

# The Calgary Participator



A Family Therapy Newsletter  
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## Opening Space For Change



An injured butterfly is restored to flight through protective nurturing and love

Photo by Joanne Schultz Hall

### Index

Editorial <i>Carol Liske</i>	page 2	The Silence of a Scream <i>Kristy Isaac</i>	page 32	Without a Net: Preparation for Postmodern Living	page 41
Opening Space for Change <i>Timothy Yates</i>	23	Letter to the Enemy <i>Kristy Isaac</i>	33	<i>An interview with Alan Parry by Carol Liske</i>	
Eighteen <i>Michaela Arient</i>	15	Tracey-Lynn <i>Michaela Arient</i>	36	Plastic Rose	46
For My Children <i>Michaela Arient</i>	16	Strange Attractions on a Sleepless Night: Karl's Adventures in the Sonora Desert	37	<i>Chris Kinman</i>	
On Learning to See Through the Eyes of Another <i>John Kaye</i>	18	<i>Ken Laprade</i>		Differences that Make a Difference: The Creation of Two Somethings	48
Participator Profile Gary Sanders on Sexuality and Loving Intimacy <i>Carol Liske</i>	22	Raven <i>Chris Kinman</i>	40	Letters	52
				Subscription Information	52



# Editorially Speaking...



Carol Liske  
Editor

Welcome back! Although this issue has been a long time in preparation, our hope is that the ideas expressed here really do open space for life-supporting experience. This issue opens possibilities for how to facilitate positive directions while at the same time releasing "that which binds." It's as though family therapy has "spread wings" to drift more gently through the labyrinth of life to enrich the view—as journeys are travelled. *Brightening the light* brings out the magic of hope and choice.

Timothy Yates, in his article "Opening Space for Change" has shown a great amount of thought to the dynamic relationship between thesis and antithesis as a field of multiversa vibrant with 'shades' of potentials. He suggests that it is only in the freedom to sift through universes of possibilities that resolution of beliefs can evolve toward effective action. This viewpoint is an antithesis in itself to other positions involving thematic emphases. The whole issue of therapeutic efficiency, then, if considered from the perspectives of universa vs. multiversa could generate a variety of reflections regarding the various healing effects in relation to the short-term and the long-term. Some approaches may serve the immediate situation but would fail to support life in the long term or vice versa. Perhaps Tim's model provides at least a format for a consideration or the relative therapeutic value of thematic versus synergistic treatment approaches. Healing, then, might be seen as keeping the 'doors of perception' open. It will be interesting to see if at some time in the future, Tim elaborates on his ideas to include what/who guides the process of synthesis and which *doors* to open—when—and how.

John Kaye in "On Learning to See Through the Eyes of Another" addresses some of the *how* to place oneself sufficiently in the space of another to offer

acknowledgement of the dignity and personhood of the other. An interesting corollary article that might be written could be entitled, "On Forgetting to See Through the Eyes of Oneself." Perhaps *seeing* could best be supported by a balance in mindfulness of one's own *eyes* and the *eyes* of the other.

"Gary Sanders on Sexuality and Loving Intimacy" is an article describing Dr. Sanders' therapeutic work in regards to interviewing about genital and sexual experiences. Due to the limitations of the interview format and the risk that all the right questions may not have been asked, the editor would like to indicate a qualification of the interview. Some important ideas about how to interview around *potential* disclosure of inappropriate or abusive experience that may have therapeutic and/or legal implications, have not been covered. Dr. Sanders advises caution in this type of interviewing, particularly with respect to the manner in which questions or comments are stated to clients (particularly children). Thus, it would be important to approach questioning without the implantation or suggestion of information, however inadvertent. With this qualifier in mind, the thoroughness of thought brought forth by Dr. Sanders' comments offers the clinician substantive suggestions of how to open client space for ethical loving intimacy.

Ken Laprade engages in mystical musings through his article "Strange Attractions on a Sleepless Night: Karl's Adventures in the Sonora Desert." In gratitude to his teachers, Ken orients to show an important relationship between knowledge and action.

*Space* has spontaneously been opened for change in the contemporary *cultural drift* toward less stability and fewer reliable securities. In "Without a Net: Preparations for Postmodern Living," Alan Parry brings forth some unique thoughts on how to find ongoing

solace in the great narratives that have supported and comforted human beings across time. Dr. Parry seems to imply that there are greater and lesser stories to which we can attune our lives by our own choosing. The onus for our own happiness, then, may be our own capacity to resonate with that which *lifts/delights* our own soul, and takes us beyond the negativity so well described by Nietzsche: "This, indeed this alone, is what *revenge*" *continued on page 52 ...*

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# Opening Space for Change Dialogue, Development and Therapy

Timothy Yates  
Calgary, Canada

## The terror and promise of empty space The starting point

Two summers ago I was in Vancouver with my family, en route to Vancouver Island for a few days of sailing. My wife and two teenage children, who were to join me later, dropped me off at the Dunsmuir St. bus depot to get the ferry-bus for the island. I was relaxed and anticipating the sailing trip but not really thinking about it, or indeed, anything else in particular. On the bus to the dock at Tsawwassen, I slipped into the sort of mental space we sometimes find ourselves in while travel-

## *My in-between physical space had set the stage for a creative mental space...*

ling when we have left one place but have not yet arrived at another. This in-between physical space created a corresponding open and vaguely anticipatory mindset; a sort of inner space not crowded by the sort of mental busyness that seldom leaves room for the random collision of thoughts. D.W. Winnicott, the British psychoanalyst and object relations theorist spoke of a "transitional space" that is:

*...the place where experience builds on experience, where the world is continually 'woven into the texture of the imagination', so that new patterns of imaging emerge and*

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*a [person] is able to be truly original.<sup>1</sup>*

Before being dropped off at the depot I had had a deeply satisfying browse in a favourite bookstore and had picked out Morris Berman's book "Coming to Our Senses" to keep me company on the crossing. Upon opening it I found myself in a conversation—an interpersonal space—with Berman as I read and responded to his ideas. My in-between physical space had set the stage for a creative mental space which had now also become an active interpersonal space. Carried along among strangers in the bus and the ferry, Morris Berman and I con-

tinued our conversation uninterrupted. He said:

*Some of the earliest childhood memories I have involved family gatherings...one thing that strikes me about much of this socializing was a marked absence of silence...As a family we rarely, if ever, sat around just 'being' with each other; that never seemed to happen. The unstated rule seemed to be that empty space was uncomfortable, and that it was necessary to fill it up. Silence...was apparently, and I believe unconsciously, seen as threatening...It is as though silence could disclose some sort of terribly frightening Void...Our lives are filled with activities designed to cover up the emptiness.<sup>2</sup>*

I was moved by the truth of this and, almost instantaneously, by an equal and

apparently opposite truth: Without emptiness--space--there is no possibility of developmental change. It occurred to me that one's response to unfilled internal and interpersonal spaces provided a new and useful way to understand both the central issue of human developments and the cause of its aberrations. That is, if such spaces are welcomed--consciously or unconsciously--new ways of understanding oneself in the world arise. By the same token, if emptiness is feared and avoided, any potential space into which a developing consciousness may expand will be closed down, no development will occur and the status quo, however unsatisfactory, will necessarily be preserved.

## Inner, outer and transactional space: some questions

I felt a strong intuitive pull to explore this contradiction between space as threat versus space as opportunity.<sup>3</sup> As a developmentalist, I wondered if the difference in how we experience space throughout our lives has to do with whether our earliest interpersonal spaces have been well-managed, well-timed and well-presented to us by our caregivers. Further, if this has been done, how do we internalize these experiences so as to elaborate coherent and self-nurturing mental structures? Is it inner coherence of mental structures that allows us to see gaps and emptiness as opportunities for nurturing creativity and development or is it a sense of comfort and trust with empty space that allows the creation of solid mental structures? Or are they recursively related?

By contrast, if these interpersonal spaces are ill-managed, ill-timed, or ill-presented to us as infants, do our mental structures become poorly-constructed? And, if they are, does that mean that unfilled spaces are experienced as frightening? If they are how do we protect ourselves against the fear? Is this why we construct psychological defenses which, in the interest of protecting us from the



fear of empty space, create internal walls and mazes in which we can become lost to ourselves?<sup>4</sup>

At the level of family and social systems, do these individual defensive structures turn back on the interpersonal milieu and perpetuate dysfunctional systems? If so, then to restart the process of development and promote individual and systemic healing we must then find or create ways of reopening sealed-off spaces and of opening new spaces. A new question arises: does the same developmental sequence obtain in psychotherapy?<sup>5</sup> In other words, if spaces are the problem are they also part of the solution? Does a safe physical/interpersonal space set the scene for the construction of new internal or systemic structures?

This essay is an extended meditation on the well-known psychotherapeutic metaphor of "opening space for change." I will unpack the metaphor using a systemically-informed developmental framework. I will also try to reach beyond developmental psychology into both philosophy and spirituality to show that the metaphor's deeper roots account for its power to shed light on the process of change. Whatever else, I hope to bring together the insights of dynamic, developmentally-based individual therapy and those of systemic, interactionally-based family therapy. Perhaps therapy with individuals and with systems may be connected by the metaphor of making safe spaces that hitherto were experienced as unsafe. It may be that the two approaches differ only in their point of application.

As in my experience of the ferry, internal-psychological space, interpersonal-transactional space and physical-environmental space will weave in and out of (and back upon) each other, as we go along.

### Space in psychotherapy—dynamic and systemic

One of the most enduring controversies in psychotherapy lies between indi-

vidual and family-systemic viewpoints. Until the birth of family therapy three decades ago, the prevailing approach to psychological change was a developmen-

## *These interpersonal spaces are ill-managed, ill-timed, or ill-presented to us as infants, do our mental structures become poorly constructed?*

tal-psychodynamic one based upon a lineal epistemology and directed towards the achievement by the individual of cognitive and emotional insight into the origins of the contents and processes of his/her own mind. As family therapy matured as a discipline, it based itself upon a cybernetic-circular epistemology that worked to achieve a transformation of interaction in particular human systems by changing the feedback rules of the system. This way of looking at psychological-systemic change invited therapists' attention to the spaces, as it were,

between people's minds where psychodynamic psychotherapy had focused attention on the spaces within people's minds.

As we have become more able to distinguish the ways in which particular types of interpersonal interaction give rise to particular types of mental construct, the original rivalry between these two different ways of knowing has begun to wane. The search for incompatibilities is giving way to a search for commonalities. Ideally, there may even be a possibility of synthesis which both contains and points beyond these apparently antithetical stances. Space for a conversation is emerging as each viewpoint acknowledges the utility of the other in the humbling context of clinical experience.

In this essay, I am wearing the hat of a developmentalist—in particular, a cognitive developmentalist—deeply curious about how persons construct meaning of their experience. I also am wearing the hat of a therapist—psychodynamically trained and systemically informed—committed to helping people rework their dysfunctional constructions and transform the way they make meaning of their experiences. It is the mystery of the construction of meaning which, I believe, forms a bridge between dynamic and systemic therapies. Starting with the idea of personal inner space and its development, I hope to show that the idea of space and spaces can be a unifying metaphor for both developmentally-based and systems-based therapy.

### The space within and the space between

The notion of a subjective "inner" space has been around for centuries. Although the development of this inner space has been of recent concern to developmental psychologists and psychotherapists, generations of philosophers and mystics have pondered the ways of the human heart and mind and how to promote wisdom and goodness. However, interpersonal space has generally received less attention as a necessary

Psychodynamic view	Systemic view
<i>lineal/developmental</i>	<i>cybernetic/systemic</i>
<i>content emphasis</i>	<i>context emphasis</i>
<i>individual insight</i>	<i>interpersonal insight</i>
<i>intrapsychic space</i>	<i>interpersonal space</i>

complement to the idea of inner space.

Among the first psychologists to connect them were Anna Freud and Piaget. Freud in the domain of emotions and Piaget in the domain of thinking showed that the inner life of adults was essentially established by the experiences of childhood. Further, childhood adaptations, experienced as necessary at the time, remained active in adulthood where they often became maladaptive and created conflict within the person and with those around him/her. Psychoanalysis and its descendant, psychodynamic therapy, offered hope of reconstructing these hidden and apparently inaccessible conflicts allowing, for the first time in history, the hope of personal transformation other



than that arising from religious conversation, rational argument or simply growing older and wiser.

I hope to show that different therapeutic approaches share the common developmental metaphor of "opening space" for change, and that, in the notion of what I call dialectical space, there is a link to both the philosophical and spiritual roots of change.

## Psychodynamics (Freud) and cognitive developmental (Piaget)

### Psychodynamics I—Ego psychology

I first learned psychotherapy from the ego-psychological frame of reference of Anna Freud. Ego psychology understands development as the child's increasing capacity for adaptation to its interpersonal environment. The so-called ego defenses—projection, denial, repression and so on—are the means by which children internally organize and structure their social adaptation and keep anxiety at tolerable levels. I began to wonder how individuals create defenses and other mental structures that allow for ongoing adaptation. That is, how do children and adults make meaning of their experience—how do they "turn happenings into meanings."<sup>6</sup>

This led me into the study of cognitive development which, at the time, was virtually synonymous with the work of Jean Piaget.

At the same time, understanding adaptation as the goal of development also led me to seek to understand the family-systemic contexts that foster, inhibit or warp the development of a healthy ego structure. About which more later.

### Cognitive development I—Piaget

In his book "The Evolving Self", the neo-Piagetian, Robert Kegan, proposed a model of self-development, as essentially, an evolution in the ways individuals structure their life experience so as to "make meaning" of it.<sup>7</sup> For Kegan, the

self is the continually developing structure within which a person makes meaning of his/her experience. The self passes through a sequence of stages as it differentiates or disembeds from relatively limited cognitive frames of reference to which it is "subject." The self sequentially becomes embedded in new, more differentiated and complex organizations, which can operate cognitively on all prior ones; in Kegan's terms, they can be taken as "object." The process is one of ongoing decentration<sup>8</sup>; each stage is hierarchically integrated into the subsequent one.

From *being a set of attributes*, the child develops a progressively more comprehensive and recursive *self which has a set of attributes*. For example, if a preschool child looks at something from one place, moves around and looks at it from a different place, she may believe that the object has changed size or shape. For her, it is not her perception that changed, it is the thing itself: she is her perceptions. Later in development, she

## Different therapeutic approaches share the common developmental metaphor of "opening space" for change...

will be able to perceptually conserve the physical object in the face of a change of position. Then she can operate cognitively upon her perceptions—take them as object—and therefore be able to talk and think about them which was not possible as long as she was subject to them.

Kegan tells the story of a five-year-old and his eight-year-old sister looking down from the World Trade Center in New York. The younger said, "The people down there are ants!" The older said, "The people down there look like ants!"

### Psychodynamics II—Object relations

While I studied cognitive development I continued to do individual therapy, shifting my model from ego psychology to an object-relations approach. This latter model is oriented to understanding

the individual in terms of his/her internalized representations of significant others and the cognitively-based transformations that take place when an external other becomes a mental representation—that is as interpersonal space is transformed into internal (or intrapsychic) space.

Some trends in family-systems thinking may be seen as potential bridges to object relations theory, for example, the articles in the *Family Therapy Networker* in 1987 about the individual as a system. Closer to home, Karl Tomm shows this trend through "internalized other" questions.

### Cognitive development, object relations and inner space

Kegan elaborated the idea that, throughout their lives, persons are continually organizing their experience into a "sense of self" which is experienced within an intrapsychic space. According to object relations theory, this internal

space begins as interpersonal space between an infant and its mother. The infant reconstructs this relationship internally in the form of a mental representational structure. In general, these structures are, "the internalized schemas or frames of reference which the child uses in his interaction with the external world." They

represent both *what* is known and *how* it is known.

Internalization takes place best in the context of a safe physical and interpersonal environment—what Winnicott called a *holding environment*.<sup>9</sup>

Interpersonal space that is well-managed by the parents and by the child's larger social environment invites the building and elaboration of sound inner representational structures. Ill-managed, the same space may be terrifying and precipitate the arrest, delay, or deviation of this process.

For this discussion, let us allow that an individual and an interpersonal system are essentially similar, insofar as each may be said to be comprised of a "cast of characters." Just as the family system "contains" its members, the self may be seen to contain several aspects which are



usually only distinguished under situations of stress or conflict. Allow also, for the moment, that the processes of individual development and those of psychotherapy--individual and family--are similar. That is, both individual and family-systemic deviance is based upon the arrest or disruption of natural, developmental processes and that therapy includes the restoration of these processes in an intentional and expeditious manner.

***In a dialectical model of personal development two incompatible mental constructs -- thesis and antithesis -- are held together in consciousness until a synthesis is achieved.***

**Development and dialectics**

The term *development* connotes a sequential increase in the structural or functional complexity of a system. To Heinz Werner, development implies a continuous, alternating process of differentiation and integration. That is, under the influence of the ongoing task of bringing meaning to new experiences we are continually revising the content of our representational structures and at the same time revising the way in which these structures are organized and constructed. As this happens, it shifts the plane of analysis from content to process, from static to dynamic and from an either-or stance to a dialectical one which tolerates apparently contradictory positions. The dialectic has rhythm; it breathes.

Theories of cognitive development describe and explain changes in one's capacity to form mental representations from birth to maturity. Like Piaget's, they are usually in the form of so-called *stage theories*. Stage theories imply discontinuous development: periods of stability and consolidation (stages) alternate with periods of instability and transition. Each stage entails the hierarchical integration and transformation of the preceding ones; each earlier one becomes a subset of the

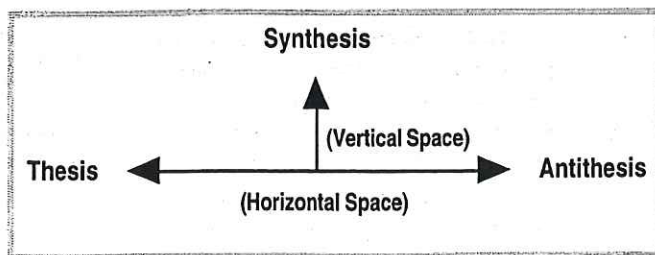
next later one.

**The dialectics of development**

Werner's processes of differentiation and integration, like Piaget's processes of assimilation and accommodation make development fundamentally dialectical. Development thrives on manageable difference. In a dialectical model of personal development two incompatible mental constructs--thesis and antithesis--are held

together in consciousness until a synthesis is achieved. The synthesis resolves the tension by constructing a more complex structure that transcends and usually contains both alternatives.

The synthesis is not a compromise. It is a different order of knowledge and awareness. It implies the capacity to take a metaposition--that is a place from which an "internal observer" can look at the previously contending beliefs and recognize in their relationship a significance



that could only be seen from "above," both, as it were.

**Dialectical Space**

If, however, thesis and antithesis are not allowed to coexist in the mental space of an individual (or in the interpersonal space of a system) there is no synthesis, and hence, a limitation or deviance of psychological (or systemic) development. It follows that developmental stasis or individual or systemic deviance is based on the failure or inhibition of the forma-

tion of such space.

I propose a model for developmental and systemic change based on the creation of "dialectical" space. The task of therapy is to bring into individual or systemic awareness the incompatible constructs which formed the base of dysfunctional (what I call looped)--representational structures and recreate the space for a synthesis to arise so that development will resume. A therapeutic interpersonal space, such as is created between therapist and client, allows a sense of safety necessary for the intentional reconstruction of dysfunctional intrapsychic or interpersonal space. Space may be structured or unstructured--that is, organized or not organized--and each type of space may either facilitate development or inhibit it.

**The four kinds of space**

The upshot of the above is that we live and grow in the psychological spaces between ourselves and others, and, as we mature, within ourselves. Our most significant achievements over the lifespan are the development of an organized and unconflicted sense of *inner* space and the creation and maintenance of a coherent set of interpersonal relationships. Inner space is where we experience mental phenomena such as thoughts, emotions, memories and intentions: it is where we locate our "I", our sense of who we are, our *self*. At birth, what will become inner space is largely potential space in that it will grow as it fills. This sense of unoccupied space is a source of anxious defensiveness, curiosity, creativity, as well as spiritual and psychological transformation.

In this presentation, I would like to propose my candidate for a universal theory of psychotherapy and human developmental change based on the notion of the creation of two kinds of "developmental spaces." Along with this theory, I propose a metaphor for the development of psychopathology in terms of two kinds of "inhibiting spaces." The central distinctions among *types of space* is represented on a 2x2 matrix. In its structure, space may be seen as bounded or unbounded--that is, whether the space in question has defined limits in the context of the person or relationship in question. Each of these two spatial structures may be experienced as developmen-



tally facilitating or inhibiting.

*the eternity before and after, the little space which I fill, and even can see, engulfed in the infinite immen-*

	<i>Bounded Space</i>	<i>Unbounded Space</i>
<i>Facilitating</i>	Dialectical	Mystical
<i>Inhibiting</i>	Looped	"The Abyss"

anxiety which is suffered in the face of utter emptiness. The experience of this gap--which I have called "the Abyss"--induces fear and a sense of radical aloneness and meaninglessness and moves us towards what Berman calls "ascent structures"--universal, comprehensive systems of belief. These comprehensive schemes seek to fill empty space with explanation and so allay our anxieties. Both the medieval Christian and the modern scientific paradigms attempt to fill this space. According to Berman:

*The linchpin of Western reality systems...is the split between 'heaven' and 'earth'...that is nothing more than a projection of the basic fault, and that can only be bridged by an ascent structure, an ecstatic journey capable of traversing transitional space. The religion or philosophy or social system that then gets organized around that vertical journey (or journeyer) then acts as a transitional object that holds the culture together for the next few hundred years.<sup>13</sup>*

**Unbounded, developmentally inhibiting space--the 'abyss.'**

The word *space* often suggests emptiness without points of reference. Human beings have experienced this as *non-being, nothingness* or, more dramatically, *the abyss* which can inspire great fear. It was this space that Morris Berman alluded to in the book which got me going along this track.

*sity of space of which I am ignorant, and which knows me not, I am frightened.<sup>11</sup>*

The theologian Paul Tillich put it succinctly:

*non-being threatens man as a whole<sup>12</sup>*

**The existentialist philosophers**

William Barrett described an encounter with the abyss which profoundly disturbed the French philosopher Blaise Pascal:

*While he was driving by the Seine one day, his carriage suddenly swerved, the door was flung open and Pascal almost catapulted down the embankment to his death. The arbitrariness and suddenness of this near accident became for him another lightening flash of revelation. Thereafter he saw nothingness as a possibility that lurked, so to speak, beneath our feet, a gulf and an abyss into which we might tumble at any moment. No other writer has expressed more powerfully than Pascal the radical contingency that lies at the heart of human existence--a contingency that may at any moment hurl us all unsuspecting into non-being ...<sup>10</sup>*

**Emptiness, anxiety and the closing of space**

These reflections bring forth the human dread of utter emptiness. From a developmental stance, this dread, which we call anxiety, is inhibiting because it moves one to quickly close the space between constructs that conflict or do not complement or reinforce each other and that we fear will tumble us into the abyss (i.e., loss of self). This limits the possibility of achieving a synthesis which, to keep development on track, would then have formed a new thesis.

Berman quotes R.D. Laing approvingly:

*...who knows what intellectual rattle we shall be shaking tomorrow to calm the dread of the emptiness of our understanding of the explanations of our meaningless correlations?<sup>14</sup>*

**Object relations and the "basic fault"**

Morris Berman makes the point that all cultural belief systems through history are ways of overcoming the awareness of what the psychoanalyst Balint called the "basic fault." Here "fault" is used in the sense of a geological fault--a gap or fissure in the earth. Developmentally this is a perceptual awareness in early development when the infant sees the fundamental nature of self-other distinction and the necessary gap between our infant self and the *other*--initially the mothering person. This awareness (to the infantile mind) of space where there had been oneness is traumatic and forms the foundation of the

In a similar vein the British author John Fowles, perhaps slightly tongue-in-cheek, coined the term "Nemo" to complete the Freudian triad of id, ego and superego.

*I believe each human psyche has a fourth element, which ... I call the nemo. By this I mean not only nobody but also the state of being nobody--'nobodyness'. ... just as physicists postulate an anti-matter, so we must consider the possibility that there exists in the human psyche an anti-ego. This is the nemo. ... the nemo is ... a function of civilization, of communication, of the uniquely human ability to compare and hypothesize. ... the nemo is a man's sense of his own futility and ephemerality; of his relativity, ... of*

Pascal commented:

*When I consider the short duration of my life, swallowed up in*



his virtual nothingness. ... The nemo is an evolutionary force, as necessary as the ego. The ego is certainty, what I am; the nemo is potentiality, what I am not. But instead of utilizing the nemo as we would any other force we allow ourselves to be terrified by it ... We run screaming from this mysterious shape in the middle of our town, even though the real terror is not in itself but in our terror at it.<sup>15</sup>

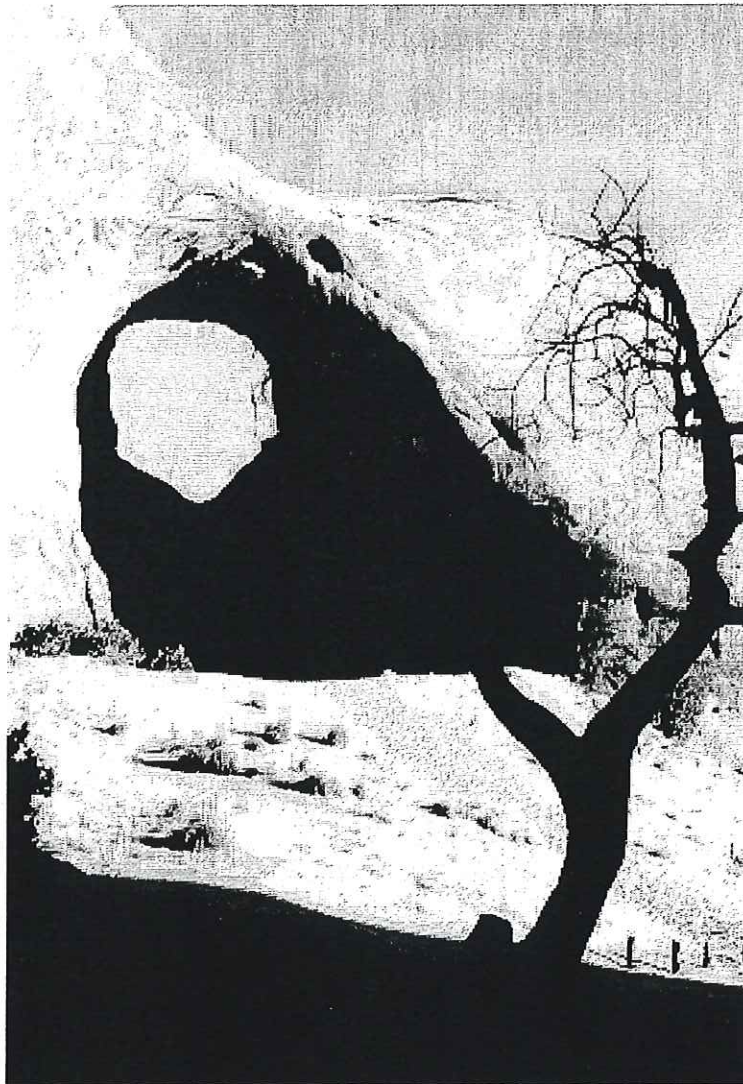
### Embracing emptiness

My agenda here is simply to establish the fear of the loss of a sense of self as basic to our humanity although perhaps more problematic for some than for others. According to Berman our response to this fundamental fear is the defensive construction of "ascent structures" to fill the space with coherence. As an alternative, he suggests we abandon the pursuit of such ascent structures:

*There is another alternative to recycling the ascent structure one more time and that is to finally abandon it once and for all. This means, at least initially, on the individual level, learning to live with the Abyss; recognizing the gap for what it is. Far more important than finding a new paradigm ... is coming face to face with the immense yearning that underlies the need for paradigm itself. This means exploring what we fear the most, viz., the empty space or silence that exists between concepts and paradigms, never in them.<sup>16</sup>*

Berman's suggestion is to cultivate the habit of "reflexivity": that is, the continual turning back of the self on its own processes--as Umberto Eco says:

*This ability to see ourselves in a state of need and commitment, to actually observe it, is the ultimate heresy, much more heretical than any new revelation, any new paradigm.<sup>17</sup>*



"Opening Space" Monument Valley, Utah 1992

Photo by Elke Parry

This connects to Karl Tomm's idea of reflexive questions and also to Maturana's notion of "multiversa"--all those processes which involve the eternal dialectical dance which can never come to a stop without reducing the experience.

*...true enlightenment is to really know, really feel, your ontological dilemma, your somatic nature. ... The real goal of a spiritual tradition should not be ascent but openness, vulnerability, and this does not require great experiences but, on the contrary, very ordinary ones ...*

for the ultimate heresy is not about redemption but about the redemption from redemption itself. It is to be able to live in life as it presents itself, not to search for a world beyond. ... The shift away from

*ascent, and toward bodily presence in the world, implies ... an end to the binary contrast mode of consciousness and personality structure. So most of our history has been a kind of unnecessary artifact. Self/Other opposition, binary structure, Transitional Objects, what we tend to regard as creativity ... heresy vs. orthodoxy, ecstatic experience vs. 'ordinary' life--all of this may be adventitious, in the last analysis, and certainly not part of 'human nature'. ... The minute anything ... starts to take on the character of a cosmology, it should be discarded. How things are held in the mind is infinitely more important than what is in the mind including this statement itself. For there is a big difference between ideas and ideology. An idea is something that you have; an ideology*

*is something that has you. All of these beliefs, techniques, and ideologies are useful; but they are not "true." What is true is our need to stuff the gap, our longing, our drive to create world views out of tools so we can be "safe." My guess is that there is a deeper truth ... that we really don't need to stuff the gap so we can be "safe." In this new culture ... Safety would come from the body, not from this or that system?<sup>18</sup>*



## Bounded developmentally facilitating space—dialectical space

*I see things in terms of opposites. I rather worship the spaces between things, the silence between good friends, the time between the notes of music, the break time during a conference, the space between buildings, negative space. I love the space on my desk better than the objects themselves. It makes me see clearer. That is yin/yang. The opposites of things are more fascinating than the things themselves.*

*It's the way I approach everything. I look for a solution which has a valid opposite-ness. Not a "different way" of looking at things, but an opposite way...It's a way of testing what has already been done, a way of finding solutions via the Hegelian formula of thesis versus antithesis yields synthesis...Opposites inspire most scientific discoveries and business developments...We recognize all things by the existence of their opposite--day as distinguished from night, peace from war, failure from success.<sup>19</sup>*

### The space between alternatives

When our current models of the world are found to be inadequate to account for our experience we are obliged to develop new ways of understanding. This is often not comfortable. Pushed to search for an alternative to the way we construct our experience, the gap between the known, however painful, and the unknown, however desirable, may seem frighteningly large so that we would "rather...bear those ills we have than fly to others we know not of." It requires the mastery of fear, either alone or with support, to allow alternatives to co-exist with our current structures for meaning-making. Almost invariably alternatives to one's way of seeing things seem at first to be contradictory. If one can allow the contradiction to remain in consciousness without either immedi-

ately accepting it or rejecting it, one creates what may be called *dialectical space*. In the dialogue that necessarily ensures, developmental transformation is likely to be facilitated. If no dialogue is allowed or defensive manoeuvres are brought into play to disqualify one side of the conversation or the other, premature closure takes place and established structures tend to be strengthened.

In some respects the notion of dialectical space resembles Winnicott's notion of interpersonal *transitional space*. He proposes that the infant creates a potential space simultaneously within itself

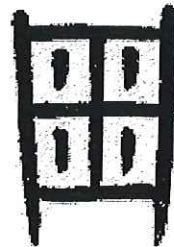
making them into propositions and evaluating them--in short, the experience of creativity.

Wurman<sup>17</sup> distinguishes "difference" from "oppositeness" but it may be that the latter is merely an extreme form of the former. A dialectical view may as well be based upon "otherness" or "difference" as upon "oppositeness." Nevertheless, "oppositeness" (or perhaps even "difference"/"otherness") probably represents an experience on the part of the developing person of apparent incompatibility between the alternatives such that the choice of one seems to preclude the possibility of the other.

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For example, a patient may present her therapist one day with an anecdote about a quarrel with her husband the previous day. She may ask the therapist, covertly or overtly, to rule upon whether she or her husband is "right." There are many reasons why the therapist would not offer an opinion but one of them is to allow space for alternatives to arise. One outcome of a non-response to the question, aside from irritation on the part of the patient, may be a growing awareness that the question is posed in an unhelpful way. The more developmentally significant issue is not the "rightness" or "wrongness" of her or her husband's position but how it is that she chooses to pose the question to herself in an adversarial way. This moves her from being *subject* to the content of the question to being in the *metaposition* of reflecting upon the question itself--taking it as *object*.

Reflection on the question reveal her way of organizing her experience. In this case, in a win-lose, *zero-sum game*. In the language of systems theory, by this awareness she has achieved a metaposition to the question by performing a recursion on it; she questions the question. Questioning the question invites questioning other questions and, eventually, her way of framing questions. This opens the way to an understanding of how she makes meaning of experience--her own



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### "Changes"

Wilhelm, Richard 1967 / *Ching*  
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and between itself and the external world which is neither the one thing or the other--that is, to the infant it is both a creation of its own fantasy and an object in the external world. Logically, these are incompatible categories. But for Winnicott, it is in the creation of this space that we learn to play and to begin to realize an aspect of ourselves that we will carry for the rest of our lives as a quiet reflective internal space where we entertain new ideas and feelings without



and that of others. Her unconscious thesis, "I am engaged in a zero-sum game with my husband." is implicitly challenged by the therapist's silence.

Another way to invite someone into a dialectical process is to alter the domain of inquiry from the one that is offered to one that is related but orthogonal. To stay

***There is an assumption of a 'binocular' or even a 'multi-ocular' position which allows a depth of view which the previous monocular view could not.***

with the previous example, the therapist would not respond to the *propositional* aspect of the issue but inquire about *affect* which may lead to an awareness of inner conflict and ultimately to the cost of such a stance, in the world.

A third way may be to offer an intervention such as, "Are you in a similar conflict with anyone else besides your husband at this time in your life?" or, if there has been some exploration of earlier relationships, "Is this the sort of struggle you used to have with your older sister?" etc.

The thesis has been challenged and antitheses begin to form in the mind of the patient. These could take such forms as, "Sometimes I experience myself engaged in a zero-sum game with my husband and sometimes not, is it him or me that chooses?" The movement is towards a resolution of the question not in its original terms but by an approach which takes both aspects of the question as the object of inquiry. The thesis moves into dialogue with the antithesis and the space between them is filled with tension. It is at this point that the defenses awaken and push to eliminate the tension by restoring the old balance. It is a central task of the therapy situation to help the patient keep open the dialectical space created by the intervention which brought into being the tension between thesis and antithesis until a resolution is achieved.

Dialectical space may be seen as either horizontal or vertical--the one logically precedes the other. The space

between thesis and antithesis is horizontal in that no new order of information is generated. Vertical space is generated by the attainment of a synthesis or a metaposition, above as it were, both thesis and antithesis (*see earlier illustration*).

At least two elements are required for the taking of a metaposition. There must be some sort of orthogonal interaction and the subject must allow space and time for a dialogue between the existing schema and the alternative. In

Hegelian terms, the thesis must remain in contact with its antithesis in such a way and for such a time as to ensure dialogue. Someone who is not threatened by developmental conflict can allow a dialogue between incompatible elements and thus provide space for a synthesis whereas someone made anxious by conflict cannot allow this ambiguity.

In therapy, the assumption of a metaposition by the subject is usually a gradual process akin to Kuhn's description of a paradigm shift. The antithesis interacts undramatically with the thesis as the accumulating weight of evidence erodes the established position. There is the assumption of a *binocular* or even a *multi-ocular* position which allows a depth of view which the previous monocular view could not.

In systems work, both Steve de Shazer and Michael White, offer approaches susceptible to understanding in this "space" metaphor. To quote de Shazer:

*The whole concept of problem/complaint can be read to imply another concept, nonproblem/non-complaint (i.e., exceptions, times when the complaint/problem does not occur even though the client has reason to expect it to happen) and, of course, the space between the problem and nonproblem... This space between problem/nonproblem is also available to the client and therapist for use in constructing a*

*solution.*<sup>20</sup>

For White, the most prominent space created is that between the client and the problem. Here, a simple unity, client/problem is deconstructed into client and "other" with the other being the personification of "anger", "sneaky poo" or whatever. In Karl Tomm's words:

*...what is basically entailed is a linguistic separation of the distinction of the problem from the personal identity of the patient. This intervention opens "conceptual space" for patients to take more effective initiatives to escape the influence of the problem.*<sup>21</sup>

### **Bounded, developmentally inhibiting (looped) space**

The infant has to deal with the subjective sense of empty space at intervals through the early years. If these experiences of separation are responded to with sensitivity, by the mother, little anxiety is experienced. However, if they are not, developmental anxiety will prematurely shut down (or not open) the *horizontal space* necessary for the first dialectical step. When this happens structures are built which inhibit further development in key areas. These are *loops of thought* which tend to be encapsulated and remain organized by immature cognitive structures.

Arnold Modell, a psychoanalyst, has written about patients suffering profound guilt:

*...as an accompaniment to the process of individuation. The right to a separate life is perhaps invariably accompanied by an unconscious fantasy that separation will lead to the death or damage of the other.*<sup>22</sup>

Similarly, Ronald Aldous, a local psychoanalyst, described people as fearing individuation because of the possible emergence of fiercely avoided identifications and/or the corresponding loss of counter-identifications.

This has its roots in the "either/or" thinking of what the neo-Piagetian, Robbie Case, called the Relational Stage of cognitive development.<sup>23</sup> As if the unconscious cognition is, for example, "I



know who I am because I am not my mother (i.e. I am 'not-mother'). If I am not 'not-mother' then I must be mother because another alternative is literally unthinkable." There is no dialectical space for a tension to arise between 'mother' and 'not-mother'. Conversely it may also work in the opposite way, for example, "I know who I am because I am a part of my mother. If I am not her, I am not anyone". In each case, the incipient opening up of space for differentiation is quickly shut down by anxiety. The anxiety is at least partly based upon the incapacity to go beyond binary thinking. The binary poles may not be always represented by object representations; roles such as "victim"--"victimizer" and images, in the sense of nonverbal mental pictures may also occupy those positions.

Binary thinking is closely allied with the preoperational notion of a zero-sum game. Modell says,

*She was convinced that she had taken for herself the best that there was of her mother's love (i.e. milk), had in fact drained her and robbed her siblings of their birthrights. Her basic conviction was that love was a concrete substance and that its supply was limited; if she possessed anything that was good, it meant that someone else was deprived.<sup>24</sup>*

In Case's next stage, the child becomes able to think "dimensionally" that is to see things in terms of more or less--a continuum. Dimensional thinking opens up space between poles so that alternatives can be entertained. This requires access to adequate working memory. Working memory may be understood as a type of internal space that increases with development.

As we grow and repeatedly deal with our world we learn ways of seeing things that become part of our repertoire--our operating system. These ways of seeing things become the glasses through which we see the world but we soon forget that we have them on--in cognitive language they become *proceduralized*. This means that they operate quickly and efficiently but are also relatively inaccessible to alteration--imagine trying to unlearn how to ride a bicycle. That people build up complex, unconscious repertoires of

behaviours which are invisible to them is not new.

Consider the phenomenon of the "Adult Children of Alcoholics" movement which has put forward a list of behaviours that were developed in childhood to cope with the stress of living with an alcoholic parent. Characterized by a hypertrophied sense of responsibility and a susceptibility to guilt among other things, these qualities became part of these children's operating systems which continue to frame their adult experience. These people's early environment imposed on them severe constraints upon what and how they could see themselves and their experience. Often these constraints act to form closed loops perhaps because they occurred during the stage of cognitive development when the child could think only in a binary--yes/no, on/off, big/small manner. Robbie Case's dimensional stage--analogous to Piaget's concrete operational stage--allows the child to think about intermediate states between polarities. Looped thinking is based, I believe, on having a certain domain of experience organized by relational cognitive operations. In clinical work this may explain the therapeutic effect of de Shazer's questions that invite the clients to rate scales, such as from zero to 10, about the influence of particular conditions on their symptoms. These questions may be understood as opening up dimensional space.

For example, many psychotherapy patients have a proceduralized sense of inadequacy which, paradoxically, drives them to become over-adequate. However, their over-adequacy never alters their self-perception of inadequacy. These patterns form cognitive *loops* as follows: "I am inadequate because I can't do "X". However, if I can do "X", it can't have been a good index of adequacy because I, who am inadequate by definition, could do it." As Groucho Marx said: "Any club that would have me as a member, I wouldn't join." Another paradox often encountered is the *dependency paradox* which goes: "As a child my parent(s) got anxious and/or avoided me if I seemed distressed. It seems then as if I will only be cared for if I look as if I don't need it. Yet if I succeed at looking independent I will also not get looked after." Another is a paradox of the false self. "I will only be loved if I appear to be other than I am.

Yet if I am loved as another I still feel unloved as I am."

### **Unbounded developmentally facilitating space**

Just as the idea of *unbounded space* may suggest an undefined emptiness that gives rise to anxiety because of its lack of structure and points of orientation, it may also be experienced as an invitation to unlimited exploration and growth. Unlike dialectical developmental space, in unbounded space the mind is not constrained by thesis on the one hand and antithesis on the other--the "betweenness" in this space is not at all defined.

### **Spaces in time: The Present**

*Experiencing the present purely is being emptied and hollow; you catch grace as a man fills his cup under a waterfall.<sup>25</sup>*

*The present has no duration. Therefore, it does not exist in the lineal dimension of time. It is not 'horizontal'. It has only a point of contact with seriality. The extension of the present is in another dimension to that of time. It is therefore at right-angles to time. The direction of measurement of this essentially timeless dimension is--within.*

*That is the reason of the importance instinctively given to ... 'presence in the present', to 'spontaneity'...*

*The so-called present is ... the point at which Time cuts across Space, as a concept it is spatial rather than temporal.*

*The present is not a fleeting moment: it is the only eternity....Time is the measurement of objectivity: the Present is the presence of subjectivity.*

*The...(so-called) present is...the invisible portal through which intuition reaches us from the interior of ourselves, from that universal and limitless interior (spatially thought-of) which is all we ever were or will be...*

*We ourselves neither exist nor do we not exist ... we are nothing...but as the Present.<sup>26</sup>*



## The Christian mystics: Eckhart and the Cloud

In the vocabulary of spirituality what I have called unbounded, facilitating space is rendered as the noumenous or the void. For example, in his commentary on the 13th century spiritual classic, *The Cloud of Unknowing*, William Johnston writes:

*...when the mind is barren of images and clear, distinct concepts have been abandoned, the soul is in some kind of darkness. There is, however, a philosophical cloud of unknowing entailing a supraconceptual grasp of, or rest in, being.*<sup>27</sup>

This suggests the undefinable and ultimate. For example, according to the contemporary Dominican author, Matthew Fox, the spiritual path of another 13th century mystic, Meister Eckhart, consists of four sequential steps: The *via positiva*, the falling in love with and the celebration of the phenomenal world—seeing God in the created order; the *via negativa*, the letting-go of this vision of God and allowing there to be nothing—seeing God in formless emptiness; the *via creativa*, a union of the first two paths wherein something new is ‘born’ in the soul—

*Because this tradition pays equal heed to both the Via Positiva and the Via Negativa, it celebrates the union of the two in the Via Creativa. In letting both pleasure and pain happen, both light and darkness, both naming and unnamings, both cosmos and void, we allow a third thing to be born and that third thing is the very power of birth itself.*<sup>28</sup>

and finally, the *via transformativa* provides “criticism and direction” for the newborn creativity of the previous stage, that is it stands in a position of oversight to the new creativity to be sure it is used compassionately. The *via transformativa*

*...is the cosmos mended and made whole again; it is the return of wisdom and of celebration and play. All this adds up to compassion...the fulfillment of the spiritual journey that takes one back to one’s origins*

*in renewed ways.*<sup>29</sup>

The new being (synthesis) becomes the subject (thesis) of the next step of the process of change and so on.

### Pauses

One of the lesser-known aspects of Benedictine spirituality is the discipline of “statio” which is the admonition to allow a space between moving from one activity to another.

*Statio is the practice of stopping one thing before we do another. It is the time between times...The practice of statio is meant to center us and make us conscious of what we’re about to do...Statio is the virtue of presence.*<sup>30</sup>

The theologian James Loder, described a *grammar of transformation*, a sequence of five steps in the transformation of the imagination:

***The practice of detachment is actually a way of learning how to respond to events or persons instead of reacting to them...***

1. conscious conflict (held in rapport),
2. pause (or interlude for scanning),
3. image (or insight),
4. repatterning and release of energy and,
5. interpretation.

With respect to the first stage, conscious conflict, Loder believed that

*...the conflict must be felt, allowed, made conscious; the conflict must be clarified; the conflict must be suffered with the expectation of a solution....If either over-distancing within the conflict or an avoidance of the conflict altogether are to be averted, the conflict must be held in a “context of rapport.” This notion is similar to Winnicott’s concept of a “holding environment.” If disequilibrium is to be tol-*

*erated, there must be a sustaining “holding environment.” Moreover, it must continue to hold over time.*<sup>31</sup>

Loder continued to speak of the need for pause, that is, unstructured space, as follows:

*Once the nature of the conflict has been clarified it is no longer fruitful to focus intensely on it. This is the time for the second moment in the composing process, the moment of pause, or incubation, an interlude for scanning. One puts the conflict out of consciousness but not out of mind.*<sup>32</sup>

Finally,

*The period of pause has completed its work when it gives rise to an image or insight capable of simplifying and unifying all that seemed so unreconcilably disparate and complex. The image incorporates*

**M. Berman, 1989**

*the conflict into a single unified whole thereby repatterning it.*<sup>33</sup>

### The Jewish mystical tradition

*Lurianic Kabbalism contains some of the most exciting & far-reaching doctrines in the whole of Kabbalism. The most striking of which is the concept of ‘tsimtsum’ [quotes added]... ‘tsimtsum’ means withdrawal or retreat from a single point....This voluntary contraction on the part of God...is the act which causes creation to come into existence. Because [God] was limitless...it was necessary that a primordial space, ‘tehiru’ [quotes added], be established. It was necessary therefore that [God’s] first creative act be a withdrawal or con-*



traction into Himself. In so doing He permitted to come into being the primordial space which was necessary for the creation of the finite world.<sup>34</sup>

### Final Reflection

Let me finish with a reflection on the developmental use of space that many of us would not only like to help our client/families towards but ourselves as well:

*The practice of detachment is actually a way of learning how to respond to events or persons instead of reacting to them....When someone, for instance, offends one of our deeply ingrained prejudices we tend to react instantly,...But if we have been able to respond rather than to react, we will be able to stop when our prejudices are touched upon to insert a stop, 'a pause' (sukun) [quotes added], which establishes a distance between the event and ourselves, an interval in which we have the opportunity to exercise our personal freedom by choosing how we shall respond to this assault upon our prejudices. When we react we are behaving mechanically; when we respond we are exercising our freedom, behaving responsibly. When we react our whole being is centered on our ego; our ego occupies the whole of our universe .... When we respond, on the other hand, we take into consideration much more than our own ego; the pause gives us space to open our hearts to all creatures...<sup>35</sup>*

### Appendix I: Outline of the Argument

- Q. What is the question to be addressed?  
 A. How does development (and therefore therapy) proceed?  
 Q. What is your answer?  
 A. A dialectical process.  
 Q. What underlies dialectics and its failure in

particular cases?

- A. Space and the fear of it.  
 Q. Explain

1. Psychological (particularly cognitive) development has an underlying commonality of process with dynamic psychotherapy and very likely with all other successful therapies.
2. This commonality is in the process of transition from one structural stage to the next, more complete/complex one.
3. Development does not proceed by great leaps but rather in small transitions which add up over time to a higher order of organization.
4. Higher order is manifested by a more complex mental representational structure. Such structures are capable of taking "as object" the next step below.
5. The process by which this occurs in all systems is a dialectical one. That is:
  - a. A given state exists in the mind of a person based upon a particular existing scheme;
  - b. A new situation arises which is unassimilable into the old scheme; not just in content but in form--that is, it could never have been constructed by it;
  - c. This new idea calls the old scheme into question;
  - d. This creates tension and moves the person in one of two ways--
    - i. to defend against the tension by disconfirming, assimilating or denying the new idea,
    - ii. to allow the tension to exist until the old structure accommodates in some hitherto undiscovered way or a new structure is formed;
  - e. New structures are formed when the juxtaposition of thesis and antithesis produces a synthesis.
6. Exactly how this happens is ultimately a mystery. Nevertheless, the creation of the conditions for this to happen are the underlying form not only of all psychotherapies but of cognitive development and the developmental spirituality of mystical experiences. This is the strong form of the argument. The weak form is that there may be some commonalities among these different domains of experience

which may shed some light on each other.

7. The notion that people construct and use personal space, as well as fear it, brings forth elements common to a variety of therapeutic approaches. Writers addressing each of these domains have reflected on *space* in the forms of:
  - a. *Interpersonal space*--psychoanalytic theories of child development, attachment theory and family systems theory;
  - b. *Intrapsychic space*--psychoanalytic structural theory of mind, cognitive developmental theory of schema construction;
  - c. *Physical space*--the therapeutic setting as a safe or sacred space.
8. The presentation is as much related to spaces between these spaces. That is, between interpersonal and intrapsychic space, intrapsychic and physical space, and physical and interpersonal space. More particularly, how experience in each of these spaces may either give rise to the construction or elaboration of space in the other or inhibit it.

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**T**herefore the superior man contemplates these images in times of rest and meditates on the judgements. When he undertakes something, he contemplates the changes and ponders on the oracles. Therefore he is blessed by heaven.

*"Good fortune. Nothing does that further."*

Wilhelm, R., 1967, *I Ching*, p. 290



## **"Eighteen"**

Oh, eighteen,  
If I could take you in my arms  
and hold you,  
and tell you all I've learned  
thus far,  
would it lessen the pain,  
ease that time  
and all that goes with it?



I think not.  
It would be like wishing on a star.

But,  
I remember you.  
It was then, at eighteen,  
that the most wonderful thing  
that you could imagine happened:

You said,  
"I'm going to have a child."

I think you've always been in my arms.

by Michaela Arient  
Photo by M. Arient

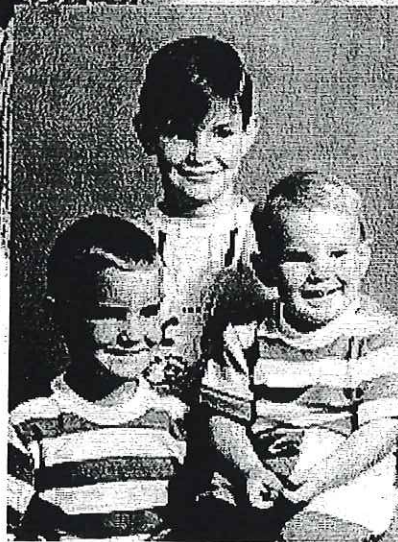
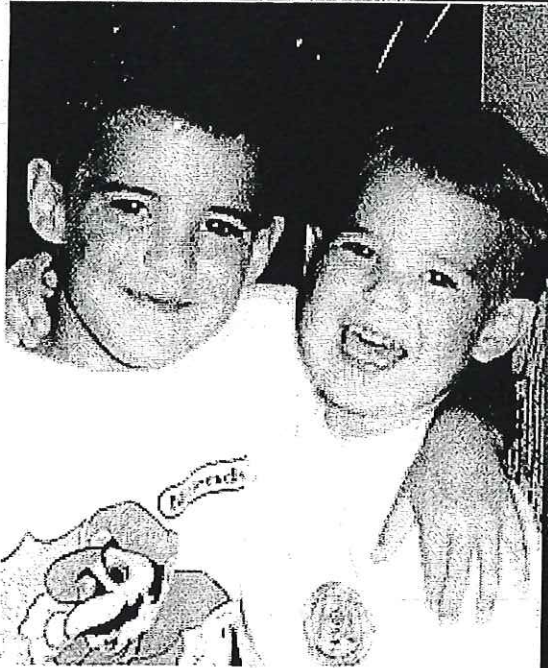
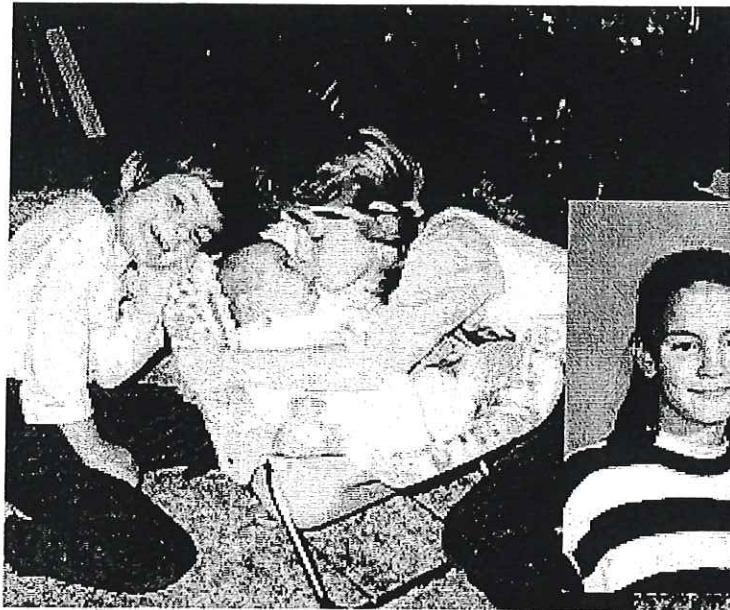


## ***For My Children***

*You were chosen and welcomed  
and all pain ceased to exist  
For life had new meaning  
and held new promise.  
Each day was held in high regard  
whether I knew or not, where  
it would lead  
The pain and joy of each new  
challenge  
lent with it unaccountable knowledge  
that we would survive  
We would endure  
And if I can give but anything  
let it be courage and hope  
and always knowing I'll be with  
you  
Whether in sight or spirit  
Let my gift, also of patience,  
Show you the love that awaits  
when you least expect it  
And let me now thank you for  
your patience, and kindness  
and hope for the day I can  
be here for you.  
When I couldn't find my way to you  
that you were always inside me,  
in my heart,  
and gave me hope to keep looking  
And the simple act of letting go  
of my fear made me feel,  
and see you  
And we can be all we came here  
to be  
Together.*

*by Michaela Arient*





Tina, Nicole, Michael. Jordon

Photo by M. Arent



# On Learning to See Through the Eyes of Another

John Kaye  
Adelaide, Australia

I'd rather learn from one bird how to sing than  
teach ten thousand stars how not to dance  
e.e. cummings

I would like to share some thoughts about interpersonal sensitivity and its role in therapy. By interpersonal sensitivity I mean both an orientation and a mode of responding. As an orientation it has similarities with Harlene Anderson and Harry Goolishian's concept of working from a position of *not knowing*. It betokens a readiness to see the world through the other's eyes, to be open to their experience and to connect with their world of experience. It extends to a willingness to learn from the other what matters to them in contrast to only gathering information which the therapist believes is necessary.

As a mode of responding, interpersonal sensitivity involves not merely conveying understanding of the other's experience but responding to the feelings, wants and meanings which lie behind the words. Above all, it also involves being aware of the impact of one's words and manner on the other.

I want to draw on these ideas (which might seem to some to emerge from an anachronistic and faintly old-fashioned Discourse!) for two reasons. The first is because I believe that the form of sensitive awareness I am trying to describe contributes powerfully to a problem-solving climate. The second is because it is a dimension which is underemphasized in training. That is, inculcation of an awareness of the need to guide one's responding in the light of an awareness of people's sensibilities is largely sacrificed on the altar of therapeutic method. In our indoctrination into systemic, solution-focused or narrative approaches, empha-

sis is placed on modes of conversation management (i.e., those questioning styles or frameworks which dictate what questions should be asked). This is often at the expense of helping trainees develop sensibility, let alone the task of learning how to understand the client's world of experience. It is little wonder that my colleague, Michael White, once commented to me that people took his techniques and applied them without compassion.

## On Blindness and Learning to See

Let me develop my theme with a familiar scenario. Most of us, I think, experience a need to be heard and understood, to have our version of events validated, believed as a veridical representation of our experience. Most of us too will at one time or another have sought to influence another to see things from our point of view.

In people whose relationships are under strain, the need to be understood, to feel their experience to be valid and to win acknowledgement of its truth are often implicit in their attempts to convince their partners to see things from their perspective, to impose their view or to engage in battles over whose view of reality is to prevail.

In this struggle, the despair, frustration, hurt, and anger they experience at not being heard often leads each to increasingly reject, contradict or deny what the other has to say, or to take recourse to bruised, subversive silence.

Thus, much as each desires acceptance and acknowledgment, each at the same time alienates it while remaining oblivious to how their own mode of communication ensures that their need will not be met. Not only are they unreceptive to their partner's experience, as well as to his/her parallel need for acknowledg-

## *By interpersonal sensitivity I mean both an orientation and a mode of responding*

ment, but each appears exquisitely blind to the impact of their behaviour on the other.

Therapists who are married to a particular therapeutic model and bound by its dictates or who lack a reflexive awareness of their own impact on those they are meant to help can be equally blind. And without the ability to see ourselves from another's perspective, to consider the possible effects of our words and ways of responding in the light of how another might experience them, we may be oblivious to the invalidating consequences of our own actions.

Let me illustrate.

In my early flirtation with what was once called family therapy, I brought an infatuation with strategic therapy along with me to a residency in the McMaster Family Therapy Program. In discussing a family I was seeing whose major dynamic seemed to be the exclusion of an authoritarian father from interaction with his children by a gate-keeping mother, I

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remember suggesting an intervention which required the (already humiliated) father to adopt a one-down position by daily requesting permission from his wife to speak to his children. Quite apart from the probable clumsy inefficacy of the suggested prescription, I remember feeling mortified when the team leader, Julian Rubenstein, asked me to consider how I would feel if somebody were to say to me what I was suggesting be said to the husband. I immediately imagined my angry humiliation and back in my own shoes experienced severe embarrassment. The lesson was well taught. From that moment on, I learned to eschew derisory (or derisive) prescriptions and to measure everything I did against the criterion of my understanding of other people's feelings and dignity.

### **On the Role of Understanding**

I learned another lesson at the time, again courtesy of Julian. This time, safely ensconced behind the one-way screen, I listened as one of the Chedoke therapists interrogated a family with a delinquent son in accord with the dictates of the McMaster model. It was an experience which later led me to talk about the potential pathologizing effect of questions. Under questioning, and under the combined weight of his parents' complaints elicited by the questioning, the boy became increasingly defiant. It struck me that the therapist was probably doing what the boy was subjected to at home and I was aware of Julian becoming more and more agitated. Suddenly, he stood up, left us, entered the therapy room and introduced himself. Addressing the discomfited lad and gesturing to his head, he said, "you must be feeling mighty lonely in there." I have never forgotten the boy's look of startled gratitude at having his feelings understood. The erstwhile sullen and resentful tough hesitantly began to speak of his feelings of isolation, of being singled out, of living under the tyranny of eternal

surveillance and suspicion. Encouraged and reassured by the warmth of Julian's understanding, his whole demeanor changed as his bottled woes streamed out and the session became rapt as the family members unfroze, beginning to reach out

***I** t was an experience which later led me to talk about the pathologizing effect of questions.*

rather than continuing their bruised and bruising stand-off.

Which brings me back to the importance of connecting with the experiential world of another and of the central role played by the provision of understanding.

I was recently reminded of this by the

***I** was recently reminded of this by the curative role attributed to the experience of being listened to and understood...*

curative role attributed to the experience of being listened to and understood, by a young man who was referred to me by his GP (the presenting complaint being his inability to write because of a paralyzing fear that if he touched any pointed object he might mutilate himself). A 25-year-old unemployed lawyer, Alex, was still living at home with his father and mother (who as a young woman had escaped Czechoslovakia as a refugee on her own). Emotionally alienated from her husband, his mother impressed on Alex that he should never leave her and would need to be there to care for her in her old age. Discussing his sense of emotional enslavement one day, I was suddenly struck by the contrast between Alex and

his mother who must have been extraordinarily resourceful in her youth to escape her homeland and survive on her own. I asked him whether he had discussed this with his mother, to which he replied in the negative. I thereupon suggested that he approach his mother to tell him the story of her escape and all that had happened to her. I suggested that he inquire in great detail how she had managed to survive on her own, what resources she had drawn upon, and where she had found her courage. I asked him to finally request her to instruct him on the skills of independent living that she had acquired and to impart the secret of her strength so that he could be like her and prove that he truly was her son.

Within a week he had found a part-time position in a legal firm and moved out of home into an apartment with a friend.

When at our final session, I asked him to review what he had found helpful during therapy, and what had made a difference for him, he replied "It was as if you really appreciated the position I was in. That helped. Also, I had never before appreciated the power of listening."

I had not expected this answer. If I were to be honest, I would say I had wondered whether he had "appreciated my smart intervention." Indeed I suspect that my vanity wanted my own cleverness confirmed! I guess we can learn a lot from our clients' views on what mattered to them in therapy. In my experience they attribute a good part of their satisfaction with therapy, as well as their personal growth, to having their experience confirmed and understood.

**On Understanding as a Therapeutic Modality**

### **On Understanding as a Therapeutic Modality**

The importance which people place on the sense of being understood and having their experience accepted was



confirmed for me this year by a Discourse Analytic study of clients' experience of psychotherapy carried out by Penny Janis, a student under my supervision. In this study of 13 people who had been treated by therapists professing a variety of orientations (from psychoanalytic through client-centered, experiential and systemic), two major Discourses (networks of related ideas) emerged. The first of these closely resembled the therapeutic conditions originally outlined by Carl Rogers—genuineness, respect, acceptance, caring and the provision of empathic understanding.

All but one of the participants in an unstructured interview spontaneously reported experiencing and valuing some combination of these conditions. They believed, furthermore, that the understanding, acceptance and interest they were provided contributed to a sense of safety. This, in turn, helped them feel free to reveal and explore their experience because they could trust the therapist not to hurt, ridicule or reject them.

Previously, I have considered the provision of a context in which the other feels her/his world of experience is accepted, understood, and acknowledged as meaningful, to be a necessary pre-condition for therapy. I now believe that receiving such understanding and acceptance is therapeutic in itself, contributing as it does to a sense of existential security. This is because it symbolically re-evokes the world of safety, security and connectedness many of us experienced in our early attachment relationships—a time when the reality for us of our experience was accepted, our feelings and wants attended to. Or it might help to establish this sense in those who have lacked it.

Let me explain.

As children, when we are distressed or experience pain or hurt, we turn to our parents for support or reassurance.

Generally, they accept the reality of our experience, they do not dispute or seek to disconfirm it. They hold us and restore our security.

As I wrote in an earlier section of this article, adults entrapped in pain-filled patterns of interaction with their partners rarely experience this comfort with its accompanying sense of acceptance and confirmation. More often they are subject to the desolate, alienating sense of not

change. This is because these experiences can restore existential trust.

### Toward Transformative Dialogue in Psychotherapy

A therapeutic condition allied to the provision of an accepting climate is one which I call the receptive stance.

The receptive stance is characterized by an openness to the other's experience, a readiness to learn about their world, a



Benjamin in the Cave 1991

*Photo by Joanne Schultz Hall*

being heard, the despair of feeling their very experience to be disconfirmed, the dread that arises from having core beliefs undermined, the frustration of having their point of view invalidated or rejected. At worst their very sense of reality is thrown into question, exposing them to paralyzing, terror-filled feelings of helplessness.

Entry into therapy can potentially offer such people the experience of being heard, of feeling themselves confirmed and accepted. This experience of being heard, of being carefully attended to, is the psychological equivalent of being held, comforted and treasured. The psychological holding implicit in being understood and accepted can constitute a powerful healing experience, while the sense of being confirmed can make a difference profound enough to constitute a

canvassing of multiple possible perspectives. It calls for an endeavour to understand their point of view, to convey an understanding of how the gloss they put on experience makes sense to the person in the light of the premises themselves. It implies rather a form of interested inquiry which holds the premises open for exploration. In this way neither participant in the therapeutic dialogue is bound by the client's dominant story or its governing assumptions and presuppositions. Each is open to learning from the other.

Viewed in this manner, the active attempt to understand another's experience can involve its exploration as well as prompting alternate realities to emerge.

This stance is radically different from one which seeks to analyse the other's account of experience according to a particular set of theoretical presuppositions,



to impose restraints via this frame on what can be told or the manner of its telling. I emphasize this because the tendency to analyse experience within a limiting frame can inadvertently reinforce the taking for granted of a restrictive mode of thinking tacit in cultural discourse, one which is itself implicated in problem maintenance - belief in the 'real', in discoverable cause/effect relationships and in the attainability of a true determinate version.

In the study I cited earlier, I mentioned that two sets of discursive themes had emerged from people's discussion of their experiences in therapy. The second, which I wish to discuss briefly, pertains to the contributions within the conversational interchange which the participants believe to have enabled them to gain new realizations, draw new distinctions, change their perspectives or which overall helped trigger the evolution of new meanings. The forms of response which enabled this consisted in the main of:

1) questions which inquired into experience, which drew the person into elaborating on or exploring their experience or which led them to query their

own generalized beliefs;

2) the offering of alternate perspectives from which their experience could be viewed;

3) statements which posed an alternate possible way of understanding events.

One might reasonably infer from this that the provision of understanding and acceptance, however transformative for some, may not be a sufficient condition to bring about change for others. What is required is a set of responses which is transformative of understanding.

The evolution of new meanings, then, is most likely to occur in a context which is receptive and provides responses which a) prompt the emergence of new ways of construing experience; and b) promote a questioning of the restraints imposed by beliefs which have been taken for granted as true. This has the potential to liberate participants in therapy from an immersion in limiting belief systems and ways of thinking.

Thus, within the frame of an accepting climate, the therapist can maintain a receptive stance while also offering statements, questions and frames which might

generate new distinctions and meanings.

Over and above this, I believe that that form of receptivity which communicates an openness to a multiplicity of ways in which experience can be construed can also be transformative. Experiencing another's openness, their readiness to explore multiple possible constructions and endorse their co-existence can trigger a changed stance toward experience itself on the part of the receiver. This can be seen as constituting a profound first-order change. Accepting the relativity of meaning is more than a transformation of the meanings one attributes to experience. It comprises a transformed stance toward meaning itself. A stance, moreover, which makes one infinitely tolerant of life's uncertainties, the vicissitudes of life and of other people's differences. Difference becomes something to celebrate and understand rather than to fear or defeat.

By way of conclusion, I wish to offer a model which I hope conveys the therapeutic orientation I have attempted to describe in this paper.

### **Learner: A Template for Constructive Therapy**

- L**isten receptively to all accounts of experience
- E**stablish collaboratively a world of shared meaning and understanding
- A**llow narrative to unfold via open-ended inquiry and avoid the imposition of pre-understanding
- R**espond to responses by drawing distinctions and proposing perspectives which might trigger new descriptions
- N**eutralize theoretical bias and never know better
- E**xplore exceptions and encourage the generation of new possible versions
- R**espect the other's ability to make new connections and review continuously your own understanding



# Gary Sanders on Sexuality and Loving Intimacy

A Participator Profile Interview with Dr. Gary Sanders

Carol Liske  
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**Carol:** Is it all right if we talk about the relationship or interface between sexual therapy and family therapy?

**Gary:** Yes.

**Carol:** I'm particularly interested in looking at when these things get confounded for a family therapist and how to make some decisions around what to do. I was thinking that some family therapists may not have the option of a referral to a sexual therapist.

**Gary:** That's very true, probably because they either work in an area where people who specialize in sex therapy aren't available or because even if they are available in the community, there are too few of them.

**Carol:** I wonder if we could start out with taking a look at the distinctions between what we would call sexual therapy and what we would call fami-

ly therapy?

**Gary:** Both are such large fields and they overlap in big areas and differ in smaller areas. The overlap is that both fields orient to the interactional. Therapeutic work in either field is probably most responsible when looked at from a cultural or a larger systems view, taking into considera-

*Therapeutic work...is probably more responsible when looked at from a cultural or a larger systems view taking into consideration experiential aspects of therapy as more important than behaviour.*

tion experiential aspects of therapy as more important than behavioural. In that sense family therapy and the emergence of a more context-sensitive sex therapy are similar. But I think where one difference can be found is in the explicitness of language. There is a language of sex therapy

where therapists must have comfort in describing body processes and body experiences clearly. They must have comfort in being able to

do that in a number of ways, obviously not just in a clinical or academic manner. I think another difference is that in sex therapy, the therapist needs to know when the symptomatology is *not primarily* in the domain of interactional events, when there is some-

thing more fundamentally biological going on. It's not difficult for a non-medical specialist to know when it's in the domain of medicine, but it is a specific skill, it's not simply intuitive.

**Carol:** That's what I was going to ask you about. How would the family therapist determine that what they are dealing with is out of the domain of family therapy or out of the domain of talk therapy?

**Gary:** One can use a 'rule of thumb,' but there are always exceptions. It is only a guide, it is not a universal law. If the symptoms that the person presents with are context-sensitive, meaning that the symptoms (e.g., like a woman not being orgasmic or a man having difficulty with

ejaculation or erections) occur sometimes with one partner but not with another, for instance by one's self or in dreams or on awakening, then the rule of thumb is that the symptoms are more likely context-based. The symptoms, rather than being primarily organically-based, are more likely

*If symptoms are very quick in onset...they are more apt to be context sensitive.*

context-based because they indicate that the body is *capable* of working given one place in context, but that same body is not able to work in another place and context. It's the *same body* in both contexts, so you know that difficulties are context-sen-

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sitive. On the other hand, if a person's symptomatology is universal and it does not matter if the specific sexual symptom occurs, say, with oneself,

for review, and if the physician finds nothing it would then be best to use talk therapy.

**Carol:** In a recent case that I have been

**What we do need to know is what are we trying to enable by helping people be sexual. It is not simply a behaviour.**

with a partner, or in reflex situations, then it is likely to be more physiologically-based. If symptoms are seen to be situational, they are likely to be context-based. If symptoms are global, they are likely to be body-based. The other aspect of the rule of thumb is that if symptoms are very quick in onset, for example, one day the body worked fine and the next day the body did not, they are more apt to be context-sensitive. If onset is gradual, one day things are working fine and then over a period of days, weeks or months there is gradual deterioration, symptoms are more apt to be organically-based or body-based. Now, of course, there are exceptions to these conclusions. If one is in a car accident and has one's spine broken with spinal-cord damage, the symptoms will have a very quick onset—one day things worked and the next day they did not. In this case, it is an obvious trauma and therefore, is body-based. There are occasions where a slow onset has more to do with experiential events such as experienced oppression over time. That is why these guidelines are only "rules of thumb." It is very useful in a clinical situation to know that there are domains where I can try my talk therapies, but it is equally helpful to know which symptoms would best respond to biological intervention. If an approach does not have any influence, I may wonder if I have missed accurate assessment of the situation through using the rule of thumb. Then, I would have the person evaluated biologically. If I were not a physician, I would refer to a physician

dealing with, I am convinced that the main issue for the couple is their sexual relationship, a relationship that went awry early in their marriage. I have felt unclear as to whether I should proceed to ask questions about that or whether I should refer them to a sex therapist.

attempts to open the area of sexuality for discussion 30 years ago. The field became so behaviorally-focused that many times therapists enabled people's genitals to work at the expense of quality of experience. Women have been inadvertently condemned to dutiful 'ceiling-watching' intercourse, and men to the belief that they could privilege the right to erection at any time in the presence his partner. If a therapist is working with clients who have sexual concerns, look carefully to the goal of the sexuality – what does that person want?

I ask the clients to close their eyes and remember one of the best sexual experiences they have had so far. Or, if they have not had any, if they have been non-sexual or have not had any good experience—what do they imagine one to be. Inevitably, what is expressed can be represented by five words (*volition, mutuality, arousal, vulnerability and trust*). I have written



#### Intimacy with Love

Barbara Schultz Creamer and Jeff Creamer – Photo by Joanne Shultz Hall

**Gary:** I think it is important if family therapists keep in mind what it is that they are trying to enable by helping people be sexual. It is not simply a behaviour. To believe that sex is primarily behavioural is the great disservice that sex therapy did in its

about these previously. I find that all five words have to fit to for both parties or the experience is not truly sexual, it is something else. *Volition* means that both people freely choose what they are going to do. Then, it is



important that what they choose is the same thing—it is a *mutual* event. It is not one choosing sex and one choosing business or something. This experience needs to occur in the domain of *arousal*, not just purely body arousal, but also emotional arousal — and a special type of arousal where each can be self-full. This does not mean selfish — at the expense of someone else, but rather full of oneself in one's own sensual experience. In that way, one person's arousal helps feed her/his partner's arousal because each does not have to be preoccupied with taking responsibility for the other. It becomes a positive feedback towards higher arousal and involvement. Next, people describe being fully open in their own experience, each can be herself or himself and, therefore, does not have to fake, pretend, worry, or perform, or whatever else. Each can be themselves even though there might be some risk — they could be laughed at, or hurt emotionally, or forgotten or left behind or whatever. So the final word I look for is that there is *trust*. There must be a form of trust where each can trust at the time of being sexual, at least, that one's partner is not going to take advantage of you, abandon you, hurt you, whatever else.

Now if these five words are experienced by both people, my clinical experience is that the words always describe people's best sex. But it does not say how the couple engage in that best sex. The *hows* are for the people. The *whats* (what is the best sex), is for the therapist. I think a family therapist can enable clients experiencing those five words. The family therapist may not have the greatest expertise in the domain of the *arousal* work because they may not be trained to know how the body works and how to enable its working. I think those are the specific skills that sex therapy has elaborated over the last 30 years. But you cannot just use those skills to define sex therapy because to do so would miss the context. The meaning of sex would be missed and one would be just enabling the performance. This is where too many specialist physicians who enable a man to have an erection at will by implanting

some prosthetic miss the point. The point is not the erection, the point is the experience.

**Carol:** Is there a risk that family therapists, possibly not being appropriately trained with respect to biology, may enter into a *pseudo-expertise*, which might mean they may misread situations and not use appropriate referral sources?

**Gary:** Yes, of course there is a risk of

course. Unfortunately, as in most things in life, nature's course is not a kind or pretty one. One only need to look at aging and its effects on the body. We can adapt to it and manage our lives quite fully with good quality, but nature's course is not civilized.

**Carol:** Do you have any cautions that you would suggest to family therapists entering into considerations of sexual relationships.

**A domain of exploration is to know if problems are occurring, how significant those problems may be, and what solutions have been successfully attempted.**

that. I would see that risk being likely if the family therapist either denies the need for expertise in the world of physical arousal or believes s/he has it when they do not. This is where the risk would be. Traditionally, family therapy in times gone by would look at the last two words, *vulnerability* with *trust*, or what I call *loving intimacy*, and if these experiences were enabled, then many believed arousal would follow. Personally, I hope this would not always be the case because there are many times when there is vulnerable trust where arousal is best not to follow or would not want to be acted on if it were to follow, such as between a mother and a child, or a father and a child, or best of friends. Even though there may be some remnant feelings of arousal, in those situations they are not privileged, enacted or furthered. This is one of the problems of understanding sexual abuse, of course, when it occurs between a cross-generation relationship—intimacy is experienced, then the individuals, usually the adult, *privilege* the arousal as evidence of it. So, yes there could be a risk of the family therapist believing that if you simply enable the intimacy, then nature will take its

**Gary:** Well, I have one comment and three cautions, and they appear contradictory but, I think, they are not necessarily so.

The comment is that I believe all family therapists should explore sexual functioning with their clients. This could be sexual functioning from a perspective of information, such as for adolescents about body safety and the context of genital abuse, all the way to the relationships between adults where sexual interaction frequently occurs. I think sexual information should be explored in an open discussion, an open part of the therapeutic process. Now, we have to be thoughtful of who we speak in front of, how openly we speak and the language we use, but this concern does not mean there is not language which is appropriate for children, language appropriate for adolescents and language appropriate for adults—there is. A lot can be done with everyone present, but not everything for all. I think an area of exploration is to know if problems are occurring, how significant those problems may be (experientially), and what solutions have been successfully attempted in the domain of sexual functioning. I think this is an area that has been



neglected, forgotten, abandoned and feared in family therapy. So that is my comment.

Now the cautions are that if one privileges the behaviour over the experience, I believe one often does an inadvertent disservice to the clients or to one client compared to the other. Secondly, if the therapist focuses only on the context itself and forgets the fact of body functioning and mythologies about body functioning, then again one might inadvertently do a disservice to the hope for the clients and the hope of future healing the clients hold. Thirdly, another cautions is that some family therapists may not know their limits, either in starting to explore sexual issues in the sense that they may believe they cannot start at all because they know they do not have enough information to go 'all the way', or once they start they may go farther than their personal limits, either informational, skills, or personally. These are the cautions for family therapists.

**Carol:** What do you think the main criterion for discrimination of whether you have gone far enough or you have gone too far might be?

**Gary:** I think it is client response. Feedback from clients as to whether this is being helpful, and is it being helpful in a way that is experientially-based, not only behaviourally-based. To me, experience is much more fundamental than behaviour. I do not define sex behaviourally. The reason I do not is because I have seen too many clients over the years who are not capable physiologically or biologically of the behaviours that most would class as sex and yet these people want to have sexual lives and they can have wonderful, rich, enabling, intimate, delightful, fun and recreational sexual lives, but not by doing "the usual thing." The usual thing being intercourse, which is often not the best of sex for heterosexual couples anyway – contrary to popular patriarchal mythology.

**Carol:** The movie "Coming Home" was one of the first very public suggestions of that possibility. What would you recommend to a family therapist who is working with a family or a couple experienced by the therapist as having sexual challenges, but the couple themselves are not comfortable to look at this issue?

**Gary:** I have never really found people who are not comfortable looking at

*If family members are uncomfortable...either the therapist has not given the family sufficient permission to experience their discomfort, or the therapist is moving more quickly than the comfort level that the family can tolerate...*

the issue. I think what I have found is therapists whose discomfort cues the clients to be sufficiently uncomfortable. My experience is that in talking openly about sexual matters, that as a therapist, one needs to be very careful and respectful of client experience as it is discussed. There could be cultural differences all the way from traditional Native Canadian culture where explicit descriptive talk around sexuality is just never done and is almost embarrassingly frightening for them—to the culture of adolescents, although more age-discriminatory, one can speak very openly about sexuality when given a chance. One issue, then, is respect of personal history with reference to openly discussing sexuality. How I usually address it is by giving people, in a sense, permission to be anxious or a bit embarrassed or uncomfortable as we discuss their sexuality. I usually explain forthrightly that most of us have not had a lot of practice in talking about our own sexuality openly and explicitly, so that when we come to do so, we are a bit put off, uptight or embarrassed—and that is perfectly

expectable. It is new territory in its *discussion*, not its *experience*. But I also put a caveat on such *permission-giving* and add,

*"if you, as a client experience distress, tell me about it because that is not my intent in discussing sexuality. I can usually modify the conversation to minimize any distress."*

If family members are uncomfort-

able, there is usually one of two things going on—either the therapist has not given the family sufficient permission to experience their discomfort, or the therapist is moving more quickly than the comfort levels of the family can tolerate, even when treated more respectfully. Some reasons for the latter would be that when one is discussing explicit sexuality, say cross-generationally, if talking about the adult's sexual life with the children present, it would be inappropriate for most families and they would show extreme discomfort. Conversely, therapists often forget and discuss explicit experiential sexuality of an adolescent in front of his or her parents. One can speak about sexual information in front of the family members usually with no problem, but not about personal experiences in front of all family members. I usually am very careful with generational differences. I find if I meet with adolescents or children alone, they can speak to me easily about sexuality. However, if they are younger children, then it could be fine to discuss sexuality in front of the parents.



**Carol:** While you have been speaking, I have been thinking about your criterion or your five words describing sexual experience (volition, mutuality, arousal, vulnerability and trust). I was thinking about how your description possibly describes vitality for arousal in life. Almost all shared human experience from this perspective could be ideal or good quality because it would implicitly involve collaboration and cooperation. You could do therapy, in general, from the lens of human sexuality. You could probably solve a lot of human problems from that lens. I don't know if you have any comments.

**Gary:** Sexual therapists have said for years that when people bring problematic experience to their office which has a sexual symptom, the sexual symptom may not necessarily be a sexual problem. It could be more about something else like commitment. For example, I saw a woman who came in with an apparent desire disorder. I usually prefer the phrase discrepant desire to identify the interpersonal aspect of it but it is traditionally called inhibited sexual desire, of course, skin-bounded in an individual which is sexology's and medicine's traditions. But this woman came in and said she was not 'turned on' for the man she had been married to for the last 20 years or so. She was a well-spoken, intelligent, attractive, capable woman in her late 40s. Her husband confirmed this saying that their sexual life has more or less shut down – he wanted more and she did not. This was their stated problem. When I asked about whether they liked one another, she said "No, I have never really liked him." Then I said, "Would you consider him a friend to you?" She said, "Well, he would be an acquaintance more than a friend." Then I asked if she loved him and she said "Well, in a generic way. I'm kind to him so I'm loving of him, but I'm not in love with him and I don't think I ever was." So I asked her why then she thought she should be sexual with him and she said, "This is important to him and after all he's my husband." I asked a follow-up question then, "Why did you marry him if you did not really like

him, you did not find him a good friend to you and your love was more of a humane love than a personal love?" She said, "Because I came from poverty and he is fabulously wealthy and the marriage has worked very well until now but now I cannot make my body do what I was able to in times gone by." In this situation, one could look and think well, the sexual symptomatology is much more indicative of a problematic relational connectedness so the arousal issue of the five words is the least important, but this is what they are presenting with. The most important, of course, is the mutuality, which neither he nor she is choosing. In regards to the openness and vulnerability, she usually would not be speaking so openly when she was in physically intimate situations with him, and ultimately their trust is limited. You could say, "Off to the marital therapists here to figure out what you are going to do about your relationship," or you could say, "Let's work on seeing if sexuality is possible by enabling the four words other than arousal." When I

rent culture, is intended to be.

**Carol:** It sounds like one would have to be careful to use your definition of good quality sexual experience, your five words, to use that lens.

**Gary:** People often ask me where I came up with such a funny definition of sex. Interestingly, it was from my clients through my clinical practice over the last 15 years. They kept wanting something that I was missing by being a behavioural sex therapist trained in the Kaplan, Anna Heinrich, and Joe Golden tradition from UCLA. I could enable bodies to work very easily, but people still would say they were missing something. It was from this experience, then, that I inquired from them what it was they were truly missing. It is not that all sex need be the best sex, because that would be unrealistic, but I think people need be aware of their goal in being sexual is not simply behavioural but experiential and defined by the five words. I find these five words very useful in actual therapy. I am very open about the words with clients, talk with them about them, ask them how they could

*When I inquired of their body responses, both were capable given the proper context, but they had not been generating a context enabling supportive and rewarding sexual experience.*

inquired of their body responses, both were capable given the proper context, but they had not been generating a context enabling supportive rewarding sexual experience. Yes, I agree with you. I think one could do a lot of therapy from a sexual lens, but the sexual lens tends to be behavioural—that would be a problem. When therapists try and 'wag the tail' of the client by using a behavioural sexual lens they often miss the point, just like this couple had, of what sex, in our cur-

enable them, and if they were both experiencing the five words what their sexuality would be like. Though they may not always be there equally, they are there mutually, they are both 'on the same side of the fence at the same time' but not necessarily standing in the same place always at the same time. Clients tell me such sexuality would be wonderful. Just yesterday I saw a young couple where the woman has been having dutiful intercourse with her husband on a loving



basis. She loves this man and she knows he likes intercourse. She used to as well, but the smaller discrepancy that was there from the beginning, which was not so noticeable at the start, inadvertently increased by her becoming increasingly dutiful, even out of love. His body is able to respond quite well and he orgasms easily, but she is now at the point where her desire has dropped off in addition to her body response, which dwindled long ago. Here is a woman who is enacting, as is the man, the behavioural definition of sex, but their experiences are terrible. He feels abandoned emotionally and that he is not making love with his wife, and she feels that there is something wrong with her for not being able to respond automatically, and on demand for the man she loves.

**Carol:** It sounds like the possibility exists that by explaining the definition of human sexuality, you reduce performance anxiety or the obsession with performance.

**Gary:** Yes, it does that but what it does more importantly, I would say, is that it enlarges the field of where sex occurs. Sex is no longer only a personal event. You see, to me, one of the problems of the behavioural definition of sex, the genital definition of sex, in particular, is that it has included under its rubric of sex things which are not sexual at all, such as sexual assault. Sexual assault has no more to do with sex than smashing someone's head with a baseball bat has to do with baseball. But simply because the male may find pleasure from the assault, or because the same 'equipment' is used for sexual assault as for mutual sex, people define sexual assault as sex—bad sex, wrong sex, but nevertheless sex. Even the phrase "sexual" assault is misleading. Similarly, in speaking about positional genital abuse where it is called "sexual" abuse. It actually isn't *sexual* abuse. It is *genital* abuse, it is *body* abuse, and it is *experiential* abuse. But society has traditionally included

it under the domain of sexuality. Again, lets talk about prostitution. People have habitually thought prostitution had something to do with sex—but it actually has very little to do with sexuality. It has to do with *business*. I consult to an outreach program for street hookers and hustlers and they are exceptionally clear that their work has nothing to do with sex for

## **O**ur culture, particularly...the dominant culture these days in the Western world is inherently anti-sexual.

them. They are *magicians* in that they create an *illusion* for their customer, sort of like entertainment, but it is not experienced by the worker as sex. They are very clear about sex—it occurs is with their husbands, or lovers, or sometimes who they call their "man."

**Carol:** What explanation would you have for the neglect in the family therapy field of good quality training to deal with sexual issues?

**Gary:** I take John Money's view here. Money is a sex researcher from John Hopkins. He says that our culture, particularly American culture which is the dominant culture these days in the Western world, is inherently anti-sexual. It has to do with its historical roots in fundamentalist belief systems. For example, the sorts of statements Paul made in the Bible where he basically says sex is not a good thing and is meant only for reproduction. Such a tradition seems to have permeated through thousands of years. Now, people often look to the culture for norms but we are a sex-obsessed culture. How could someone say that we are anti-sexual? John Money's response is that we are obsessed with sex outside of reproduction contexts. As we search for these positive contextual experiences, we are obsessed with explicit materials, prostitution, erotica on the screen

or whatever else. John Money says this is a symptom of our inherent anti-sexual cultural stance.

**Carol:** What recommendations would you have for the field of family therapy training and supervision with respect to developing skills in addressing human sexuality?

**Gary:** There are probably two or three things I would see as being fundamental to all therapists' needs to work with people when it comes to issues of sexuality. One is the skill of asking, of opening, of discussing, in other words

the language. This does not mean just explicit language, but also permissive language, the language of acceptance and respect with reference to personal experiential sex. It is a skill that needs training. How does one ask about sexual functioning succinctly, clearly and respectfully in a way that informs one as the therapist to go further or not? I think this concern is true for all health care professionals, from family therapists to physicians. We develop those skills for our medical students here who undergo further training in the Human Sexuality Program. Secondly, would be to sensitize trainees to the contextual definition of sex—that sex requires more than body response in order to be sex. Body response can have many meanings from simple reflexive actions like "dream erections" for men, to assault with a deadly weapon, experientially deadly—rape. The second skill, then, would be to focus on the experiential domain of sexuality as opposed to simply the behavioural. The third would be to develop sufficient expertise of discrimination about the primary bases of problems. Are they primarily body-based, or primarily experientially-based? Very few problems are entirely one or the other, but one leads or is privileged, and such is the domain of expertise required. If it is interactional or contextual or experiential, then it is in the domain of expertise of thera-



pists, including family therapists. If the privileged domain of the problem is body-based, then medical knowl-

mutually sexual. This is one of the problems in assessing and dealing with inappropriate genital activities.

inappropriate because a social contract says they are family not lovers. I have actually seen in my clinical practice where a young adult brother and sister wanted to be lovers, but they were not, of course, allowed to be because our society defines it as inappropriate. They were not interested in having children and even if that were the case, it is not the biological issue, it is the social issue. So, inappropriate sexuality would be dependent upon values held by the culture.

## *We can create an artificial vagina and we can create artificial erections, but we cannot create artificial experience.*

edge is needed for evaluation and treatment. But even medicine, when it comes to sexual functioning in terms of body-based problems, has rather rudimentary capabilities. We can create an artificial vagina and we can create artificial erections, but we cannot create artificial experience. Thank the Lord I'd say! Even when it comes to some medical response, unless full functioning is disinhibited by a medical intervention, it still comes back to the talk therapist to enable the couple or persons to enlarge their behavioural repertoire to reach their experiential goals.

**Carol:** Do you wish to comment about the interviewing approaches advised when treating experiences involving inappropriate genital molestation, or abuse?

**Gary:** Well first, it has to be said that most inappropriate genital experiences are impositional - where one person, usually the older and usually male, imposes his will on the other, usually younger and usually female. However, there can also be *inappropriate* sexual experience separate from sexual assault. It can still be defined in relation to the five words (*volition, mutuality, arousal, vulnerability and trust*) describing positive sexual experience between two people. But we as a society class it as inappropriate when necessary cultural aspects are missing. For instance, look at a sexual relationship between a 30-year-old and a 14-year-old. Both could have those fulfilling experiences and freely choose them given their own states of development, but it is inappropriate by a responsible definition of love and therefore considered abusive. But it still could be

We need to be cognizant or aware that sometimes both persons could be involved in what *they* experience personally as a mutually and freely chosen sexual relationship, even though it is inappropriate. In those rare cases similar to the example mentioned, we may do a disservice to our clients by trying to convince them that their experience was bad or wrong.

**Carol:** Could you comment on how you would approach interviewing in this regard, and what you mean by inappropriate?

**Gary:** Inappropriate, of course, is socially defined. In our culture, for example, you are not allowed, even if married and highly committed (and loving and caring and respectful), to have intercourse on the escalators of

**Carol:** Would you have any general guidelines for dealing with situations where individuals choose to be sexual together, yet their mutual sexuality is condemned by society?

**Gary:** I usually try to understand those situations from a context of love. For example, take the case of a father and his adolescent daughter where the daughter loves the father intensely and the father loves the daughter intensely. What is experienced as love may be felt genitally. Although both could experience such a direction, usually the younger person in such a situation experiences more curiosity than desire. Occasionally, however, the adolescent girl may experience desirous choice and even value the sexualized experience. I have seen young women who have run from

## *We as a society class sex as inappropriate when necessary cultural aspects are missing*

of a department store. Our culture does not permit that. If you are seen doing it, then you are restrained, and society interferes with you very abruptly! Inappropriate, in that context, is a social definition. Our society defines cross-generational sexuality, particularly between children and any-aged adult, as inappropriate—even if chosen. Another kind of inappropriate sexuality would be where it is outside of a social contract. Our culture tends to define sexual activity between siblings, even if they are mature adults and freely choosing, as

therapy because they perceive the therapy as being demeaning of their personal experience. In this situation, I acknowledge her 'special experience.' However, most importantly I also say it was *inappropriate* because the adult in this case knew that he could show and teach this girl about love without genitalizing it, but rather he chose to genitalize it or permit it to be genitalized. Therefore, he abdicated his responsibility within the social domain to take care of this young woman's needs to develop a way of being loved that does not need to be



genitalized. In such a case, what I help clients see is that the inappropriateness was the inappropriate display of love it was not the love.

**Carol:** Do you have any guidelines for therapists interviewing young children who have been established to have been genitally abused or bodily abused?

**Gary:** I find that most kids, especially the younger children, before they get to really know clearly about genitals,

***T**hey often feel that they must have had some responsibility since they had some body response or experienced enjoyment.*

genital response and society's reactions to their genitals, experience pleasure when their genitals are touched (as all people do). The sexual response reflex is always there if they are touched in ways that are respectful of the biology and physiology. Often when kids are genitally involved with an adult, they have a couple of responses. One can be curiosity about the body and the body responses of adults, because that is new to them and they are curious as every kid is. Another can be personally experiencing physical and sensual pleasure from touching themselves. Kids touch themselves all the time, as any parent knows (much to their dismay it is often in public), but this is just a part of their physiologic response. So, one of the things that I recognize is that kids are often invited into (I would not say most often but frequently more than I would have guessed a number of years ago), some kind of genitalized experience with an adult through their own curiosity or their own interest. This curiosity is what makes children vulnerable. But quickly, following the initial curiosity, the experience is one of *imposition*. The child's interest quickly shifts elsewhere. Children are not preoccupied with lust like adults often are and they tend not to sexualize

their emotions as adults are trained to do. So they are able to quickly look somewhere else or be curious about something else. It is usually at this point that the adult then imposes his will on her or his experience, if it has not been done from the very beginning which occurs most often. It is at this point that the child, in their vulnerability, has her or his experience restrained and imposed on by the adult to continue the genital activity.

In talking with children about it, I find most kids are quickly able to recognize the impositional experience. But they also have a confusion about the beginning

experience because either the imposer was also a loved person who imposed at the beginning point, or the loved or cared-for person did not impose initially, in the child's experience, and then did later on. These two disjunctions are difficult for children. In talking with children, I usually talk about such scenarios as being possible, and then ask the child which was their experience. For example, I might say to a child, "Some kids have told me that when so-and-so was touching them, at first they found it kind of interesting because the body responds, sort of like touching your lips, it's nice. And then other kids said that as soon as they touched them they hurt them because they didn't care for how they touched them. What did you find?" And the kid can usually speak to that. Then I might say, "Most kids find at some point they would rather do something else like go play ball or go to a movie and the adult only wants to play with your body and then this becomes frightening, scary and painful to you. Has that been your experience at all?" The kids almost always recognize this process. So what my intent is in talking with chil-

dren, is to detoxify the child's confusing experience so that s/he can understand the part of her/his response which was appropriate and in what way the actions of the imposer were inappropriate. From this consideration, the child is in a better position to consider the matter of self-protection. They can understand the difference between body response and experiential violence - the imposing of one's will on another.

**Carol:** I have noticed that some young people do have considerable, or at least some, guilt around the positive feelings they had, during the inappropriate sexual encounter, and that guilt seems to linger the longest after the experience. I have heard adults say that that their own sexual response has been the most insidious outcome of such experiences. It seems to invite them to feel guilty and concomitant emotional pain.

**Gary:** They often feel that they must have had some responsibility since they had some body response or experienced enjoyment. But I talk with both children and adult survivors of childhood genital abuse, by saying that your body is programmed to respond in a certain way reflexively, and it can occur whether you intend it to or not. You only need to think of a sneeze—you can sometimes sneeze at the most inappropriate times (like during a sermon at church, at a wedding, at a quiet dinner or in the middle of a therapy session), and you may wish not to and try everything you can not to, but your body responds reflexively. I often help kids, in particular, understand this very concretely that the body will respond.

***T**he issue is to help children learn that they are in control of their own bodies...*

Another point is that I often look to how a child's initial task in development is to be curious, but such curiosity must be protected from the per-



spective of an adult. What happened for the abused was that the adult did not protect her or him, so that her or his curiosity led to where body and experience responded. This may have been appropriate physiologically and from a curiosity perspective, but not developmentally. Therefore, the children need not take any personal guilt, blame or worry for the body response. Instead, that can be attributed to the adult's disrespect of the child's development.

**Carol:** An important problem I have noticed is that sometimes it is difficult to ensure sufficient protection for the child, even with Child Protection involvement. This situation seems to be because the issue of sexual inappropriateness may not be acknowledged by the perpetrator and investigators may not be able to get anything other than the child's statements, and even then the child may retract previously stated information from fear.

**Gary:** I find that the issue is not so much outside 'formal' protection, although there is no question that we need it, but to me the issue is to help children learn that they are in control of their own bodies; that they and their bodies *are one*; that they are not property. The opposite is an old patriarchal hangover of children being owned by somebody, which we still see remnants of, for example, in the courts through custody battles. It is not the experience of a child. The child does not experience themselves as being owned by another person. They may experience themselves as being restrained by parents, and it is a part of developmental organization in our culture, how we restrain children. In this domain of body response and body experience, I help children see that their bodies are their own. To me, the protection is much more of an experiential protection than a pure behavioural protection. It is not simply the behaviour that is toxic, but to me it is the experience that could be most toxic. Being imposed on, frightened, in terror is more toxic than genital touch. Similarly, social ostracism and disrespect because of being abused is usually more toxic than the physical

actions that occurred. But, I have also seen what would be considered inappropriate genital actions having been positively experienced by children. And then later, when they come to know of society's view of it, the toxicity is the lack of congruence between their experience and society's supposition of their experience. Then, they come to therapy and say there is something wrong with themselves because they did not get all upset about it at the time. It is very rare, but I have seen it. So, to me, the fundamental aspect of toxicity is the experience, not the behaviour. For instance, sometimes a child can be touched by an adult inappropriately, but the child's experience is that it is not a problem, and that adult may never touch them again or they may have

## *Physical pain is ...incompatible with high sexual response...*

been restrained from touching or the child is protected from being touched, and there may be minimal risk. On another occasion, there may be just a simple glancing touch of a breast. I remember one case where a young woman at age 13, when her father came to kiss her good night, it was her experience that when he leaned over to kiss her, his hand rubbed her breast as he went to support himself on the bed beside her. That experience was absolutely traumatic for her. When she came to see me at age 23 with her first husband, she could not tolerate any breast touching. So, to me, it is not the behaviour that is so toxic, it is the experience.

**Carol:** An experiential situation area that I find challenging to treat is where pain was involved—extensive physical pain.

**Gary:** Physical pain is usually incompatible with high sexual response, unless one is trained or has learned to combine the two. That is what we call

sadomasochism. For the vast majority of us, true pain interferes both physical and psychologically with arousal. Now, many people can have some sensual pain, what they may call borderline pain—it is not truly painful but it is a sort of intense eroticism. If the same person were not aroused it may be perceived as painful. For these individuals, pain and arousal may be confused. Where people have been bodily and genitally abused and severe pain was involved, the experience has been more one of assault and beating. The prime point is *imposition*. There is no question. Imposition can be subtle such as a threat—"if you don't allow me to touch or don't touch me I'll kill your dog"—all the way up to physical damage where the person is strangled or burned or pierced or broken in order to provide "pleasure" to the assaultive party.

**Carol:** Do you do anything specific to address survivors of more severe genital and physical assault?

**Gary:** I help the client, and their important support persons, see that their experience (let's say a woman has been sexually assaulted either by an adult rape which can be very traumatic or somewhere in her youth through an abusive situation where it was physical assault in addition to the genital inappropriateness) had little to do with sex, if any at all, probably none at all, but was assaultive. I will use the analogy that if, for instance, she had been beaten up or mugged, like the 73-year-old woman in the train station not long ago, would that experience be responded to in the same way compared to if one heard that she had been genitally assaulted? Most people would say, "No, there is something different here." The difference is not the experience, but the belief system that generates embarrassment, shame, despair and hopelessness because it seems sexual, as somehow dirty and wrong sex. I will often ask people, "When this event occurred, how did you think others would think of it? For example, if your parents knew, would they think of this as dirty, twisted sex or would they think of this as violence?" And often people say



say "Dirty, twisted sex." Then I say "What do you think if your husband or wife or partner knew, what would they think of it? What do therapists tend to think about it?" They say "It

## *If you look at the "five words" ... not one of them fits for rape – not one!*

must be dirty, twisted sex because someone asked the sex expert to come and talk to me." I'd say, "What did you think of it as?" Women and men most often say, "To me, I experienced it as violence, no question, but I thought of it as dirty sex because everybody else did." So, it seems to me that a prime therapeutic direction is to make a very clear distinction between when events became impositional as being violent even if the experience did not involve physical damage—it was experientially damaging. When compared to the situation where behaviour was inappropriate but mutual and where behaviour was both appropriate and mutual, the situation can be much more severe to overcome and often intrudes into the sexual relationship with a subsequent consensually chosen partner.

**Carol:** Do you think there is something within cultural belief that makes it difficult for people in general to distinguish between sexual behaviour and assault?

**Gary:** No, I find it is not difficult in the least. Once clients have therapeutic support, in fact, it always amazes me how clear it is and how accurately it addresses their experience. Yes, for the culture at large it appears to be, but I would say that is becoming much less the case. If you look at the five words I spoke about earlier, not one of them fits for rape—not one! That is what women have been telling us for millennia—that rape has nothing to do with sex. This is why a woman's sexual history has nothing to do with the assault. Would you take someone's baseball statistics because they have been beaten up with a base-

ball bat? Would you ask where they were on the baseball field? It just does not make sense when you look at it from this perspective, an experiential perspective. But it makes sense if you

use a behavioural definition of sex, and that has been the tradition of our culture

for the last four to five thousand years.

**Carol:** Any summary remarks?

**Gary:** Yes, one thing that we did not talk about and we need always to be aware of as therapists, no matter what domain of therapy we work in, is heterosexism. So far, most of the examples and most of the discussion has been working on an heterosexual assumption. That it is the majority experience, there is no question, but it is not the whole experience. There are gay and lesbian people, being an invisible minority, who could present as a sole-parent family or who could

thought of this because just yesterday I saw a 13-year-old young boy who is institutionalized for sexual offense where he assaulted his younger brother on numerous occasions, and it turns out this young man is probably gay. He could not see himself as gay because he could not understand how, if he was going to be treated for not assaulting people, he could then simply privilege his genitals as a gay man. But I made a point to him. I asked, "Why do you think heterosexual people marry, is it to have sex?" He said, "No, it's to have love." So then I said, "What do you think makes gay people different then from heterosexual people if a gay person wants to live with another same-gender person?" And he said, "I don't understand." I then said, "Why do you think two gay men would want to live together, just to have sex?" And his face lit up and he said, "No, to have love." When I think of this, I think here is a 13-year-old boy who has a notion that is not heterosexist about homosexuality. Now the other kids in

## *We have to be aware that in the domain of sexuality and affiliation, heterosexual ideas, beliefs and mythologies may not apply to a significant portion of the population...*

present as a married family with special arrangements. We have to be aware that in the domain of sexuality and affiliation, heterosexual ideas, beliefs and mythologies may not apply to a significant portion of the population, somewhere between 10-12%. We have to be very careful that our language, our descriptions and our assumptions do not assume that everyone is heterosexual. We do not want to assume that everyone is homosexual either. I guess the other summative comment would be, I

the treatment program who are mostly heterosexually-oriented will also have the luxury of learning that what they are is the same as what gay and lesbian people are, which is oriented to love in the final analysis. That is what our culture values most. I guess my summative comment here is that what we need to assume is there is more commonality than there is difference and the commonality is experiential, not necessarily behavioural. ♣



# *The Silence of a Scream*

by Kristy Isaac

*Suddenly, Darkness.*  
*All around me.*  
*Engulfing me.*  
*Drowning me.*  
*Choking me.*  
*Horrifying me.*  
*I can't escape its massiveness.*  
*It's everywhere.*  
*I breathe in expecting pain,*  
*Awaiting the agony.*  
*There is nothing.*  
*Nothing but silence.*  
*The darkness, so very tranquil.*  
*It takes me in.*  
*Consoles me.*  
*No longer fearing what I cannot see,*  
*I try to understand this blackness.*  
*There is no need to fear this beautiful*  
*beast.*  
*It has become my advocate.*  
*My companion.*  
*My soul-mate.*  
*It has no apprehensions.*  
*It makes no judgements.*  
*It has no misery.*  
*The misery lies within me.*  
*Draining my soul and very being.*  
*A realization occurs, as I study this crea-*  
*ture.*  
*It is not the darkness I want to stop,*  
*It is the misery.*  
*The hate.*  
*The anger.*

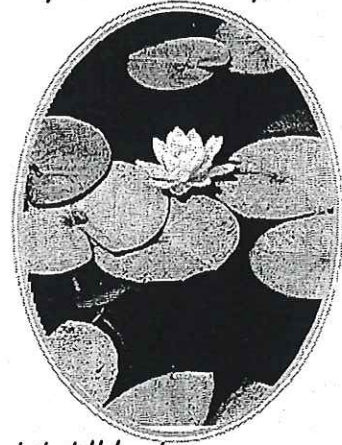
*Make it stop.*  
*Please make it end.*  
*Let it out.*  
*Let it go.*  
*It is no longer mine.*  
*I give it to the darkness.*  
*My friend the darkness.*  
*Who will take it without question.*  
*Who will understand without conviction.*  
*It rises in my throat.*  
*I consider keeping it in, but it's too late.*  
*It forces my mouth open.*  
*Breaking the tranquility.*  
*Piercing the silence.*  
*Ripping through the serenity.*  
*It comes from deep in my soul.*  
*Rings in my ears.*  
*Lingers on my lips.*  
*Feels as though it will never end.*  
*After what seems to be forever,*  
*It is over.*  
*It has come to a halting end.*  
*It has finally ended.*  
*Once again all that is heard is deafening*  
*silence.*  
*all that is seen is the blinding darkness.*  
*All that is felt is the timeless, beautiful*  
*blackness.*  
*All around me.*  
*Holding me.*  
*Consoling me.*  
*Understanding me.*  
*Suddenly, Darkness.*



## *Letter to the Enemy*

*Kristy Isaac*

*I no longer fear you.  
Don't think that you scare me.  
Don't think that you have any power over me because of what you did to me.  
What you did to me can never be forgiven nor forgotten.  
The hate and rage have finally overcome my fear of you.  
I never would have thought that three years after that cold night in the country,  
That you would be back for more.  
More what?  
This is what I don't understand.  
What do you think I have left?  
Well let me tell you.  
Nothing.  
I have nothing left.  
You can't take anything more from me.  
You took it all that night.  
Left me with nothing.  
Nothing but fear, hate and so much rage and confusion that it still hurts.  
Now that fear is gone and anger and hate prevail  
I look back and see how my feelings have changed.  
That night I feared you and I hated myself.  
Now I hate you and fear myself.  
I don't know if you have any idea what you took from me that night.  
I know because I have lived without it for three years.  
The night of my birthday you tore from me my dignity, my virginity, and my self respect.  
The saddest part of all this is that no matter what I do to you I'll never get any  
Of it back from you, Will I?  
My trust for not only you but for everyone was ripped out of me.  
Never will I trust again.  
My pride was burned right in front of me.  
What do I have to be proud of?  
My whole world collapsed because of you.  
Do you understand what you have done to me?  
I don't.  
I can't.  
I'm trying.  
Not a day goes by that it isn't thrown in my face, somehow.  
I've already been through the "if only's".  
If only I hadn't met you, on what seems to be that destined night.*

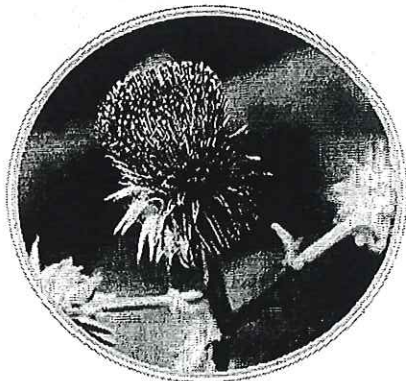




*If only I was stronger.  
If only I didn't get in that fucking car of yours.  
I blamed myself.  
I was wrong.  
None of this is my fault  
I never wanted to lose myself.  
This is your fault.  
It's your fault that I can't be alone with any male, without being terrified of it  
Happening again.  
It's your fault that I look in the mirror and always have to look away.  
There's no reason I should be ashamed.  
It's your shame I feel.  
I would do anything, pay any price, to get back what you have stolen from me.  
But there's no way to get it back from you.  
Although there are many ways to get revenge and that I will.  
I promise.  
I will wait any length of time.  
I will pay any amount and I will get my revenge.  
Don't think for an instant that I won't.  
I want to hurt you.  
I want you to hurt like I hurt.  
I want you to feel the pain I felt that night and the pain I'm feeling three years later.  
I want you to live through what I've lived through.  
I want your dignity  
Your whole being  
Your very soul in my hands  
I want you to watch me destroy you.  
I want you to understand what it's like.  
I want to understand why you did it.  
Was it just a power trip?  
Did it make you feel like a man?  
Well, I hope that it was worth it.  
Was that twenty-five minutes of power worth yourself?  
Let's wait and find out, shall we?  
I have nothing left to lose.  
You do.  
I want you to be as scared of me as I was of you.  
When it's over I want to see your face,  
Look into your eyes  
I want them to stare blankly back at me  
Horriified  
Like mine do when I look in the mirror.*



*I want them to be as empty as my soul is.  
When I stumbled out of your car that night, I felt myself slipping away.  
Falling.  
Descending into what I am now.  
I don't know if I have stopped falling or if I ever will.  
But I know that I won't be alone,  
Because you're coming down with me.  
Maybe I can use you as a ladder to climb out of this bottomless pit.  
Maybe when you fall, you'll fall farther than me and it will seem as though I've stopped.  
I can only hope.  
I want you to fall apart on the inside like I have.  
Because only you and I know how I feel, right?  
Only you and I know what goes on behind closed doors, so to speak.  
Only you and I will know the feelings of terror, hatred and best of all power.  
I hope it was worth it.  
I hope that it will be worth it.  
You have stolen my self.  
I want yours.  
I will get it.  
Someday.  
You have everything of mine to remind you of me until that day.  
Don't forget about me.  
I know I will never forget about you.  
I may have forgotten who I am now  
But maybe someday I will remember.  
Someday.  
I often wonder, when you look in the mirror, does part of you hate what happened that night?  
I don't think that could be possible.  
Maybe part of me looks back at you when you look in the mirror.  
I hope so.  
I know I always see you.  
Do you remember?  
Do you even think about it?*



*I will always hate you.  
I will never forgive you.  
I will get even.  
Trust me.*

*Waiting Patiently,  
The Victim.*



## *Tracey - Lynn*

*I went to get your picture  
today.*

*Someone you loved, who  
treasured your very existence  
who will always carry you  
with her*

*Has waited for your picture  
I never knew how much she cared.*

*So-*

*by picking up your picture  
I'm trying to say  
Thank you.*

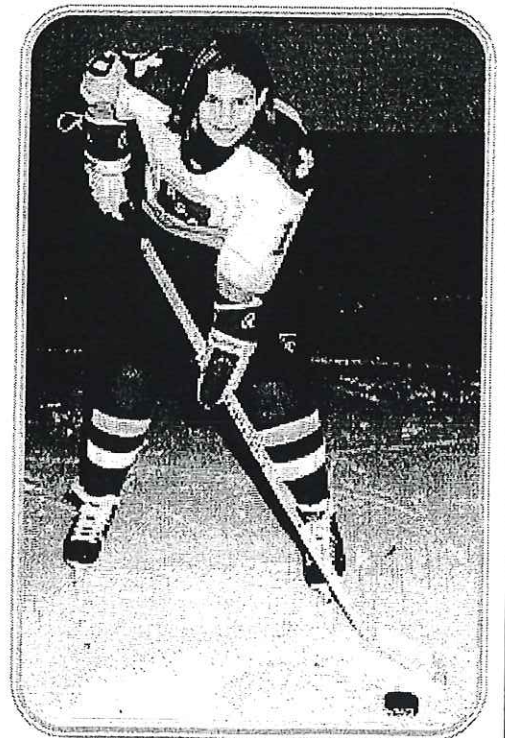
*Your physical departure  
shows me  
a truly courageous young girl  
- Nicole -  
one who notices,  
appreciates, and has a voice.*

*I picked up your picture today  
and noticed your hand  
gently outreached  
You didn't leave in vain -  
You heard, and you are  
very remembered.*

*by Michaela Arient*



Tracey-Lynn had her life brutally taken away from her in November of 1992



Nicole Arient - Tracey-Lynn's sister

*Photo by M. Arient*



# Strange Attractions on a Sleepless Night: Karl's Adventures in the Sonora Desert

Ken Laprade  
Cornwall, Canada

Once or twice a month, as my wife and children sleep peacefully and the house is filled with quiet, I get the urge to get up and do something creative. Over the past year, the precise nature of that something has often been (to re-establish) communication with the Family Therapy Program, at The University of Calgary. At other important junctures in my career, I have delighted at surprising my teachers with acts of devotion to their teachings. I somehow feel obligated to provide my teachers with demonstrations and applications of their knowledge and wisdom that have taken it another step—learning to learn I believe Bateson (1972) has called it. It is my way of showing thanks. In thinking about what others have offered me, I keep going back to the valuable learnings from my externship in Calgary which I have applied with my co-workers in the small agency where we offer consultation services to developmentally challenged persons and their caregivers. We are very fortunate, where I work, as our Board of Directors, our Executive Director (my immediate superior) and my co-workers and staff are committed in a very selfless way to the provision of high quality services to our clientele and to our consumer agencies, in a manner which is very much respectful of the empowerment ethic as articulated by Drs. Tomm and Sanders in Calgary (1991). We have accomplished many things with their teachings. We have succeeded in convincing a large network of service providers and volunteers to accept

an invitation for a way of working that is non-impositional and consistent with the notion of therapeutic loving: the opening of space for the acceptance of another even at some cost to oneself (Sanders, 1993).

How can I show my appreciation for this valuable gift that I sometimes feel is like a therapeutic perpetual-motion machine? Space is the only thing that I know of, in this business, that is self-perpetuating: The more of it you give, the more of it gets created. I have completed

*Space is the only thing  
that I know of...that  
is self perpetuating*

a number of projects that were intended to be written and submitted to *The Participator*, all of which ended in success and many of which resulted in considerable changes in our working politics: Again, learning at another level. At one point, I had even considered attempting to convince my staff and co-workers to send "Karl" something and at that point in time, I felt very lonely, for a moment, because I realized that the best feedback that I could give him was a demonstration of the "feed-forward" (Bateson, 1977) of your knowledge into our system and the lovely results it has produced. This loneliness stemmed from my inability to do anything more than simply reflect the wonderful teachings that you have shared with me. Then, came that sleepless night in November.

As I began to again mull over the various possibilities and options available to my colleagues and me for submitting something to *The Participator*, I became overwhelmed and decided to seek solace in a book that I had read prior to visiting the Family Therapy Program, and had been meaning to re-read in the context of my new learnings.

As an old 60s person, I have always been fascinated with the encounters constructed and presented by anthropologist, Carlos Castaneda in his many books on his apprenticeship with the Yaqui sorcerer, Don Juan (1972; 1974; 1984; 1987).

I have not been the only person thus struck. Watzlawich and his colleagues (1978) once confronted Milton Erickson with the possibility that *he* might be Don Juan, as Carlos' stories, rife with healing metaphors, therapeutic ordeals, and trance-like excursions into altered states of consciousness, seemed to be very much patterned after the therapeutic approaches of Milton Erickson.

John Grinder and his colleagues (1987; 1989) who developed their communication-based models of human excellence upon Batesonian cybernetic and later, Maturanesque (Maturana and Varela, 1988) excursions in double and triple description also cited Castaneda as

*I have always been  
fascinated with the  
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presented by anthropologist,  
Carlos Castaneda...*

a model for the development of that impeccable character described at once as a "warrior and as a man of knowledge." Grinder and his colleagues agreed on this as a model of human excellence.

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Although I am generally uncomfortable with the warrior metaphor, one wonderful evening, I became strangely attracted to Carlos' last book *The Power of Silence* (1987). I began to identify with many of the characteristics of "a man of knowledge" as described by Don Juan to Castaneda in the final stages of his

apprentice-ship, and at that point, I constructed an imaginary encounter between Karl and Carlos (Weber and Simon, 1991).

could this have been another incarnation

of Carl Auer (Tomm, 1991) transplanted from the Canadian North to the Sonora Desert of Mexico? I began to imagine a strange coupling in the realm of ideas between Carl, Carlos and Karl. Had they all been stalking "empowerment" as a work ethic and as a helpful epistemology? In his search for "impeccability" (congruence?) and the "manifestations of the spirit" (therapeutic loving?), Don Juan learned the four moods of stalking. Is stalking that ubiquitous thing that describes my attitude in relation to empowerment? Does it describe an ideally constructed relationship between empowerment and anyone open to the concept of therapeutic loving? It was strangely ironic that in learning stalking, one of the recommendations of the master to the pupil, was to take on a female form and appreciate the value of bringing forth the woman in a man (Castaneda, 1987, p.67).

The four keys to learning stalking were: *Ruthlessness* (confrontation?), *cunning* (manipulation?), *sweetness* (sincerance?) and *patience* (empowerment?). I then became struck by the notion that "Intent" as that desirable state of the warrior described by Don Juan might not be Bateson's apprehensive notion of conscious purpose (Brockman, 1977), but might, in fact, represent a congruity that facilitates structural coupling. Is it no

accident that Don Juan recommends that the first step in meeting the requirements of "Intent" is to break the mirror of self-reflection (Castaneda, 1987, p.155)?

A quote from Don Juan sounds suspiciously like Carl Auer: "From where the average man stands Don Juan says sorcery is nonsense or an ominous mys-

reflection?

Maybe and maybe not.

I don't feel so bad now. Carlos is a million dollar selling author; but I won't accuse him of "ripping off" Carl, or Karl, for that matter.

Are they the same person? Or, do they all have one heck of a well-dusted

link

## *I constructed an imaginary encounter between Karl and Carlos...could this have been another incarnation of Carl Auer...transplanted from the Canadian North to the Sonora Desert of Mexico?*

tery beyond his reach" (1987, pp. ix-x).

If Carlos' sorcery is in fact the ability to "See" (that is to perceive a constructed reality not as imagination, but as real and concrete) is "Seeing" a reflection of the "silent knowledge" of Castaneda. In fact, a form of cognition without categorization, that permits an intimate coupling with another human being at the expense of the personal perceptual labels brought forth by self-reflection?

Castaneda summarizes the lessons of sorcery as the "consciousness that perception occurs as a result of the pressure and intrusion of intent, and that the ultimate aim of the sorcerer is to reach the state of total awareness in order to experience all the possibilities of perception available to man" (1987, Introduction).

When Carlos describes the "dusting of the connective link", is he in fact referring to some secret mechanism that facilitates structural coupling with other human beings (1987, p.52)? Is that self-

with the spirit?

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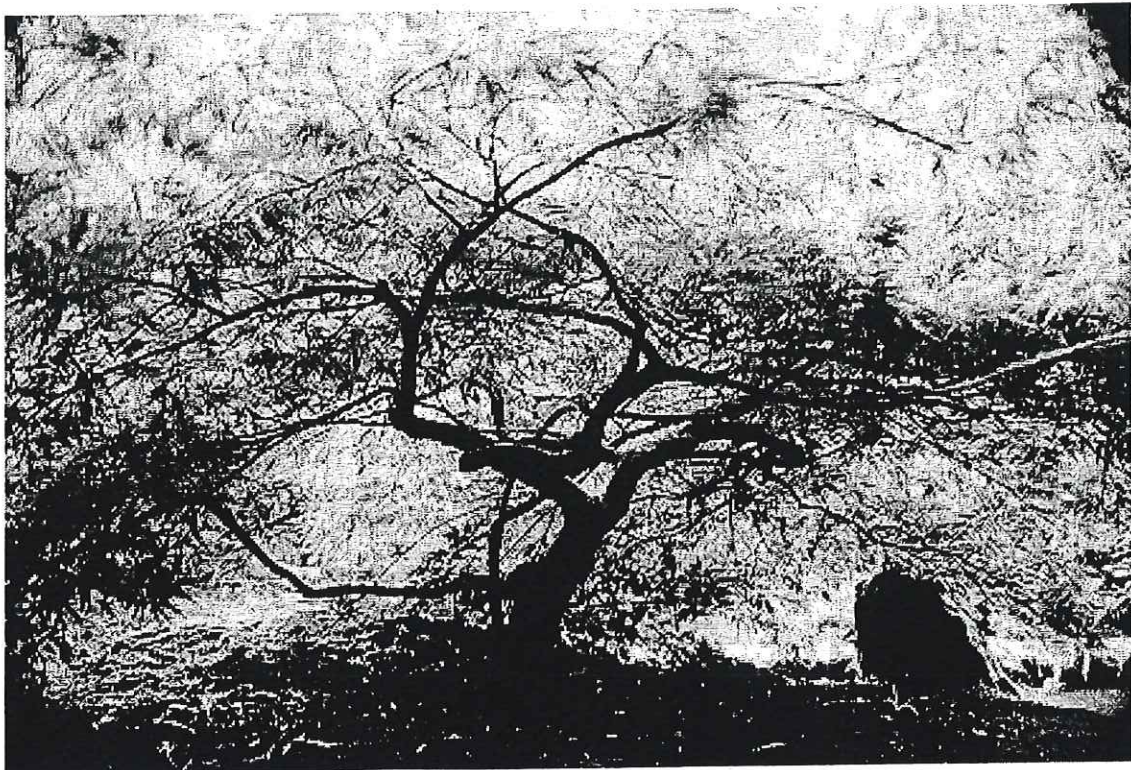
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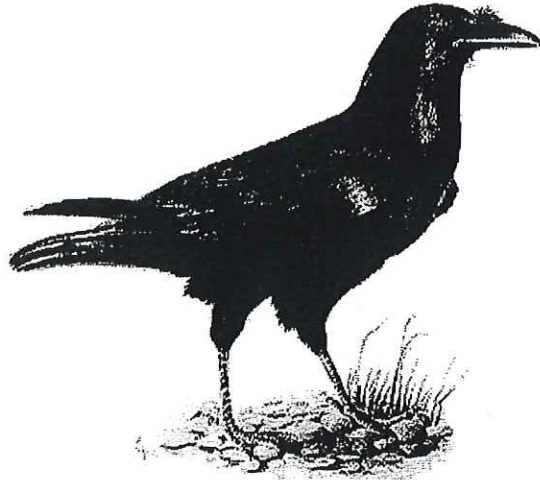
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Gnarly Tree

Photo by Joanne Schultz Hall





## *Raven*

*In the awe-struck dead of January  
When the wilderness is vacant and hollow,  
When the only tone is groaning wind –  
A cry shatters the emptiness.  
I raise my eyes to the sky,  
I see a raven  
Playing "catch me if you can"  
With the wind.*

*In the warm winds of June,  
When the land pulsates  
With the rhythm of new birth,  
When the wild flowers sing  
And the bluebird flashes his glory –  
A cry filters through the music.  
I see a raven  
Playing "catch me if you can"  
With the wind.*

*by Chris Kinman*



# Without a Net: Preparations for Postmodern Living

## An Interview with Alan Parry

Carol Liske  
Calgary, Alberta

**Carol:** You recently offered a workshop *Without a Net: Preparation for Postmodern Living*. The expression *Without a Net* is provocative in terms of suggesting not having the reference point of *an omniscient safety* that people generally oriented toward a generation ago. What do you mean in using this expression?

**Alan:** In the times some call the post-modern, we are in a situation where

in the United States. That challenge began to spread into more and more areas of life, even into the so-called "hippie movement," which was a cultural counterpart to the political radicalism of the 1960s. It involved a challenging of virtually every social taboo (i.e., extramarital sex, dress codes, music, etc.), everything basically was up for grabs, and everything became possible. And when all those

an established way of doing anything. Everything is up for grabs, on the one hand, but over against that, is the massive over-organization of the society. At the same time as the individual feels that there is nothing holding her back from the freest self-expression she chooses, the power structures of the society have become more and more massive and de-personalized — which was much of what the 1960s generation were revolting against in the first place. But the power structures seem to be impervious to the needs or wishes of the individuals; while the media and advertising forces make it possible almost to pre-package and prepare whatever it is we want. On the one hand, you have it that we can want whatever we want but, on the other hand, *the powers that be* package for us what they want us to want by selling us goods that promise comfort, contentment and belonging. That's also part of the postmodern condition.

**Carol:** What are your main ideas about needed preparations in the face of not having *the net*?

**Alan:** This is both a scary and a vitaliz-

*We are in a situation where all the great stories or 'grand narratives' that have given meaning to life have been ... crowded out of the centre*

all the great stories or *grand narratives* that have given meaning to life, particularly in Western Society, have either been crowded out of the center, or seem to many to be inadequate to give meaning to the challenges, complexities and perplexities of postmodern life. I understand by the postmodern, a condition of life that has pertained since the end of the 1960s, the most articulate and confident voices of a generation took it upon themselves to challenge everything in sight. They took on the political forces, by opposing the Vietnam War, the bureaucracies of universities, social and racial injustice, particularly

challenges were asserted, the generation of the 1960s pushed back almost everything that presented itself as the authority of their elders, they found that nothing happened. Nobody was hit by lightning. A lot of the taboos against freer sexual expression didn't, at least immediately, lead to adverse consequences. And so, it really seemed that there was nothing holding up the old belief system.

Thus, the postmodern condition represents the climate of living where everything is up for grabs. There are no certainties, there are no securities, there is no central moral consensus, there is not an established religion or

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ing situation. It's scary to be where there is no net so that if we fall, nothing will catch us. We're on our own. At the same time, we're strangely powerless and find so many things

## **T**o be a 'self,' to me, is to not be able to always have what you want.

already prepared and there for us, yet the choice is ours. It puts us in a position of utter freedom, on one hand, and utter powerlessness, on the other. In the face of that, I'm suggesting that many people opt for the old familiar stories, but they often do so in very fundamentalist literal terms. It's as if by literalizing these stories, freezing them into a literalist perspective (i.e., Western Christianity or political sanctimony; Eastern Islamic or Sikh or Hindu fundamentalism; Middle-Eastern Arabic or Judaic fundamentalism, etc.), that the old familiar stories are objectified into *rock-like* truths. Then, they become adhered to and insisted upon. The belief forms that following tradition will provide security and, at least the illusion of a *net*, for many people. On the other hand, I think a large number of intellectuals who have traditionally favoured liberal and leftward political and social philosophies, have found that there is no net there either. Over time, ideologies and theories (such as the recent casualty of Marxism) have offered the illusion of a *net* in the form of a network that totalizes the world. As such, they have offered comfort and focus to their *believers*. Similarly, we have today movements for necessary and admirable forms of social justice, such as *feminism* and the demand for full human rights for all people. However, even these noble intentions have often been formulated along quite stringent, ideological lines, and presented according to buzzword (politically-correct) language so that one can tell just in a few phrases, whose side a person is on (racist, sexist, homophobic, etc., or

whether they are on the 'correct' side). In summary, then, on the right the net tends to be seen in religious and political fundamentalisms, and on the left, in political and social ideologies. I see each side trying to provide the illusion of a *net*.

**Carol:** What do you think is the preparation that might guide

one with such shifting contingencies? How can one balance shifting contingencies or find one's equilibrium? What guidelines have you in mind?

**Alan:** One is that the great stories, the traditional stories, that have served as the guide-posts are no longer taken with the kind of seriousness that embraces a whole culture. For instance, once upon a time, it was very easy to believe that as long as you were a Christian, you were on the right track. If you adhered to the teachings of the Church and you stuck to that story, you had a one-way ticket to Heaven—Salvation. Everyone else, who wasn't able to be part of that story—tough luck. Too bad. Believers in other traditions were out of luck through no fault of their own. They were heathens. People could actually believe that story and apparently experience very little dissonance. Nowadays, we see very readily that people of different religious persuasions aren't idol worshippers, they aren't immoral, they aren't savage or barbarian, they are respectable, law-abiding people who are kind to their children. They don't seem to be any less virtuous than the Christians. Therefore, the old stories no longer persuade. We do have two directions we need to consider. We have our own implicit stories, and we have stories we invent to try and make sense of the strange and crazy world we live in

today. Those have always been the stories. Only today, we have the opportunity and the resources to find our own voices for our own stories. I think the really critical point, is that the world that I previously talked about, *the world without a net*, is a situation in itself. The person there is in a kind of free-fall. There is nothing to hang on to. There are no guide-posts. There is no central frame of reference. The self is able to gratify itself temporarily because there are so many objects of desire made available and prepared for us. However, the self that can gratify itself, is really not a "happy customer." Ultimately, consumerism doesn't answer any of the *Big Questions*.

**Carol:** Can you say more about insatiety of consumerism and how that relates to resolution of the *Big Questions*?

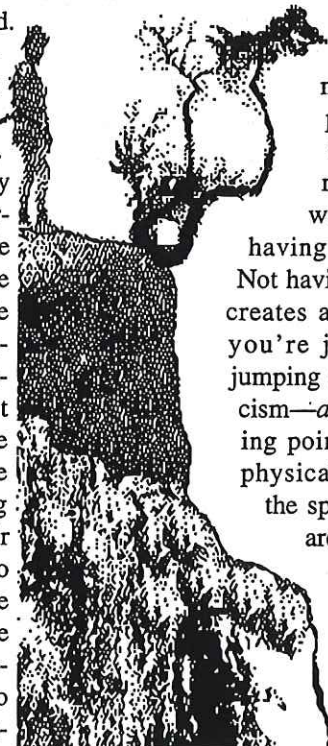
**Alan:** To be in a state where you can have whatever you want raises the question "What do I want?" To be a *self*, to me, is to not be able to have always what you want. Establishing priorities and values forms the substance of one's life. It's from the knowledge that life is always bounded by death—one irrevocable and inescapable limit—

that forces us to recognize the need for making choices about priorities. If we live in the illusion of having the right to whatever we want then that means not

having to establish priorities. Not having to establish priorities creates a state of affairs where you're just sort of restlessly jumping about, a kind of freneticism—a *self* without an anchoring point. Where all the metaphysical anchoring points, all

the spiritual anchoring points, are absent, the only available truly stabilizing factor is the other person. The other person becomes a limit upon the unmitigated desires of oneself. And so

for each of us, we are ourselves, and we would like what we would like, but we're always coming up against





the other, who is for himself, another self. That other is self and I am a self, and so we've got to terms with each other.

The entire history of modernity, which is basically the history of the West in the last 500 years, has been the history of the release of the self from all non-rational constraints upon the rights of the individual. Thus, modernism, basically a movement in the arts from which psychotherapy was largely derived, saw the inner person as the means of rejuvenation, both of self and of society. Along the way, the rights of the individual, the freedom of the self, became primary. At the same time little attention was granted "the other." Therefore, I'm proposing that "the other person" represents the limit upon the unmitigated desires of the self. Here's where I think the development of storying comes in. It's by no means sufficient to simply say, "Okay, this is my story and I'll work on my story." We're all constantly going in and out of each other's stories and we are all important characters in each other's stories, just as we're the main character in our own. If we would really find satisfaction and fulfillment in our own stories, we have to always consider what role we are playing in the stories of those from whom we hope for satisfaction. What role they want to play in their own stories as well as what role I want them to play in my story. And so I see the dialogue, the conversation, the exchange between the self and the others that she encounters to be the only anchor point that we have in the postmodern world.

**Carol:** I was wondering what prevents us from becoming victims to the stories of *the other*, to the irrational, and to the intrusions of physical and cultural realities?

**Alan:** Finding one's voice, by which I mean sufficiently coming to terms with one's self and one's life such that one can discover how to describe

one's own experiences with one's own words rather than describing in the words of other people—leads us away from being a victim. We tend to become, 'failed poets' (philosopher

## *Finding one's voice...to describe one's own experiences with one's own words...leads us away from being a victim.*

Richard Rorty uses the term), people who use other people's words to describe their own experiences. A successful poet is someone who is describing her own experiences with her own words.

**Carol:** What do you mean by one's own words?

**Alan:** Suppose that I've been brought up with the notion that whenever I assert myself forcefully, that this is evidence that I'm being selfish and I begin to believe this. Acting from that perspective, one is continually deferring to and trying to placate the wishes of others. I would call that speaking of one's own experiences in other people's words. My own experience of having been called selfish is that what I was trying to do was simply assert myself, stand up for myself, not let myself be pushed around, stand up as an equal in the face of other people's expectations. Those are my own words to describe my own experience. Now that I de-construct my past, I come to see that when I use my own words to describe those experiences, when I remember what I experienced and put it in my own words, I see it quite differently than what I once believed. I think it best the more a person is then able to speak, as Martin Buber suggests, of an "I to the other person's you" that I accept my own value and in doing so, accept the value of the other. Just as I

would not push around and consider that I have the right to exploit *the other*, so I don't see any reason to allow *the other* to push around or exploit me. We're two persons and we will proceed accordingly.

**Carol:** You had mentioned in your article "Shared Stories" that it would be wise if we could draw upon the *great stories* and how they apply in selected aspects of our own stories, we would be better prepared for postmodern living. Would you comment on that?

**Alan:** This, I think, is also one of the really liberating aspects of the postmodern condition in that there are no longer substantial grounds for insisting on one favored story, one chosen story, one story that's better than all the others. There are just simply different stories, some of considerable value and sufficiency for making sense of the world, some of less value. We are now free to pick and choose among these stories, to enjoy the stories. We are able to cherish, enjoy and benefit from the Christian story, the Jewish story, the Buddhist story, the Muslim story, the ancient stories of not only our own classic tradition but of our own Native people, indigenous peoples. We have this entire world of stories to enjoy and use, for the benefit the stories have always brought, namely to make sense out of life in a *lived way*. I see the stories as making sense of life in a more lived (practical) way rather than a principled (theoretical) way.

## *There are just simply different stories, some of considerable value and sufficiency for making sense of the world...*

**Carol:** I have been wondering about the possibilities for a person who replays their own story too much and how that might influence one's capacity to survive. I suppose there is a way that one could review contingencies from a lens of retrospective/projected competence or effectiveness, in order to survive adequately. Perhaps one could draw from the overriding characteris-



tics of the great stories, such as courage, endurance, etc., rather than concentrating on specific details—for maximum life-supporting advantage.

**Alan:** Yes, I think that's a good point. For instance, particularly in the west-

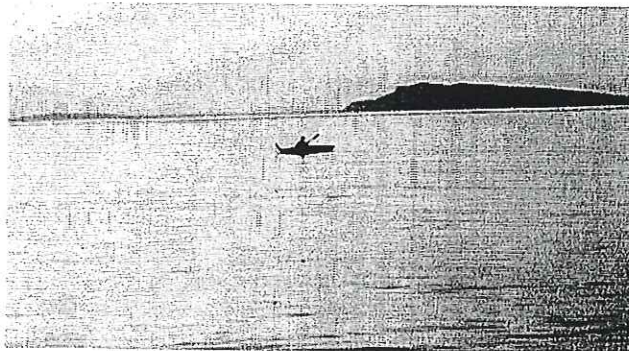
## *Listen to the stories. Listen to Other people's stories...and be mindful of them as you live your life.*

ern religious traditions, which have been *religions of the book*, there has been an historic tendency for the religious hierarchy to insist that the story be believed entirely. It can't be divided. It has to be accepted as is—one hundred percent true and literal. With the story thus objectified, it's been virtually impossible, or very much discouraged, to exercise the freedom to pick and choose. One has to take absolutely the entire story of Jesus, if one happens to be a Christian, for instance, or virtually not at all. Of course, that process has been changing over the last couple of hundred years. But now it's reached the point where we really are free to roam amongst the stories and say that, as one normally does when one reads a story, one takes what is of value of it. One doesn't feel that, "Well now, I just read this book by Charles Dickens, I now believe in Charles Dickens." I can, nonetheless, be moved, informed and influenced by Dickens. He can even change my life. But I can be just as loyal to other stories. We have that opportunity and freedom in today's world. We also have the opportunity to consider the implications of the values by which we live on the stories we invent or vice versa. If we're very big on saving the earth, then we can formulate that in terms of a story—a story that I want to be connected of the renewal of the earth. We can organize and live our lives in a way so that we make ourselves part of a new set of great stories.

**Carol:** I was wondering if there was any advice you wanted to give a young person embarking upon his life now, facing life perhaps without having been supported in childhood adequately (raised without a *net*), what

would that advice be?

**Alan:** I would say, "Listen to the stories. Listen to other people's stories of their experiences of living and be mindful of them as you live your life, you're making your own story. Realize that you have the freedom to invent the story that you choose. Now, when I say that I don't mean that you just sort of make it up out of nothing. I mean the challenges will come and some of them will be pretty difficult. There will still be *dragons*,



Single Kayak, 1992

Photo by Joanne Schultz Hall

*fire-breathing dragons*, coming out of caves, and there will still be monsters and demons and dangers. But those will be part of every story and will continue to be. The fact that you have the means to decide what kind of a character you want to be in your story, and how you will deal with the fire-breathing dragons, the monsters, the mountain peaks and the valleys—makes all the difference." How you plot your story, the meaning you ascribe to it is what makes the differ-

ence.

**Carol:** It seems to me that there is an additional aspect that you have mentioned before in your writing. Success in living isn't only inventing one's own story and then taking responsibility to live it well, but also how creative and skilled we can become to invite the participation of others in our stories. That is a skill, in my own sense of things, that is not really highly developed in our society-as-a-whole.

**Alan:** Yes, not developed at all to any degree. I would agree. I think a lot of the regrettable and ineffective ways that people try to influence each other occur when they abandon the power of the story and just try to reduce events to principles and legalities, techniques of people management. Thus, parents give their children finger-shaking advice. If in seeking to influence each other, instead of giving people abstract and principled advice or apply recommended techniques, we shared stories of our own experiences that might be a step toward helping ourselves negotiate the implications of the fact that we are characters going in and out of each others stories.

**Carol:** In going forward, we have to be vigilant, I think, to the *capacity for enactment* that will help us survive. To do this, some of us have to improve our observational skills and we could use more respect for our elders. Even if we take responsibility for learning our-

selves, we know intuitively that somehow we might be able to attach to parts or wholes of the *great stories* as we transit through certain phases of our unique experience. What may be best is not only a conceptual thinking about the story, but a more stringent learning of story components through *ritual enactment* (such as the enactments of the native peoples when courage was at a deficit and the coward dressed as an Eagle and danced the *Dance of Courage* to the Four



Winds). Enactments of courage or other skills that we need help us actively increase our capacities as seekers of process, and thereby, increase our chances of becoming worthy participants in the great stories.

**T**he 'story' relates to human experience and is a vehicle by which people exchange the value of their experiences.

**Alan:** I'm getting from what you're suggesting is that, for instance, we need to be attentive and careful of whose stories we seek out to obtain direction from (i.e., elders, wise people, etc.), and not simply willy-nilly thinking, "Well, a story's a story. And one story is as good as another." The important clue in all of this is that *the story* relates to human experience and is the vehicle by which people exchange the value of their experiences. The other aspect of what you were talking about, the enactments, I think it was Robert Graves in his book *The White Goddess* where he talks about most of the myths that we know of were originally based in pre-patriarchal times on ritual enactments. The myths were just simply stories invented to flesh out and invent a story behind or about why we do this or that. And so ritual and story really go hand in hand. The power of ritual is that ritual becomes an enactment that exemplifies the story and brings the story back each time it's done.

Another aspect from your comments that occurs to me relates to a lay woman who was at the workshop, who had done a lot of personal study on her own, and also with various elders and shamans. The argument that she undertook with me was that I had been saying that the stories came first, and she suggested that archetypal experiences that came first, that

stories were built around the archetypes. So we had a difference of opinion about that. Yet, the more I thought about it, the more I could see that it was far from a simple chicken-and-egg controversy. It may well be, in fact, that first we decide the kind

of character we want to be and then we start to write the story. At least, when we're talking in terms of a story revision or of a new story in one's life. We don't know how the story is going to be, but we can make some decisions about what kind of character is going to be in the centre of this story and then what we do. This pertains to the *without a net* theme; that the new stories we invent and live may perhaps have to be extemporaneous stories, stories that we improvise as we go along. Rather than thinking that we would make our lives follow in the footsteps of Jesus, or Ulysses, or our favorite hero, from living in a world which changes so rapidly we can't lay out a story in advance, we have no choice but to improvise. Perhaps the best we can do in improvising is to decide who we want to be, and then go forth into a story that has yet to unfold.

**Carol:** So, it's perpetual *story-shifting*?

**Alan:** Yes, *story-shifting*.

**Carol:** Is there anything else you would like to add?

**Alan:** I was just thinking as you mentioned that last point, about some of the major postmodern novels, my current favorites being those by Thomas Pynchon. In his novels, *The Crying of Lot 49* and particularly *Gravity's Rainbow*, he describes the world today as one in which, even though he's trying to tell a massive story, particularly in the case of

*Gravity's Rainbow*, so vast, so overwhelming, and rapidly changing are the experiences of lives in the post-modern world that even great stories can't encompass them. They can only get us started. Then we just have to go out and live. For instance, *Gravity's Rainbow* ends in mid-sentence. Unlike, say, *Finnigan's Wake* by Joyce, which also ends in mid-sentence but then links up with the first sentence of the novel to form an enclosed circle. But that was a typical kind of modernist theme that you can close the circle. And I think we live in times where we are aware that we can't ever close the circle. We just go into an unknown that is filled either with break-through, or apocalypse.

**Carol:** If there was something, I didn't know, if there is, in your view, that could bring comfort to one in a world where there are no absolutes and no secure truths, what then could that comfort zone be?

**Alan:** Even though, as you say, there are no objective reference points and there are the overwhelming impersonalized forces (of government, multinational corporations, powerful forms of information dissemination, etc.) that are almost capable, it seems, of convincing us that we want what they want us to want; that even so, we have each other and in that connection our salvation will lie. There still is a kind of salvation, in joining together, in reaching out to each other, and living and thriving off that, probably richest of all satisfactions in any event. The satisfactions of relationships, of friendships, of working together, of accomplishing things together, of making not just personal stories, but stories of great happenings—are the satisfactions worthy of living. It is a matter of considering that we are all in this world *without a net* together, "lost together" in the words of a song by *Blue Rodeo*, but that together we can still choose to make the world we seek by each considering the other as we go. 🍏



## *Plastic Rose*

*A plastic rose,  
Sitting on a dinner table  
In a green-tinted, plastic vase.  
Pass by quickly  
And your peripheral mind  
Registers something genuine,  
But stop and smell —  
The versatility of petroleum products ...  
Stop and admire —  
Flawless petals,  
Pest-proof, time-proof leaves ...  
Stop and touch —  
Dry rough edges of eternal greenery ...  
Solid state, stained centers ...  
Fliable, articulated stems.  
Clearly somebody tired of fading beauty,  
Falling petals,  
Of refilling a green-tinted, plastic vase.  
Plastic rose —  
Creation of plastic genius.  
Sure,  
It saves  
Time,  
Money,  
But above all  
It saves  
Tears.*

*Chris Kirman*





*Photo by Joanne Schultz Hall*



# Differences Which Make A Difference: The Creation of Two Somethings

Robert E. Doan  
Edmond, U.S.A.

Gregory Bateson (1972,1975) has greatly impacted the field of family therapy over the years of its evolution and development. In fact, it would be hard to imagine a family therapist that has not been exposed to his classic notions concerning the necessary conditions for

usefully created during the interaction between therapist and client(s). The ideas have been informed by the narrative model of therapy as outlined by Michael White (1988,1991), White and Epston (1989), George Howard (1991), Alan Jenkins (1990), and Miller Mair (1988) to

a difference" exposes alternate narratives for our consideration.

This paper will present an approach which utilizes a narrative analogy to inform a therapeutic process which seeks to create the "two somethings" necessary for news of a difference as suggested by Bateson. This involves the creation of two stories which the client can compare for relative merit and usefulness. Distinctions which have proven useful in this regard will be offered as well as suggestions concerning how to render such differences as distinct as possible. This is not to suggest that what follows is a comprehensive listing of such possibilities, for such a list could quite well be infinite. Rather, the purpose is to provide examples with the hope that readers will be invited to generate others which will be meaningful to the specific therapist/client interactions which are occurring in their work.

**The intent of this paper is to present suggestions concerning one way in which "two somethings" can be usefully created...**

learning, and the behavioural changes which result. These have been repeated and referred to so often, that many of us can quote the lines from memory (or at the very least give an accurate paraphrase):

*Information is news of a difference ... a difference that makes a difference. To produce news of difference, i.e. information, there must be two entities such that the difference between them can be imminent in their mutual relationship.*

This has been summarized by Durrant (1986) as follows: *Behaviour is a response to information. Information is news of a difference. It requires at least two somethings to create a difference.*

In my experience, most therapists trained in systems theory agree with this premise, but being able to state clearly what they specifically do in therapy sessions to create news of a difference is somewhat more difficult. Theory is one thing; the translation of theory into practice is another. The intent of this paper is to present suggestions concerning one way in which "two somethings" can be

is "no not telling of stories." That is, the brain is a continuous maker of meaning, and that it is so biologically prepared and specialized for this task, that it can literally be conceptualized as a "story telling organ" (Alexander, 1989; Cowley, 1985; Dennett, 1992; Gazzaniga, 1985). From this perspective, humans are story telling animals, the "novelists of the universe," and the documenters of the "trees which fall in the forest." Experiences of all types, coming from the vast array of stimuli encountered in the process of living, are "storied into meaning" by the brain in its endless quest to make sense of things. We live these stories, and they live us. They form the basis for what we perceive as reality, and thus inform our actions (Mair, 1988; White, 1991). Through stories, we make sense of our lives; they are the only reality we can know. Our world is the one contained in the stories told to us by others, and those we tell to ourselves. Outside of this, no other versions are possible until "news of

**News of a difference exposes alternate narratives for our consideration.**

## Comparing two stories

In general, the process being recommended is the comparison of two stories, one of which represents the problem saturated view which brought the client to therapy, and another which illustrates a

Robert E. Doan, Ph.D.  
University of Central Oklahoma  
Edmond, Oklahoma, USA



# The process that is being recommended is the comparison of two stories, one of which represents the problem-saturated view...and another which illustrates a re-visioned version

re-visioned version which would be more solution focused in nature. It is suggested, that once such a distinction has been made in language which the client accepts and relates to, the work of therapy is rendered much easier. This process is based in the assumption that when clients present for therapy, they are most often 'being lived by' only one story with its accompanying regulations and specifications. While this is the case, all information is interpreted through the "lens" of this problem saturated account with the result that no new behaviour makes sense. When an alternate account is rendered visible, however, then a revised set of meanings and resulting behaviours becomes possible. The following examples of candidate story distinctions are presented:

## 1. Old Story compared with a Re-Visioned Story

This represents a very general story comparison which can be utilized throughout the therapy, or until more specific story distinctions are discovered. All of us have "Old Stories" which we have inherited from our families of origin, and our religious, ethnic, and cultural backgrounds. Such a distinction allows the therapist to ask questions which invite the client(s) to tell this Old Story in such a way that it is deconstructed (the course of its development is made clear). This Old Story, along with its authors, specifications, rules, and invitations can be compared and juxtaposed with an alternate account which emphasizes the client's voice and experiences. The following conversation is offered as an example:

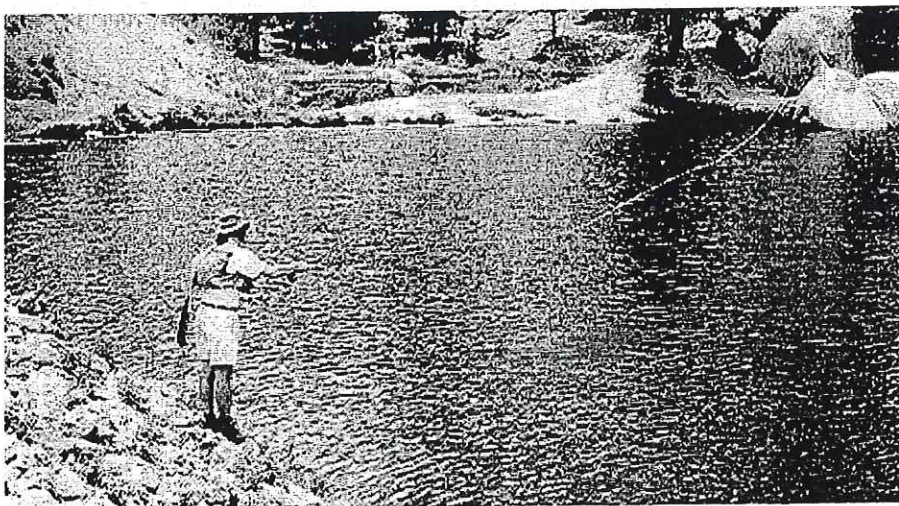
*Therapist:* "It sounds like that in the Old Story others have storied your sensitivity and deep feelings as proof that you

are weak and unable to stand up to the rigors of life. This is in keeping with a traditional story in your family that strong people don't show their emotions ... that they just grin and bear it. Have I heard what you are saying correctly in this regard?"

*Client (Young adult female):* "Yes, that's been pretty much the way it's been."

*Therapist:* "So, what I find myself curious about now, is what your experience of this has been? Could you tell me in your voice, never mind what others say, how you view the fact that you are very sensitive and feel deeply about things?"

*Client:* "Well ... it just means that I am emotional, that I feel a lot. It doesn't mean that I am weak. I proved that in the way I handled the death of a close family



"A river runs through it" - near Colorado Springs

*Photo by Alan Parry*

member recently. In fact, I even surprised myself!"

*Therapist:* "That's a very different story than the one held by your family.

On the one hand we have a story which suggests that to feel deeply and show it means that you are weak, but on the other hand there's a version in which it doesn't mean that you are weak or somehow defective. If you sided with this alternate version of yourself, how would things be different?"

*Client:* "I wouldn't have to feel so guilty for feeling strongly about things."

*Therapist:* "So the Old Story invites you to feel guilty about your sensitivity. Does it also invite you to feel depressed?"

*Client:* "Yes, it means I'm not doing what I should, that I'm not able to pretend that everything is fine. That I should be stronger than I am."

*Therapist:* "But this other version, the one based on your experience and voice, would invite you to feel quite differently about yourself?"

*Client:* "Yes, a lot differently."

## 2. Parenting to Protect compared with Parenting to Prepare

This distinction has been quite useful in cases involving conflictual relationships between adolescents and their parents. During the early years of a child's life, many parents side with the notion that their role is to "Parent to Protect." Given the vulnerability and helplessness characteristic of the infant stages, this stance is easily understandable. In some families, however, this becomes the pre-

dominant story and one or both of the parents experience difficulty in re-visiting this account as the child grows older and seeks more independence. This can



often result in a reciprocal invitation pattern in which the more the parents try to protect, the more the adolescent seeks independence (sometimes in some pretty dangerous ways); and the more the adolescent seeks independence, the more the parents try to protect. Caught up in such a singular account, the behaviours of all concerned seem logical, optional behaviours are thus restrained, and change is unlikely. The comparison of another parenting/adolescent story with this one can sometimes create the two somethings necessary for news of a difference. The following brief case dialogue illustrates this process:

*Therapist:* "In my experience, based upon what other clients have told me, it seems that many parents believe that their primary duty is to protect their children. I was wondering, how much of your parenting would you say has been based upon such a notion? How much of what you do as parents is in an effort to protect your daughter?"

*Mother:* "I suppose that quite a bit of it has been to protect her. That's what good parents do, isn't it? There's an awful lot of bad things that can happen to kids out there."

*Therapist (to the Father):* "Would you agree with your wife, have the two of you done a lot of parenting to protect?"

*Father:* "Yes. In fact, we've done too much in my opinion. I'm not sure that we've taught her how to take care of herself, to do things for herself. We've done everything for her."

*Therapist:* "Well, a certain amount of that makes sense doesn't it?"

*Mother:* "Yes ... you have to teach children, they just can't know how to do things on their own."

*Father:* "That's true, but at some point they need to start doing things for themselves, learning to be responsible. We expect her to go off to college in two years, and I'm not sure we have prepared her for that."

*Therapist:* "So would this be accurate for you ... that you've done a very good job of parenting to protect, but you are unsure if you've done enough parenting to prepare?"

*Father:* "Yes, that is accurate for me."

*Mother:* "Oh, I don't know ... I'm not sure she's ready to be prepared."

*Therapist:* "What would you guess

she would say about that ... would she say she needs more protection or more preparation?"

*Mother:* "She would definitely say preparation. She thinks we are too controlling. She says she feels smothered."

*Therapist:* "So on one hand we have a story about parenting to protect, a story that certainly makes sense to some degree. One that makes sure our kids are safe and have the opportunity to learn. On the other hand, we have an account which suggests that they also need preparation to ready themselves for the time when they leave home and become more independent. Up to this point in time, how much parenting to protect have you done compared to preparation?"

*Father:* "I would say we've done about 85-90% protection."

*Mother:* "But children need protecting."

*Father:* "Yes, but we've done enough of that, it's time for a change."

*Therapist:* "Ummm ... this is an interesting notion. Perhaps we could think more specifically what parenting to protect looks like as compared to parenting to prepare. What would you see as the differences between the two? If you wanted to invite your daughter to be prepared for life, what would you want to do differently? How much protecting would

you want to do versus how much preparation?"

It should be noted that a similar type of session can be held with the adolescent in which the focus is also the comparison of two different stories; the first which could be titled "How Can I Invite More Parenting to Protect?", and a second which would read "How Can I Invite More Parenting to Prepare?" Via this process, both sides of the reciprocal invitation pattern can investigate alternate versions and accounts.

### 3. Additional ideas for story distinctions

It is beyond the scope of this paper to present all of the story distinctions discovered in the process of interacting with clients. The following additional categories are offered, and are used in much the same manner as illustrated above:

- a. *Present Story* compared with the *Preferred Story* (general)
- b. A *Growing Down Story* compared with a *Growing Up Story* (children & adolescents)
- c. A *Male Voice Story* compared with a *Female Voice Story* (gender issues)
- d. An *Adolescent Survival Story* compared with an *Adult Liberated Story* (traumatic past).

### General Guidelines to Remember

In summary, the general guidelines which inform this process have been included in the hope they will render it more possible for readers to experiment with this process in their own work.

1. Story distinctions and titles are best when they represent the client's language and experience. They are more effective when based upon therapist/client conversations rather than being created independently by the therapist.
2. It is useful to utilize an externalizing

**Story distinctions and titles are best when they represent the client's language and experience.**

language (White, 1988/89) which infers that it is stories which have gone awry rather than people. The problem-saturated version (no matter what title we give it) is externalized and called the problem, rather than people being called the problem. The reader is referred to the above reference for a detailed description of this process.

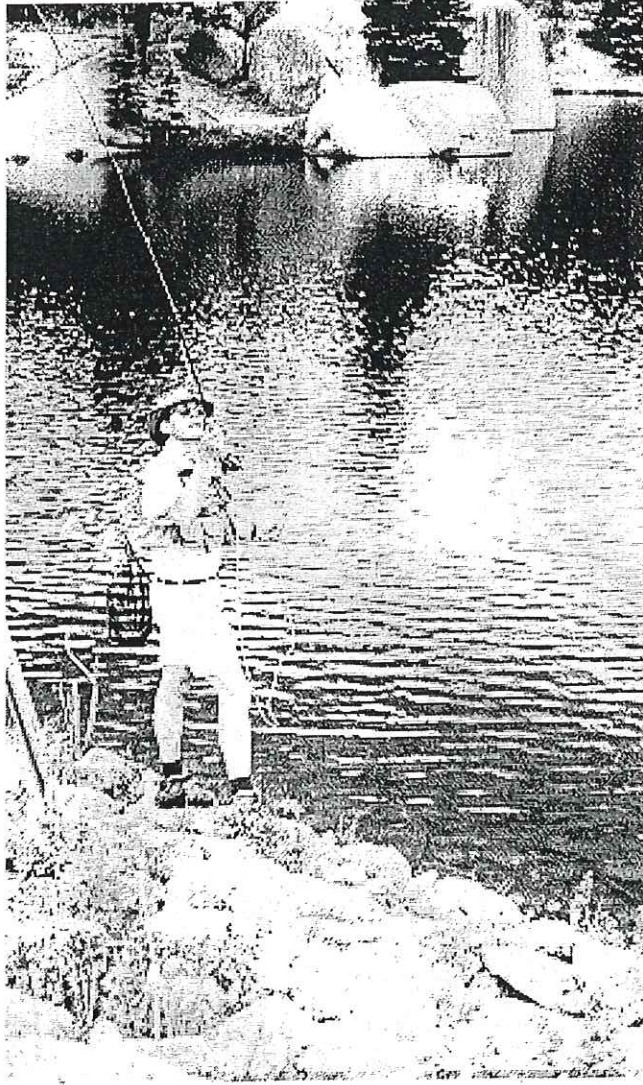
3. The comparison of two stories is used in the process of deconstruction on the one hand, and in story reconstruction or revision on the other. The problem-saturated version is decon-



structured as its evolution and creation are rendered clear. The basis for an alternate or re-visioned account can be found in the alternate version. Thus while "one something" is being challenged and examined, "another something" is taking form to replace it.

*During the last couple of weeks, which parts of your life would you say were influenced by the Old Story and which parts by your Re-Visioned account?*

*When you find yourself able to hold off the influence of Growing*



**Rob Doan - Storying**

*Photo by Alan Parry*

4. Once the story distinctions have been co-created by the client and therapist, the therapist consistently asks questions which invite the client to locate answers and information in one story or the other. Questions which ask the client(s) to distinguish which story is supporting certain feelings, thoughts, and behaviours are useful in this regard. For example:

*This guilt that you say has been visiting you, which story does it depend upon for its existence?*

*Down, what sorts of things have you been doing to accomplish this?*

*What strategies, thoughts, or feelings has Parenting to Protect tried to use over the past few days in order to reclaim you?*

#### **Concluding comments**

The author would welcome interaction with readers concerning story distinctions they may have already generated in their work with clients, or any

which might result from experimenting with the process as a result of reading this paper. It is hoped that the information presented will help in some small way in creating differences which make a difference in the therapeutic arena.

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continued from page 2

is: the will's resentment against times "it was." (Thus Spake Zarathustra).

Finally, Rob Doan discusses "Differences That Make a Difference: The Creation of Two Somethings." He guides the reader in the process of

"re-visioning" and illustrates alternatives to *problem-saturated* perspectives. Simply, in the *re-vision* process, *space* is opened for new directions to emerge.

Throughout this issue of *The Participator*, several poems representing the personal experience of individuals have been included to remind us all of

how we could feel if our attention had been *caught* by a particular set of circumstances.

Enjoy these offerings and share your reactions/reflections with us by letter or by Fax: 403-270-7446.

Best wishes as you go forward!



## Letters

### To the Editor:

*re: Just when you thought it was safe: A review of Camille Paglia and her book.*

Jon Amundson and Ken Stewart are either so bedazzled or so intimidated by Camille Paglia's intellectual baton twirling that they fail to provide a critical review of her work. Certainly, they fail to raise any of the larger questions surrounding her relationship to the women's movement and her labelling of herself as a feminist. What they forget (or never knew) is that feminism is a verb not a noun. For Paglia to call herself a feminist is akin to Thatcher calling herself a humanist. As has been said so frequently since Anita Hill went to Washington – you guys just don't get it, do you?

Brenda Bettridge,

Chute a Blondeau, Ontario, Canada

### Dear Jon Amundson:

I am writing in response to your book review in the Calgary Participator,

Summer 1992, Volume 2, No. 1. I am writing to you because I know you, but I am hoping you will pass my comments along to Ken Stewart as well.

The first thing I wish to do is applaud you both for an excellent review. It is obvious in the reading of it that this was a difficult task. I have not read Paglia's work, however, I feel from the review that I gained a sense of its contents.

The thing I really wish to comment on, however, is the note at the beginning of the article. I felt particularly sad that the two of you felt it was necessary to make the comments you did. I asked myself what this says about us as a society. Although I am a feminist, it is my hope that I would allow others to own and speak their thoughts as freely as I own and speak mine. Having been in a position where I doubted how others, men in particular, would accept my words because of my gender, it makes me sad to see others struggle under this burden. I hate to think that feminism may have only succeeded in reversing gender

oppression rather than working towards abolishing it.

In answer to your question "Is there a role for criticism in the discussion of sexual politics?" (p.22), my answer is a resounding YES! If we lose the right to criticize, we take a giant step backwards. Without it we are reduced again to factions and division. We lose our right to question and to pursue new knowledge. We lose the foundation of academic inquiry and discourse.

It is my hope that I will never again have to apologize for my gender, my background, my cultural roots and the myriad of other things that are the endowment of my birth. I wish the same for both of you.

Thank you for giving me the gift of your thoughts.

Sandra L. Dame, M.S.

Clearwater, BC, Canada

[Note: The above letter is printed with the permission of Sandra Dame, the writer.]

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