

Knowing of the Third Kind

The Worrybox

The paradigm shift that led to concepts like postmodernism allowed therapists to break out of the ocular metaphors of the past and engage with other sensory channels. When I first encountered the Bateson group in the '60s, the main modality was that of vision, perspective, view. In the '80s, I moved out of this channel into one of listening and voice. Carol Gilligan's work supported this more connected style and a new politics of voice, which spread to any silenced group, came into play. I also became aware of the limits of what linguist Walter Ong (1982) has called "the consciousness of literacy," as opposed to "the consciousness of orality." I began to question the "three Ts"—teachers, training, and texts—that academic and professional fields have built on since Aristotle.

Now I am aware of another shift. I find that I am using a channel that has to do with sensed feelings and emotions—not the within-person kind bequeathed to us by individual psychology, but something more like an underground communication system. Being touched or moved, sending signals, receiving images, this is the vocabulary that keeps beckoning to me now. When I first saw Tom Andersen work, I knew that we were going into a more kinetic space, and I began to shape my work in that direction too, but there weren't many people putting this into words.

For this reason, I was grateful to John Shotter (1993a) for tackling this problem head on. Shotter was inspired by a passage by 18th-century thinker

Gianbattista Vico (1968), who wondered why philosophers were so concerned with nature, which only God knows, to the neglect of civil society, which is something men should know. Shotter, looking for a way to describe what goes on in our day-to-day social life, struggles for a language that as yet does not exist. Into this space, he launches the concept of "knowing of the third kind":

It is not theoretical knowledge (a "knowing that" . . .) for it is knowledge in practice, nor is it merely knowledge of a craft or skill ("knowing how"), for it is joint knowledge, knowledge-held-in-common with others. It is a third kind of knowledge, *sui generis*, that cannot be reduced to either of the other two, the kind of knowledge one has from *within* a situation, a group, social institution or society . . . (1993a)

Shotter states that the experience people have when performing together on a ouija board is typical of the joint knowledge he is trying to describe. It is "an unbroken flow of responsivity," all the more difficult to study because it relies on "oral, preliterate (but not pre-linguistic) non-conceptual, non-logical, poetic, rhetorical forms of communication . . ." (1993b, p. 63).

To clarify further this third kind of knowing, Shotter refers to Vico's (1968) example of the experience of thunder in a preliterate society. One person feels afraid and sees that other people show the same emotion. It occurred to me that what Shotter calls a "moment of common reference" resembles the signals that occur in species like the slime mold, which can send out a simultaneous directive to all its individuals to form a fruiting stalk. Another example is a nest of fire ants, which can sting in unison. I asked myself what a good example would be from my own field. Prompted by Vico's thunder, I decided that the story of the worrybox might fit here very well.

This story was told to me by family therapist Amy Urry in Devonshire, England, and the family involved gave their permission for me to retell it here. During a session with a little boy of eight, whose family had brought him to see her because he was fearful and anxious, she said that everyone has "worryboxes." The boy said he would like to make a drawing of his own worrybox, and drew a figure with a box inside its chest. Then he looked dissatisfied and said that there was something missing. He said, "I have to draw my Mum because she has a worrybox too." So he drew his mother and her bigger worrybox, and then he said, "There's a channel that connects our worryboxes," and drew a kind of pipe between them. He then said, "The problem is that my Mum's worrybox doesn't have a lid on it and when it gets filled up, it overflows into mine." Urry asked him about his

dad's worrybox, so he drew his father standing between him and his mother and said, "My Dad's worrybox is in his throat—that's why he coughs so much—he can cough his worries out, but it's very high and there's a tight lid on it, so I bypass his and go on to Mum's." His mother and father didn't have a channel between their worryboxes, but the channel that linked him and his Mum was a very thick one and it detoured up over his father's head like an arch.

That is all I remember of the story, but the "worrybox" idea began to haunt me. It seemed to me that this child had an intuitive understanding of the nature of social communication. Perhaps he was right, and we all have worryboxes linked by pipelines. I began to have the image of underground rivers flowing between people when they connect. I was always trying to break free from my individually-oriented background and find some way to describe the transactions that go on between people as if they were light displays.

This is why I was so glad to run into psychologist Janet Bavelas and her group at the University of Victoria in British Columbia. She is one of the few researchers I know who has zeroed in on this area. After co-authoring *Pragmatics of Human Communication* (Watzlawick, Bavelas, & Jackson, 1967), she didn't rest on her laurels but went on to test some of the book's insights empirically (1992). One of the aspects of her work that resonated strongly with me was her assumption that emotions are better described as performances people take part in, rather than experiences within them. Let me describe two of the experiments she showed me the first time I visited her in the early '90s.

In the first one, Bavelas (Bavelas, Black, Lemery, & Mullett, 1986) wanted to test whether an empathic response was an instinctive inner reaction or a response to social cues, so she videotaped two students who carried a heavy television into the room and placed it upon a table in front of students waiting for a class. One of the students had a splint on his finger, and he purposefully dropped the television on it. The next four seconds were the crux of the study. In Version One, the apparently injured student made eye contact with one observer. The split-screen videotape showed that this observer immediately demonstrated empathy with him by wincing and showing a pained expression. In Version Two, the bandaged student held his head to one side and made no eye contact. The observers either presented no reaction or suppressed their response. Bavelas and her colleagues concluded that the observers in Version Two had failed to get an appropriate social cue for showing empathy. They were very aware of others seeing their responses, confirming the idea that empathy is cued by social process.

In the other experiment, Bavelas, Coates, and Johnson (2000) videotaped two strangers in split-screen, one of whom was asked to tell a "close-call"

story to the other. In Version One, the listeners acted naturally. They gave many responses that encouraged and supported the speaker's narrative—nods, smiles, mock horror, interjections, and so on. In Version Two, however, Bavelas and her colleagues deliberately distracted the listener. They asked her to press a hidden button every time the speaker used a word that began with the letter "T." The button caused a light to flash, which was picked up by another camera, so that the experimenters could see whether the listener was doing the task.

What happened was striking. In contrast to the seamless cooperation of Version One, as soon as the listener started "punching the T," the whole production more or less fell apart. The listener offered general responses, but not specific, finely tuned ones. As a result, the speaker began to fumble words, hesitate, and say things like "I guess you had to be there," and "I thought it was a good story at the time." Deprived of social partnering, the narrator's story fizzled out and ended lamely. Together, these two experiments showed the degree to which we call "tuning in" is a mutual event.

Remembering these experiments and reading some of Bavelas' articles, I realized how much meaning Bavelas had given to that dry word "communication." I thought back to my experience of being supervised by phone-ins from behind the screen or knocks on the door, and how disruptive I found them. I saw that every time I had asked myself, "What circular question should I ask next?" or "What task shall I give this family?" it was as if someone had "punched the T." Furthermore—and this is strongly seconded by Tom Andersen—anytime someone interferes suddenly with the channel between the therapist and the family, the effect can be like cutting an unseen artery.

As a result, I began thinking about an expanded lexicon that would express an emotion language that was socially, not individually, based. I came up with some ordinary phrasings based in part on my own experiences and in part on some Internet conversations with psychologists Lois Shawver and Gisela Schwartz. Let me start with a word I made up, "tempathy," and go on to the terms "generous listening," "connected speaking," "reverberation," "embracement," and another two categories: "the emotional main chance" and "knowing how to go on." Any of the anecdotes offered below could probably fit under several of these titles; I have merely matched case to category in the best way that I can.

Tempathy

I made up this word because "empathy" was too focused on the individual and bore too much humanistic baggage. I was convinced that the empathy we were dealing with in relationship work was not a trait but a form of

transpersonal communication, so I began to call it "traveling empathy" or "tempathy" for short. Since a friend of mine had said that the term made him feel uncomfortable, I decided not to go public with it, but colleagues in the field began to pick it up and ask me about it. As a result, I began to wonder how to more fully describe it.

First, I want to propose a channel that is closer to animal communication than to human speech. After all, the consulting relationship begins on a kinesthetic, almost proprioceptive level. Language adds another layer (unless you define communication and language as identical, which I don't, believing that communication is larger than language). What takes place between me and someone who comes to see me for the first time seems almost sublingual, like those medications you put under your tongue so they go directly into the bloodstream. When Bateson used the term analogic communication, I think this was what he meant.

In my practice, after I had adopted the reflecting team format and the stance of "not knowing," I began to encounter more and more unusual effects. Coincidences for which I had no explanation cropped up all about me. A young Japanese woman in a workshop asked me if I would sign a book for her. She said her name was "Keiko," so I wrote "To Keiko, of the White Birds." I didn't know why I wrote that, so I asked her if there were white birds where she lived, and she said, "Yes, I come from Nagasaki, the city of the white cranes." A few months later I was giving a workshop in Tokyo and there she was, saying, "You remember me, from the city of the white cranes?" I wish I could say that this prefigured some transcendental event, but as far as I know it didn't. So the effect could be quite trivial.

It could also be helpful. A social worker who was consulting with me in a workshop told me that she was struggling with a horrific case involving child sexual abuse. While listening to her story, I found myself thinking of the movie, *The Loneliness of the Long Distance Runner*. I asked her if she knew the movie and, without missing a beat, she said, "Yes, I run the marathon." A little while later I said, "I have this image of Blind Justice," and she nodded and said, "I am a Libra." I thought of this as a confirmation: "Am I understanding you? Is this what it is like to be you?" This search for confirmation was an important first step.

However, just to show that this kind of channeling can't always be trusted, let me relate an incident that happened when I first started a private practice in Amherst. I was seeing two gay women who were having trouble with their relationship. Our conversation became stilted and I wondered whether my being straight was inhibiting them, but didn't wish to ask. Then, to my horror, I heard myself say, "You know, you remind me of two neutered cats." There was a dreadful silence, during which I pondered whether I should become a bank teller. Suddenly, both of them broke out

laughing and one of them said, "That's it." They proceeded to give me a lecture on "bed death," and the effect on lesbian couples of loss of desire, and the session flowed again. Luckily, I had a good enough relationship with them to carry the weight of my unfortunate remark.

I had a happier outcome while giving a workshop in Marburg, Germany. I had been speaking of stepfamilies, so one of the participants asked me for a consultation around the issue of stepmothers. She said that her father had remarried when she was six and took her away to live with him and his new wife. The stepmother kept the child from seeing her mother and grandmother, although they lived together in the same town. She continually scolded and harassed the little girl, sometimes making her sit all day in front of a plate of food because she hadn't finished it.

The girl bided her time until she was around 12 years old, then made a plan to escape. Waiting till night, she climbed down to the roof under her window, jumped to the ground, and ran away to find her grandmother's house. She struggled through the city, on foot and in the dark, and at last she and her mother and grandmother were reunited. After this incident, she said, her father relented and allowed her to stay with her mother. I said to her that, in addition to having a mother and a grandmother who loved her, she must have had the help of a guardian angel. She said, "How did you know? My mother and grandmother believed in guardian angels and they said the same thing."

I had the same kind of experience in many shapes and circumstances, but the sequence was always the same: I would be listening, almost idly, not moving toward any goal, deliberately holding myself away from any conclusion, when an idea or phrase would float up from the "deep well," as I thought of it. I could imagine myself literally sitting on that steaming cleft in the rocks at Delphi, probably hallucinating from some drug. And I would usually not know why some particular thought was knocking at my door until I shared it. If the other person confirmed its relevance, that would be an example of tempathy.

Generous Listening

In 1998, I finally got a computer good enough to handle an Internet connection, and this was when I went online and joined Lois Shawver's Postmodern Therapies List. This discussion group has been going on for quite a few years and Shawver distills from the posted conversations enough material for a monthly *Postmodern Therapies Newsletter*. In reading the many exchanges dealing with philosophers like Ludwig Wittgenstein and Jean-Francois Lyotard, I noticed that the phrase "generous listening" kept crop-

ping up. Shawver explained to me that Lyotard was the source of this term. He had described a kind of conversation where a person listened with the aim of understanding what the other person was saying, rather than pushing one's own opinions or disproving other views. To show me what Lyotard meant, Lois sent me a passage from *Just Gaming* (1996) in which Lyotard discusses the characteristics of different kinds of "language games" (a phrase invented by Wittgenstein):

For us, a language is first and foremost someone talking. But there are language games in which the important thing is to listen, in which the rule deals with audition. Such a game is the game of the just. And in this game, one speaks only inasmuch as one listens, that is, one speaks as a listener, and not as an author. It is a game without an author in the same way as the speculative game of the West is a game without a listener, because the only listener tolerated by the speculative philosopher is the disciple. Well, what is a disciple? Someone who can become an author, who will be able to take the master's place. This is the only person to whom the master speaks. (p. 71)

What Lyotard was doing, Shawver said, was making a distinction between "listening in order to speak" as one did in a philosophical debate, and "speaking in order to listen," which was what we did as therapists. I was electrified. In talking about "the game without an author," Lyotard was describing something like a not-knowing position. When he said that this game was "a game of audition," he seemed to be supporting my version of a different voice. And when he added: "Such a game is the game of the just," bells went off. This was what I had been trying to say all along. At the same time, it amazed me that Lyotard, despite being one of the great male blue-stockings of France, was able to turn and look critically at the masculinist tradition of argument he himself stood for. Of course, he was quite conscious of this irony. In another passage he says: "One day a UN vote will denounce as male sexism the primacy accorded theoretical discourse, to the great scandal . . . of us all" (1989, p. 70).

But I still didn't understand how Lois got the phrase "generous listening" out of Lyotard's words. I kept at her until she remembered that a more immediate inspiration was a passage in a book by Donald Davidson (1984) where he spoke of "charitable listening." Lois had transposed that phrase into "generous listening" and then ascribed it to Lyotard. I felt that she, not Lyotard or Davidson, should get full credit for a phrase that naturalized a common aspect of therapy. At the same time, I liked the idea that this type of listening had been so grandly legitimated by an important French philosopher.

As an example of generous listening, here is the story of Darrah, a social worker at a day treatment program with whom I did a consultation a few years ago. I asked her early on where her name came from and she said it was Scots dialect for oak. I remember saying to her, "That's a strong name." She then told me that she had spent the morning trying to persuade a divorced woman in her fifties not to commit suicide. This woman, Mrs. S., had hung a rope with a noose from an oak tree next to her house and told Darrah that when she went home that day she intended to hang herself. She had been in the day program the previous year and had just come back to it again because she was so depressed. Apparently, this was not the first time she had made such a threat. Darrah told me that some of her teammates thought that she had become too enmeshed with this woman, and she worried that she might be colluding with the client's "dependency needs."

So I asked Darrah what she had said when Mrs. S. told her about her plan to go home and kill herself. She said she had asked her why she wanted to do this. Mrs. S. responded, "Because being alive is too painful." Darrah asked, "How do you know it won't be just as painful after you are dead?" The woman became very quiet. They talked some more, and finally the woman said she wasn't going to kill herself that day. She asked Darrah to call her disabled adult son, who lived with her, and tell him to take down the rope. I had asked two members of Darrah's team to be in a reflecting group and some other participants to be "as if" persons. They had not known about Darrah's comment to Mrs. S. and were impressed. Then, one of the "as if" persons said that she had decided to listen as if she were Mrs. S., and told Darrah how much their connection had meant to her over the two years. She said that if she lost Darrah, it would be a disaster. When Darrah and I turned to speak to each other at the end, I said I thought that she was living up to the strength of her name.

In retrospect, here was a young line worker who was suffering from her own feelings of failure, amplified by the understandable anxiety of her colleagues. When I stumbled on the meaning of Darrah's name, it felt like a gift and hopefully could double as a counter-charm. Finding out the meaning of Darrah's name and linking it to an action that added another dimension to the over-all story did not cause anything to get better or worse, but it set the slice of bread butter-side up. Therapy is often a matter of building on such accidents.

But was "generous listening" anything new? Many people would say it is the same as "active listening." It interested me, therefore, that Bavelas, McGee, Phillips, and Routledge (in press) described a research study by Armstrong (1998) on how people feel about active listening techniques.

Armstrong asked some university students to recount a bad academic experience to two different listeners, also students. One of the listeners was trained in active listening; the other was a person who was told to just listen naturally. When the students telling their stories rated their listeners afterwards, they described the active listeners as significantly more weird, unnatural, phony, and unrealistic than the untrained listeners. They said the trained listeners were more likely to misunderstand and to interrupt at odd times. The implication is that training in active listening may actually remove our natural ability to listen and replace it with a style that others find artificial.

Of course, it is not enough, if you are a therapist, to be "just natural." I liked Shawver's formulation of "speaking in order to listen." My own guidelines for this kind of listening involve a slower pace, a bottomless patience, and (when I watch myself on videotape) an odd kind of earnestness. To put myself in the right frame of mind, I often use special metaphors like the bowl or the beach I mentioned before. I will also make a conscious effort to resist the pull of goals and structures that still remain from previous training. At times I will use an expectant silence, as if waiting for something to fall into my lap. What often happens is that into this space come very unusual thoughts, leading to unusual remarks, and not necessarily by me.

Connected Speaking

Tom Andersen (1998) has written about the conversation that goes on among the "inner talks," the private dialogues inside the self that take place concurrently with the "outer talks," the dialogue with others. He even makes a drawing of this process, which consists of two outlines of persons facing each other. Directional lines come up from the belly and through the mouth of each, then into the mouth of the other, down and around in the belly, and back and forth in a recursive loop-the-loop.

I appreciated Andersen's focus on inner voices. The generous listening I had begun to do was very different from the formalized questions of my earlier training. It gave me the space to pay attention to associations of my own. Ideas and observations began to form in my head, which I sometimes shared. But what to call them? They were so different from the clinical speaking I was used to, which usually took the form of interpretations or tasks. Finally, I decided to use the phrase "connected speaking." You had to listen generously to establish the conditions for the underground channel to flow and when it did, you spoke from that connected place. It is wrong to break up this two-way process into speaking and listening. The beauty of

Andersen's picture is that it shows how intricately these actions are entwined.

In any case, when an odd idea would surface, I would first sift it through my own mind for relevance. It was not always clearly linked to the conversation, but if I did decide to share it, I would often get responses of surprising depth. An experience during a workshop in Mexico remains for me a vivid example. In this instance, I did a reflecting consultation with a very sensitive, bright psychologist named Elena. She was working with a teenage boy who had taken an overdose of pills, and she was worried that she would not be able to help him. In a consultation, as I have said, my job is to concern myself not with the crisis in the family but with the relationship of the therapist to the situation. I think of this as "the dilemma at the crossroads." In this case, no matter how many questions I asked, there was no dilemma. Elena had covered all the bases as far as I could tell. So I shared my "finding" with her, namely that there was nothing to find.

Then an out-of-place question welled up. After mulling it around and feeling that it might be too personal, I nevertheless decided to risk it. I asked, "Do you have any children?" Elena stopped short, as if caught off guard, and then said, "No." I immediately thought to myself, "Maybe she can't have children, and here I am, asking her about it." To my consternation, she began to weep. The tears kept rolling down her cheeks. After waiting to see if she would tell me why, I asked her, "Was that an inappropriate question?" She shook her head and brought me back to the topic of the family. Even while talking, she continued to weep. I decided to just accept the tears, no questions asked. When I asked the reflecting team to take over, the tears dried up. We finished the consultation on a hopeful note, as she was really doing a wonderful job.

However, I was left wondering what raw nerve had been exposed, and went up to Elena afterward to ask if something I had said or done had upset her. She told me that I had indeed hit on a sensitive topic but that it had nothing to do with either me or the case. Another teenage boy whose family lived next door to her had overdosed on drugs three days before the workshop and died. She was very close to this family and had known the boy for many years, but she didn't want to derail the consultation by sharing the story with the audience. She was relieved that I was willing to accept her tears without explanation.

I still don't know if I should have suppressed that question. If I had been working in the old way, I probably would have, but I have recently begun to accord more weight to these intrusions from the underground river. I did have that inner dialogue, and I did decide to take my chances. In retrospect,

I am glad that I did, because if I had not, my guess is that I would not have connected as personally with Elena as I did.

Reverberation

As an emphasis on language has taken center stage in therapeutic theory, there has been an upsurge of interest in image and metaphor. There has also been much speculation about how such wordings can effect any kind of change. French linguist Gaston Bachelard, whose work I have already cited, comes closer than anyone else to explaining this puzzle when he says that the power of poetic images is reverberatory rather than causal: "Very often, then, it is in the opposite of causality, that is, in reverberation, that I think we find the real measure of the being of a poetic image" (1994, pp. xvi).

This is a wonderful point. Poetic language, while not literally instrumental, has its own kind of influence, as a stone dropped in a pond creates ripples along the shore. The work that many relational therapists do seems to me to be noncausal and reverberatory in exactly this sense. Psychiatrist Mony Elkaim (1997), who lives in Belgium, places the kindred concept of "resonance" at the heart of his method, and two French philosophers, Jacques Deleuze and Felix Guattari (1985), expand further on this kind of influence by comparing the strategy of the tree to the strategy of the rhizome. The tree is characterized by hierarchy and sequence, where the rhizome is horizontal and generative. Poetic approaches to therapy, relying on reverberation, would be closer to a rhizome form.

Michael White has also been influenced by Bachelard's notion. Here is a passage from *Narratives of Therapists' Lives* that refers to the practice of "decentered sharing" in connection with a reflecting team. He says:

I believe that Bachelard's account of the "image" is helpful to the development of these practices of decentered sharing. His interest was with the images of one's life that are evoked by states of reverie and how these images set off reverberations that reach into personal history. In response to these reverberations, certain experiences of the events of one's life light up through resonance. (1997, p. 102)

White recommends that members of reflecting teams share images that come up during the process of listening and also share the effect of others' images on themselves. He goes on to say, "For outsider-witness group members, the reverberations that are set off by these therapeutic conversations frequently touch on many experiences long forgotten, and, as well, endow previously remembered experiences with a new significance."

As an example, let me tell a story about image-sharing in an article by Belgian psychologist Peter Rober (1999). Rober agrees with Tom Andersen that it is not enough to concern oneself with the "outer conversation" of the therapy; one must also look to the dialogue that goes on in the "inner conversation," and to the images, moods, associations, or memories that the conversation has evoked in oneself. It is true that the periods of silent listening afforded by Andersen's style of interviewing and by the reflecting team foster the production of such ideas.

In his story, Rober describes a consultation with a mother of two children whose husband had left her for a younger woman. While she was sharing this painful situation, Rober made empathic comments, but she pushed him off, as if keeping him at bay. Consulting his inner voices, Rober came to an image of a white wolf who lay in the snow, wounded and bleeding. He decided to share this image and began telling the woman a story about a white mother wolf who encountered a grizzly bear and was attempting to lure it away from her pups. Two Indians happened to come by who admired the courage of the wolf, and followed both of them. At last the bear gave up and fell back. The Indians continued on, hoping to rescue the brave mother wolf, but she mistook them for the bear and kept on running. By the time they caught up with her, the Indians found the mother wolf dying in the snow. Their help had come too late.

After Rober finished telling this story, the mother said, "I don't understand what you mean." Rober said he didn't either but hoped that it might mean something to her. They took some time to talk it over. Finally the mother said, "I realize now that if I start to need your help, you might leave me as my husband did. Maybe that's why I keep you at a distance, like the white mother wolf." Rober said that he had realized something too—that he had chased her away with his attempts to help her. As they spoke, the mother kept coming back to the image of the wolf, and at one point explained that she had learned in her own family to distrust offers of help. "In fact," she said, "we are a family of white wolves."

Another example of reverberation happened to me during a workshop in Crete. I was doing another reflecting consultation, this time with a psychotherapy trainer I will call Malina. One of the trainees in the experiential therapy program where she taught told her that he had learned all he could from the program and wanted to leave. She felt he wasn't ready and refused to let him go. He had apparently been influenced by a systemic trainer who had criticized the long-term model taught in Malina's institute. Worse yet, some of her other trainees were agreeing with him. This put Malina in a very bad spot. I was in a dilemma, too. I couldn't agree with my young colleague, because I had reservations about her approach. On the other hand, I wanted to find a way to comfort her.

What came to my rescue was the memory of a dream I had when I was a young mother living in a dark house on a small college campus. I decided to tell this dream to Malina. In the dream, I told her, I was in my bedroom. I went down the stairs of my house and found strangers in the rooms. In one was a small child, in another an old man, neither of whom I knew. Then I went into the kitchen where my husband was standing. I called to him as loudly as I could, but he could neither hear nor see me. I realized with horror that I was in a different time warp. I woke myself up by calling out his name.

Malina stared at me for a few seconds, and then told me that a week before, a woman she was seeing had told her a similar dream, only it was about Malina herself. Ordinarily, Malina said, she would explain that the dream was really about the person telling it, as psychoanalytic theory directs, but for some reason she encouraged the woman to tell the dream as she experienced it. The woman said that the dream—Malina had gone to her house only to find that the people living in it were strangers. The dream—Malina looked very sad, and the client said that she too had a strong sense of foreboding. Malina heard her out and made no comment except to thank her. The session then went on as usual.

Malina was silent after she told me this. There were many things I could have said, but all I did say was, "It's terrible to think that you might lose your home," and I took hold of her hands. From my travels, I knew enough of the politics of therapy in Greece to realize that Malina's world was indeed changing, and that new approaches to therapy were displacing the psychoanalytically oriented schools that had reigned there for so long. I had a sense of foreboding too, but I hoped she would feel that I had understood her situation. It is always difficult when the "presenting problem" includes the consultant herself.

Embracement

On my way out of the world of paradox and positive connotation, there was something about it that I did not want to lose. I looked for a word that would describe this feeling. "Acceptance" was close but didn't click. "Unconditional positive regard" was close but came from an individually-oriented vocabulary. Finally I decided on "embracement," clumsy as that sounds. It had to have a bodily feeling associated with it, because one way I knew I had found it was that my body said, "That's it."

One illustration of embracement is the Russian folktale, "The Magic Mitten." Once upon a time, a peasant was walking through the forest and dropped his mitten on the ground. A mouse came along, moved into the mitten, and turned it into a snug dwelling. Then came a frog, who joined the

mouse. Then a hare arrived, then a fox, then a boar, then a bear. As each creature moved in, the mitten expanded. Soon it was practically an apartment house, and the animals were snug and happy. But then the peasant came by looking for his lost mitten. The animals heard him coming, got frightened, and rushed away. The story ends with the peasant picking the mitten up, putting it on, and walking home. This story is not only about a literal embracement (a mitten that fits all circumstances), but about embracing a contradiction: the idea that a mitten could house all those animals at one moment and at the next be back on its owner's hand.

After struggling with this idea of embracement for a long time, I finally found someone else who was groping in the same direction. Some years back, during a workshop I did in Norway with possibility therapist Bill O'Hanlon, he told me about his idea of "inclusivity therapy." He seemed to mean the same thing I did. Naturally, I was very interested to watch him while he did an interview with an American graduate student in psychology. This man told O'Hanlon that he had a poor opinion of himself as a father because he was often irritated with his kids. His wife constantly criticized him for this, and he felt starved for affection from her. O'Hanlon asked the man if he were willing to try a meditation exercise. He agreed and O'Hanlon launched into a hypnotic induction: "You can focus or not focus; your eyes may close or they may open; you can trust or not trust." This seemed like fairly standard hypnotic technique, and the man seemed to go into a kind of waking trance.

Then O'Hanlon said something that seemed right to me. He told the man that beneath his irritation at his kids lay a love that was always there. He said, "Hold that in your heart toward yourself when you experience one of these encounters with your wife, feel that sense of okayness, bring love and acceptance toward yourself, and you'll have more resources to handle criticism from your wife." The man nodded, and a tear trickled down his right cheek. After the session, he seemed somewhat calmer than before, even though he stoutly denied he had been in a trance. (O'Hanlon told me later that in these inductions there is usually one tear and it is always from the right eye.)

All well and good, but I was still puzzled by what O'Hanlon meant by "inclusivity," so after the workshop, he gave me an example. He recalled the time he had been doing hypnotherapy with a man who kept seeing a rectum floating in front of his face. O'Hanlon said he did a trance similar to the one I had seen. Afterward, the man said that he no longer had the obsessive thought but didn't feel that it was the trance experience that had helped. What was crucial was that O'Hanlon had said that whatever

he did or didn't do, it was okay. That had apparently given him enormous relief.

Pondering this later, what came to me was the phrase "embracing the Y." The one thing common to these stories was that they seemed to be about including both horns of a dilemma. This had also been true of all the paradoxical injunctions I had observed or been trained in. If you positively reframed a problem, you added the hidden half of a polarity. This was one form of embracement. Another was the positive connotation, which did the same thing but at a systemic level. The problem, which was bad, was placed in the service of an aspect of the situation that was good. But where I parted company with these tactics was that they left the therapist in an instrumental position. The goal was to get beyond the merely instrumental.

So I looked for an example of embracement from my own experience, and decided to write about a consultation I had done with my colleague, Judy Davis. She had asked me to visit one day when she was meeting with a group of psychology interns at her home. During this meeting, one of her trainees presented a videotape. The situation of a college student of nineteen, whom I will call Jon, was being discussed in his presence by a reflecting team made up of Judy and two other trainees. This original group, plus myself, sat and watched the tape together.

The story was that Jon, an excellent student, began missing classes because he kept going home to take care of his divorced mother. She had lost her job and was becoming depressed to the point of illness. Jon's grades went downhill, and he began to talk about dropping out of school entirely, but there was a Catch-22. He was no longer a minor, and if he weren't in school, his father's support check would stop and his mother would have nothing to live on. In the video, Judy's team had pointed out to the young man how his effort to help his mother was jeopardizing his career. In our meeting, Jon's therapist told us that she had an individual therapy supervisor, who had commented on the "manipulative" nature of the mother's illness. That didn't help matters either.

So Judy asked me and the two other trainees to join her in some ad hoc reflections. Judy wanted to make a videotape that the therapist could take to Jon to watch later. In the earlier tape, Jon had been very defensive about his relationship with his mother. When it came time for us to reflect, Judy said with honest feeling that she and her team had been in no way suggesting that Jon abandon his mother, and that they knew how much the two of them loved each other. The other two trainees agreed fervently. Then Judy turned to me, explaining that I was a colleague and friend, and asked

me for my thoughts. I remember wondering how to avoid saying anything critical.

So I started out with the safe observation that Jon had a beautiful face (which he did). Then there came to me the image of two hearts that shared the same blood supply. Offering this picture, I wondered what would happen if the blood supply were cut off. The mother lived with Jon's grandmother, so she shared in the blood supply, too. I said that there was a serious issue about how people could separate in this family and still maintain the life-sustaining allocation of nutrients. I also said that the family was trying to find a way to have separate agendas and yet nourish each other, because at some level they were only one beating heart. Judy added that Jon and his mother were trying to learn a way of living beyond sacrifice, and wondered in turn how they could hold this beating heart, this connection and love, between them, and still have individual lives.

Three weeks later, the therapist wrote Judy and the team a letter in which she said that Jon had been struck by the metaphor of the beating heart and called it a beautiful example of his relationship to his mother. He said that he and his mother were very entwined with each other, and that they helped each other in many ways, but they hurt each other too. He said, "Much of what I want to do is find a place in this relationship with Mom that isn't so extreme." Jon also talked about an email from his father, who complained that Jon never wrote him. The father was a compulsive gambler whose child support was deducted from his paycheck. Previously there had been an incident when Jon had to call the police because his father was physically threatening his mother over money. In the email, the father said that he had felt angry enough to kill her. While recounting this, Jon began to weep. He feared that his father would quit his job in order not to have to pay his mother anything. He wondered if he should write his father back and continue to maintain the relationship until he graduated.

The therapist said that this was a positive session. It was the first time Jon had talked about his relationship to his father, and the first time he had allowed himself tears. It was also the first time he had acknowledged the hurtful ways he and his mother communicated. Since he did not show up for any more therapy sessions, the story stops here, but it still shows what I want to emphasize. The more the therapists tried to give Jon insight into his self-defeating behavior, or his mother's manipulative illness, the more defensive he became. If I, as a consultant, had pointed out the equally self-defeating intervention of the therapists, they, too, would have become defensive. The beating hearts offered a way to embrace these layers of self-contradiction without putting anyone in the wrong. Also at stake, needless to say, was my relationship with my partner, Judy, who could have felt put

on the spot. So do not believe anyone who tells you that this work is not a high wire act. They are really wrong.

The Emotional Main Chance

As I wandered through this ever-changing family therapy field, I often felt that I was looking for some grail. However, as I got near enough to see the shape of the grail, I was struck by its likeness to a tin cup sitting by a natural spring. As with my mother's ashes, it was never the container that mattered. And here I point not to any great new thing, but only to what the deconstructionists have been maintaining all along. After all my efforts to learn techniques, theories, formats, and the like, I began to see how easily they could become components of the flybottle. It was important to break out and sense what was beyond the essentialist structures of modern psychotherapy, and that included family therapy as well. In any interview, in fact, the most important thing was to look for, find, and have confirmed what I now think of as the "emotional main chance."

What do I mean by this? In a previous chapter I talked about "the presenting edge," meaning whatever during an interview seemed to be calling attention to itself most insistently, like an emotional hot spot. As I went toward it, an image or metaphor would surface inside my head, and if I played it back, I would often receive some kind of validation. This was important. If I couldn't offer some simulacrum, some concrete analogy for this edge, and receive a confirmation, I felt that I couldn't go any further. Techniques and methods can be helpful, but they can also get in the way. You have to find the worrybox, the channel, the place where body and emotion meet. You have to find the underground river and launch yourself upon it.

This is sometimes very simple. The image of two hearts sharing one blood supply was one example. Asking the mother in the *Beanstalk* story why she was crying was another. At other times, it was a matter of paying attention to what came up from the deep well: the *White Birds*, *Blind Justice*, the *Long Distance Runner*. Those were like testings; something might spark off from them or it might not. At other times I would use familiar legends: *Jack the Giantkiller*, the *Sleeping Beauty*. These folk tales acknowledged people's interest in transformation and suggested what the prospect might be like. Sometimes, as in the *Magic Mitten* story, the image bracketed mutual contradictions; at other times, as with the *Wings of Stone*, only the longing behind the dilemma could be discerned. Penn's "blue lightning" questions turned confused depictions into connected ones. Then there were mirror stories, like the dream about the house full of strangers

that reflected Malina's situation at the feeling level and let us both know that we had touched.

I want to make clear that the feeling level I am talking about has nothing to do with the theory of emotions underlying so much popular psychology. This view holds that we have to "get out" anger, "vent" frustration, "work through" grief. If you can get an angry person to weep or a depressed person to put their sadness into words, the idea is that their suffering will dissipate. But a relational theory of emotion sees the expression of feeling as something different: a reverberation that has the power to touch and often change. In describing the effect of his definitional ceremonies, White (2000) has revived the Greek notion of *Katharsis*. He suggests that the original meaning of this term has less to do with purgation and more to do with moving people collectively from one place to another in an experience of transformation. I couldn't agree more.

"Now I Know How to Go On"

I want to end this chapter with an idea that comes from Tom Andersen (1998). Andersen was struck by a crucial (and famous) paragraph in *Philosophical Investigations* in which Wittgenstein asks how we know when we have understood something and says, "Try not to think of understanding as a 'mental process' at all. . . . but ask yourself: in what sort of case, in what kind of circumstances, do we say, 'Now I know how to go on'" (1958, #55). In what I consider an elegant move, Andersen (1998) applies that phrase to the therapeutic process, saying,

I see it myself as a question of knowing how we can go on from this moment to the next moment. There is more than one way to know, and I will mention three ways, each belonging to different realms of life; i) to explain, ii) to understand and iii) to be sensible of. . . . This third kind of knowing, to sense the situation, leads to how one relates to the situation. One might relate well to a situation without being able to explain it or understand it.

I was immediately struck by the thought that here we had the answer to an abiding puzzle. I had long wondered how to describe the goal of a therapeutic conversation. Set against the usual treatment/cure framework, our stance seemed cavalier, if not outrageous. How could you charge people, or get insurance companies to pay for therapy, if you didn't cure them? But after a long experience with the difficulties of cutting suffering into commercially tidy pieces, to fit commercially tidy treatments, I felt relieved at finding an alternative.

Looking back on my own practice, I realized how aptly this phrase, "Now I know how to go on," described my own mode of operation. People I had seen for a period of time would drop away and then show up for a session from time to time. Sometimes single sessions were all I did. Whatever the situation, it seemed that what we were dealing with was unfathomable emotions or unexplained behaviors, and that our main job had to do with relieving fear, dispelling confusion, restoring hope. That was the big difference between us and the physicians. They could prescribe medications, which sometimes work wonderfully, but the relational therapies needed a lexicon that was not necessarily based on change.

As an example, let me tell you the story of Helen (not her real name), a sensitive, attractive woman in whom I saw a younger self. Many years ago, Helen and her husband Mark had come in to see me around developmental problems with their adolescent son. Things worked out after a few sessions and we stopped. Then, after a period of years, Helen came in alone. The two children were grown and out of the home, but Helen said she felt somehow cut off from them. It seemed that neither child shared the parents' cultural interests, and Helen felt especially at a loss with her daughter, who did fund-raising for feminist causes. Helen worried because this daughter was not yet married. She would try to find men to go out with, but the most recent eligible male had dropped her because she fell asleep on a date.

Helen's basic puzzlement seemed to be that her children did not play the same part in her life as she did in her mother's. In effect, she had been in love with her mother, and her mother had been in love with her. Her marriage was happy, she told me, because she and her husband were also in love, but she did not have the same happiness with her children. I told her I knew what it was like to feel that one had lost one's children. I added that I had tried to make up for this feeling by finding "spirit daughters," young women in my field whom I admired and tried to help. Since Helen had taken a degree in art history and now directed her own department at a small college, I wondered whether she could take one of her students to a conference in the field. She said she had always hung back from too personal a relationship with them, but she was intrigued.

I continued to share tips in the name of female solidarity, despite my lack of faith in suggestions or direct advice. I commented that I had recently taken to pasting family pictures in those frames with cutout holes as a record for my children. Helen didn't think her children would be very interested in that kind of thing. She went on to say that she had become much more involved in Catholicism, her cradle religion. It at least offered her spiritual sustenance, although she didn't take part socially.

The next week, Helen was going to visit both children, who were living in a city where Rob had gone back to school and Carol worked. She described how she used to love it when her mother would take a hotel room in that same city and share it with her. Helen said her own daughter would never dream of doing such a thing. The upshot was that Helen dreaded this visit; she was afraid both of disappointing and of being disappointed. Yet I found out that only four years before Carol had put her arms around her mother, saying that because Helen had given her so much love as a child, she could love her back as a grown-up. I asked Helen in what ways Carol disappointed her. Helen said she was a bit sloppy, seeming not to care about being feminine. I asked what activities they liked to share together. Helen said that her daughter liked to go shopping with her, and at one time used to enjoy getting "make-overs" at department stores.

At this point I told Helen that I thought she was suffering from a broken heart. She agreed. However, I knew that sympathy was not enough and cast about for some "gift" she could take with her. So I asked whether she and her daughter would be shopping together. She said yes, that Carol liked Helen to buy her clothes, but that these were just "things"—cheap, material things. I said that because Carol so obviously valued her mother's taste and looks, these things were for her like blessings. She might feel blessed. Helen was struck by this idea. "Oh," she said, "I never thought of it like that." She teared up. She kept saying how grateful she was for that idea and kept weeping while repeating, "Yes, just like blessings, like benedictions." This was the end of the session.

I then left for a trip abroad. After I came back, Helen called me. The visit to her children had been a huge success. Carol had apparently enjoyed the shopping and the make-over. The striking thing, however, was that Carol had found among some old photographs a picture of herself as a baby on a bed together with her brother and her mother. She and her brother had framed it and given it to Helen as a Christmas present. We both marveled at the coincidence.

At the time, I had not yet read Wittgenstein, but in retrospect I see that both Andersen and myself were searching for a way to describe a different type of end goal. If Schoen were alive, I think he would say that this was a good example of the evolution of a theory based on use. Helen came back to see me at intervals; each time we had only one meeting, but each time this was enough. All she needed was to get to a place where she could say to herself: "Now I know how to go on."

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From Wisdom to Responsibility

The Legacy of Systemic Thinking

During my long journey alongside the family therapy movement, the direction it was taking felt right, but the obstacles were many. Some of them were political. After all, family therapy did not even take off until the middle of the last century. When it did, it faced established fields that covered the same territory, so it had to engage in the game of "professional dominance" (Freidson, 1972). First, it had to develop a reasonably coherent theoretical position. Second, it had to offer a tested set of practices, legitimized by respectable research. Third, it had to have a set of ethics. All this had to be done within the technical-rational code of modernism in the 20th century.

But within family therapy, there was always an element pulling in the opposite direction. If, as Bateson and Ruesch (1951) indicated, communication was "the social matrix of psychiatry," this was the seed of the flower to come. Out of the Bateson group's studies of communication came the early research on the family, which quickly moved to a focus on larger systems. Even though some of this research stayed within a modern framework, it was family therapy's systemic wing, inspired by its Palo Alto beginnings, that began to move beyond essentialist assumptions about what was true and what was real.

At present, the incredulity to meta-narratives that Lyotard described has begun to challenge the field of psychology at its deepest core. There have