

The Ethics of Paradox: Cybernetic and Postmodern Perspectives on Non-Direct Interventions in Therapy

Joel Cullin

The evolution of family therapy theory has led us to a point where nondirect interventions are considered ethically dubious, to say the least. This paper provides an overview of some of what the author considers to be the pertinent epistemological and practice issues arising from this evolutionary position. In the process, an effort is made to address confused thinking about cybernetics and postmodernism, and an argument is presented suggesting that the metaphors of first-order cybernetics have continued relevance for family therapy practice.

None of what follows is recommended for problem-solvers who are too honest to 'play games', that is, who prefer to play the game of not seeing that they are playing games (Paul Watzlawick, 1974: 114 fn).

This article will utilise the epistemological frameworks of cybernetics¹ and postmodernism (the latter including 'constructivism' and 'social constructionism') to examine the ethical considerations arising from the use of paradoxical injunctions and other nondirect change techniques in family therapy. The consideration of paradoxical interventions, though central, is more broadly intended to provide a suitable platform for a discussion of some of the complex issues arising from contemporary family therapy's epistemological muddle.

The article begins with a brief overview of the place of such nondirect techniques in family therapy, and then moves to a consideration of some of the ethically based arguments against the use of paradoxical interventions. From there, we will look at the 'fit' of paradox within cybernetic and postmodern epistemologies before some synthesis is sought in a conclusion.

As part of this process, it is necessary to make clear my own current thoughts on the distinction, which is not always clear, between second-order cybernetics, 'second-order therapy' and postmodernism. I will

contend that the protagonists of the antiparadox argument reside in the second-order *therapy* camp and, while these arguments are certainly important, their ethical basis is often wrongly claimed to arise from the epistemologies of either second-order cybernetics or postmodernism, neither of which necessarily prohibits any particular action on the basis of ethical considerations.

It should be noted that in writing this article I am not advocating a preference for 'pragmatics' over 'aesthetics',² if such a dichotomy has any enduring relevance for the field. Rather, it is my intention to invite some reconsideration of the relevance of the cybernetic metaphor which has, I believe, been misinterpreted and misrepresented at various points over the past two decades, and which can serve the aesthetic and the pragmatic aspects of therapy with equal devotion.

Paradoxical Interventions

A paradoxical intervention, according to Papp (1980: 46), is one that, 'if followed, will accomplish the opposite of what it *seemingly* intended to accomplish' (*italics added*). Such interventions can be seen to turn upon themselves the forces that a system deploys (or *seems* to deploy³) against change to produce change.

A paradox can only exist in *context* (linguistic, conceptual or otherwise), involving two levels of abstraction, and arising 'when messages are on



Contact Details: Ph + 61 7 3831 0022 (private practice); 0404 022 256 (mobile); PO Box 3008, Tarragindi Qld 4121; E-mail: joel.cullin@uqconnect.net

multiple levels and are conflicting' (Haley, 1978: 124). An overarching defining characteristic of those things that we call 'paradoxical interventions' is the context of therapy itself (Selvini-Palazzoli 1981: 44), which is presumably about change, not prescribed sameness. Therefore, when a therapist directs a client to stay the same, for example, or even asks advice of a client, a paradox arises, as two contradictory messages (one verbal, one an analogic context marker⁴), are sent simultaneously.

“An overarching defining characteristic of those things we call 'paradoxical interventions' is the context of therapy itself ...”

The use of paradoxical interventions in family therapy became commonplace during the 1970s. The central protagonists involved in the development of such interventions included Haley (1963; 1978) of the 'strategic' school, Watzlawick and his colleagues at the Mental Research Institute in Palo Alto (1967; 1974), and Selvini-Palazzoli and the Milan associates (1978). All of these theoreticians and practitioners were heavily influenced by the work of Bateson, who sought, amongst innumerable other pursuits, to apply Whitehead and Russell's (1910) Theory of Logical Types to learning and communication theory, leading to the development of the double bind theory of schizophrenia.⁵ Milton Erickson's 'uncommon' therapeutic techniques were also a significant influence (Haley 1973; 1985; Hoffman, 1988: 66), as Erickson was able to demonstrate a seemingly intuitive mastery of the stuff of paradox in human communication.

This was a great leap forward for the field of psychotherapy, as the proper use of paradoxical interventions seemed to offer a way to step outside the oft-experienced 'game' of perpetually fruitless attempts at change by direct means. Armed with a systemic epistemology, a sound understanding of the principles of problem formation and problem resolution (Watzlawick et al., 1974), and the capacity to think creatively within these parameters, a therapist was able to issue ingenious injunctions or prescribed sameness, meticulously designed to rise above the 'games without end', or 'more of the same' solutions that

humans seem to naturally revert to, and which have a tendency to either maintain problems or become the problem themselves. The use of 'counterparadox' (Selvini et al., 1978) offered a way to transcend the paradox that some families present with — that is, 'Change the problem behaviour, but without changing us' (i.e. 'Change the symptom but not the system that maintains it and gives it meaning').

Thus began an era of prescribing the symptom, instructing families to perform strange rituals, restraining change, and other paradoxical techniques that often seemed to be very effective in bringing about rapid change in 'stuck' families. Such techniques became widespread, as interest grew in their apparent efficacy in particularly difficult cases. Henderson attributed the increase in the use of paradoxical techniques during the 1970s and 1980s to their

positive attributes: short-term treatment, validity for more resistant clients, high success rate, the therapist's responsibility for change ... and an emphasis on the positive (1987: 187).

Ethical Considerations and Objections

Most, if not all ethically based objections to the use of paradoxical interventions relate to concerns about therapist power, manipulation of clients, and informed consent. These criticisms are inextricably interwoven with the emergence of the postmodern critique of therapy in the 1980s and 1990s, and with the resultant development of therapies that purport to *be* postmodern. However, it must be noted that the related concurrent evolution of cybernetics into its 'second-order' state also led to a similar change in the way this kind of intervention was viewed.

These perspectives challenged the belief in the existence of an independent, observable reality, or at least denied the possibility of 'objectivity' in observation, leaving room only for a 'multiverse' of versions of reality as perceived by individuals, with each individual's perspective being as valid as any other's (Simon 1985: 36).

Paradoxical intervention began to be seen by some as dishonest, manipulative, and disempowering of clients. Clinical efficacy was not the primary issue, and the ends were not believed to justify the means. The postmodern critique carried therapy toward a framework based on respect for varying perspectives and the avoidance of value imposition, a therapy conducted as a 'conversation' between therapist (as non-expert) and clients (as 'expert in their own lives', despite their current inability to resolve the presenting

difficulty without assistance). As Epstein and Loo (1989: 427) put it, 'Therapy is a joint conversational creation, not something done by an expert with more correct knowledge about defective systems'.

Or is it?

Second-Order Cybernetics and Postmodernism: A Distinct Lack of Distinction

Before we go on, four significant issues must be addressed. They are:

- The evident confusion about what second-order cybernetics is
- The evident confusion about what postmodernism is, made stark by those who propose that a therapy can *be* postmodern
- The evident confusion about the *distinction* between second-order cybernetics and postmodernism, and
- The lack of clarity about what 'second-order therapy' is.

Below is an attempt to address these questions in a few paragraphs, though several thousand words would certainly allow for a better explanation.

What is Cybernetics (and What is Second-Order Cybernetics)?

It seems that cybernetics is many different things to many different people. But this is because of the richness of its conceptual base ... However, all of those perspectives arise from one central theme; that of circularity (Von Foerster, 2003: 288).

The Macy Conferences of the 1940s were the birthing suite for the then neo-science (which became an epistemology in the Batesonian sense⁶) of cybernetics, which sought to explain processes of communication and control in machines and living systems (Wiener, 1948), and to make linkages between, and develop a common language for various hitherto distinct branches of scientific endeavour, solving a few war-related technical and social problems along the way. A key element of this new science included the concept of homeostasis, maintained via the circular *process* of feedback. The tendrils of cybernetic explanation extended in all directions, offering new ways of understanding the processes of biological evolution, international armaments races, extramarital affairs, guided missile systems, and the development of schizophrenia,⁷ to choose but a few examples.

The move to second-order cybernetics began in the late 1970s and, in its simplest explanation, involved *the inclusion of the observer in what is*

observed (with a concurrent recognition that the act of observation influences what is observed). This entailed a rejection of the previous metaphor of any system resembling a machine which could be tinkered with by an external, independent observer (like an expert therapist *changing* a family while herself remaining unchanged). According to Hoffman (1990: 5) the new epistemology demanded that therapists include themselves in what must change, and do away with the belief that they 'stand outside'. The ascension to second-order cybernetics is informed by logical typing: the observer is one cybernetic system observing another. To understand this recursive process we need to move to the next level: a cybernetics of cybernetics.

The cybernetic metaphor was broadened. The very important existing notion of recursion now *always* included the scientist/observer/therapist, and so on — that is, we describe the things we see, we see the things we describe, and we are, therefore, always included in what we see. Keeney puts it nicely:

It's as if one's hand draws outlines on one's own retina. This process is recursive — what one draws, one sees and what one sees, one draws (1983: 45).

We also began to pay further attention to the importance of the notion that any identified system only exists in the *punctuation* — an imaginary demarcation existing in the *observer's* conceptual set.

What is Postmodernism (and Can We Have a Postmodern Therapy)?

Let us begin with modernism. 'Modernism' is a term applied to the approach to knowledge and creative endeavours (from science to art) that prevailed in occidental society throughout the 19th and 20th centuries (roughly). Modernist agents were in pursuit of truth, objectivity, and the correct way of explaining things and processes 'as they are' (or, in certain cases, 'as they should be'). Freud's efforts to *explain* the operations of the psyche, for example, reveal a modernist bent on his part, as do the efforts of an 'expert' family therapist, seeking to make a family conform to a normative model of family functioning. Or so the argument goes.

Postmodernism emerged as a critique of all of the above. The crux of this new paradigm of understanding was a perceived necessity to leave no stone unturned in efforts to question 'versions' of reality, to 'deconstruct' language and belief systems, to reject the prevalence of dichotomisation in our modernist explanations of the world, and to 'subvert the dominant paradigm'. The existence of objectivity, and therefore the validity of any correct or 'expert' vantage point, was denied. Like second-order cybernetics,

postmodernism told us that all we have is subjectivity, and scepticism became the order of the day.

The role of language in constructing reality became a central tenet of the postmodern, social constructionist position. As Bertrando (2000: 86) describes it, 'realities are but the conversations we have about them'. Here, logical typing again comes to the fore, reminding us of Korzybski's oft-quoted assertion that 'the map is not the territory'.

Postmodernism is an epistemology, again in the Batesonian sense. However, it is a guide for knowing, thinking, and deciding, that *cannot, without self-contradiction, ever settle on one correct way* of knowing, thinking, or deciding. Therefore, the answer to the parenthetical question above is, 'No. We cannot have a postmodern therapy. We can only have a postmodern *critique* of therapy'. The term 'postmodern therapy' is itself paradoxical.

What is the Difference between the Two?

Both postmodernism and second-order cybernetics include the observer in what is observed, but only the cybernetic perspective offers an interactive, *recursive, self-corrective* and contextual explanation of what is, or seems to be, occurring. The fact that the observer is part of a broader, observing system that includes the observed does not cancel out the cybernetic properties of what can still be *punctuated* as an observed system. Therefore, the principles of first-order cybernetics do not vanish with the move to second-order. The postmodern perspective, on the other hand, simply stops with the inclusion of the observer and invites us to deconstruct the dominant paradigms of understanding with this in mind.

Cybernetics, whether understood in its first- or second-order conceptualisation, is about the interrelatedness of things. It is, to again use Wiener's original definition, the science of 'communication and control in the animal and the machine'.⁸ We seem, however, to have forgotten that the definition of a cybernetic system is dependent upon the notions of recursion and self-correction, even when we include the observer in the arcs of feedback within the punctuated 'observing system'.

True, the constructivist perspective draws attention to the *prescriptive*, in addition to the *descriptive* component of perception, and the social constructionist position takes into account the dialectic nature of the co-construction of 'reality'. Both, therefore, have some reliance upon principles of recursion, but both epistemological standpoints remain at the level of perception and the construction of reality

and meaning for human individuals. The second-order cybernetic perspective, if understood to include the notions that defined the original incarnation of the science, can cover the same epistemological ground as the constructivist and constructionist positions while, in addition, providing a valuable theory of stability, and therefore of change — two indispensable concepts in therapy.

What of Second-Order Family Therapy (and What's in a Name)?

I believe that postmodernism has made a very valuable contribution to the theory and practice of family therapy. The evolutionary development of the very useful process of circular questioning in Milan systemic family therapy is but one notable example of the benefits arising from recognising the matrix of intersubjectivity that comes with a postmodern view. The argument here is not that postmodernism holds no relevance for therapy, but rather that the epistemological conversion of therapists (or, perhaps more accurately, of family therapy) *en masse*, and the rise of 'second-order therapy', seems to have taken place without sufficient regard for some of the critical questions that must, I believe, accompany such a conversion.

Before I dip my toe into this quagmire (and try to not fall face first), I feel compelled to say something about the issue of naming. While I accept Bateson's (1972: 280) point that 'a name is not the thing named', the misnomer 'second-order family therapy' leaves sufficient room for confusion to warrant some discussion. The term 'second-order' has a partially synonymous relationship with the terms 'deutero-' and 'meta-', both of which also have a place in family therapy parlance. All of these terms refer to a second, subsequent or 'higher' level of abstraction, and therefore require a relationship to a first, or initial level of abstraction. It seems to me that if we are to use the term 'second-order' consistently in family therapy nomenclature, 'second-order therapy' translates to something like 'therapy of therapy' or 'meta-therapy'.

But this is not how the term 'second-order therapy' is popularly used. It appears that its definition, if we could pin it down, would be something like: therapy that operates from an epistemological base in second-order cybernetics and/or postmodernism, or at least which tries to avoid the unsound principles and techniques of what we now call "first-order practice" (note that reciprocally defining two misnomers on the basis that "each is not the other" creates a circular redundancy).

To move on, however, the real point is that no matter what we call this 'kind' of therapy, the internal consistency of its epistemological base requires some scrutiny.

Those familiar with the literature in this area will know that others have commented on the same subject matter. Bertrando (2000) has put forward an articulate and well thought out criticism of the post-modern position in therapy, and Minuchin (1998; 1999), himself among the most criticised of 'first-order' therapists, has formulated a very coherent, erudite and yet not esoteric response to his critics.

Gollan also highlights some of the weaknesses in the theoretical scaffolding of second-order practice:

Recent descriptions of systemic family therapy have uncritically accepted Constructivism [read *postmodernism* for our present purpose] and unnecessarily linked aspirations towards a second-order practice to the constructivists' criticism of positivism [read *modernism* for the same purpose] (1988: 56).

Gollan, I believe, says two important things here: first, that family therapy, in all its theoretical neediness, has clutched the postmodern critique to its bosom without really looking at what it is; and, secondly, that family therapy seems to have confused postmodernism (including the constructivist perspective) with 'second-order' practice.

Further, Gollan's belief that 'power obscured eventually emerges — a therapeutic wolf clad as a second-order sheep' (56), summarises his agreement with Haley, Watzlawick and others that even the most 'not knowing' (Anderson & Goolishian, 1992) of therapists cannot avoid communicating something of their knowledge and beliefs, and cannot avoid influencing clients in any interaction with them.

'Second-order therapy' remains an elusive thing to grasp. Fortunately for some, however, there is an out: Hoffman (1988: 67) lets all second-order therapists off the hook by pointing out that each of them will interpret the philosophy of postmodernism differently, and that, therefore, there cannot be one 'constructivist' or 'observing system' approach. This is, or seems to be, *true* (please excuse the somewhat flippant use of this out of favour term). However, the proliferation of narrative therapy, to use the most successful example of postmodernism well-packaged, might lead one to believe otherwise.

All said, the caveat is this: we must remember that the way one interprets postmodernism (as an epistemology) is of a different logical level to how one chooses to behave as a subscriber to such an epistemology (that is, how one tries to *be* postmodern).

And does all this just lead us back to the old question of whether eclecticism can ever constitute a good enough base for therapists' action?

Confusing stuff, isn't it?

The Cybernetic Perspective on the Ethics of Paradox

The dependence of psychotherapy upon the manipulation of frames follows from the fact that therapy is an attempt to change the patient's metacommunicative habits. Before therapy, the patient thinks and operates in terms of a certain set of rules for the making and understanding of messages. After successful therapy, he operates in terms of a different set of such rules. (Rules of this sort are, in general, un verbalized and unconscious both before and after.) It follows that, in the process of therapy, there must have been communication at a level meta- to these rules. There must have been communication about a change in rules. But such communication about change could not conceivably occur in messages of the type permitted by the patient's metacommunicative rules as they existed either before or after therapy ... Here we suggest that ... paradoxes are a necessary ingredient in that process of change that we call psychotherapy (Bateson 1972: 191).

The proponents of paradoxical interventions have, over time, typically come from those models of family therapy that have identified most strongly with cybernetic theory.

One of the basic cybernetic tenets underpinning the use of these interventions is that problems are maintained in the recursive feedback loops in recurrent patterns of communication within family systems. On this basis, Watzlawick and his colleagues at the Mental Research Institute conceptualised a client system that, in certain cases, could not change without the strategic introduction of information from 'outside' that system (Watzlawick et al., 1974).⁹ Watzlawick also came to believe that direct attempts at change would, in certain cases, prove perpetually unfruitful. In their 1970s incarnation, the Milan associates reached a similar conclusion, resulting in their work with 'counterparadox' (Selvini Palazzoli et al., 1978).

As mentioned above, accusations of unethical practice, based on claims that therapists who utilise nondirect interventions are being 'manipulative', are not uncommon. With regard to the claim that paradoxical interventions involve an unethical exercise of therapist power, Bateson (1972: 316), despite his own discomfort with efforts to influence systems, provided what could be framed as a preemptive reply, rooted firmly in cybernetic thinking, when he said: 'In no

system which shows mental characteristics¹⁰ can any part have unilateral control over the whole’.

No doubt the reader is familiar with the contention between Haley and Bateson (and, subsequently, various others) over the issue of power (Dell, 1989; Rabkin, 1978), and this is not the place to revisit or comment on this debate. If we accept, however, that a therapist’s purpose is to *help the client change something* that the client themselves states they would like to change,¹¹ then perhaps the term ‘manipulation’, employed in its usual, pejorative sense, is inappropriate. Semantics aside, we inevitably return to questions about whether it is actually possible *not* to influence or manipulate, and, if not, whether influential acts that are planned with ethical considerations in mind are actually more appropriate in the therapeutic context than any other, more free-wheeling, form of action?¹²

Lastly, in order to understand the ethical standpoint of *second-order* cybernetics, I believe that we need first to separate this epistemology from the aforementioned ambiguities of ‘second-order therapy’ and its moralistic impositions that rely on arguably erroneous assumptions about therapist control. While an appreciation of second-order cybernetics reminds us that we must take into account *our influence* on the client/s as part of a truly ecological assessment of the symptom and the system/s involved, the framework is still intended to be a cybernetic one. Second-order cybernetics does not obliterate the characteristics of first-order cybernetics, though its presentation in much of the family therapy literature would have us believe otherwise. It is more helpful if we believe that we are *both* part of *and* separate from the client system. While we would do well to hold onto this double description, and to make our assessment of the ‘ethics’ of any given action accordingly, we should not be afraid of the metaphors of first-order cybernetics, which have enduring relevance for family therapy.

The Postmodern Perspective on the Ethics of Paradox

A postmodern critique of the employment of paradoxical interventions leads us to a position where the ‘dominant paradigm’ of a dichotomy between an expert therapist and a less powerful, recipient client is being played out. Seen through this lens, the actions of a therapist striving to change a client’s behaviour, and thereby to alter or eradicate symptoms via the issuing of a paradox cannot be considered to be ethical. Or can they?

It is debatable whether ethics has a place in a postmodern epistemology which, by its nature, does not

rule out any particular course of action. This is a confusing area that needs further thought. Once again, postmodernism invites us to be sceptical, to question, and to challenge dichotomies and claims to truth, and we should, I believe, accept such an invitation. But postmodernism cannot say that something is ‘wrong’ or ‘unethical’, except perhaps that which is unpostmodern(?). Any debate on ‘postmodern ethics’ therefore becomes circular and paradoxical.

In keeping with this paper’s implicit suggestion that there is more than a bit of confusion of logical typing going on in the understandings of second-order therapy, second-order practice and postmodernism, Linares (2001: 405) suggests that ‘One should probably be more postmodern than the postmodernists, who often ... go about dictating what is and isn’t correct in therapy’.

Discussion

It seems that family therapy’s reading of the ‘new science’ (Hoffman 1988: 67) of postmodernism and second order cybernetics, both of which incorporate the need to acknowledge the existence of an ‘observing system’, has taken family therapy to a point where any attempt to influence a client system without complete revelation of the intention to do so, and the means of doing so, is deemed unethical. Many clients, I believe, do not *want* to know the basis on which we are working, and are confused if we try to explain. They simply hope that the therapist in question is able to help and they have a right to expect that the therapist will act in an ethical manner.

To speak of a postmodern psychotherapy is itself a confusion of a member with a class — a paradox. The reasonable thinker will readily come to the conclusion that, within the epistemological parameters of postmodernism, the function of therapy can only be called into question, deconstructed and critiqued. In this way, the meta-theory of postmodernism provides a vehicle for understanding therapy, and while therapists can almost certainly benefit from utilising some of the tools of critical analysis that postmodernism offers, therapy cannot devour, and pretend to *be*, postmodern.

If the reader accepts this premise, then any serious consideration of the influence of postmodernism on therapy becomes a perpetually circular endeavour. While it seems viable to ask, ‘What would a postmodern critique of the use of paradoxical interventions in therapy contribute to the debate about the ethics of these techniques?’ it does not

seem viable to ask 'Are paradoxical interventions ethical in a postmodern therapy?'

Watzlawick et al. argue that the use of paradox is not unethical, and that '*paradox* plays as important a role in problem resolution as it plays in problem formation' (1974: 113). Watzlawick also emphasises that it is not possible to *not influence* a client, just as it is not possible for the client to not influence the therapist as *the therapeutic context evolves*. Haley (1963) makes a similar point when he asserts that it is not possible to avoid the struggle for control that is a feature of any relationship. Haley also says that 'In no therapy is all the machinery of therapy revealed to the patient' (1978: 208). To believe that we can act with *complete* honesty is fallacious.

“I believe that being a therapist requires being active on some level, and that we as therapists are responsible for our decisions.”

I believe that being a therapist requires being active on some level, and that we as therapists are responsible for our decisions. Even therapists who advocate a supposedly 'noninfluential' approach, or the use of prolonged silence to encourage free-associative client expression, for example, are still doing so on the basis of some underlying theory of what leads to the emergence of problems and what contributes to their resolution.

To cite Watzlawick (1974: xvi) again, the question 'is not how influence and manipulation can be avoided, but how they can best be comprehended and used in the interest of the patient'.

In a second-order cybernetic framework, all information can be punctuated as a 'piece' of the feedback process.¹³ Therefore, all that the therapist contributes to the therapeutic system (from aspects of their personality to the most meticulously constructed of prescriptions) has the *potential* to make a difference, and to therefore contribute to 'change' (difference that endures over time (Bateson 1972: 458)). In this sense, an 'intervention', paradoxical or otherwise, is only different from a garden-variety piece of the feedback process in that it is *planned*, and the planning cannot take place without reliance on certain premises, clinical, ethical and otherwise. Or at least that is what one would hope.

Conclusion

I have contended here that:

- In order to address the present question of ethics, we must draw a distinction between second-order cybernetics, postmodernism, and those epistemological fragments called second-order family therapy.
- Both second-order cybernetics and postmodernism include the observer in what is observed, but only the cybernetic metaphor offers a circular explanation of things.
- In their truer sense, neither postmodernism nor second-order cybernetics prohibit the employment of paradoxical interventions. To do so would be to impose a particular version of reality, of how things *should* or *should not* be done. However, postmodernism's rejection of dichotomies leads one to believe that such 'tricky' interventions are indeed unethical (by reason of their 'unpostmodernness'). It could readily be argued that this, itself, is paradoxical.
- The swing against the use of paradoxical interventions seems to have arisen from the growth of 'second-order' therapy, which is a transiently graspable but generally esoteric and uncertain label for a cluster of beliefs that are often internally inconsistent and themselves paradoxical.

Lastly, if we are able to consider our interventions in the dimensions of second-order cybernetics (which includes maintaining a 'both/and' view of the punctuation of system boundaries within the therapist and client system/s), I believe that paradoxical interventions can be ethically employed, so long as we strive to base our actions on a truly ecological understanding, and so long as therapists assume responsibility for what they contribute to the therapeutic system.


Endnotes

1. The simplest way to approach the task at hand is to juxtapose the postmodern perspective/s and that of 'simple', or 'first-order' cybernetics. While it is recognised that the move to 'second-order' brings the perspectives of cybernetics and postmodernism much closer together (some would say to the point of nondistinction), thereby limiting the contrast between the two, it is considered that an examination of *first-order* cybernetics only in this context would have been an anachronistic pursuit if we accept that this original conception of cybernetics was merely a stepping stone to a 'truer' cybernetic science. As such, the second-order cybernetic perspective is examined. Further, it is considered (and will be argued) that second-order cybernetics and postmodernism *are* distinct enough epistemologies to warrant their selection as contrasting vehicles for discussion of this topic.

2. These terms were used by Bradford Keeney and Douglas Sprenkle in their 1982 article 'Ecosystemic Epistemology', which sparked vehement epistemological debate within family therapy. This article, and the published responses from Wilder, Watzlawick, and others, are still well worth reading for the therapist interested in ethics and epistemology.
3. There is an important but tangential argument about the notion of 'resistance' in a cybernetic view of therapy beckoning at this point. Readers interested in exploring this ground could begin by reading Dell's (1982) 'Beyond Homeostasis: Toward a Concept of Coherence', if not already familiar with this important paper.
4. See Bateson (1972: 289–291) for a discussion of context markers and Watzlawick et al. (1967: 62) for a discussion of context as analogic communication.
5. Golann (1988: 51) reminds us that this contribution of Bateson's arose despite his 'objection to the epistemology of power and despite his reluctance to use theory to intervene in people's lives'.
6. Bateson (1979: 246) defined the science (as opposed to the philosophy) of epistemology as 'the study of how particular organisms or aggregates of organisms *know, think and decide*'.
7. Although it seems that contemporary psychiatry, with its reductionist, lineal and biological epistemology, and its tendency to 'eat the menu card instead of the dinner' (Bateson 1972: 280) has well and truly thrown the baby out with what some would consider to be the bathwater of Bateson's (1956) double-bind theory of schizophrenia, anyone with a disposition towards a cybernetic epistemology would surely see the enduring relevance (*as well as the limitations*) of this theory.
8. The perceived inappropriateness of applying 'machine metaphors' to families has also led to criticism of cybernetics in family therapy. I will resist the temptation here to enter this debate and to point out the naivety of such criticisms.
9. It is this separateness of observer and observed that leads Becvar and Becvar (2003: 198) to argue, in keeping with the dominant contemporary framework for thinking about such matters (though not the framework presented in this paper), that while the MRI school of therapy is very consistent with simple, or first-order cybernetics, 'any claim ... to consistency at the level of cybernetics of cybernetics must be rejected on nearly all counts'. Hmmm ...
10. By way of definition, Bateson (1972: 315) says that '*any* ongoing ensemble of events and objects which has the appropriate complexity of causal circuits and the appropriate energy relations will surely show mental characteristics. It will *compare*, that is, be responsive to, *difference*'.
11. Minuchin (1981: 100) said the task of the therapist is to help a family change, not to keep them comfortable. Hopefully (and I think this is what Minuchin meant), we are able to keep the family comfortable enough, without being so devoted to avoiding *our own* anxiety that we don't change anything.
12. Here we should also recall Keeney's and Sprenkle's (1982) reminder that we cannot *not* have an epistemology. Our epistemological slip will show, not matter how natural or atheoretical we feel we are as therapists.
13. Paul Weiss (1978:15) talks about how humans break up a world that is continuous into discontinuous parts, and label bits in order to make sense of it. By so doing, we create a perception of reality as being about separate things that affect each other.

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