift in the personal habits of knowing and acting that typically organize individual human experience, the kind of shift that Bateson alluded to in his later years. Further, we think that it is of little use to consider what specific kinds or classes of actions might promote aesthetically responsible adjustments in human systems without considering what kind of personal habits of knowing or experiencing (epistemology) could enable this sort of action. In the remainder of this article we will consider in practical terms what kind of personal experience might best facilitate the emergence of aesthetic patterns in human systems.¹

AN ALTERNATIVE BASE FOR PERSONAL CONTENTMENT

From our perspective, it seems that a fundamental implication of second-order cybernetic thinking is that humans must find a way to become less determined to reorganize the world to suit their individual purposes. Typical human experience is characterized by an orientation in which individuals respond to difficult or inconvenient situations primarily by attempting to change the situations rather than first attempting to orient themselves so that they will be content regardless of whether the situation changes or not. The more an individual's experience of personal contentment is based on the ability to eliminate or change situations that are personally inconvenient (but perhaps necessary for the health of others), the less likely it will be that the individual will act in ways that

¹The reader may observe that we present our arguments with a considerable amount of conviction or enthusiasm. Indeed, the ideas in this article have become important to us; but we in no way mean to attribute privileged status to them. We are confident that they will be put in proper perspective by those who read them.

facilitate health in human systems. Ecosystemic health will be promoted by individuals who learn to find contentment in the midst of external circumstances that seem less than optimal.

A widely held assumption in western culture is that individuals who are able to reorganize the world to suit their own interests and gain material rewards will be those who are most satisfied. Happy people are thought to be the ones who are able to set goals and pursue them to the finish, those who "get ahead of the pack." The aspiration to maximize one's own interests is generally seen as not only socially acceptable but also as admirable. Most people spend extraordinary amounts of time and energy trying to insure that events in their lives will go in certain directions, and they experience anxiety if things don't go according to plan. This kind of thinking is evident not only in the popular culture but also among certain mental health professionals. Consider a recent television commercial for a book, written by a popular-psychology author, that concludes, "...if you're not getting ahead, you're falling behind!"

A base of personal contentment that is grounded in the ability to change the world inspires action that is "willful." In describing this orientation, Friedman (5) writes:

The most serious symptoms in family life, e.g., anorexia, schizophrenia, suicide, always show up in families in which people make intense efforts to bend one another to their will. Indeed, over the years I've come to see that it is the presence or absence of willfulness that determines the extent to which any initial, abnormal behavior in a family will become chronic. And I have learned that the key to most cases is getting at least one member to let go of their willfulness. [p. 29]

Applying this notion to the therapist, Friedman recognizes that "in almost all unsuccessful cases, the family therapist has been locked into a conflict of wills with his

or her patients that is *identical* to the struggle of wills the family members are engaged in with one another" (p. 29). Friedman concludes that it is "difficult ... to will fundamental changes in any social system, even when it is the most well-meaning, best-educated, wisest members of the human species who are doing the willing" (p. 27).

We think that Friedman's term "willfulness" points to a phenomenon that is centrally related to problems in human systems. In the remainder of this article, we will use "willfulness" to refer to *an orientation in which individuals respond to difficult or inconvenient situations primarily by attempting to change the situations rather than first orienting themselves so that they will be content regardless of whether the situation changes or not.*

A contentment with life that transcends individual circumstances requires the ability to enjoy experiences that do not involve eliminating difficult situations and maximizing personally convenient ones. Individuals must discover ways to derive satisfaction from situations that spontaneously occur in their daily lives *before* they consider changing them. Having experienced a cultural socialization that emphasizes changing the world before one can enjoy it, most individuals have done little to cultivate the ability to enjoy the world as it is.

The experience of being content with life as it is requires that individuals be fully present and attentive to the ordinary happenings of daily life. Typical human experience, however, shifts the individual's attention from immediately available experiences to the task of planning the next move in a never-ending attempt to organize life's circumstances. The more people become preoccupied with changing circumstances, the less they are available to become enchanted with interesting details of life as it passes by. Conversely, the more individuals become attentive to the unique aspects of life

in each presenting moment, the less they will feel the need to change situations previously perceived as inconvenient or difficult.

Not Passive

We do not mean to imply that individuals should stop trying to change situations that seem difficult, inconvenient, or unhealthy. A passive orientation can be as harmful as becoming determined to control. What we suggest is that, as long as individuals *rely* on conscious goal attainment for a base of contentment, their abilities to formulate and carry out ecologically responsible action will be impaired. Their decisions regarding directions for action will be colored by the need they think they have for the world to conform to their expectations. It is possible to engage in vigorous action without being too attached to the intended outcome of the action. It could be said that this sort of action is initiated from a experience of "want" that arises from a realization of the conditions necessary for systemic health, rather than from an experience of "need" that arises from the an inability to enjoy life as it presents itself.

It might be argued that this orientation is cold or heartless. How can one be content while there is pain and suffering in the world? Again, we are not suggesting that individuals be content *and passive* when faced with seemingly serious problems. However, unless action is launched by people whose contentment is not based on the successful outcome of their purposeful action, their well-intended action may lead to worse pain and suffering.

This is not to say that action should be initiated in a passionless way. Most people would agree that some situations in the world are clearly destructive (for example, violations of fundamental human rights). Such situations evoke appropriate reactions of indignation and anger. The experi-

ence of emotion provides an important motivation for action. The strength of emotion accompanying an action is not necessarily related to the probability that the action will lead to systemic health. Rather, health is related to the extent to which individual actors assume that they must have the conditions they are trying to promote in order to be content.

Of course it is possible, and even likely, that action initiated by individuals who are *not* driven by a perceived need to reorganize the world according to their purposes will nevertheless result in systemic situations that are less than healthy. However, few destructive actions are relentlessly pursued in the face of increasing indications of their destructiveness unless they are initiated from a base of willfulness. As all husbands and wives know, confrontation initiated from a determination to change the other does not have the same result as confrontation in which each partner is operating from a posture of open-mindedness.

Many actions that may actually be in the best interest of human communities are opposed because they are zealously promoted by people who seem determined to make others conform to their wishes. How many of us have been offended by the determined efforts of a religious enthusiast or ecology-minded citizen to humiliate us into acting more responsibly? Willfulness is not something that can be covered up by action. You can smell it if not see it; and most people can smell it a mile away and prepare their responses accordingly.

In summary, ecosystemically responsible action requires conscious, pragmatic action that is implemented by individuals whose personal contentment is not dependent upon the extent to which their actions are successful in producing desired outcomes. An aesthetic orientation does not deny the importance of conscious strategy, but it must involve *more than* ecologically responsible, conscious strategy.

IMPLICATIONS FOR SECOND-ORDER FAMILY THERAPY

In considering the implications of second-order cybernetics for family therapy, Hoffman (8, 9) has expressed concern that current family therapies may be overly instrumental. She calls for a second-order family therapy in which therapists move away from designing specific strategies for change, away from giving direct interpretations or suggestions regarding behavioral or interactional changes, away from assessment or diagnosis in therapy, and away from communicating normative ideas regarding systemic health. Hoffman sees a second-order family therapy as moving toward setting a context for change rather than suggesting specific changes, and toward seeking to change premises and assumptions rather than behaviors.

Rather than seeing second-order family therapy as a departure from existing family therapy models, which draw primarily from first-order cybernetic premises, we view first- and second-order family therapies as complementary. A second-order perspective is more encompassing, building upon the insights and strategies gleaned from first-order models. While each existing model of family therapy applies a unique conceptual framework, all models provide maps for defining redundant patterns of interaction in which some experiences, actions, or patterns are consistently maximized and others minimized. A second-order family therapist may draw upon any of these maps in developing conscious views of systemic patterns (including patterns among therapist and family members) while keeping in mind that conscious views alone will never be sufficient to insure aesthetically informed action.

We share Hoffman's concern about therapists becoming too invested in producing specific changes, but we have reservations about the idea of trying to specify ahead of time what general classes of techniques or

actions would more likely lead to aesthetic patterns in treatment systems. Although it can be argued that some types of action (for example, asking questions) may generally be less harmful than others (for example, murder), there are always exceptions; and we think that it would be more productive in the long run to focus not so much on the particular class of action initiated but, rather, on the way action is initiated and on the personal epistemology of the actor.

What might distinguish a therapy based on principles of second-order cybernetics from one based exclusively on first-order cybernetics is not necessarily how directive or nondirective, active or passive, instrumental or noninstrumental, judgmental or nonjudgmental the therapist appears to be; it is more related to the extent to which the therapist is determined to have clients accept ideas or suggestions the therapist proposes. Therapists can avoid problems of too much instrumentality not by becoming less specific in formulating and sharing opinions or giving suggestions but, rather, by giving attention to how much their personal experience of contentment is dependent upon their success in getting clients to accept the opinions or suggestions they give in therapy. Second-order family therapists will continually recognize and acknowledge that their views are not objective or "true" in any determinable way, but, rather, that they are constructed from the limited (but important) viewpoint of the therapist, and that clients should feel free to disagree. However, second-order family therapists will recognize that their ideas and suggestions may be helpful if heard, and they will not hesitate to share them.

Following our earlier discussion of how natural systems achieve balance through mutual constraint, a therapist who is too passive could be just as harmful as one who is too active. For a treatment system (therapist plus family) to self-correct, each mem-

ber should be given the opportunity for full expression. It may often be the case that the therapist's ideas provide calibration or correction to ideas of specific family members that are being consistently maximized or minimized in a system that is losing balance.

Further, we think that concerned therapists cannot avoid developing specific ideas about what kind of interactions might lead to greater health. Nor can therapists avoid making normative judgments in connection with their views. Even the view that one should not have a view implies a preference. Second-order cybernetics implies normative ideas regarding health (that is, health is characterized by the balance of diversity in an ecosystem) that can be used by therapists to formulate ideas about directions for change in the systems in which they participate. We agree with Golann (6) that normative ideas and preferences will likely be communicated in therapy no matter how subtly or indirectly, and we consider it best for the therapist to be in touch with these values and communicate them directly.

As second-order family therapists formulate specific ideas and strategies for change, they will above all continually monitor their own personal investment and determination to produce a change, asking themselves questions such as: "Do I enjoy being with my clients even if they don't accept my views or suggestions?"; "Am I determined to make them see it my way?"; "Am I considering the possibility that my view could be misguided?" In doing so, second-order family therapists seek to engage fully in a goal-directed treatment process without becoming too attached to outcomes. Therapists will develop the ability to enjoy the experience of being with their clients before they begin to facilitate a change, and regardless of whether the clients accept their ideas or not.

Although a change in a therapist's level of willful determination to get clients to act or think in specific ways may result in a change in the typical kinds of action the therapist initiates in therapy, this may not always be the case. Consider the following example. Most therapists recognize from time to time that they are involved in sequences in which their repeated attempts to convince family members to accept their views or suggestions are failing, and that further efforts will likely result only in more "resistance." In these situations, therapists often become frustrated and angry with family members. Upon recognizing the futility of the situation, one therapist might decide to stop trying to get family members to accept his suggestions because he suspects that if he backs off, the clients will more likely do what he wants than if he continues in a power struggle. This approach might exemplify what Hoffman (8) has referred to as "going one-down to be one-up" (p. 382). The therapist has discovered a more clever way of getting clients to do what he wants them to do.

Another therapist, however, might go "one-down" for different reasons. This therapist might recognize that her rising anxiety and frustration could be an indicator that she has become too invested in getting the clients to accept her views or suggestions. This therapist may decide to stop trying to convince family members to change because she believes that action initiated from a base of personal willfulness will ultimately not promote health in the systems in which she participates, regardless of whether she is successful in getting the clients to change in specific ways or not.

Each of the therapists may end up *acting* in similar ways and getting more cooperation from his or her clients, but we believe that the second case will likely result in greater systemic health in the long run. The difference is in the therapist's attitude

or personal orientation rather than external behavior.

Thus, as we see it, a second-order family therapy does not require the rejection of any existing first-order family therapy model or the development of a new generation of "second-order techniques." Any existing family therapy model can be applied in a way that is or is not consistent with the implications of second-order cybernetics. The personal habits of the therapist are more relevant than the particular model of therapy or class of techniques.

Beyond "Family" Therapy

Throughout this article we have emphasized that, while a second-order perspective may draw upon conscious strategy, it requires more than conscious strategy. We have argued that second-order family therapists must address their own experience of willful determination to change their clients. It follows that second-order therapists will also be interested in addressing the same kind of determination experienced by individual clients.

An important distinction can be drawn between the consistent maximization or minimization of specific variables in a system and the consistent *determination* to maximize or minimize. We have proposed that the consistent determination to maximize or minimize specific variables is a more fundamental problem than any particular pattern of maximization or minimization. It seems to us that individuals informed by second-order cybernetic thinking will be concerned with addressing both levels. On one level, they will seek to address what they perceive to be problematic interactional patterns. On another level, they will seek to address the premises and assumptions that lead to the patterns they have defined as problematic.

An example of the distinction between levels of focus can be seen in a case in which a father and son are engaged in a battle of wills. Many family therapists would seek to

alter sequences of interaction in which father and son attempt to control each other. One intervention might include trying to facilitate a reversal in the behavior of one of the individuals. For example, rather than taking a one-up position with his son, the therapist might suggest that the father take a one-down position in the midst of conflict. The therapist might be able to convince the father that the son is more likely to do what the father wants if father backs off. In this case, the therapist teaches the father a more effective way of getting what he wants from his son. The result is that the sequence in which father was actively attempting to maximize his interests over those of his son is interrupted.

A second approach might directly address father's assumption that son must act according to father's standards in order for father to be content. The second approach differs from the first in that the focus of the therapist's concern is on the assumption behind the sequences of control as well as the sequences themselves. Both approaches might end up in a change of basic interactions between father and son. However, the level of systemic change is different. We propose that a systemic therapist will be interested in both levels, although the level directly addressed in therapy may depend upon the level of change the clients are interested in or are willing to consider.

CONCLUSION

We have addressed what we consider to be necessary conditions for the emergence of aesthetic patterns in human systems. These conditions involve conscious modeling of systemic process, formulation and implementation of action based upon conscious models, recognition of the limitation of conscious models and strategies, and a shift in personal habits of knowing and acting (epistemology) that leads to an experience of less personal willfulness.

These ideas apply to human action initiated at any systemic level. For example,

when considering the level of the individual, those informed by a second-order cybernetic perspective will be concerned with patterns encountered when individuals divide their own experience into separate parts and then consistently try to exclude certain parts of their experience and maximize others (for example, exclusion of expressions of affection or grief). At another level, patterns will be addressed that result from the tendency of individuals to divide themselves from their natural environments and consistently maximize variables experienced as convenient to them, but minimize the interests of other participants in the systems (for example, plants and animals).

Many broad cultural patterns of minimization/maximization also seem apparent. The rights of women and minorities are minimized. The rights of the affluent are maximized. Clearly, social action is needed and, many times, vigorous action. Individuals informed by second-order cybernetics will seek to define unhealthy patterns and initiate action directed toward restoring balance. However, these individuals will recognize the self-reference involved in their observations, and will continually monitor their own level of willful investment in producing a change.

As we wrote this article, we experienced the dilemma we have attempted to articulate. The article represents action on our part that may potentially lead to ill effects, even though our conscious intentions are to the contrary. Thus, we must ask ourselves: How determined are we to have people accept our ideas? Are we open to the possibility that our views could be misguided? Do we feel a need to be "right"? Will anxiety surface if this article isn't published? Although such questions can

probably never be answered with certainty, we have a growing conviction that it is precisely these kinds of questions that must be asked and addressed personally by those seeking to initiate action within our discipline.

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Beyond Cybernetics: Comments on Atkinson and Heath's "Further Thoughts on Second-Order Family Therapy"

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All things are to be examined and called into question. There are no limits set to thought.

—Edith Hamilton
The Greek Way

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WE appreciate the invitation to respond to Atkinson and Heath's (3) thought-provoking article. Our response allows us an expansion of the many conversations that we have had with others and with each other. Although our comments are in the spirit of an opening dialogue, we realize, just as Atkinson and Heath point out in their footnote, that our attempts to open dialogue sometimes end up being regarded as rhetorical.

In their article, Atkinson and Heath join a growing number of therapists and clinical theoreticians who are struggling with and challenging some familiar, cybernetically based, family therapy concepts (1, 2, 8-10, 12-14, 17-20). All of these authors debate or take issue in some form with the limits and consequences of cybernetic systems-based family theory and practice. The issues have included concepts such as first-order versus second-order cybernetics,

power versus control, aesthetics versus pragmatics, instrumentality and intervention, normative versus pathological, homeostasis, change, change in behaviors versus change in beliefs, gender-organizing principles, therapist position vis-à-vis change, therapist expertise, and therapist values, to mention a few. A central feature to this debate is the concern over the therapist's role. Do we, and are we able to, change others and thus exercise power, or do we not? Do we run the grave risk of promoting systemic dis-ease if we control certain parts of the system at the expense of others?

In their article, Atkinson and Heath (3) enter this critical theoretical arena by addressing two main concerns: (a) *the dilemma of the either/or issue of first-order and second-order cybernetics*, and (b) *the therapist's role in promoting the cybernetic notion of systemic health that necessitates a change in the therapist's personal epistemology*. They address these concerns by advocating a therapy that is not based on "either" first- "or" second-order cybernetics but, rather, a therapy that is based on a cybernetics that includes a complementary relationship between the two perspectives. They highlight the importance to them of the cybernetic notion of systemic health. This is a state in which natural systems achieve balance and diversity through mutual constraint. These con-

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cepts combine to form the platform from which they advocate a therapist position that represents "ecosystemically responsible action" and that leads to aesthetically informed "pragmatic action" (p. 151). They rightfully suggest that this position is difficult. Atkinson and Heath are very clear about the seductive power of our human (perhaps modernist) tendency to attempt to willfully determine (p. 154) or influence the direction of therapy toward an outcome that is a therapist-informed, pre-known, and usually normative outcome.

As an alternative, they advocate a therapist position that is based on what they call "systemic wisdom" (p. 146). In short, a systemically wise therapist is less willfully determined and is less occupied by a wish to change a system. A systemically informed therapist is more content to be less attached to a desired or perceived favorable outcome. This nonattachment is described as the key to facilitate movement of a disturbed system toward systemic health, and it acknowledges the potential in all systems toward self-correction or self-healing.

In taking this position, Atkinson and Heath admirably anticipate the challenges of skeptics who may view these ideas as solipsistic in nature, or as denying that a therapist's knowledge cannot "not" influence. They are quick to say that they do not mean to indicate that being a systemically wise therapist is the same as being a passive or a passionless therapist. Their position does not, for example, condone human conditions such as child abuse (our attribution). Their main points, they iterate, are that the therapist should not purposely try to move a system in any one direction based on therapist knowledge and good intention, and that "ecosystemically responsible action requires conscious, pragmatic action that is implemented by individuals whose personal contentment is not dependent upon the extent to which their actions

are successful in producing desired outcomes" (p. 151). They further emphasize that "aesthetic orientation does not deny the importance of conscious strategy, but it must involve *more than* ecologically responsible conscious strategy" (p. 151). Therapists, they imply, must always have intentions and values, but not be unhappy or discontented if they cannot enforce them.

The problem then, according to Atkinson and Heath, is how to participate and not to control. They suggest that it is neither that therapists must control nor must not control. Instead, they propose that therapists should consider other things, namely, to have a conscious, pragmatic strategy that is informed by systemic wisdom. This is purported to be the delicate balance between natural systems without human planning. In short, it seems to be a position between Golann (12) and Hoffman (18). It involves a limit on knowledge, a position that requires a shift in personal epistemology toward what the Batesons (7) called "*fey*," a kind of state of Buddhist nonattachment.

It is interesting to note that this state of "*fey*" and the condition of Buddhist nonattachment is surprisingly similar to the Hellenist philosophy of Stoicism. Stoic philosophers also advocated the necessity to give up the personal need for power and to move with nature. Doing good consists in acting in accord with nature, in being in harmony with the totality of reality. Our desires, according to the Stoics, should be identical with the providential plan for the universe. Nothing should be out of balance. For the Stoics, and apparently for Atkinson and Heath and the Batesons, "fools" would be those who try to impose their selfish desires on reality. Such foolish imposition results only in unhappiness and unfreedom (read symptoms). Stoicism is an interesting position that is quite close to the change in personal epistemology proposed by Atkinson and Heath. It is important to realize

that Stoicism does not require a cybernetic epistemology for its advancement.

In practice, what the authors (and the Stoics) propose is that we must give up the determination to reorganize the world to suit our purposes. The authors, like Freidman (11), define willfulness as an orientation in which individuals respond to difficult or inconvenient situations primarily by attempting to change the situation rather than first orienting themselves so that they will be content regardless of whether the situation changes or not. In clinical practice, this means that the therapist should be pragmatic and try to bring about change, but that his or her contentment should not depend on success (Stoicism?). The therapist should come from a normative position, should have a view and values, but not try to enforce them or think that his or her way is the better way. The therapist should be humble in the face of fate.

We find the ideas put forth by Atkinson and Heath to be a fresh, well thought-out attempt to think through an increasingly important series of issues. They are to be commended for their attempt to avoid the dichotomous separation of first- and second-order cybernetics and to bridge the debate in the field about power and control versus nonintervention. We generally agree with Atkinson and Heath on many main points, such as the necessity of not knowing, of not trying to change, of giving up the determination to impose our view, and of the necessity of changing one's personal epistemology. We particularly agree with their suggestion that the therapist must give up the need to produce a mandated outcome. We, however, take this somewhat further and suggest that in therapy we are always moving toward what is *not yet known* (1, 15). In summary, we find substantial agreement with the thrust of their ideas, but we are in serious disagreement with their explanations.

Our basic critique of this article is that Atkinson and Heath do not go far enough. Their position leaves the debate in the realm of cybernetics. We believe, as we think Bateson later did, that the language of cybernetics is not appropriate or sufficient to deal with the issues of human systems and therapists' work with them. We have found cybernetic language especially inadequate to deal with the increasing struggles and dissatisfactions with the limitations and consequences of translating concepts such as therapist knowledge, symptom functionality, normative ideology, and intervention into the domain of therapy.

Take symptom functionality, for example. Atkinson and Heath think of a symptom as a self-adjustment or correction in the system, a self-healing process in response to a lack of balance. When symptoms occur, when some part of the system gets too enlarged or out of place, the system will self-correct. They suggest, for example, that over-population will lead to starvation and, thus, a balance. No matter how deleterious the effect, a system will self-correct, self-heal, and move to a condition of systemic health and balance.

This premise of systemic wisdom, or the Batesonian idea that there is a natural and aesthetic (correct) way for things to be, seems quite parallel to Parsonian ideas of social-systems teleology. According to Parsons (21, 22), social systems are driven to some natural condition of balance and growth. This meta view of social science, as we have pointed out before (2), is both a normative and pathologizing premise. It assumes that there is a way that things should be, some kind of natural order; and, perhaps more dangerously, it implies that there is a pathology independent of human intention. This latter is, of course, implicit in the very notion of an epistemology since this suggests that there is an ontology to be known. We think that this is why Bateson

took the position that the idea of symptom functionality is not too useful in the clinical arena. In his "Forward" to *Double Bind* (Sluzki and Ransom, 1976), Bateson (5) stated:

However well intentioned the urge to cure, the very idea of "curing" must always propose the idea of power. . . . We were inevitably stupid-bound, like the protagonists in a Greek tragedy, to the forms and shapes of processes which others, especially our colleagues, thought they saw. And our successors will be bound by the shapes of our thought. . . . I was bored by and disgusted . . . by my colleagues' obsession with power, by the dumb cruelty of the families which (as we used to say) "contained" schizophrenia, and appalled by the richness of the available data. "Mussen wie *alles* ansehen." "Must we look at everything?" said the German girl as she climbed the steps to enter the British Museum. [pp. xii-xiii]

We believe that in order to avoid the black holes of many familiar family therapy concepts and to avoid the either/or dilemmas of their implications (power versus no power, intervention versus nonintervention), it is necessary to abandon the core concept of cybernetics itself in our attempts to inform and describe therapy. We believe that the issues of power and control, of intervention, and of curing (to use Bateson's term) are all implicit in cybernetic epistemology.

We would, in major ways, agree with Golann's (12) general premise that so-called systemic therapies as expressions of second-order cybernetics have intrinsic problems with the concept of the therapist's power, control, and responsibility for the direction of the reparative action. We would add, however, that it is difficult, even impossible, to move beyond the issue of therapist power, direction, and control when our therapy is informed by the metaphor of cybernetic epistemology. It seems to us that, for clinical practice, Golann's claim

that the systemic therapists are denying the issue of interventive direction and control is a result of the basic concept of control theory. Mechanical control is the underlying metaphor of cybernetic epistemology.

For Golann, this aspect of control and power is essential to the process of therapy and must be accepted and used. For us, and it seems for Atkinson and Heath, this position is unacceptable. We are required to reject the concept that therapy is the exercise of power and control in a beneficent fashion. We also reject the position that power and control are essential concepts either to the understanding or the practice of the therapeutic process. Still further, we reject the assumption that control and direction are necessary for the therapist to behave in a responsible clinical manner. However, we would agree with Golann (12) that in too many ways the so-called second-order cybernetic therapists deceive themselves when they assume that they hold a position that makes it possible to assume a nonhierarchical position and to abandon the use of therapist power. We disagree with Golann that therapy must involve the use of power. To the contrary, we hold that this is so only when we remain within the cybernetic paradigm of control theory. Cybernetics, first- or second-order, is at its base a theory of ordered control. We can attempt to soften the control or to make it more gentle and kinder through a second-ordered cybernetics, but it is, as Golann points out, still control. We would add to this limitation the further thought that when we speak of observers, whether in first- or second-order positions, we limit meaning to the head of a single person. For us, it is more useful to think of meaning, the human mind, as an intersubjective phenomena. This is a concept that the cybernetic paradigm cannot describe.

When Bateson (6) talked of the "news of a difference" (p. 29), we believe that he was

moving into the world of human meaning and out of the world of mechanical cybernetics. This is certainly one of the implications of his work in *Mind and Nature* (6), namely, that evolution is a mental process. How these issues were then elaborated in *Angels Fear* (7) is still a matter of considerable debate but they were certainly different than the issues of symptom functionality or mechanical cybernetics. It is our interpretation that the use of what may be thought of as "spiritual" concepts in Bateson's later work represented his attempts to deal more directly with the issues of the generation of human meaning and the intersubjectivity of mind. We believe this was a continuing movement on Bateson's part to free himself from the limitations of mechanical and scientific cybernetic theory.

In response to our frustrations with many of the family therapy concepts and the resulting either/or dilemmas, we have found ourselves moving away from the patterns of cybernetic theory to what we call a "post-cybernetic" interest in human meaning, narrative, and story. We see a basic limitation in cybernetic thinking to be its inability to conceptualize humans as embedded in cultural practices and in conversation with each other. This limitation prevents us as clinicians from seeing our clients as people who think and construe, understand and misunderstand, have agency and intention, and who guess and interpret (1).

In the pursuit of these interpretive and hermeneutic approaches, we have developed ideas that move our thinking about therapy into the domain of shifting systems that exist only in the vagaries of discourse, language, and communication. Our position leans heavily on the premise that human action takes place in a reality that is created through social construction. This is a world of human language and discourse, and not the world of cybernetic control and observed patterns. We see therapy as a linguistic event that takes place in what we

call a therapeutic conversation. The therapeutic conversation involves a mutual search and exploration through dialogue (a two-way exchange, a crisscrossing of ideas) in which new meanings are continually evolving toward the "dis-solving" of problems and, thus, the dissolving of the therapy system and what we have called the problem-organizing problem-dis-solving system (1). Change is the evolution of new meaning through the narratives and stories created in the therapeutic conversation and dialogue.

For us, a move from the domain of cybernetics into the domains of semantics and human meaning gives relief from the many problems generated by the cybernetic paradigm. For instance, the dilemma of the individual versus context, individual versus family therapy, the problems of the larger system, and, importantly, the problems of power and control and intervention versus nonintervention, can all be viewed from totally different perspectives. They become, in fact, nonproblems. In our opinion, much of what is called the use of therapist power and expertise can be simply reduced to the rhetorical use of language, that is, the use of language to influence and persuade. Issues of reframing, positive connotation, therapeutic strategies, and the confrontation of narratives in order to deconstruct old narratives or to provide new narrative possibilities, are all examples of rhetoric as opposed to the dialogue that we believe is essential to a therapeutic conversation. For us, psychotherapy is in a conversational domain, and the art of psychotherapy is a conversational art. The theoretical base that informs and develops the vocabulary of understanding for therapy should reflect this position. Our thesis is that a clinically responsible and effective position can evolve from a science of narrative and semantics.

We do not mean to imply that in dialogue the therapist is not influencing. When ther-

apist and client are in dialogue with each other, they must influence each other. This influence is not an expression of a linear use of hierarchical power by the therapist. The difference in is the intent. In a therapy based on the kind of dialogue that we are talking about, the therapist's intent or aim is to influence the creation of and facilitate an intersubjective conversational process. The natural consequences of such a process is change. In such a process, both the client and the therapist are at risk to change. We believe this position goes far beyond the attempt outlined by Atkinson and Heath not to have one's competence moored in winning or having one's way. What is critical to this position is the therapist's exposure to change through the process of dialogue.

If the emphasis is shifted to the client and therapist, and to the shared influence of both on understanding, then understanding and meaning becomes a function of both. They participate in a shared developmental process. From this perspective, client and therapist are seen as mutually creating meaning, and mind becomes a mutual intersubjectivity. Therapist and client come together in dialogue and neither maintains an independent meaning structure that works only in an interactive fashion. In effect, they generate a dialogically *shared domain* of meaning that belongs to the moment and *in* (and only in) the therapeutic conversation. A new world, a new narrative, a new story is created. The client and therapist do not create an interactive and dialectic situation. Rather, they combine meaning in the moment of mutually created, new understanding. It is an understanding that exists only at the moment and continues to change throughout time. Meaning, understanding, and language never remain static in dialogue. They are always becoming history on the way to change.

We think that the task of clinical theory may be thought of as an attempt to develop a powerful language of description in order to be able to talk about the human world of meaning as experienced by people. We want to talk about this with each other and with those we call our clients. The language of psychological and cybernetic theory makes this task always difficult and often impossible. The language best suited to doing therapy does not have to be invented. It already exists in the ordinary language of explanation and the narratives of self-description of our clients. If we use the expertise of their language, and if we learn to move in the narratives of their first-person stories, then we can work in a world that journeys far from where we are and yet is close to where they are. As therapists, our expertise is in being able to accomplish this narrative adventure. Our expertise is not in seducing, constraining, or coercing clients to think, understand, and explain their behavior in the foreign language we call cybernetic or psychological theory.

The price paid for this capacity, this joining the world of human meaning, is the loss of the universal "certainty" found in the more usual methods of therapeutic inquiry. Like Atkinson and Heath, we do not find this certainty useful. However, we feel that our position is very different from the position of "fey" or "non-attachment." Dialogue and conversation require active involvement. For us, the gain is the shared understanding. Meaning is high for us and for those with whom we work. We should not, however, lose sight of the obvious, namely, that the clarity, precision, and certainty of traditional cybernetic inquiry is just as illusory as any other kind of understanding (including narrative understanding). Understanding therapy from the position of conversation and dialogue helps us to generate the kind of first-person narrative that stands a remarkably high chance of maintaining contact, coherence,

and continuity with the experiences of our clients, and our own experience as well. This contact and continuity with experience holds the promise of promoting the kind of dialogue that provides the maximum opportunity for changing narrative and, thus, more open futures. This is what change in therapy is about. In open dialogue all parties change.

This way of thinking about therapy avoids the normative categories of traditional understanding, avoids the issue of therapist power and control, and permits an understanding more sympathetic to how we experience our humanity and our being. We suggest that this is more properly the change in personal "epistemology" urged by Atkinson and Heath. The only change we would make in this strongly presented and appealing position is that, in the hermeneutic tradition, we would substitute the word "understanding" for epistemology.

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THE LIMITS OF EXPLANATION AND EVALUATION

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We appreciate the thoughtful comments that Anderson and Goolishian (1) have made about our paper, and find the implications of their ideas stimulating and profound. We have been particularly influenced by their insight into the central role of linguistic explanation in shaping what is experienced as reality. In what follows, we address what appear to be some misunderstandings, and clarify what we perceive to be differences between their ideas and the ones that we currently prefer.

First, we did not intend our article to be about cybernetics. Some of our conclusions were arrived at by following the implications of cybernetic thinking, but the conclusions do not depend on cybernetic explanation for validation. Many individuals have reached similar conclusions without the aid of cybernetic explanation (3). Our intention was not to promote cybernetic explanation but, rather, to propose that all explanation is limited—cybernetic explanation included.

Anderson and Goolishian criticize cybernetic explanation, yet it appears to us that they maintain an unwarranted confidence in the process of explanation itself. The elevation of rational understanding is a central part of the Western intellectual tradition, which teaches us that reality consists only of that which can be explained or talked about—confusing the map with the territory. Anderson and Goolishian apparently have elevated explanation one step farther by implying that there is actually no territory, only linguistic maps. They have suggested that reality exists

only in the realm of discourse, language, and communication, and propose a therapy in which the primary goal is to develop linguistic explanations. We think that, to the extent that clients are encouraged to assume that they must adequately explain life before they can have a satisfying experience of it, they have been misled.

It is possible to develop the ability to relax and accept life *while* developing explanations (or engaging in any other activity). Typical human experience involves a kind of "tunnel-vision" pursuit of goals, one that promotes preoccupation and cuts individuals off from present experience. This cutting-off of experience creates a sense of need, a feeling that something is missing. What is missing is full, ongoing awareness of life as it happens; but the sense of need is generally responded to with more tunnel-visioned pursuit, which leads to further restricted awareness, a greater sense of need, and so on.

We have observed that individuals who fully develop the ability to maintain awareness of life while in the midst of goal-directed activity have a growing satisfaction from a more vivid experience of the process of life itself. Correspondingly, such individuals often experience less need to understand or reorganize life in particular ways. They still pursue understanding and change, but the pursuit is characterized by an experience of being less driven. As individuals become less preoccupied with specific outcomes, they become more fully attentive to and engaged with the process of life.

Anderson and Goolishian seem to have understood our suggestion that it is possible to develop an orientation characterized

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by an experience of less need to organize life according to individual interests. However, in likening our ideas to Stoicism, they have misunderstood our suggestions about the process that might facilitate this sort of orientation. Stoicism encourages overcoming selfish desires with reason and will power. While the goals of the Stoic have changed from the pursuit of selfish gain to the pursuit of virtue, the process of pursuing remains the same. In our view, Stoicism usually involves a kind of "tunnel-vision" pursuit of virtue. In the language of our original article, Stoicism promotes the willful pursuit of nonwillfulness. This orientation encourages individuals to suppress or become inattentive to aspects of their moment-to-moment experiences that are unwanted. As Stoics separate themselves from full contact with their present experience, the result is only more of the sense of need that they are trying to overcome. In contrast, the orientation we are exploring encourages individuals to accept and remain attentive to the full range of their experience while pursuing various goals, regardless of which goal is being pursued.

Anderson and Goolishian have stated that they generally agree with the thrust of our ideas. We take this to mean that they would agree about the importance of maintaining full awareness of experience during the process of pursuing explanations. In fact, it seems likely that they may be facilitating the same process with their clients that we have attempted to describe. But Anderson and Goolishian go farther and imply that this process cannot be promoted by a therapist who has normative ideas about health, particularly normative ideas implied by cybernetics. They object to the idea that there may be explanations that could be useful across a variety of contexts (for example, cybernetics explanations), preferring to assume that a new understanding is required for each situation.

We do not think it is possible for therapists to avoid normative thinking about health. All therapists enter therapy with preferred assumptions about health. It seems to us that Anderson and Goolishian's position itself implies a number of assumptions about conditions that will most likely promote health. For example, they apparently assume that health can best be promoted through the process of evolving new linguistic descriptions of troubling situations. They seem to assume that therapeutic contexts that facilitate mutual search for meaning are in some sense healthier than other contexts that do not emphasize this kind of activity. Presumably, Anderson and Goolishian's conversation with us models the kind of approach to human conversation that they consider helpful. But in the context of our conversation, it seems clear that they prefer their own explanations to ours, and imply that therapy that draws on narrative science will be in some sense better than therapy that draws on cybernetics.

Perhaps Anderson and Goolishian are not objecting to the idea of therapists having normative preferences but, rather, to an assumption that often accompanies the communication of preferences, namely, that the therapist's views are based on privileged knowledge of "the way things really are" rather than simply being the therapist's best attempt to make sense of ongoing happenings in the world. Cybernetics no more assumes privileged knowledge of the world than do Anderson and Goolishian themselves. In fact, second-order cybernetics specifically proposes that all explanations are uncertain, limited by self-reference. Anderson and Goolishian imply that therapists cannot use cybernetic thinking without "seducing, constraining, or coercing clients to think, understand, and explain their behavior in the foreign language we call cybernetic or psychological theory" (p. 162). We disagree, and think

that explanations can be used in a variety of ways. It is possible tentatively to hold and communicate preferred ideas (cybernetic or other) while acknowledging that the ideas are just preferred by the therapist, and not the "truth."

For us, the relevant issue is not whether therapists should enter therapy with preferred views about health (we think all therapists enter with preferred views), or whether therapists should communicate them (they always do, either directly or indirectly), but, rather, the extent to which therapists assume that their preferences are (in reality) the best ones, and the extent to which therapists close themselves off to the possibility of being influenced or changed by the perspectives of their clients. The potential problem with preferred ideas is that they can easily be held and communicated as *more* than preferences; therapists may represent them as truth and inappropriately influence clients into accepting them, even if they don't intend to do so. Anderson and Goolishian recognize the potential for this problem when they say that "in too many ways the so-called second-order cybernetic therapists deceive themselves when they assume that they hold a position that makes it possible to assume a nonhierarchical position and to abandon the use of therapist power" (p. 160). Good intentions, although important, are not enough.

Anderson and Goolishian suggest that the problem of power can be resolved by abandoning cybernetics as an explanatory model. They hold that when you stop describing therapy (or life, presumably) in terms of power, power isn't a problem anymore. Anderson and Goolishian apparently assume that reality exists *only* in the realm of shared ideas. In this way of thinking, if you agree that power isn't real, it isn't. We find this reasoning unsatisfying, and prefer to think that there are actually happenings that occur between people in

specific situations, and that they actually occur regardless of how you describe them. You can describe them in terms of power or in terms of any other alternative, but there are some things that happen between people that should be evaluated in a "better/worse" fashion by those who recognize the subjectivity (but importance) of their evaluations. Opinions and judgments in these situations are helpful. Of course, we cannot know with certainty what actually happens between people. There are a multitude of ways to give meaning to what happens, and we must choose carefully (2).

We have found cybernetic thinking to be a valuable resource that we can bring to our clients for consideration as they create meaning in their lives. In our view, the characterization of cybernetics given by Anderson and Goolishian is not representative of contemporary cybernetics. Cybernetics asks us to look at life as interconnected and proposes that we evaluate any idea or action with an eye toward how the idea or action may interact with the rest of the world. Cybernetics challenges modern society's preoccupation with conscious control and questions the certainty of all explanation (including cybernetic explanation), and leads to the possibility of resolving differences through dialogue and compromise rather than by claiming privileged access to external evidence. In our view, cybernetic thinking has promoted some of the most responsible ecological and humanitarian decisions the earth has seen in recent years.

In summary, we think that explanation and evaluation are essential and important aspects of human experience. Neither explanation nor evaluation can be avoided, even by those who intend to do so; explanations and evaluations are always pursued in the absence of certainty. This does not imply that we should try to avoid explanation or evaluation but, rather, that we could develop an appropriate way of pursuing and holding explanations and evaluations that

is suited to our predicament of uncertainty. We have suggested that this "way" could involve an increased interest in (and openness to) the preferences of others, and that this kind of increased openness occurs as a by-product of a personal orientation in which individuals develop the ability to maintain a vivid awareness of their moment-by-moment experience. We have observed that those who develop finely tuned sensitivity to the ongoing, ordinary magic of everyday life find themselves deeply satisfied without needing to be certain of their explanations, and without needing to have others think and act like themselves.

Finally, we want to remind readers that we do not assume that we have accurately represented Anderson and Goolishian's ideas, although we have tried our best. To the extent that we have misunderstood, we apologize to our colleagues. And to the extent that we may have inadvertently

implied privileged status to the ideas we have suggested, we apologize as well. Although we currently prefer the views we have proposed, we do not see ourselves as being in a privileged position for evaluation.

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