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# Uvod v dialogoterapijo

Ključne besede: dialogoterapija, hipnoza, nezavedno, dialog, kibernetika, krožnost, hermenevtika, interpretacija, razumevanje, posrednost, epistemologija, retorika, prepričevanje

**Povzetek**: V tem članku predstavljam izvor, nove ideje in izvirno prakso dialogoterapije. Dialogoterapija je povezana s kibernetiko drugega reda, to je z znanostjo, ki proučuje dialoške prakse in jih umešča v hermenevtični krog interpretacije in razumevanja. Hipnoza je okoliščina ali atmosfera, v kateri se odvija dialogoterapija. Dialog hipnoze ustvarja kontekst za proučevanje dialoga in za raziskovanje nezavednih procesov. Skozi dialog, ki se odvija v hipnozi, dialogoterapevti in njihovi pacienti skupaj porajajo nezavedno, o katerem govorijo. Nezavedno se kaže po eni strani kot proces, po drugi strani pa se lahko izkaže kot njihov najbolj dragoceni terapevtski vir.

## An Introduction to Dialogotherapy

**Key words:** dialogotherapy, hypnosis, unconscious, dialogue, cybernetics, circularity, hermeneutics, interpretation, understanding, indirection, epistemology, rhetoric, persuasion

**Abstract**: This essay introduces the origin, novel ideas and practices of dialogotherapy. Dialogotherapy is linked to second-order cybernetics, the science that studies dialogical practices, which puts it within the hermeneutic circle of interpretation and understanding. Hypnosis is the condition or climate for dialogotherapy. The dialogue of hypnosis creates the context for studying dialogue and investigating unconscious processes. Through this dialogue of hypnosis, dialogotherapists and their patients together bring forth the unconscious they talk about, an unconscious that becomes both a process and their potentially most valuable therapeutic resource.

1

Psychotherapy has always lightened the darkness of my despair with hope, and it did so long before I ever met an actual psychotherapist, even as far back as when I was going through the rigor of a religious education. When in my teens I found in autohypnosis a source for self-improvement. The road I traveled—from my early experiments with autohypnosis to my mature work with the dialogue of hypnosis—meandered through many terrains. I was enchanted by the Freudian mystique and, believing I could be cured by psychoanalysis, I went vigorously on that quest. I thought I had found it until one day my psychiatrist informed me that he was in Harry Stack Sullivan's camp. About three years later I found myself thrown; I was on my own, so to speak, but with improved interpersonal skills and an appreciation for anthropologists who studied communication. I also had a renewed desire to find out how psycho-social problems, being problems of communication, could be solved through discourse (Barnes, 1995).

2

As a psychotherapist my concern is to find out how to talk to relieve psychological pain, help people accept themselves and to emancipate themselves from what oppresses them, whether the oppression is personal or familial, whether it is work related, political, cultural or social. My work is about human freedom, unity and love.<sup>2</sup> These three concepts have organized my thinking since I was sixteen years old.<sup>3</sup>

For us psychotherapists the *therapeutic* problem is always foremost, and it is how to relieve suffering and how to let healing occur through the dialogue between patient and psychotherapist. The *hermeneutic* problem, which is how to interpret and understand individuals and what they do, say or write, may be correlated with the therapeutic problem. The dialogue of therapy is \*Graham Barnes, dr. sci., psihoterapevt; | Inform Lab, Drottninggatan 73 c, SE-111 36 Stockholm, Sweden; graham.barnes@inform.se

already within the patient's life situation; it is within the life situation that patient and therapist share; it is interpreting parts of a message to get hold of the whole message, moving back and forth between the parts and the whole. It is within this hermeneutic circle that we reach out to understand others and their messages. Within it we also seek understanding; we hope to be understood; and we grasp for self-understanding.<sup>4</sup>

3

Elsewhere I have made a case for hypnosis as the condition for non-theory-centered psychotherapy (Barnes, 2002b). In this work I take hypnosis as the climate for the dialogue of therapy, and I define hypnosis as a mode of the communication of ideas. The key concepts I use in this essay stand under the umbrella concept hermeneutics. I use the concept of hermeneutics to mean the processes whereby we interpret and understand a speaker or an author. And this definition implies that interpretation and understanding are dialogical activities. To understand a text we enter into a dialogue with it. (If we put the requisite effort into reading a text, we find that our reading to understand it requires about the same kind of effort as the writer devoted to writing it.) To understand patients in therapy we psychotherapists enter into a dialogue with them.

4

My focus in this essay is on three topics.

First, on how we therapists generally come to understand our patients as well as how we and our patients achieve self-understanding.

Second, I am also keenly interested in the notion that therapy is dialogical, and how we go about studying it.

Third, taking hypnosis as "a science of intercommunication" (Erickson, 1980, pp. 70, 74-75) gives us a way to study the dialogue. My interest in hypnosis as a science of intercommunication leads me to define hypnosis itself as a mode of dialogue. As such it makes its scientific contribution within what Erickson (1980, p. 58) referred to as the laboratory that exists within the person. The entrance to that laboratory is through an even larger one, consisting of two persons—the hypnotist and the subject or the therapist and the patient. My explorations in these labs have been to find out what we therapists and our patients bring forth together (and how we go about doing what we do) as well as to find out how our patients draw upon their inner resources to overcome insurmountable obstacles.<sup>5</sup>

5

Included within my intended audience are psychotherapists who are curious about various therapy approaches, hypnotherapists and other professional practitioners of hypnosis, and all who are interested in exploring the roots and development of dialogotherapy.<sup>6</sup>

While writing I have kept three distinct groups in focus. One group is the psychotherapists who are in the early phases of training in hypnosis and who are trying to get a grip on some of the basic questions they will have to struggle with to enjoy the rewards of mastering the practice of hypnosis and to make it the climate of their therapy. I hope, therefore, that they and the students of dialogotherapy will find some ideas here that will further their studies.

And then there are practitioners who already know the basics of hypnosis and who are acquainted with the work of Milton H. Erickson but who might benefit nevertheless from coming to terms with issues raised here, and even find hints for some interesting areas to study in the immediate future.

I hope there are also rewards awaiting my readers who are advanced practitioners, and that they will take this essay as inspiration for our ongoing reflection on our work.

6

I use Erickson's name and cite him often, happily acknowledging his influence on my thinking and my work. Perhaps it would be correct to say that his works have influenced me as much as any set of works I have studied. Many people have made invaluable contributions to my life. The influence of others on my own thought cannot be measured, for influence is not a quantity. What I know is, that among the thinkers I have never met, whose works I have studied and whose thought I have tried to master, Erickson has influenced me in more directions and ways than any of the others. Yet I disavow being Ericksonian; I could not be Ericksonian for the simple reason that, as a practitioner, thinker and a scholar, I find that Erickson and I go our separate ways quite often. He goes to places where I cannot go—to some places where I lack the prerequisite competence—and there are other places where he does not go that I have gone or hope to go. These trips are all in areas of thinking, conceptualizing and knowing.<sup>7</sup>

The Erickson whose name I am using is not Erickson the man who once lived, not that bioenergetic Erickson. Rather it is the Erickson who lives on in his published works, his recordings and the stories people tell about him. The only Erickson I know (and have ever known) is the Erickson who exists in the concepts embedded in a system of knowledge and thus in the body of his work. My interest then is in his thought, in learning from it about hypnosis and therapy. My interest in what he did is only in connection with his explanations and interpretation of what he did.

I enact in my own thought his published thoughts, and while trying to think his ideas or concepts, I also think my own thoughts. I am interpreting his concept, trying to understand them as he understood them. Yet I know I can only get so close to an understanding of them. It is impossible to understand any concept as he understood it. But that does not keep me from trying, and I do that by reading him again and again. When I read his interpretation of his experience, I try to make that experience my own by making my interpretation of what he wrote. I do so, however, clearly distinguishing myself and my experience from what he wrote about his experience. So, in that process of trying to understand what he wrote about his experience, I hope on occasions to come within the understanding distance.

It is the concepts behind certain of his actions that I want to get hold of. Once I know what concept he was enacting, I can begin to understand the act. Even so, to get an understanding of any concept, I have to study Erickson to find how he interpreted it, its context and purpose, and to do that requires drawing upon everything I know, including my unconscious knowledge. So I read and I study to comprehend Erickson's concepts. I also criticize and evaluate each concept within the context of my own knowledge. Regardless of how I understand his thought, my thinking his concepts will remain my interpretation of them. And my interpretation of any given concept is always in the hermeneutic circle: I grasp some part that opens up a new understanding of the whole. Then I turn again to the part, interpreting it hopefully with a little more insight.<sup>8</sup>

7

For years my colleagues and I have worked to link psychotherapy to second-order cybernetics. We made that connection because *cybernetics* is the study of communication, and second-order cybernetics is the study of the species of communication that we call conversation or dialogue. Thus all dialogical practices are within its scope.

The recognition that we came to was that making the link between psychotherapy and cybernetics brought us to question our own *epistemology*, which was to question the very presuppositions for our certainty of knowing, thinking and deciding, the premises for how we claimed to know anything, the basic beliefs that we seemed to share with others. We found that cybernetics itself proposed an epistemology that emerged from the concept of circularity. *Circularity* turned

out to be the most basic of all tools in the cybernetic conceptual toolbox. If we are to understand communication in any of its modes, we have to understand it as a circular process. And that means to understand it as a mode of sharing, understanding that what is shared are concepts or ideas, not things, not objects, not quantities such as energy, for concepts or ideas are not things; they are intangible. Yet they are real, the stuff of mind, cognition, memories, pictures, images and thoughts.<sup>9</sup>

So we became perceivers in the epistemology proposed by cybernetics; it made *observers* of us all, <sup>10</sup> but we became observes who were also *participants*, for we found ourselves as perceivers in the middle of our own perceptions. <sup>11</sup> It also turned us into perceivers who were acting with others, so we were interacting, and through our interactions we together were bringing forth our world. But to do that we found that we were speaking to each other. And as speakers we wanted, as speakers do generally, to be understood and to understand. But unlike some other speakers, we found that we were prevented by our cybernetic insights from demanding that our listeners give our messages the meaning that we were giving them. Our listeners, not we, decided the meaning of our message.

Trying to come to terms with the implications of the circularity that was behind the epistemology proposed by cybernetics, we were surrounded by contingencies; we found ourselves outside the world of epistemological certainty. We were sojourners in a strange place, wandering among road signs pointing away from contingency toward certainty. That is how we found out that messages are decided by hearers and not by speakers. If the individual hearing a message decides its meaning, and if speakers as listeners and listeners as speakers are to understand each other, they have to talk to each other about what their concepts mean. They have to describe their individual interpretations to each other, and through an ongoing but zigzagging process of talking with each other, to reach some form of agreement, either of agreement to agree or agreement to disagree. We discovered that the other speaking to us was, like us, an "I", who in our dialogue became the "You" who spoke to us as an individual, and each "You" also became a concept who was conceptualized and interpreted by us. 13

At first we were surprised to find out that cybernetics was merely offering us an explanation for what we had been doing all along. And at first blush, we tended to dismiss it with the proverbial, "So what?" But, then, we began to catch on that there was no "so what," no conclusion, no end to the story. We are in it, and we are bringing it forth, and it is us. And that brought us back to look at the implications of what cybernetics was proposing for us in our linking it to psychotherapy. As a result we discovered that we had become hermeneutical, creatures trying to interpret our surroundings, others and ourselves. We were born in understanding, we live in it, and it surrounds everything we do. Rather than having come to the "so what" question, we had come full circle; we had arrived at where we began. But in the process we had discovered ourselves in understanding, and through our communication we together were bringing forth our world or worlds.

8

What of significance might hermeneutics contribute to our understanding of the dialogue of hypnosis? My answer requires explaining why I use the concept of "hermeneutics," and what I find useful about it. I will begin with an anecdote.

The editor of the journal *Hypnos* wanted to reprint chapter 14, "Hermeneutics of Hypnosis," from *Justice, Love and Wisdom*. I rewrote the chapter, abbreviating it and trying to turn it into an article for his journal. It went through the refereeing process, and the conclusion was that it needed further revision. A concern was that readers would not know what hermeneutics was. One referee, mentioning the dictionary definition of hermeneutics as the study of the methodology of interpretation (as of the Bible), encouraged me to avoid using the word in the title of the article.<sup>14</sup>

had forgotten about that incident until my colleague Miran Možina asked for an electronic copy of "Hermeneutics of Hypnosis" for distribution to the students of the School for Psychotherapy Cybernetics to prepare for my annual seminar in 2008. So I thought I might dust off the revision that I made for the hypnosis journal and make the changes suggested by the referees. But it would require taking care to explain at the outset why I use the concept of hermeneutics.

The oversimplified dictionary definition that I cited earlier is a good place to begin, but we have to go further to find out why I think hermeneutics is an apt concept to use in relation to hypnosis.

My initial introduction to the concept came when I, as a boy, began my study of religion and later, as a young man, my study of theology. And in that connection the dictionary definition is a satisfactory place to begin. By the time I had left behind my youthful study of religion and theology and become a student in social science and of psychotherapy and later of cybernetics, <sup>15</sup> I found that the concept of hermeneutics was also useful in these fields of study. <sup>16</sup>

My early training as a student of religion and theology served me well. That is where I came to appreciate hermeneutics. It was also the scene of my struggle with thinking. <sup>17</sup> Where I grew up it seemed easy for people who were biblicists to believe and have faith. But we also had our skeptics. From their inquiring attitudes I took permission to doubt. So I wondered why a god would depend upon a text instead of having a dialogue with human beings. If a god has talked to some people, why not with everyone? People believed in their gods and I tried believing in them also, but my doubt led me to surmise, if a god or a messenger of a god had appeared to anybody, why not also to me? If someone needed a blinding light to strike him down to make him believe, it was I. But I saw no light, saw no burning bush, heard no voice. Without experiential evidence, why should I believe the claim that others had? So before I was thirty I pretty much gave up. I suppose I was too reflective, too prone to doubt, too curious about where people's beliefs were taking them. I saw where their thinking and inquiry often ended, and I did not want to go there. My initial serious reflection on these matters took place during the years of my graduate studies and personal psychotherapy. My therapist was willing to discuss with me a wide range of topics. He remarked that after reading Spinoza as a teenager, he gave up on religion.

During my psychotherapy I was the skeptic, and so was my therapist. And later, on my way to becoming a psychotherapist, I heard people talking as if their theoretical concepts were "real," representations of people and "mirrors of nature," rather than as ways of talking. Like my theory-centered colleagues, I tended, often unwittingly, to impose my theoretical concepts upon people rather than working, as George Kelly (1955) proposed, with the concepts that my patients brought me.

Now, I admit, I wanted to become a psychotherapist and to do that I had both to learn the theories and to demonstrate to examining boards my competence in using them, showing how I applied them in my work with my patients. Before long I was questioning what I was doing. That question over time became, what is this theory doing to me (and others)?<sup>18</sup>

It seems to me that the best question to ask ourselves about any approach to understanding—especially if we think we might want to learn it—is a question about how people who engage in it talk about what they do. Let's ask the question about the dialogue of hypnosis: Why do we talk about hypnosis and dialogue as we do? And we could expect others to ask, what would it be like to talk as you talk? The philosopher Richard Rorty (1982, p. 163) suggested two additional questions: (1) What would happen if I talked like that? (2) What would I be committing myself to? The best I think we can do is engage in conversation about these things, practicing, in Rorty's apt words, "the Socratic virtues—willingness to talk, to listen to other people, to weigh the consequences of our actions upon other people" (p. 172).

We can anticipate that engaging in the dialogue of hypnosis will change us; making our practice dialogical will also change us. The process of going through the discipline of learning

to communicate in the dialogue of hypnosis and to apply procedures such as indirection and utilization, <sup>19</sup> will change the self. We do not merely go through the discipline of hypnosis or hermeneutics to get a new tool. Learning the dialogue of hypnosis takes us into another iteration of understanding that approaches Bateson's (2000) notion of "learning to learn." He wrote, "We think we acquire a skill in order to use it" (Bateson 1978); certain Japanese and Tibetans believe that

you go through a discipline not to get a tool but essentially to change yourself. We think ... the same self ... will use the new tool for the new skill. They think that the self will be actively changed by the discipline of the practice of Zen, archery or whatever it is. (p. 205)

q

In connection with my mentioning my background acquaintance with hermeneutics, it seems appropriate to call attention to the etymology of the concept. Mueller-Vollmer (1986), in the introduction to his collection of "texts of the German tradition from the Enlightenment to the present" on hermeneutics, explains that the etymology of the concept

carries an obvious relation to Hermes, the messenger god of the Greeks, and suggests a multiplicity of meanings. In order to deliver the messages of the gods, Hermes had to be conversant in their idiom as well as in that of the mortals for whom the message was destined. He had to understand and interpret for himself what the gods wanted to convey before he could proceed to translate, articulate, and explicate their intention to mortals. To describe the different facets of Hermes' task, modern mortals have at their disposal a whole set of terms such as linguistic competence, communication, discourse, understanding, interpretation. Looking at Hermes' task may give us a clear warning as to the complexities underlying the term hermeneutics and the hermeneutic enterprise itself. (p. 1)

... It was not until the Renaissance, Reformation, and thereafter that hermeneutics as a special discipline came into being. Against the Catholic insistence on church authority and tradition in matters of understanding and interpreting the Holy Scriptures, which was reaffirmed at the Council of Trent in 1546, the Protestant reformers advanced the principles of perspicuity—*perspicuitas*—and of the self-sufficiency of the holy text. (p. 2)

Besides the sacred hermeneutics of the Protestant reformers, three other tendencies were instrumental for the rise of modern hermeneutics: developments in classical philology, jurisprudence, and philosophy. (p. 2)

In religion, in science, and perhaps in other human domains, where we human beings question authority or tradition, it seems we are likely to turn to hermeneutics.<sup>20</sup>

Mueller-Vollmer (1986), credited the theologian Schleiermacher (and the philosopher Dilthey, whose work influenced the sociologist Weber) with

transforming hermeneutics from the study and collection of specialized rules of interpretation for the use of theologians or jurists to that of a genuine philosophical discipline and general theory of the social and human sciences. (p. 9)

It is noteworthy that Schleiermacher called attention to the centrality of our human ability to speak and thus to use language and to transform language into thoughts or ideas. He thereby gave linguistic interpretation to the process of understanding. Understanding for him, says Mueller-Vollmer (1986), "was an activity analogous to that of speaking" (p. 10).

A new development occurred with Dilthery, who was Schleiermacher's student and biographer. He turned from Schleiermacher's emphasis on linguistic interpretation and speech to the idea that understanding begins in life itself, with what he called a "category of life" (*Lebenskategorie*). He made understanding of the life situation the basis for all understanding. Dilthey's position was, says Mueller-Vollmer, that our actual everyday behavior reflects our "lived understanding and comprehension" of our "social and cultural environment" (p. 25). "Understanding itself is a manifestation of life; acts of understanding are lived by us, they constitute 'lived experience' (*Erlebnis*)" (p. 25). We understand others by how they express or live their lives (p. 27). We need to know that Dilthey's position is background for Heidegger conceptualization of hermeneutics. According to Mueller-Vollmer, Heidegger "radicalized the Diltheyan notion of understanding as a 'category of life' into an 'existentiale' (existential category)" (pp. 214-214).<sup>21</sup>

Heidegger's student, Gadamer (1990) used hermeneutics as a general theory of interpretation to include the historical and the social as well as texts. For him, "all science involves a hermeneutic component" (p. 559). Understanding is always a productive activity rather than reproductive. We never understand a speaker or a writer better than another listener or reader, but as listeners and readers "we understand in a different way, if we understand at all" (pp. 296-297). Communication takes place when a concept becomes mutually available for two or more people who are present in conversation, and for whom the concept they share emerges into something else. Understanding involves a circular relationship, a movement between whole and part (p. 191). Understanding occurs through this logical circular oscillation between whole and part, and the circle of whole and part is constantly expanding.

Gadamer explains that for Heidegger the interpreter is to "be guided by the things themselves..." When we try to understand another an initial meaning emerges. It emerges only because we are listening with particular expectations, which we are constantly revising as we continue the conversation. A person who is trying to understand a text is always projecting (p. 267). For Heidegger "the circle of understanding is not a "methodological" circle" (p. 293). It is "to clarify the conditions in which understanding takes place" (p. 295).

10

How, then, may interpretation, as the way we come to understand anything, be subject to experiment? The premise for a hermeneutics of hypnosis is that we human beings are, in Burke's definition, the "symbol-using animal." We share the same physiology. This permits individuals to explore the requirements for an organism to experience; to conceptualize experience, using symbols or concepts; to use symbols or concepts to create an experience; and to share an experience through communication. This premise proposes for hermeneutics to explore how mammals of the same and different species can communicate through their organs of sense, and how humans share (and also constitute) their experiences through language, or simply through talking to each other. That we human beings "dwell" in language means that we are unable to step outside language or understanding. The activity of interpretation goes on as long as we are sentient. 23

11

Over the years of our work together my colleagues and I have found ourselves on occasions retreating from the hermeneutic circle. We tried to get across the border into the kingdom where our old epistemological certainties still reigned supreme. Even if we did not go all the way back, old habits of perception and set patterns of behavior and beliefs<sup>24</sup> tempted us to turn from understanding to certainty. And at times we turned our newly found tools into blunt instruments to enforce our old rigidities.

It is rigidity that we find ourselves having to come to terms with in many guises, and in the therapeutic situation, the rigidities of our patients as well as our own. And that was where hyp-

nosis proved invaluable. We discovered that without hypnosis the cybernetics of conversation could only go so far and plumb only so deep, but with hypnosis we could explore the deeper reaches of consciousness and of unconscious processes.<sup>25</sup> We found in using Erickson's brainchild of hypnosis as "a science of intercommunication" we could create the climate for the study of dialogue, beginning with the dialogue between patient and therapist. We found that it was possible in this climate to overcome certain rigidities and habitual thought patterns and beliefs.

We continued our learning to talk with our patients (and thus with each other) in ways that we and our patients found consciously reasonable and understandable but that both patients and therapists could understand unconsciously. (And we became more comfortable with keeping our unconscious understanding unconscious when it seemed to be unconscious. We became more satisfied with that notion after we learned that it is not actually possible, or even desirable, to make the unconscious conscious because the conscious just cannot manage the variety, complexity and richness of unconscious understanding. <sup>26</sup> So we had to learn to trust ourselves unconsciously. <sup>27</sup>) We found ourselves working with different orders of messages and of understanding; we were also finding how to do things with words. And we were attending to how we individuals interpret ideas and concepts differently, giving them our own individual interpretations. And to our surprise, we found that we human beings seem to interpret unconsciously a concept, or even a word, very differently from the way we interpret it consciously.

We translated the idea of culture hermeneutically as understanding and as our way of being within understanding.

From there we had to return to the study of who we are, to what gives us our identity, beginning with our physiology, our bodies as human organisms. (And hypnosis proved invaluable in studying the effects of words and concepts on our physiology. We monitored both *physiological* changes and changes in brain activity in response to certain ideas in different hypnotic conditions—before hypnosis, when entering hypnosis, when in deep hypnosis and after hypnosis—and we compared the differences between these conditions. <sup>28</sup>) We were taking seriously the way words, their tones, inflections, rates and volume brought about physiological changes. We also were observing the individual's *psychology*, observing the individual as a unique *personality*, her or his *social history* and *cultural patterns*.

In what follows, I trace some parts of the journey that brought us to where we are. We enact certain concepts or ideas, bringing forth together our world. Another way to say the same thing is to say that we surround ourselves with a new understanding. We are making our world, and it is making us. We are becoming through the concepts we are sharing in our dialogues, and together we are enacting concepts that are bringing forth our world of understanding.

12

I conceptualize the dialogue of hypnosis as both a conscious and an unconscious sharing of ideas, with the aim of coming to know one's self, which means the unconscious understanding and application of "useful unrealized self-knowledge" (Erickson, 1980, p. 74). What might we learn about hypnosis from our study of dialogue? What might we learn about dialogue through our study of the dialogue of hypnosis? In short, how does an understanding of hypnosis further our understanding of others, and how does that understanding (if we reflect upon it) seem to turn out to be self-understanding?

The problem that comes in for discussion here has to do with how hypnosis presupposes understanding and how interpretation becomes understanding in hypnosis. This discussion includes attention to how ideas work in communication and specifically in hypnosis. Throughout this discussion my focus is on interpretation, on how interpretation occurs within understanding, and on how interpretation of understanding brings about new understanding.

During the last century the task for hypnosis was to demonstrate and establish that it was an

experimental science. Erickson worked on that problem, and the results of his work are relevant to this discussion. His work led him to conceptualize hypnosis as a science that studies intercommunication. While respecting the gains from that work as well as exposing its presuppositions, we now face a new challenge, which is how to frame and study hypnosis as a dialogical activity. I propose that to do so we have to turn to hermeneutics as the discipline that studies how "I and Thou" together come to understanding different topics and through that understanding come to understand each other and to arrive at self-understanding.<sup>29</sup> And I also propose finding the overlap between hermeneutics and the science that studies dialogue which is second-order cybernetics, and then linking them together in the dialogue of therapy using hypnosis as a science of intercommunication. But, I am getting ahead of my story about connecting hermeneutics and hypnosis, a story that begins with self-hypnosis and naive experiments with hypnosis to help students improve their study habits.<sup>30</sup>

13

Initially, the lure of hypnosis for me—an undergraduate college student—was to use autohypnosis for relaxation and concentration, to improve my low self-esteem and to replace my same-sex desire with a desire for girls. The more compelling narrative in the present context is about a demonstration of hypnosis before a college audience.<sup>31</sup>

When I started using hypnosis with students it was to experiment with various hypnotic phenomena but also to help the students improve their ability to study, concentrate and relax. I was invited to give a formal presentation of hypnosis to a meeting of my college literary society.<sup>32</sup> From one of the youth groups with which I had experimented with hypnosis, I found a volunteer to be my demonstration subject. If he would be my demonstration subject before a skeptical audience of college students and faculty, I promised to use the occasion to help him solve his serious learning problem.

My volunteer was Jay,<sup>33</sup> a 15-year-old boy with what he called a serious problem with remembering. He said that when he was ready to do his homework, he had difficulty recalling what he had learned earlier at school. With great effort he tried, but failed, to memorize poems. He was convinced that he was unable to memorize anything, a troubling disadvantage for a serious student. Already he had participated in several experiments with hypnosis, and he had seen me work with others. (Was he motivated to take part in the demonstration? He persuaded his sister's boyfriend to drive him to the college from his remote rural village, a drive of at least two hours.)

I explained to my college audience that Jay had a serious problem with remembering. He was sure he was stupid and wondered if he was capable of learning. Jay confirmed that he had a memory problem, adding that it was even worse than I had described it.

From my preliminary remarks to the audience, he was already prepared to enter into hypnosis. I told him that he would stand up and that as he took each step to walk to the front of the room, he would go deeper into a trance. By the time he joined me in front of the group where we continued our discussion of his "memory problem," he had developed a somnambulistic trance. He identified a favorite passage he would like to memorize. We agreed on the number of lines he would read. The book with the passage was placed in his hands. I spoke to him in a matter-of-fact way. Supposedly, I said that he could feel the book in his hands, that he could feel the floor supporting his feet, that he would read the lines on the page he was looking at, read them aloud so the entire audience could hear him, that he would read the words easily, without strain, understandably, and without trying. I said that he would not need to remember that he had stood before an audience and read the passages. He would not need to remember any of the circumstances around how he had demonstrated his superb ability to read aloud to an audience. All he now needed to do was hold the book in his hand, focus his eyes on the page, see the letters, the spaces

between the letters, the words and the spaces between them, and read aloud, pronouncing each word clearly and distinctively. As he read that was how he spoke. After he had read the passage, I took the book, instructing him to return to his seat.

"After you sit down you will awaken. You will look around at the people in this room. Then, you will stand up, go through the foyer to the front door; you will open it, look outside and then close it; you will return again to your seat as easily and comfortably as you left it. When I ask you why you looked outside, you will give your own reason for doing it."

He followed my instructions as if he was doing something he had thought about all on his own. After he had opened the door, looked outside and returned to his seat, I asked him why he had done so.

"I wanted to see what was outside, Stupid," was his reply. (It was I who was stupid, not Jay!)

A professor asked Jay if he knew, or was familiar with, the passage in a certain book, which was, of course, the book from which he had read. At first he looked a bit puzzled, as if he was trying to figure out why anyone might want to know, and then he hesitantly answered that it was a passage he was familiar with.

"Would you recognize it if you heard it?"

"I think so," he replied with a hesitant nod, looking somewhat confused.

"How would you recognize it?"

He had a blank look and shrugged his shoulders.

"Could you by any chance recite the passage?"

Jay stood up immediately and recited it verbatim—word-for-word with the same inflection and emphasis—just as he had read it earlier. Obviously amused at himself, he showed surprise that he actually knew the lines he was reciting by heart and that he had the ability to remember something he had read. He exclaimed to the audience,

"I can remember! I can remember!"

And he continue speaking enthusiastically, repeating several times these words about his newly-found discovery. Each time he spoke he looked directly at a different person. This typically quiet and shy country boy had become so exuberant that the people around him were beginning to appear embarrassed.<sup>34</sup>

Upon arriving home late that night, he awoke his parents with the news that he could remember, that he was not stupid, implying that from now on he would be able to do his homework like other students. He demonstrated to them his ability to remember by reciting the passage he had read to the college audience earlier that evening. At school the next day, he announced to his teacher, in front of the whole class, that he was not stupid. And he proved it by standing and reciting the passage he had read aloud the night before. <sup>35</sup>

After my work with Jay's youth group was completed that year, I did not see him again for 13 years. I had returned to my college for an alumni meeting. My class was celebrating its tenth reunion. As I was leaving the podium, where I had joined other members of my class, making my way through a crowd of several hundred people and greeting people I had not seen for years, a tall man in his late twenties approached me, and said,

"Hello, Graham. Do you remember me?"

"Yes. You are Archie's son."

"No," he said kindly, with a slightly reproachful tone. "I'm Jay."

His pupils had dilated but there was the hint of a smile on his face. Without even a slight pause, he said, shaking his head,

"I can't get it out of my mind."

"Is it a problem?" I asked spontaneously, surprising myself that I had spoken without forethought.

"Oh! No. I like it."

Jay made contact 13 years after the experiment to tell about his success. When I saw him I knew he was someone I should know, but I was unable to recall his name. (He was not the little boy of fifteen; he was a tall, broad-shouldered, mature man of 28. His voice had also changed, but recognizable traces remained; I heard familiar cues; it was a voice I had heard before; I recognized it as Jay's. His name was on the tip of my tongue, but I could not say it.) It appeared that it was I who was not remembering: It did not count that I identified him correctly as "Archie's son." Not allowing me to address him as Archie's son provided Jay the entrée to tell me about his memory. Our brief conversation gave me an outcome of a rather simple hypnotic procedure. Our meeting was brief, but I hope it accomplished what Jay wanted from it. He appeared and, then in a flash, he and his friend were gone. It all happened so fast that I did not get to talk to him; I had not a second to reflect on what he had said to me. I was so taken by surprise that I did not realize for some time what a gift he had given me. He was hypnotic, having arrested my attention, and he focused it on what he had to say. His success in doing it was such that I vividly remember our brief conversation, but I hardly remember anything about my class reunion. Except for a very few images, it has long since faded away.

14

When I said to Jay that he did not need to remember standing before the audience and reading, or that he did not need to remember the circumstances around the demonstration, I was respecting his skill not to remember while implying that he had a superb memory ability.

Communication that is multi-dimensional seems to be specific. This means, for example, that one knows what is communicated in the condition of hypnosis when in that condition, but that one may not have access to (and be able to communicate about) that material when not in a hypnotic condition.

This discussion of my demonstration with Jay is from my present knowledge. I have no way of knowing what I knew and did not know at that time. In that tone I use Jay to support my understanding of "indirect communication" as an effective therapeutic way to communicate. And what I mean by "indirection" is to communicate multi-dimensionally, which means communicating in different dimensions simultaneously. But you may ask, why work with indirect communication in hypnosis? Why employ indirect methods? My answer presumes that "indirect communication" speaks to the individual unconsciously. The message does not have to be subjected to, and be processed by, the conscious, exposing it to purposeful self-assertion.<sup>36</sup>

Indirection in the dialogue of hypnosis respects the private languages of patients. It also permits (and thus invites) transformations to occur. From seemingly random elements, a mind can put disparate elements together and build new structures of thought. Indirection proceeds on an assumption that Gordon Pask used as the starting point for conversation theory: each concept contains, and is contained within, an infinite number of concepts; each concept generates its own entailments and opposites.

Indirection also gives the possibility for introducing any hypnotic procedure into a conversation and for the whole process to become a dialogue. This dialogue takes into account the emotions: those that are not subject to speech; those that are unspeakable. And it respects what is unspoken.<sup>37</sup>

We might use words to invite patients in the dialogue of hypnosis to explore and work with the unspoken. Patients does not need to talk about the unspoken until they are ready or until unconscious processes make it present to unconscious awareness. They might talk about it in a somnambulistic condition; they might not. They might talk about it as a result of their becoming aware of it consciously. It might be that the unspoken needs to remain unspoken.<sup>38</sup>

My guess is that during the hypnosis demonstration with Jay I did not talk with him about an

overt problem, but that I did mention his ability to read a few lines and remember them. I worked with the supposition that he did not need a set of commands for how he would study or learn. I surmised that he needed to have the experience of remembering something that was important to him, of reading something that he could remember, and that the context for the experience of reading aloud and remembering needed an audience. His demonstration to a college audience that he had the ability to memorize also enhanced his self-esteem. When performing the demonstration, I had no way to anticipate that Jay would interpret his ability to remember to enhance his self-esteem, though he gave a possible clue by humorously calling me "Stupid" (in keeping with how a fifteen year old boy might speak to a friend).

15

How had I come to understand Jay? I had lived in his community at least one weekend a month during one school year and I had spent most of one summer living there, visiting all the families and living with some of them for a week at a time, including Jay's. I had become acquainted with his parents, with their speech habits and behaviors. I knew that they respected education and that the wanted their children to finish high school and, if possible, go to college, an opportunity they were not afforded.

I had taken the role of "the other" in Jay's community and family, and I had taken on some of their attitudes. While remaining an outsider I had learned some things about how they spoke, <sup>39</sup> about their patterns of behavior, their patterns of beliefs, and their patterns of emotions.

Jay had an aunt who had what she called migraine headaches. Specialists at Duke University had told her that they were unable to find a cause for her headaches and that there was nothing they could do for her. Knowing about my work with the young people, she asked that I use hypnosis with her. I was unqualified to do what she was requesting, and I told her. But, she was confident that if I hypnotized her, she would no longer be plagued by her headaches. I agreed to help her achieve a deep hypnotic trance, but with the caveat that I could not cure her headaches, that I lacked the competence to do that. She assured me that if I hypnotized her, her headaches would go away. I did as she asked, and in deep hypnosis I said to her what she had said to me, letting her know that her unconscious could take charge of her headaches. She awoke free of her headaches and remained symptom free as long as I knew her.

From both his observations of others in hypnosis and his personal experiences of hypnosis, Jay was prepared to be my demonstration subject. He knew from experience what hypnosis was, on occasions he had achieved catalepsy and other physiological changes, and he had seen such changes in other students. (My demonstration at the college was not to demonstrate hypnotic phenomena; it was to show how hypnosis could help students improve their ability to learn.)

Jay knew that what I was doing was the result of "suggestion." So he arrived at the college for the demonstration with sufficient experience to believe that what he wanted to achieve was possible. And I took with me to that demonstration some understanding of Jay's social situation and his culture as well as some understanding about Jay as a person and his interests.

16

How are we to study the interaction between hypnotist and subject? As with individuals who are taking part in communication generally, they are together bringing forth a world. And what we call the unconscious is part of that world.

I propose that "the unconscious" is enacted in our relations to others and in our relation to ourselves. Erickson (1985, pp. 25-26) emphasized that our relationship to ourselves includes our physiology, our psychology, our social history, our culture and our personality.

It seems to me that to account for a process that we describe as unconscious, we will have to describe it as enacted. Since it is a phenomenon that is brought forth in and through communica-

tion (and we can only know it through communication), we might further our understanding of ourselves if we describe it as enacted through communication.

Erickson's interpretation of his experiments of unconscious processes was that the unconscious speaks its own language, that it can be understood only by another unconscious, and that even one's conscious does not easily understand one's unconscious. Put another way, the language of the unconscious is quite different from the language of the conscious, and the language of the unconscious is generally unreadable by the language of the conscious. Let it be said then that the conscious is incapable of representing the unconscious. Our concept of "the unconscious" enacts itself just as our concept of "the conscious" enacts itself. The difference is based on an assumption, which is that the conscious is embedded within the unconscious.

In all our explanations we have to include ourselves as the perceivers who are doing the interpretation. We are perceivers inside our own research rather than observers on the outside. And our perceptions, even our participation, will influence our subjects. Even where we might consider ourselves observing from our own unconscious (or speaking from our unconscious) to the unconscious of the other, we have to consider the results of experiments that caution us to account for the likelihood that our observations (and our speech, even if it is the unconscious speaking) will influence what the unconscious of the observed might do.

Let's assume that the unconscious is reflexive. (How can it be otherwise if it is capable of taking part in communication?) Let's assume, therefore, that in hypnosis my unconscious (as a system) in some way mirrors the unconscious (as a system) of the other in the hypnotic relationship. Where does this take us? I pose the proposition that the interaction of the unconscious system of the researcher and the unconscious system of the subject—that these two systems together—enact an unconscious system between them, and that their mutually enacted system constitutes their relationship as perceiving unconscious systems. Further, I suggest that they have already become "observing systems" through their interactions with each other.<sup>41</sup>

Erickson's reports from his laboratory experiments in the 1930s give validity to this argument. <sup>42</sup> He undertook his experiments with unconscious processes only after he had spent many hours working with his subjects in hypnosis. He engaged with them in session after session, experimenting with eliciting a wide range of hypnotic responses. By the time he did the actual experiments to find out how the unconscious works, he and his subjects had built up quite impressive ways of perceiving each other in an atmosphere of trust and cooperation. So profound was the bond between them that some of his research subjects returned to continue experiments, even in cases where they consciously voiced objections to doing so. <sup>43</sup>

The key to what we are discussing here is the relationship and how the perception and the interpretation of the relationship of researcher and subject emerge as the unconscious observing system enacts itself.

Let's go through this again, this time with a different emphasis: the research experiment takes place in an actual situation at a specific place and time. Each experiment has an environment. Researcher and subjects are surrounded by "understanding," which includes the cultural patterns they share, their social situation and their respective psychological situation. They share a group "mind" just as they share a social mind. We assume that this (cultural and social) mode of "understanding" is for the most part unconscious, for it includes so many memories, learned behaviors, shared assumptions and beliefs, skills, languages, and gestures that consciousness would breakdown attempting to handle them all. Within this understanding is embedded the presupposition for all that they do consciously.

A way to account for this mode of "understanding" is to call upon research results in anthropology and the other social sciences. We will undoubtedly also use our own consulting room observations as well as our everyday life experiences.

We could assert that there is something absolute about unconsciousness; we could also assert

that our interpretations of the results of our research are absolutes. If, however, we are unwilling to make such assertions, we might claim that the relationship of one unconscious to another unconscious is relative. (And we might claim that our interpretations of our perceptions of that relationship are relative.) We might support our claims by appealing to the principle of relativity, which states that an interpretation that is valid for individual A and that is also valid for individual B is acceptable only if it is valid simultaneously for both A and B together.<sup>44</sup>

17

I hope my arguments to this point have made sufficient sense that I am permitted to make yet another claim. That claims is: what we are investigating when we do research on the unconscious is not the unconscious either as a container or as an object, but (1) the unconscious as processes, (2) processes that are enacted and thus emergent, and (3) processes that emerge in relationship. It seems, therefore, that we might consider that the unconscious can only be known to and by another unconscious; or that our own unconscious may only know itself by dividing itself into two parts. One is the part of the knower and the other is the known. The part of the unconscious that is the knower becomes the part that comes to know a part of the unconscious that is unknown to itself. I turn again to Ashby's law of requisite variety for support of my assertion. In this context the law specifies that for A's unconscious to know B's unconscious, the variety of A's unconscious must be able to match or absorb the variety of B's unconscious. A, the knower's unconscious, must have the requisite variety to match the variety of B's unconscious. 45 If part of A's unconscious wishes to become aware of another part of itself, then it has to distinguish between the aware knower and the unaware or the unknown (Spencer-Brown, 1994). In that case A, the knower, must have the requisite variety to match the variety of the part of A's unconscious that it wants to become aware of or to come to know.

Note that our discussion is about communication; it is about how the unconscious investigates and interprets unconscious processes through communication. What I am suggesting is that we are studying the unconscious as we perceive it in our communication (regardless of the mode of communication).

Even the most brilliantly conceived research design for investigating the unconscious will have to account for the interaction between the researcher's unconscious and the subject's unconscious. <sup>46</sup> Both researcher and subject will be taking on the role or the attitude of the other. <sup>47</sup>

It seems safe to assume that after the researcher has devoted hours of working with subjects in hypnosis that the subjects will have taken on the attitude of the researcher. And we would suppose that the researcher has to some extent taken on the attitude of each research subject. But the subjects in deep hypnosis, taking the attitude of the researcher, will be acting with a different set of evaluative criteria from those of the researcher.

In the processes of our becoming ourselves we are also becoming others; we take on their attitudes, and these attitudes regulate us just like the setting of a thermostat controls a heating-cooling system.

18

I have already noted that research on unconscious processes, using hypnosis as a science of intercommunication, will be an interaction between the researcher's unconscious and the subject's unconscious. To underline the importance of the notion of such interaction, let me emphasize that if we want to know something we have to act. And by that I mean to say, that to get to know anything about the communication of another communicating individual, we have to trade with him or her. That means we have to interact. So our actions become interactions and that means, if we want to see, we have to act together to bring forth observations.

What we can assert at this point is that our research in unconscious processes is a case of the human mind attempting to find out about itself. In Erickson's investigation of unconscious processes, he reported to his readers how he acted and interacted to bring into his awareness the reality of unconscious processes as well as conscious processes.

Throughout this discussion we are acknowledging our indebtedness to Erickson for having found out things that we would not know if he had not had the genius to design experiments for finding them out. From his published works we find help with solving several problems. First, the design of his work was to separate hypnosis from its occult and superstitious past. And he did that by establishing hypnosis as a science of intercommunication, which also linked hypnosis with cybernetics. And, as Wiener (1948, p.182) wrote, "this intercommunication can vary greatly in complexity and content." Wiener proposed quantifying the complexity. Erickson (1980), however, proposed using hypnosis for studying intercommunication. He was the first researcher to use hypnosis to investigate "psychological and physiological behavior," and he interested Clark Hull in hypnosis and to subjecting it to laboratory study (p. 53). He also showed how through hypnosis communication could be established with patients who suffered from the breakdown of communication (p. 75). Through hypnosis Erickson established communication with such patients and helped them achieve meaningful and happy lives. And he documented every step in the process so his procedures could be replicated by caring practitioners who have the competence and are willing to make the required commitment of time and effort. He also showed how hypnosis can improve and enhance communication and bring about cooperation. He went further and showed how through hypnosis communication occurs between one unconscious and another unconscious. He established thereby the autonomy of unconscious processes, suggesting that the unconscious is not subject to conscious control or willfulness, although conscious purpose can override the unconscious.

As therapist and researcher, Erickson is the exemplar for clearly establishing that hypnosis is communication. Haley (1973) wrote that Erickson "brought to therapy an extraordinary range of hypnotic techniques;" he "also brought to hypnosis an expansion of ideas that have broadened hypnosis beyond a ritual to a special style of communication" (p. 19). It is "a type of communication between people" (p. 20); it is "a special type of interaction between people;" it "is a process between people, a way in which one person communicates with another" (p. 21).

Haley deserves credit for clearly defining Erickson's practice of hypnosis as communication, attempting to be specific about the mode of communication for the hypnosis that defined and shaped Erickson's practice. Haley (1967) wrote about how Erickson re-defined hypnosis by including "both subject and hypnotist in the description. When he speaks of 'hypnosis,' he is not merely referring to the processes within a subject but to the type of interchange between two people" (p. 544). He also re-conceptualized the "unconscious."

The unconscious, by definition, has always been a term which applied to one person—a something within that person. Erickson does not view the 'unconscious' that way, with consequent effect upon his therapeutic procedures. (p. 545)

Haley (1967) reported Erickson's assumption that communication between people is both unconscious and conscious, that people communicate with both a conscious language and an unconscious language. Unconscious communication is in the movements of the body, voice intonation and in metaphors. Haley wrote that Erickson assumed that

the language of the unconscious was not merely expressive—a report of what was on the person's mind. It was also a way of communicating *to* another person. That is, we communicate with a conscious language and we also communicate to one another with an

unconscious language which we understand and respond to. This unconscious language is in a different code; there is condensation, no sense of time, and so on. The communication is in the form of body movement, vocal intonation, and the metaphors and analogies implicit in our verbal speech. (p. 545)

Erickson proposed that the therapist understand unconscious communication. He did not try to translate unconscious communication into conscious communication. For him conscious and unconscious are two orders of communication. He respected these orders in his communication.

We are taking Haley's ideas further, talking about the dialogue of hypnosis, about hypnosis as the climate of our therapy, about the action of our therapy as dialogical; and we are calling it dialogotherapy.

I consider Erickson's paper, "Hypnosis: Its Renascence as a Treatment Modality" (1980, pp. 52-72), to be among his best. It describes the case histories of Edward, Ann, and Sandra. All three were severely disturbed patients.

At the end of each case he commented briefly about hypnosis and shared a brief insight about communication. For example, "through hypnosis Edward learned the thing vital in human living—how to communicate" (p. 66). At the conclusion of the case of Ann, Erickson changed his emphasis from what the patient learned to what therapists can learn.

To know how to communicate with patients is all-important in medicine, in all branches of life. Semantics are important, but communication is basic. Hypnosis needs to be recognized as a science of intercommunication. (p. 70)

His summary statement at the end of his discussion of the case of Sandra is longer. It is about hypnosis as communication. And I take it as an assertion that hypnosis is a dialogue, "a modality of communication of ideas, understandings, and useful unrecognized self-knowledge contained" in the unconscious. Erickson noted that Sandra talked to him and their unconscious conversation established "good purposes." And through the dialogue of hypnosis therapists can keep the conversation going with their patients: "Only by hypnosis could this patient be approached and contact indefinitely prolonged."

Hypnosis is not a cure. Neither is insulin in diabetes. The writer has used hypnosis on more than one psychotic patient to keep him a productive citizen. [Sandra's] case history illustrates the value of intercommunication between people to establish good purposes. ... How many more mentally ill patients, hopelessly sick, might be economically rehabilitated if physicians understood hypnosis as a modality of communication ... (p. 74)

With all three patients, but with Sandra explicitly, Erickson makes the point that there was a verbal dialogue between him unconsciously and the unconscious of the patient. He seemed to be unconsciously observing the unconscious-unconscious verbal dialogue. The hermeneutic point here is that he makes the contact, continues the dialogue through hypnosis, and in this dialogue the patient unconsciously shares with him the "truth" about her psychosis and about her behavior in general. She invites Erickson into cooperation with "it" (her) to establish "good purposes."

Erickson concluded:

Mental disease is the breaking down of communication between people. Hypnosis permits a development of communication.

... Much is being learned about how to talk to people, to understand them. Any statesman can tell us that most of the world's troubles derive from a lack of intercommunication. So it is with matters of human illness and health. Hypnosis is not a simple matter. It is another important tool in exploring human behavior from a new and different approach—a tool that will lead to a definition of the still undefined "personality" and allows us to learn how the human body reacts to stimuli. Stimuli can then be given to take advantage of existing, but unrealized, body learnings. (p. 75)

19

Our discussion has brought us to the problem of mind, by whatever name we choose to call it: consciousness, cognition or thought. Erickson was careful to include within the domain of mind the individual's physiology, psychology, social history, cultural patterns, and the individual as a person. For our understanding of human communication it is necessary to account for all these items; human communication is inseparable from them. We might say that there is no individual body devoid of mind, and there is no mind devoid of body.<sup>48</sup>

Without a concept of mind, a concept of unconsciousness would be useless. To accept the concept of the embodiment of mind is to accept the work that shows that as a result of the neural activity that permeates the entire body and all its parts, the body is enminded. But this mind is not a mind that is outside the body; it is the body minding itself. That means that something we call consciousness is not outside the body controlling it. What we can demonstrate easily is that through communication, which is both social and psychological, and thus through the use of words, certain physiological changes can be brought about, such as a change in the rate of breathing, the pulse rate, blood pressure and pupillary dilation.

It would be incorrect as well as a retreat to an outdated epistemology to say that such physiological changes are the result of mind over matter. That would be to assume that the body is not minded and that mind is disembodied.

What we have done in taking cybernetics seriously is to find out that what is of importance for those of us engaged in dialogical activities, such as psychotherapy, is not objects and things or what they are made of, but of how human beings interact and relate through communication. We include in this communication our physiology. We go on to describe communication as an acting, specifically we describe it as a mental activity, as an act of mind. But let me emphasize that this mind is embodied in our physiology, and it may also be embodied in any other fabric that can embody mind.

For our purpose as therapists, what I summarized in the previous paragraphs is the basics of what cybernetics can contribute to the work we do in therapy and how we go about doing it. And that is why we take cybernetics seriously, for it enables us to study communication. It even furthers our study of the intercommunication of hypnosis, for hypnosis is also a form of communication.

We take cybernetics seriously for another reason, which is that it proposes a curious kind of epistemology. This epistemology helps us reach the insight that we have an epistemology whether we admit it or not, and that we cannot avoid having one. Therefore, it is better to talk about what an epistemology is and attempt to identify the conventional epistemologies that seem to get us into great difficulty. The above discussion of mind and body is an attempt to overcome the conventional dualism of mind and body that leads to talk about mind as if it were a concept of the same type as body. Throughout this essay I am cautiously avoiding the use of quantitative metaphors, for I take them to be erroneous ways to describe human dialogical processes, which are qualitative processes (Barnes, 1999). A more correct epistemology offers us ways to identify the presuppositions (or cultural premises) such as the beliefs that if a quality is good more of it is better, that through perception we can represent the world, and that mind and body are two

different and separate substances (Bateson, 1997).

From my arguments thus far I propose to claim that the knowledge we acquire from cybernetics for the practice of dialogotherapy is essential knowledge, for it helps to avoid the trap of asking whether we can know what another human being is thinking, but to ask instead how, in the dialogue of therapy, we might help another human being change for the better.

Thus we are staring reality in the face, not the reality of things, but reality in the sense that we are learning how to act. And that means to act we do not first learn to see but we learn to act so we can see.

If we gain insight, it comes after we act, especially through acting together, for insight is itself the end of an act. Keeping this thought in mind should help us avoid inferring that with insight we will be able to change. We have to act to change just as we have to act to perceive. This way of describing the relations between acting and seeing may seem foreign to our everyday way of talking. Out of it comes the idea that we see and then we act. Even our everyday activities are more complex than we describe them. Take, for example, the simple act of learning to ride a bicycle. We "see" how to ride it after we learn to ride it.

How often in everyday experience do we encounter an activity that becomes a turning point in our lives? How often do we experience a breakdown in communication that we have to learn to live with or go about finding another way to establish communication? In dialogotherapy as well as in psychotherapy generally, it is when patients act and do something novel that they are able to see. And that calls for an example.

#### 20

Joshua was antagonistic toward the other members of his corporate management group, especially toward his boss, the chief executive officer (CEO) of his company. He failed to cooperate in subtle ways with his equals and superiors, but he was cooperative with all his subordinates in his own division of the company. The only reason the CEO kept him in the company was that his division was one of the best run in his company and, of its kind, one of the most profitable in the industry. The CEO had participated in my seminars and was familiar with my way of working both as a consultant and as a psychotherapist. He asked if I would work with Joshua both to help him reduce his hostility and to improve his cooperation in relation to his fellow corporate leaders. I agreed to do so only if Joshua was willing and only on the terms Joshua would set for the work he might decide to do with me.

Joshua admitted that he knew he had to become more cooperative, and that to advance his career he knew he would have to change his attitude toward people in authority. In telling me his story about his relationship to authority, he told me that he was adopted, but that his parents denied it from the time he first asked them when he was a small boy. They insisted that he was their biological child.

But he knew otherwise. His knowledge came from a collection of facts that he put together for himself by comparing his height with others in his family, his eyes, hair texture and color, and his facial features. He just did not look like anybody in his extended family, either in his mother's family or his father's family.

Without knowing why, he became obsessed as a boy with the history of the Second World War, with its causes, battles, weaponry and generals. Pictures from the war covered all available space on his walls, and his room was filled with artifacts of the war. He had an interest in the war unlike that of any of his friends.

When he and his bride to be were ready to announce their engagement, Joshua sprang a surprise on his parents that shocked them and his extended family. He exposed his parents and their mendacity. He had done his research and found out that he was in fact adopted. So the wedding invitation stated his name as the family name of his biological mother and identified him as the

adopted son of his adopted parents.

His parents' secret about his adoption was unknown to anyone in their families. But when confronted with Joshua's official wedding announcement they told him the truth surrounding his birth. They were unable to have children but through an agency they found a young pregnant woman in another country whose aristocratic family, having been impoverished by the war, was willing to sell them the baby for a considerable sum of money. The family had been part of the resistance and their daughter had been impregnated by a high-ranking officer from a distant country who took part in their country's liberation. He had no intention of marriage nor did the family want their daughter to marry him. Joshua's adopted parents went to live with this family for months, awaiting his birth. As soon as he was born, they took him from the mother and returned to their home, announcing that they had gone away to a more agreeable climate to have their baby.

Joshua hated deception and lies in whatever form he found them, and he was a living lie detector. That also contributed to his hostility toward the people around him, especially people in positions of authority.

Our work together consisted in his working out a set of outcomes for our work that were part of his outcomes for his work situation in the foreseeable future. We discussed various styles of management, cooperation, communication and transparency. In the course of our discussions he told me bits and pieces of his life story. As our work progressed I taught him a relaxation exercise, and I worked with him for many hours in hypnosis, up to five or six hours for several days over a period of about four months.

In somnambulistic hypnosis he said he would like to find his biological mother. I recognized his hostility and feelings of revenge, that his motives might not be as pure as they seemed. I knew I had to clear up with him that he would not kill her, or his adopted mother (his adopted father was already dead), or anyone else, before I could work with him on how to go about finding his mother. (It is relevant to note that we never discussed any of these matters consciously, including his desire to find his mother.) In profound hypnosis, where I invited him to use specific body movements to indicate "yes" and "no" answers to yes and no questions, he indicated that he would kill his biological mother if he found her. Later he gave the same answer about his adopted mother. So I had him explore various implications of those attitudes, but I knew the change in his attitude would have to come from within himself.

I built up how he could go about finding his biological mother and the changes in his attitude he would have to make before he would be prepared to find her. I assumed that his unconscious mind had not set him on an expedition to find her precisely to protect him from harming her or anyone else. Part of the preparation he would have to make included his motivations for wanting to find her.

He spent almost a full day in deep hypnosis working on finding his mother. I invited him to trace in his own mind how he might go about finding a woman that he did not know how to contact, or where to look for her. I urged him to work through as many scenarios as he possibly could for how his life would be different once he found her.

During the day I spoke only occasionally, and then it was to give him instructions such as those I have already mentioned. Sometimes I maintained silence for one hour or more at a time, remaining also in hypnosis, breathing with him and observing every perceptible movement of his body that I was able to observe. On a few occasions when there were distinctive movements of his fingers or a hand or a foot, I suggested that he follow the ideas behind those movements and follow the wind of those ideas wherever they might take him. I urged him to explore thoroughly each idea before accepting, rejecting or dismissing it. When I saw an expression of fright on his face, I explained to him that whatever he was feeling was a legitimate feeling and that he could eventually accept it, but that he did not have to face it all at once, that he could rest for a while

if he wanted to and return to it when he was more prepared to do so. After all, his unconscious had been protecting him all these years in his sleep at night, permitting him to have any dream, and it would protect him now.

At no time did I ask him to speak during this phase of the work in hypnosis. Nor did I at any time ask him to report on any of his deep hypnotic experiences. After he awoke with complete amnesia for the entire day, he said he was curious about what we had been doing all day, and apologized for falling asleep on me. He guessed that I must have really been telling boring stories for him to fall asleep like that. I smilingly agreed. We discussed the date for our next all-day meeting and he left.

Weeks later on the day we had agreed upon, he returned. As soon as I opened my door, he said,

"You won't believe what I am going to tell you."

"Come in and tell me." I said.

He was hardly able to get to his chair before he started telling me that he had found his mother and how he had gone about finding her. He had gone to the country where his biological mother lived when he was born and through a series of carefully made plans he arrived at the office of a bureaucrat who by happenstance knew his mother. "I think the lady you are looking for was here just a few weeks ago to get a passport." He refused to give Joshua her present family name and address but said he would contact her and ask if she was in fact Joshua's mother and, if she was, if she would meet him.

In a fortnight Joshua was standing at the door of his biological mother's house. She had given him one hour and he wanted to make the most of it. (While waiting for the appointed hour to arrive he had walked around in her neighborhood, memorizing street names, enjoying the flowers and listening to birds singing.) She greeted him formally without emotion. He told her the story of his life, what his adopted parents had told him about the circumstances of his birth, and how thrilled he was to to have found her at last.

"But, why did you hesitate to see me?" he asked, dreading to hear what she might say.

"I was fearful you would be so angry at me that you would bring a knife and try to kill me," she replied.

"Mother, and I hope it's all right if I call you mother, all my life I have longed to find you and for this day when I could see you. Do you think I would kill you now that I have found you?"

(He had no conscious awareness of what he had told me in the somnambulistic trance about wanting to kill his mother or of his subsequent work in deep hypnosis that led to his decision not to kill either of his mothers or anyone else. And, from how I look at things, he had no need to know about it consciously.)

His mother then told him that a year after she had given him up for adoption she had adopted a baby boy.

"So you have a brother who is a year younger than you," she said.

"I always wanted a brother," he replied.

She agreed to meet his wife, and later she met his children. Meanwhile, he told his adopted mother about finding his biological mother, reassuring her that he still loved her and always would, and that he was most fortunate to have two mothers.

He told me all this and more, all in animated detail; he explained how he overcame obstacle after obstacle on the way to finding his biological mother. He seemed to have no conscious recognition for why he was telling me this story. And I withheld comments that might indicate that I knew anything about why he was telling it to me. I recognized, of course, that he was in a trance as he talked. When I saw that he had finished telling his story, and after a long period of silence, I proposed that he might want to go into deep, restful sleep. Then I praised him for the fine job he had done, congratulated him on his accomplishments. I said he could continue unconsciously

working out what these things imply as well as learning from them. Certainly he could do that in his dreams during his sleep at night. And whatever he might need to remember about our discussions he would remember when he was consciously prepared to remember and when his unconscious was willing for him to know about it consciously. And just as he could have a dream and say to himself that he would remember it and find out that he could forget it just as easily, he would find out that remembering had to be in keeping with his overall needs, and that he would find out that forgetting could serve many useful purposes.

It was clear to me that Joshua and I had finished our work together. After he was awake, I suggested that he might want to arrange a time for me to lead a one-day seminar for his CEO and the others in his corporate team. At that seminar we could discuss styles of leadership and cooperation and various other leadership topics that we had discussed during our first meeting.

Shortly before the agreed upon time for the seminar, I received a message from Joshua that the meeting was cancelled. He also informed me that he had wasted his time in Stockholm, that it had been expensive for his company paying for his flights and his hotel and giving him so many days off from work to see me and to travel to Sweden. So he had concluded that his company should not pay my invoice as his CEO and I had agreed. Beside, he added, the sessions with me were so boring that all he did was sleep through them.

After giving some thought to the matter I called his boss with a question,

"Have you seen any change in Joshua's behavior?"

"Any change!" he exclaimed loudly. "He is the most changed man I have ever seen. He still is a super leader for his division, and they are still among the best in their field. But the real change is in his relations to the others in our leader group and especially toward me. He has turned into the most cooperate member of the team, and his old hostility is gone."

"Well," I said, "have you told him that you have seen changes for the better in his behavior?"

"No. I thought he knew it, and it would be sentimental to say anything about it," he replied.

"I don't think he does," I said. "As a matter of fact, he does not think he has changed anything. I suspect that his changes have developed so naturally that he has no way to notice that they've developed." And then I added humorously that I knew that he did not think he had learned anything in Stockholm because he was sitting on my invoice, refusing to submit it to the accounting department for payment.

Within the hour my phone was ringing. I recognized Joshua's voice.

"Graham, I thought those trips to Stockholm were useless. I considered all that time I spent sleeping a waste. But during the past half hour everyone around here has been telling me that I've changed. So, we will pay your invoice as we agreed."

He still did not understand how he had changed or why. Did he need to? Why should I have given him my explanation? He had not asked for it, and he probably cancelled the seminar that I was to lead with his colleagues out of fear that I might tell them something about his work that would betray his unconscious knowledge to his conscious or to them.

Together Joshua and I had enacted plans for a new situation. Now without me he, in concert with his biological mother and others in his family, was enacting a new phase of his life. With his colleagues he was also enacting a new work situation.

There had been a breakdown in his communication. In the safety and comfort of my office, I helped him create some situations where he could explore and work some things out for himself. What he did was far too complex for me to ever try guessing what it was. What he actually told me was only the tip of the iceberg. He had accomplished what he set out to do, and he no longer needed me in his life. I meant nothing whatever to him, as far as I could tell. And I had no need for him to mean anything to me except for what I am writing about him in this narrative. He had found the person he had been pining for all his life. And that solved many problems in his life and

opened up new possibilities for his future. He did not need to have to drag around a therapist.

#### 21

In dialogotherapy the therapist unconsciously takes the attitude of the patient, trying to understand the patient's way of making his or her way in the world. From the patient's perception of the therapist, the patient will also be taking the attitude of the therapist, which will include taking the attitude the therapist has toward the patient. This taking the attitude of the other in therapy takes place with or without reflection just as it does in everyday life. 49

This process of taking the attitude of the other becomes accelerated and deepened in hypnosis. The dialogotherapist who designs the hypnosis in terms of the patient's attitudes, taking into consideration the patient as an individual—her or his physiology, psychology, social history and culture, personality, and language—will accelerate her or his receptivity to taking the therapist's attitude, or having her or his attitude transformed by the therapist's attitude.

One of the new dimensions that hypnosis adds to the therapeutic dialogue is a climate where the patient can become receptive to the concepts that the therapist introduces into the dialogue, especially if the patient can tolerate these concepts, or find them acceptable, and is willing to explore them. The results are particularly felicitous when the therapist embeds the patient's own concepts in stories that invite the patient to think about them in new ways.

Unlike situations where the dialogue is conscious, in the dialogue of hypnosis, patients do not need to describe or interpret what a concept entails for them or how they understand it. Rather, patients are free to have their own dialogue with their own thought, creating for themselves new images, pictures and memories.

This dialogue between patients and therapists is through the patient's body movements, some of which may be quite subtle. The only outside perception of any importance to patients in deep hypnosis is the voice of their therapists, and, perhaps at times, the sound of their breathing and movements.

#### 22

Dialogotherapists become the other to their patients so that they may become additional selves. And through artfully working together, their patients create imaginative situations where they can experiment with being others, both the others of their past and the others in their immediate present.

Dialogotherapy brings people together by creating situations where patients can imagine themselves in the lives of others, and from the dialogotherapy they can go back into their families, the work place and their communities and find that they can enter into the lives of others in new and mutually rewarding ways.

Joshua was adopted into a family that shaped him into a social self unlike the self he would have become in relation to his biological mother. But in subtle ways, outside his awareness and outside his adapted parents' awareness, they communicated to him something about the social self he was missing. His response to them throughout his childhood was to show, in various concrete ways, his unconscious understanding about what they were unable to hide from him. By lining the walls of his room with pictures from the war, by collecting every possible artifact he could find that was related to the war, his unconscious imagination brought the lives of his biological parents into his life, though he knew nothing about them. Nor did he consciously know that his adapted parents were not his biological parents. He only had his suspicions, which he showed indirectly through the artifacts he collected and directly through rebellion and hostility.

As a result of Joshua's intensive work in hypnosis he was able to enlarge the circle in which he had become a social self—the world of deception that was created by his well-meaning adopted parents—and explore with curiosity (using the tactical skills of a commanding general) how

he might go about finding his mother. He was also preparing himself to enter into her society and become another social self by taking its attitudes.

What all this preparation did for him was it enabled him to abandon hostile and, at times, vengeful, even murderous, attitudes that vitiated his communication with many of the people he worked with, notably other members of the corporate management group and especially his CEO. He was able to put himself in their places. In doing so, instead of losing himself, he gained another social self. He became a new social self in relation to them by taking the attitudes of the group. He became cooperative, taking part in their cooperative activities. He also became transparent.

23

It is generally accepted—it is even a commonsense observation—that the body restores and heals itself whenever possible. When it is tired it rests, sleepy it sleeps. Most of these processes are unconscious. But, what about problems of communication and relationship between people that result from breakdown in communication? Problems of breakdown come about as a result of any of many possible tangles and binds in human relationships, including deception and manipulation, whether conscious or not. Is there an analogy in what the body does unconsciously to restore itself physiologically for what it might do to restore relationship and establish communication? Does the unconscious work to heal relationships? If so, how? Off hand, we may assume that if the unconscious is to "do its good work," it would have to suspend conscious purpose, willfulness, manipulation, deception. <sup>50</sup>

But how? Breakdowns of communication and relationship occur through communication. If we are to do anything about them, we will have to do it through communication. The most effective way that I know about is to begin with a dialogue, and that is where we can expect dialogotherapy to begin. The therapist asks the patient, How may I help you? From that point patients are free to talk about their relationship problems. Gradually, patients come to see themselves as others see them as a result of seeing themselves through the eyes of their therapists in the safe and trusting therapeutic relationship. Eventually the spotlight can shine on the breakdown, raising questions about what to do about it. Every step of the way, therapists need to seek to understand as thoroughly as possible the total life situation of their patients. They might do that by beginning with the patient's physiology, teaching their patients simple relaxation procedures so their body can let go of stress and the hurts and psychological pains that they have been holding onto and over which they feel powerless. And then the moment will come when patients shift in how they take on the attitudes of others. If they have been dominated by others, they build up ways to stand their ground so they are not dominated. The patient's psychological awareness of situations changes.

Just as I have created my office as a safe place, I also create through the dialogue with patients an attitude of acceptance as well as openness to new ideas. In each situation I give them permission to take my words and make them mean anything they want them to mean. With each new act I invite them to gradually develop a new understanding of themselves, of their problem, of others, of their overall life situation.<sup>51</sup>

I focus their attention on me and on what I am saying and doing. There develops a new kind of relationship with the ideas that I share with my patients. I have to speak to share ideas. For ideas to be shared between my unconscious and the unconscious of my patients, they have to be spoken. And this is a critical point. Note that I am not engaged in some kind of imaginary "mind reading." I speak and verbalize the ideas that my unconscious is sharing with their unconscious. I speak softly and gently, but I speak. Ideas are transmitted through the spoken word.

The activities I am describing occur in an atmosphere that I have created, a comfortable and trusting physical situation. And through the words I speak and how I say them, I create a climate

in which I can build up a set of ideas that my patients can work with unconsciously, and other ideas they can work with consciously. If, for example, I see what appears to be an involuntary movement of a finger, I comment on it and encourage them to stay with the idea that was behind that movement. I explain that they might like to explore that idea further, that they might want to find out if another finger could move (and another finger might move), and they might like to compare the difference between the movement of their index finger and their ring finger, and while doing that they might want to find out how that idea might entail other ideas. And they might be curious about what idea is about to express itself through the movement of another finger; they might really wonder which finger will express that idea.

In the dialogue of hypnosis I am joining with them to help them bring forth an understanding of their own unconscious processes of interpretation and understanding.<sup>52</sup> Through the concepts of the unconscious that I am sharing with them in the dialogue, they and I are together bringing forth the concept of the unconscious that I am discussing with them. The unconscious that we share is being shaped by their interpretation of the ideas about the unconscious that I am sharing with them.<sup>53</sup>

#### 24

In the dialogue hypnosis—more so than in other talking therapies—patients are in the position to unconsciously and uncritically take on the attitude of their therapists. And patients are more likely to take on the attitude of their therapists than therapists are likely to take on the attitude of their patients. We can attribute this difference to the nature of the therapeutic relationship and to the hypnotic form of the therapeutic discourse. After all, therapists are the ones who know (and who are "in the know"); they are the ones doing the diagnosis of their patients; they are the ones patients see as presuming to know what caused them to become as they are. And patients see their therapists as knowing how to treat them to make them well.

In the climate of hypnosis, patients can be expected to accelerate or intensify taking on the attitude of their therapists and to do so uncritically when the doors of perception are open wide and the doors of analytic and comparative thought are only slightly open, if open at all.

Even when we therapists tell our patients that their unconscious is their best friend, that it knows everything about them (but that they do not know much about it), that it has their effective functioning and happiness in its best interest, and that it will help them do the right thing in the right way at the right place and time—even when we say these and similar things—we are still likely to leave unsaid, or to imply by other things we might say, that the unconscious has other roles, some of which might turn out to have less than pleasant intent. Erickson (1985) often talked about the unconscious in positive terms.

You need to provide it the time, place, and situation; and you bear in mind that your unconscious is just as bright as you are. In fact, it is a bit brighter than you are, because you are always handicapping yourself by your relationship to external reality. You unconscious in more concerned about essential values. (p. 51)

Yet, he said, explaining what the unconscious can do when consciousness overrides the good work of the unconscious, that the unconscious can become punitive:

You get in trouble when you consciously try to interfere with your unconscious, and then your unconscious punishes you for interfering with the goodness of its work. You provide the time, place, and situation, and then you let your unconscious select out of the 10,000 things you ought to do the thing that it considers most important for you to do. (p. 51)

Erickson was speaking on the basis of his personal experience. And, what he said is about a matter we dare not take lightly, for the ideas of the unconscious that we offer to our patients in hypnosis will shape their conceptualization and interpretation (and thus their understanding) of their own unconscious. They will apply our ideas, and they will enact them, thus making concrete the ideas about the unconscious that we offer them.

Our good therapeutic intentions do not exempt us from considering how our patients might be taking on our attitudes, especially in the dialogue of hypnosis.

For example, it is a commonly accepted observation among teachers of psychotherapists that therapists, regardless of their therapy modality, whose patients commit suicide are often themselves suicidal. When I have worked with such therapists, after they resolved their own suicidal ideations and decisions, they were able to help their patients do the same. Before the resolution of their own suicidal thoughts, they were unaware that their patients were taking on their attitude. The same holds for depressed therapists; they may be conveying an attitude to their patients that pulls them into depression.

We have seen patients take on the beliefs of their therapists about people and things. It is for this reason that we emphasize the necessity for the therapist to "know thyself" and for self-understanding.

Erickson cautioned therapists to refrain from imposing their theories upon patients. I reformulate his injunction as an imperative for the dialogue of hypnosis: Always exclude from the therapy dialogue all theories about human personality, about what human beings are like, and about how they develop, about what is normal or abnormal. Dialogotherapist should find it unnecessary to apply formal theory in their therapy, including all the theories they learned in psychology and psychiatry. Theories of human development, personality, normality and abnormality, psychopathology, and other such theories, all come out of the observations of other observers that they generalized into theories. Those theories become ways for stereotyping people and for sorting patients into categories. (And then the category gets treated rather than the patient.)

Theorists have observed people; why doubt that they were keen observers? But they observed people in different places than where we are and in other times than our immediate present. As observers they were different from us as observers. And the people they observed were different from the individual we are now observing. Our being aware of such differences can make us cautious about assuming that the theory we read about applies to everybody, or even to one individual. 54

Our knowledge is local just as our discourse is local: My patient and I are speaking to each other in this particular place at this time. I need to take into account that each patient is an individual, a unique person, whose physiology, psychology, social history, cultural patterns and ethnicity, use of language and ways of speaking and moving, form a richly intertwined bundle of one individual's understanding and being in the world. It is one that I have not encountered before and will not encounter again.

We may find coming to terms with our implicit theories a challenge. We have to convince ourselves that we have them before we can become aware of them and find out how we might avoid imposing them on our patients. The same can be said for the premises of our thought or for the presuppositions that are undergirding our ideas and beliefs.

After having gone through agonized exercises in awareness, we still have work to do if we are to perfect our attitudes. As part of that process we have to encounter a variety of people who are sufficiently different from us that our acting together with them will lay bare to us our prejudices about people of other races and ethnicities, of different religions and other persuasions, with sexual and gender differences. We have to become aware of the ease with which we can stereotype other human beings. <sup>55</sup> We need to see others as they see themselves. A place to begin is to listen to their descriptions of themselves. It can help to read works of ethnographers,

autobiographies and great novelists.

What, then, is my point? It is that patients are likely to take on the attitudes of their therapists, especially the attitudes their therapists have about them and people like them. Patients also take on their therapists' concepts. We therapists need to know what we take as given about any concept—if we plan to use it with our patients. They could take from us attitudes and concepts that we might not want them to. Thus I offer a maxim:

Attitudes we take from others will be attitudes that still others will take from us.

Let me be clear about what I am doing: I want to establish doubt in a belief and from there build something constructive. I will return to the idea of the unconscious to explain my position. What I have been saying is that there is no unconscious until we human beings make it up. And we have been at that process for a long time. The unconscious, whatever else it might turn out to be, is the result both of thought (or mental activities) and of activities of communication. We think ideas about the unconscious and we discuss our ideas with each other, and we think further and keep talking about what we think. The result of these circular constructive activities is a concrete idea of a something we label our unconscious. We engage in the process of thought about the unconscious and the product it gives us is the unconscious. Therefore, I offer a corollary maxim:

The unconscious mind we talk about and describe today will turn out to be the unconscious mind we will have tomorrow.

The unconscious we are bringing forth in therapy is better thought of as a process than as a container. The unconscious we are enacting, and thus bringing forth, is becoming both broader and deeper. Even if my argument proves to be valid or useful, it does not follow that therapists should stop talking about the unconscious. My argument only serves as a caution to be aware of what we are doing and to be aware that our ongoing work is to achieve self-knowledge and self-understanding.

I am advocating awareness that the unconscious, like so many other concepts we talk about, is co-constructed and enacted in the dialogue of therapy. I also want us therapist to be aware that whatever we might be doing with our conceptualizations of the unconscious, we can still achieve many good purposes through using them.

25

Our journey started out on the thoroughfare that at times we talked about as hermeneutics; at other times we talked about it as interpretation or understanding. Along the way we have taken a few loop roads. <sup>56</sup> Dialogue has been one of our loop roads, hypnosis another, the unconscious yet another. We have followed a few trails off these loop roads to explore the charms of cybernetics, epistemology, and indirection. To complete this exploration of the core concepts of dialogotherapy, yet other roads remain to be taken. Undoubtedly, in due time we will take them. <sup>57</sup>

Meanwhile, to bring our discussion full circle, I offer a fresh approach for investigating dialogotherapy. I submit rhetoric as that approach; with it we can study communication as persuasion and language as motives. Nelson, Megill and McCloskey (1987) include the following topics in their description of rhetoric: "what is communicated, how it is communicated, what happens when it is communicated, how to communicate it better, and what communication is in general" (p. 16). Kenneth Burke (1969a), in his rhetoric theory, sets out a methodology to investigate the motives we attribute to what people do and why they do it. He uses five terms as generating principles of the investigation: Act, Scene, Agent, Agency, Purpose. He explains:

In a rounded statement about motives, you must have some word that names the *act* (names what took place, in thought or deed), and another that names the *scene* (the background of the act, the situation in which it occurred); also, you must indicate what person

or kind of person (*agent*) performed the act, what means or instruments he used (*agency*), and the *purpose*. ... Any complete statement about motives will offer *some kind* of answers to these five questions: What was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose). (p. xv)

The focus of his theory is "identification" (as an accessory to "persuasion"): "You persuade a man only insofar as you can talk his language by speech, gesture, tonality, order, image, attitude, idea, identifying your ways as his" (Burke, 1969b, p. 55).<sup>59</sup>

For Burke life is a drama that gets played out in how we go about persuading each other to act. We can find out what an individual's motives are by studying the words he or she uses.<sup>60</sup>

26

I have attempted to show that our therapeutic interpretation and understanding of the unconscious is the result of the dialogue of hypnosis. To introduce the concept of the unconscious into the dialogue of hypnosis can lead to bringing forth the concept. Thus where the unconscious becomes the topic of action, it is brought about by the interaction, and thus the dialogue, between the therapist and the patient.

The theme that runs through dialogotherapy—a theme adopted from Erickson—is that the unconscious is resourceful, that consciousness can keep the unconscious from doing its good work, that an effective way to gain access to the unconscious is through trance, that the way to work with the unconscious is through hypnosis, <sup>61</sup> which is done verbally, and that some integration between the unconscious and the conscious might also be useful to the success of the work.

Burke's methodology is useful for investigating the motives of dialogotherapy and for studying the relationships between its concepts. In terms of his pentad the *act* is dialogotherapy, the *scene* is the dialogue, hypnosis is the *agent*, unconscious is the *agency*, the *purpose* is liberation or freedom, happiness, or whatever the patient's outcome might be. This description brings into focus the relationship between the unconscious, hypnosis and dialogue. What could be more novel than to name the unconscious the agency? These names all denote actions or processes; they all are enacted through interactions. Just as hypnosis, which I denominate the agent, is taking place between the therapist and the patient, and just as the dialogue, which I call the scene for the hypnosis, occurs between therapist and patient, it seems we are justified to consider the unconscious, which I call the agency, as also a process that is occurring between patient and therapist. They together actually bring forth the unconscious<sup>62</sup> just as they together enact the dialogue and the hypnosis.

Thus, through the rhetoric of persuasion—the dialogue of hypnosis—we bring forth our "unconscious," the agency that we can trust and depend upon and that will work things out for our good, if we avoid allowing our "conscious" to overcome its good purposes.

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#### Notes

- <sup>1</sup> There was an exception. One problem I tried solving through autohypnosis, a problem that certainly set me on my Freudian quest, was how to obliterate my same-sex desire. Although I experienced its pervasive psycho-social consequences, its roots where deeper, in my physiology.
- <sup>2</sup> The *unity* of life and thus of ourselves with nature, and the unity of all human beings who are susceptible to persuasion and thus to overcoming force with persuasion; *love* as defined in Barnes (1994, p. 46).
- <sup>3</sup> I had the good fortune to come upon these concepts of unity, liberty and love through my religious tradition. They formed the core predicates of a peace formula by an early seventeenth century irenic theologian. http://www.mun.ca/rels/restmov/texts/unitas/essrev.html#N\_11\_
- <sup>4</sup> Until recent years hermeneutics remained a foreign concept to psychology and psychiatry. For example, I have come across no occasion where Erickson used the concept. But he frequently used the idea of understanding; it was one of his favorite concepts, and it is what hermeneutics is about.
- <sup>5</sup> I take an evolutionary approach to ideas or concepts. I use evolution in a Darwinian sense to mean "descent with modification" rather than to equate it with progress and to define change as improvement. I also claim that the ideas and their contexts, like species and their environments, evolve together. I think Darwin's use of natural selection as the mechanism of evolution is relevant to understanding the

evolution of ideas

<sup>6</sup> Dialogotherapy originated in our attempt in the School for Psychotherapy Cybernetics to surmount theory-centered psychotherapy and to replace formal theory with the theory (or concepts or ideas) of each patient. To get a handle on what we were doing: we linked our therapy with cognitive psychology and cognitive science and cybernetics, the science that studies communication, specifically second-order cybernetics, which by design is the study of dialogical practices (Barnes, 2002a). We also took hypnosis both as a science of intercommunication and as the condition for the kind of therapy we were doing (Barnes, 2002b).

We set out on a path not knowing where it would lead, but we did not need to know. What determined our path was our desire as a group to become effective therapists individually. All around we could see evidence for what we did not want to become. We also identified therapists we considered exemplars.

What was important was the journey, the exploration, the becoming.

Having chosen our preferred path of uncertainty helped us avoid the distraction of all the road signs pointing to certainty. We kept moving on, framing what we were doing in larger frameworks of thought, and we took a multidisciplinary approach. I attempted in *Justice, Love and Wisdom* (Barnes, 1994) to provide a bibliography for our work.

The kind of therapy we were doing required the mastery of skills, notably in how we talked with patients and in our use of the dialogue of hypnosis. It also required reflection on our actions and that required thinking. That is why we demanded of ourselves that we supplement our study of psychology and psychiatry with anthropology and sociology. We also found scientists whose work proved congenial to what we were trying to do. And we foresaw that there were philosophers who were saying things we needed to listen to. I think there was a consensus that it was important to bring past thinkers and selected contemporary thinkers into our dialogue about thinking. I agree with Heidegger (1971) that we need to "make an effort to think in dialogue" (p. 31).

We are reluctant to say that we have arrived. That would signal the end of our journey. But we have occasionally stopped, if ever so briefly, to reflect on what we were doing along the way and on what it was doing to us. This essay comes out of one of many such reflective moments.

<sup>7</sup> Eric Berne is another thinker whose work I have studied (Barnes, 1999, 2002, 2004, 2005, 2007a). My challenge was to master his intellectual thought. I do not claim to know the body of Erickson's work as thoroughly. In my dialogue with the body of Erickson's work, I often have a sense that his sentences are saying more than I grasp. At other times I think they are saying something different from what he may have intended. A possible advantage to not having known Erickson is to avoid the transference that can dull one's ability to be critical of it where necessary. I suppose that becoming Ericksonian is fraught with the kind of problems that Jacques Lacan saw for psychoanalysts in relation to Freud: He was the one who knew.

- <sup>8</sup> For the background of my statement, see R. G. Collingwood (1993), especially pp. 174, 214-216.
- <sup>9</sup> I am particularly fond of Erickson's (1985) epistemological formulation in the transcript of his demonstration of hypnosis with "the young photographer":

consciously we learn to deal with concrete reality. Consciously we can shift a table: we put our hands on it and we move it across the floor, which we can feel with our feet and hands and see with our eyes. And we can lift the table. We can sense its hardness, its weight, and we can appreciate its color—all concrete realities. But in our mind's eye we can still deal with that table, and in our mind's eye we can close our eyes and see that table. We do not need to touch it. We can sense the feeling of that table in our hands; we can sense the feeling of movement in our feet even while sitting perfectly still. The unconscious mind deals with ideas, with memories, with understandings; and it is not important that the unconscious mind causes the body to get up and walk across the floor and pick up the table to move it, because the unconscious mind can deal with those ideas, and those ideas are as concrete as the table itself. (p. 258)

<sup>10</sup> As observers we became theorists in the root meaning of the word. The *Oxford English Dictionary* traces the etymology of theory from *theoria*, which means looking at, viewing, contemplation, speculation and theory. It also means a sight or a spectacle. Aristotle proclaimed theory (pure reflection) the highest good (as contrasted with the *praxis* of the farmer or the fisherman). In classical Greece *theoros* was a spectator, looker on. Stephen Toulmin (1985) explains, "from very early on, philosophy—'qua theory'—became essentially the reflective thought of a spectator; though, in view of the high origins and affiliation of the term, the philosopher was thought of as a 'spectator' with a touch of class or official status—even with a touch of holiness about him." Toulmin notes that the envoy who went to consult the Oracle about a problem of city policy was one who "had a care for the gods." "He was a 'divi-cure,' a *the-oros*." Toulmin adds, "The initial *the-* in *the-oros* is, thus, the same as the *the-* of *theos*, 'theology,' and other divinity words" (p. 239).

Rorty (1982) says, "The vocabulary of contemplation, looking, *theoria*, deserts us just when we deal with theory rather than observation" (p. 163).

<sup>11</sup> For Harry Stack Sullivan (1970) "the data of psychiatry arise only in participant observation" of social interaction or of interpersonal relations, and the psychiatrist is "personally implicated in the operation. His principal instrument of observation is his self—her personality—*him* as a person" (p. 3). "The psychiatrist has an inescapable, inextricable involvement in all that goes on in the interview; and to the extent that he is unconscious or unwitting of his participation in the interview, to that extent he does not know what is happening" (p. 19).

<sup>&</sup>lt;sup>12</sup> I am drawing from Gordon Pask's Conversation Theory. See Barnes (2007b).

- <sup>13</sup> What I say about dialogue and "I and Thou" reflects the influence of Ludwig Fuerbach (1986).
- 14 My belated gratitude to P. O. Wikström who was the editor of Hypnos, and to Ralph B. Allison and P. B. Bloom for their reviews in 1997.
- <sup>15</sup> At about the same time I began what has become a lifetime study of the work of the English philosopher and historian of ideas, R. G. Collingwood (1945, 1993) whose work is also relevant to this discussion.
- <sup>16</sup> Imagine my fascination with Max Weber's hermeneutic definition of sociology as "a science which attempts the *interpretive understanding* of social action in order thereby to arrive at a causal explanation of its course and effects" (1964, p. 88, italics are mine). See von Wright (1971) for a comparative study of "explanation" and "understanding."
- <sup>17</sup> I believe we psychotherapists have to do at least two things simultaneously. We have to do our work, thinking and acting consciously about what we are doing. We also have to think about the logic of our thinking and, even deeper, we have to open ourselves to what we are trying to do that we are not yet aware of. We have to reflect upon our thinking and what we are doing, and we have to reflect on that reflection. Further, we have to probe to find in our culture, and within our own understanding, what Collingwood (2001) called the "absolute presuppositions" (or what Bateson (2000) called "premises") of our own thought.
- <sup>18</sup> This question led me to pursue the research I described in *Justice, Love and Wisdom*, and in a long-term research project that culminated in my cybernetic study of theory in psychotherapy (Barnes, 2002a).
- <sup>19</sup> For example, on indirection see Erickson (1985): Use metaphors, analogies and examples that are a few steps removed from your patient's problem. "The patient's unconscious mind understands and carries out what you are indirectly driving at" (p. 16). "Too many people try to use their unconscious in too direct a way by forcing themselves to adhere to the belief that they must proceed directly to the goal" (p. 49). On utilization: Accept and utilize "whatever your patient brings to you by way of behavior" (p. 21). "Never fight, reject, or try to contradict whatever behavior the patient brings into the office. Instead you look at it, you examine it, and you wonder how you use it, then you figure out specific ways" (p. 22).
- <sup>20</sup> Rorty (1980) wrote, "Hermeneutics sees the relations between various discourses as those of strands in a possible conversation, a conversation which presupposes no disciplinary matrix which unites the speakers but where the hope of agreement is never lost so long as the conversations lasts" (p. 318). "We must be hermeneutical where we do not understand what is happening but are honest enough to admit it" (p. 321). (See Barnes, 1994, p. 79, n. 2.)
- <sup>21</sup> Here are some excerpts from Heidegger (1971), explaining his relationship to hermeneutics: "The term 'hermeneutics' was familiar to me from my theological studies. At that time, I was particularly agitated over the question of the relation between the word of Holy Scripture and theological-speculative thinking. This relation, between language and Being, was the same one ..." (pp. 9-10). "Without this theological background I should never have come upon the path of thinking. But origin always comes to meet us from the furture" (p. 10). "Later on, I met the term 'hermeneutic' again in Wilhelm Dilthey, in his theory of the History of Ideas. Dilthey's familiarity with hermeneutics came from that same source, his theological studies and especially his work on Schleiermacher" (p. 10). "In Being and Time, hermeneutics means neither the theory of the art of interpretation nor interpretation itself, but rather the attempt first of all to define the nature of interpretation on hermeneutic grounds" (p. 11). "In my later writings I no longer employ the term 'hermeneutics'" (p. 12). "Hermeneutics, used as an adjunct word to 'phenomenology,' does not have its usual meaning, methodology of interpretation, but means the interpretation itself" (p. 28). "Language defines the hermeneutic relation" (p. 30). "And the relation is called hermeneutical because it brings the tiding of that message" [of being] (p. 40).
- <sup>22</sup> Burke (1989, p. 56).

Man is the symbol-using (symbol-making, symbol-misusing) animal, inventor of the negative (or moralized by the negative), separated from his natural condition by instruments of his own making, goaded by the spirit of hierarchy (or moved by the sense of order), and rotten with perfection. (p. 70)

- <sup>23</sup> To conceptualize hypnosis as a form of communication is to accept is as subject to investigation. To place hypnosis inside hermeneutics is to acknowledge that we are accountable for the way we talk and for the metaphors we use to describe what we are doing and saying. Varela (1992) suggested that cognition consists "of *embodied action*. Correlatively, the world we know is not pregiven; it is, rather, *enacted* through our history of structural coupling" (p. 336). If we apply Varela's findings to our quest for a hermeneutics of hypnosis, we might say that we actualize "in the *immediate present*" the *concrete*, and that we bring forth our interpretations through "recurrent patterns" of conscious and unconscious "quided action." (See pp. 321, 325, 328-331, 336.)
- <sup>24</sup> Erickson (1985): "The vast majority of habits developed by people tend to be habits based on habitual patterns of response, and so they are not necessarily symptomatic of deep traumatic experiences" (p. 21).
- <sup>25</sup> For this reason Pask's Conversation Theory applies to the education of therapists, not to the therapeutic dialogue. It is invaluable for dialogotherapists to know it, for it will help them get through a number of reiterative steps of a conversation. I have lifted the following discussion of conversation theory (CT) from Barnes (2007, p. 76):

Pask defined conversation as the sharing of concepts while maintaining distinctions. But a conversation has other components. For example, it generates differences and thus conflict. But the conversation becomes both the context in which to resolve the conflict and the process for resolving the conflict. Thus the participants in a "narrative" conversation keep the conversation going until they have reached some sort of agreement, either agreement to agree or disagree. And it can be expected that the narrative conversation will generate desires of the human heart, such as recognition, respect, and love.

Pask saw a calculus was needed for focusing, first, on the concepts as the elements of the dialogue; secondly, upon each individual's conceptualizations or constructions of concepts; and, thirdly, to account for the concepts in the dialogue in ways that would also include each participant in the dialogue as a concept. His theory includes the productions of each individual participant as concepts and as interpretations of specific concepts. It accounts for all identifiable elements in the conversation as concepts, and for the conversation as constituting its actors as concepts. His calculus accounts for at least two kinds of production: first, for the productions of the elements of the dialogue; second, for the recursive production of the actors in the conversation.

Pask framed the basics of CT in a simple line of calculus:

Ap  $Con_{x}(T) => D_{x}(T)$ 

**Ap** (which is Apply) is a process which gives rise to a product, which is a distinction. (This may be a distinction, for example, between a chair and a table.) It is required that this distinction be stable in the sense that it is (a) productive and (b) incidentally reproductive.

**Con** stands for a personal Concept; it is a procedure (which upon application becomes a process); or it is an operator that operates upon something to produce something else. (A personal concept is a collection of procedures. The procedures when applied will yield a product. The product may be an image, or a description of a behavior, or all of them.)

**z** designates a participant (who may be you or me) whose concept is in focus, hence z's concept "T"; thus Con<sub>2</sub> (T) signifies one of z's concepts, here named T.

**T** is the topic (the target concept), which is a concept that is in the public domain.

Therefore, Con\_ (T) when applied gives rise to D\_ (T).

Let **D** be z's description of (T).

- <sup>26</sup> It helped knowing Ashby's (1956) formulation of the law of requisite variety, which is that only variety can match, absorb or destroy variety. And the variety in the regulator must match the variety of the system to be regulated. Erickson's formulation was anticipating Ashby's: "You never ask the patient to falsify his own understanding; instead you give him other understandings that nullify, that contradict, that absorb and hold his focus, so that he cannot give all his attention to what is distressing him" (1985, p. 10).
- <sup>27</sup> Relevant comments from Erickson (1985): "Your unconscious mind uses much better judgment than your conscious mind" (p. 117). "There is a wealth of knowledge that exists in your body, of which you are totally unaware, and that will manifest itself when given the right psychological or physiological stimulation" (p. 121). "Whatever you need to understand consciously or unconsciously, that is what I want you to understand" (p. 126). You unconscious mind is "that part of your mind that does its own thinking and its remembering and its understanding without letting you know consciously that it is doing so" (pp. 130-131). Erickson (1980): Give suitable treatment to the unconscious but appreciate the need to enable "the patient to integrate the unconscious with the conscious or of making the new understandings of the unconscious freely accessible upon need, to the conscious mind" (p. 40). "Hypnotherapy should be oriented equally about the conscious and unconscious, since the integration of the total personality is the desired goal in psychotherapy" (p. 40). One of the advantages of hypnotherapy is "to work independently with the unconscious without being hampered by the reluctance, or sometimes actual inability, of the conscious mind to accept therapeutic gains" (p. 40).
- <sup>28</sup> See Dábic-Jeftic & Barnes (1993) and Barnes & Dábic-Jeftic (1992).
- <sup>29</sup> To be clear: I am discussing dialogue, hermeneutics and a related bundle of concepts. My discussion is not about statistical measures of success and failure. I have left undefined some concepts for hermeneutic reasons; science, for example. (The history of cybernetics shows the tension between conflicting views of what is and what is not science.)
- <sup>30</sup> If you do not approve of hypnosis or if you think it is nonsense, and if you do not want your children to develop a curiosity about it, do not tell them enchanting stories about it. My father told one about being present when a hypnotist hypnotized his entire audience. And he made everyone see an imaginary horse on the stage. My father explained that everyone believed a horse was on stage, everyone except him, of course. The question he left me with was how he knew the hypnotist persuaded everyone in the audience, except him, that a horse was on the stage unless he also saw the horse and, thus, was also hypnotized. So after I saw a professional counselor use hypnosis to help people, I became interested in how I might use it to help myself. I am grateful to my father for cultivating the curiosity and to that unsung counselor for legitimizing it by showing it to be a serious mode of communication.
- <sup>31</sup> Originally published in Barnes (1994, pp. 204-205), and reprinted with revisions in Barnes (1997). I include it here with further revision and discussion.
- <sup>32</sup> My interest in hypnosis was completely unrelated to anything I was studying as an undergraduate in a religious college where there was

little, if any, serious interest in hypnosis. It was curiosity that led to the invitation for my demonstration of hypnosis. For me the demonstration was momentous, and I conveyed that it was no laughing matter by the way I designed the demonstration and prepared my subject as well as my audience for it.

- <sup>33</sup> In the previous publications (see note 31 above), the story was about a boy named John. Here I am using Jay, John's real name.
- <sup>34</sup> The news got around among the students and several asked for help with their learning problems, but I worked only with students who were motivated and serious. One of those student told me years later that he had recently returned from India where he had been studying trance phenomena, an interest he attributed to our discus-sions and hypnotic dialogues. The younger of my sisters was one of the students I worked with, and almost three decades passed before she reported the results of her work. (See Barnes & Murray-Steiner, 1996.)
- <sup>35</sup> I am writing from memory, using notes I made some years after these experiments and the demonstration. My memory fails me on whether I made notes at that time. What made all my work with the students take on a renewed significance was Jay's calling his success to my attention by looking me up 13 years after the demonstration. Let me also note that while my hypnotic activities were peripheral to my professional work at that time, they were of great personal interest. Even after turning to psychotherapy, I kept quiet about these activities for many years because of generally negative attitudes toward hypnosis within my psychotherapy circles.
- <sup>36</sup> My reason now for the use of indirect methods is to hinder cooperation "intentionally and complaisantly" and thus to block conscious effort from intercepting random and creative activities that seem requisite for getting desired therapeutic results.
- <sup>37</sup> What I am saying is suggestive of Heidegger's distinction between conversation and dialogue. (I do not draw the distinction so sharply, tending, as I do, to blur the distinction. Nevertheless, I find his distinction instructive.) He wrote:
- The term "conversation" does, of course, express the fact that the speakers are turning to one another. Every conversation is a kind of dialogue. But true dialogue is never a conversation. Conversation consists in slithering along the edges of the subject matter, precisely without getting involved in the unspoken. (1968. p. 178)
- <sup>38</sup> It seems to be different for people who have experienced severe traumas, whose bodies were in physical pain and who could not speak. These people might benefit from their body in pain finding its voice, telling its story. (See Scary, 1985.)
- <sup>39</sup> See George Herbert Mead (1980).
- <sup>40</sup> Given our limited knowledge about both conscious and unconscious processes, we are left to speculation. If it is the case that conscious processes are embedded within unconscious processes, it would follow, according to Ashby's (1956) law of requisite variety, that the conscious would lack the requisite variety to match the variety generated by the unconscious.
- <sup>41</sup> See von Foerster (2003, pp. 1-19).
- <sup>42</sup> See Erickson (1980, p. 52): "By the 1930s a new type of study of hypnosis was evolving. This was the use of hypnosis as a means of investigating psychological and physiological behavior. This was done first by the author ..."
- <sup>43</sup> Perhaps the reflexive operation of the unconscious is even more effective than conscious reflexivity, for the simple reason that conscious reflexivity is unable to keep track of more than a very few recursions. As soon as we try tracking consciously such a simple thing as the perception of the self and the other, and as soon as we move from the simple statement "I perceive you" to the statement "I perceive you perceive me," we tend to have lost count of how many recursive layers of perception we have to account for.
- <sup>44</sup> See von Foerster (2003):

It should be noted that since the principle of relativity is not a logical necessity—nor is it a proposition that can be proven to be either true or false—the crucial point to be recognized here is that I am free to choose either to adopt this principle or to reject [it]. If I reject it, I am the center of the universe, my reality is my dreams and my nightmares, my language is monologue, and my logic monologic. If I adopt it, neither I nor the other can be the center of the universe. As in the heliocentric system, there must be a third that is the central reference. It is the relation between Thou and I, and this relation is *identity*:

reality=community

What are the consequences of this in ethics and aesthetics?

The ethical imperative: Act always so as to increase the number of choices.

The aesthetical imperative: If you desire to see, learn how to act. (p. 227)

(See also pp. 4-5.)

- <sup>45</sup> Thanks to Ashby's law we can claim that consciousness lacks the requisite variety to match the variety of the unconscious. Thus the conscious, being unable to match the variety of the unconscious, is unable to be the instrument for observing and knowing the unconscious. Erickson's laboratory designs called for research on unconscious processes, and he was able to do his investigations because he relied upon hypnosis.
- $^{46}$  In therapy the therapist also should account for the interaction between the unconscious of the therapist and the unconscious of the patient.

- <sup>48</sup> Pask (personal communication) expressed it like this: There are no disembodied minds and no disemminded bodies. Bateson (1979) said that without matter there would be no mind and that without mind matter would be unknown.
- <sup>49</sup> For the moment we will ignore the notions of transference and counter-transference.
- <sup>50</sup> My rhetorical questions are serious. See, for example, Bateson (1974), which is "a patient's account of his psychosis." The patient wrote: the spirit speaks poetically, but the man understands it literally. Thus you will hear one lunatic declare that he is made of iron, and that nothing can break him; another, that he is a china vessel, and that he runs in danger of being destroyed every minute. The meaning of the spirit is, that this man is strong as iron, the other frail as an earthen vessel; but the lunatic takes the literal sense, and his imagination not being under his own control, he in a manner feels it.

And then, "I suspect the health of the mind and the health of the body ... to be essentially connected" (p. 271). Bateson suggested "that the body or the mind contains, in some form, such wisdom that it can create that *attack* upon itself that will lead to a later resolution of the pathology" (p. xii).

<sup>51</sup> My commentary here reminds me of Erickson's answer to the question of the way in which he used his words: In hypnosis you are going to use words to influence the psychological life of your patient today; you are going to use words to influence his organic life today; you are going to also influence his psychological and organic life twenty years from now. So you had better know what you are saying. You had better be willing to reflect upon the words you use, to wonder what their meanings are, and to seek out and understand their many associations. (Erickson, 1985, p. 32)

Erickson explained that the task of the therapist is

to present an idea so that the person listens to you; so that the person understands you; so that the person knows that you are talking about a particular subject, and so that the person is willing to listen and understand. You need to recognize that you approach different subjects in different ways, and that the technique you choose must be based upon your awareness of the totality of the problem. (p. 33)

- <sup>52</sup> Thus would follow the argument that the "Freudian unconscious" is brought about through the interaction of analyst and analysand just as the "Ericksonian unconscious" is the product of the interaction of the Ericksonian hypnotherapist and his or her patient.
- <sup>53</sup> From this line of reasoning, it also follows that the thinking, self image and attitudes of our patients are shaped by the concepts or ideas that they and we share; they apply or enact various concepts that shape their subsequent actions. While we may all agree that there are mental and communicational processes that are unconscious as well as conscious, we agree only in very general terms on what is conscious and what is unconscious, for we all have our own interpretations and understanding of these concepts. And how we conceptualize "the unconscious" will shape our thinking about it and our actions to bring forth our understanding of "the unconscious."
- <sup>54</sup> Barnes (2002a).
- $^{55}$  Gordon Allport's (1954) study of prejudice is still the benchmark work in the field.
- <sup>56</sup> A loop road takes off from a main road, literally makes a loop before returning to the main road where it left it. When I was a child I lived within sight of a road sign that said "Loop Road." Our loop road was about three or four kilometers long. It literally circled around through woods and farmsteads and came back into the main road where it started. We called it "the loop road." After I was grown a kilometer section of my childhood loop road was made part of a thoroughfare. That configured what was left of the loop road into a horseshoe. And the road sign was removed. Yet in my memory it becomes an analogy for the feedback loops of conversation.

We shall not cease from exploration And the end of all our exploring Will be to arrive where we started And know the place for the first time. (T. S. Eliot, 1971, p. 59)

57 Where the roads diverge we will turn to Robert Frost (1985, pp. 270-271):
Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;
Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there

<sup>&</sup>lt;sup>47</sup> See Mead (1980).

Had worn them really about the same, And both that morning equally lay In leaves no step had trodden black. Oh, I keep the first for another day! Yet knowing how way leads on to way, I doubted if I should every come back. I shall be telling this with a sigh Somewhere ages and ages hence: Two roads diverged in a wood, and I—I took the one less traveled by, And that has made all the difference.

- <sup>61</sup> A way to distinguish between trance and hypnosis is to compare trance to a pleasant flight in an airplane (from take off to landing) and hypnosis to arriving at the destination, which is the purpose of the flight.
- <sup>62</sup> Everything the therapist says to the patient about the unconscious becomes another idea that the patient may unconsciously turn into a concrete reality. Evidence for accomplishing this process is the patient's talking about "my unconscious," thinking or talking about a particular action or thought as an unconscious action or thought.
- <sup>63</sup> Yet we also have the relationship between scene (dialogue) and agent (hypnosis), between scene (dialogue) and agency (unconscious) and between agent (hypnosis) and agency (unconscious). If we say that the act is dialogotherapy and the scene is dialogue, then we could say that the scene (dialogue) contains the act (dialogotherapy). Taking the ratio scene-agent, with dialogue "the scene" and hypnosis "the agent," we could say that dialogue contains the hypnosis. See Burke, 1969a, for a discussion of the ratios.

 $<sup>^{58}</sup>$  These topics describe what I am attempting to do in this essay, for I am trying to persuade.

<sup>&</sup>lt;sup>59</sup> Present your ideas to patients in "such a way that they can respond to those ideas in such a fashion that they are not responding to other alien and undesirable ideas" (Erickson, 1985, pp. 8-9).

<sup>&</sup>lt;sup>60</sup> In dialogotherapy we use our words with care, and we are always learning about what we can do with words. Burke (1969a) warns us that our dialogue is "truncated" where it does not formally and systematically recognize its dialectical nature. "All enterprises are dialectical which would cure us through the medium of words—and all the more so if the words would cure by training us in the distrust of words" (p. 240, n. 8).