Author's Response
Steps to a Reflexive Psychotherapy: How to Avoid Being Used by Theory While Using Theory to Avoid Being Used by Theory

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> **Abstract** • I am focusing on the following questions that were raised in the commentaries: How to (re)awaken reflexive thinking? How to understand hallucinations as voices of sanity? How to become an effective therapist? How could the pattern that connects be described? How can psychotherapy contribute to psychological well-being?

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How to (re)awaken reflexive thinking?

« 1 » **Francesco Tramonti** has emphasized that, in our metalogue with Graham Barnes, we are re-awakening reflexive thinking, which is also vividly demonstrated by **Ana Puljić**'s comment on her father **Dragan**'s use of "Batesonian theory":

❝ […] the theory seems to be using you, and as I may add, it seems to be using you exactly while you are trying to propose how Batesonian theory is supposed to be used to avoid being used by a theory. ❞ (A4)

Ana's observation opened a new level of recursion: How to avoid being used by theory while using theory to avoid being used by theory?

« 2 » Reflexive thinking is constantly opening new levels of recursion:[1]

1| Clearly a theory can also be abused, so at the first level the question would be: "How to abuse theory?" And at the second level: "How to use abusing theory?" or "How to abuse abusing theory?" And so on.

First level: How to use theory? How is someone used by theory?
Second level: How to use theory about theory? How to use using theory? How to use theory to avoid being used by theory? How to avoid being used by theory while using theory?
Third level: How to use using of using theory? How to use theory while using theory about theory? How to use theory to avoid being used by theory while using theory to avoid being used by theory? How to avoid being used by theory while using theory to avoid being used by theory? How to avoid being used by theory while avoiding being used by theory while using theory to avoid being used by theory?
Fourth level: How to use using of using of using theory? How to use theory to avoid being used by theory while using the using of theory? How to avoid being used by theory while using theory to avoid being used by theory while using theory to avoid being used by theory?
And so on.

« 3 » We can follow easily till the second level, then we become increasingly more confused if we try to think of all levels of recursion at the same time. However, if we spread these levels sequentially in time, as can happen in a reflexive conversation, we can add levels of recursion without necessarily getting confused.

« 4 » When using "Batesonian theory" and being used by it, we do not need to get stuck on the third (or any) level, as **Ana** (A4) cautioned **Dragan**. Reflexive thinking is circular and can unfold arbitrarily. Gregory Bateson's epistemology is not only a theory, but also a theory about theory, which can unfold through conversation into a theory about theory about theory, etc.

How to understand hallucinations as voices of sanity?

« 5 » **Inka Miškulin** provides a clear example of how Barnes's hope (listening to clients rather than imposing psychotherapy theories) could be put into practice as a non-theory-centered psychotherapy. She shows her ability to listen to her patient, Nora, and she succeeds in not imposing psychiatric pathologizing theories about

auditory hallucinations. Instead, she opens the space for Nora's (proto)theories and understandings and co-created with her new understandings, to which all Nora's different inner voices or parts were invited to contribute. The voices, which were pathologized by psychiatry and Nora's relatives, were reframed in psychotherapy conversation to voices of sanity.

« 6 » **Miškulin**'s work is an example of what Barnes (2002) called "reflexive psychotherapy," where the psychotherapist learns the patient's theory, becomes the mirror for the patient so that the patient can see her own theory through the eyes of her therapist, recognizing the process as *constructive*. In the next phase of awareness, the patient can come to see herself through herself, becoming aware of her self-production, knowing her knowing. Conversely, the process of theory-centered psychotherapy is *imitative*: "The patient takes in, and applies the theory of the psychotherapist, using it to interpret and describe himself – thus seeing through the theory" (ibid: 56).

« 7 » Although **Miškulin**'s clinical vignette is short, it provides the impression of how much hard work and effort is needed to step out of the predominant medical-psychiatric paradigm, which understands hearing voices only as a pathological symptom and imposes imitation. Drawing on Bateson's epistemology (Miškulin 2017), **Miškulin** is working in accordance with his statement, based on the well-documented recovery of Perceval (Bateson 1962), a nineteenth-century patient, that auditory hallucinations could be understood as part of the double-bind experience and that they have self-healing potential, because they are a form of body and mind wisdom:

❝ It is one thing to see the symptom [in **Miškulin**'s case, Nora's voices] as part of a defense mechanism; it is quite another to conceive that the body or the mind contains, in some form, such wisdom that it can create that attack upon itself that will lead to a later resolution of the pathology. ❞ (Bateson 1962: xii)

« 8 » Many authors are trying their best to contribute to urgent changes in the rigid definitions of hallucinations and other psychopathological symptoms, because the diagnostics of mental pathology has low

validity and reliability (e.g., Tamminga et al. 2010). Also, the Hearing Voices Movement (Romme & Escher 1989; Corstens et al. 2009; Možina 2019; Steel et al. 2019) is showing, in its clinical practice and research, that "auditory hallucinations" can be understood as voices of sanity, healing and recovery. Instead of the term "hallucination," with its pathologizing and objectivizing connotations and social impacts, they are proposing less stigmatizing terms – "hearing voices" and "voice-hearers" – because it is a relatively universal human experience and as such should be destigmatized and socially normalized.

❝ The voices are understood and conceptualized as a meaningful and in principle a reasonable experience that often occurs after psychosocial traumas and particularly burdensome personal experience, which can carry information about this trauma, but in ways that may be symbolic, dissociated or implicit.❞ (Dekleva 2015: 44f)

« 9 » In one of his best articles, "Voices of Sanity in the Conversation of Psychotherapy," in memoriam of his mentor, Gordon Pask, Barnes (2001) pointed out that people who are suffering not only internalize their pain into their inner monologues or dialogues, but often have no voice, especially when they have experienced torture and other acts of violence. Barnes encouraged psychotherapists to give that pain a voice, because when clients, at last, find a voice, they can externalize their inner monologues and dialogues and begin to tell the stories (ibid.: 537). Instead of listening to the voices of their theories, therapists should listen to the voices of their clients, until their "voices become articulate as they became differentiated as individuals with the individual possibility to affirm uniqueness by shaping a self-description" (Barnes 2002: 124).

How to become an effective therapist?

« 10 » One of the key concepts in Barnes's project of linking psychotherapy to second-order cybernetics (Barnes 1994), which was not mentioned in our metalogue, is effectiveness. The subtitle of the curriculum in the School of Psychotherapy Cybernetics, which was established in Zagreb in the late 1980s, was "The Science of Effective Psychotherapy" (Možina 1994: xvi). We defined it in accordance with Bateson's epistemology, not as a set of psycho-techniques for the manipulation of clients, but rather as a cultivation of meaningful therapeutic relationships. As **Tramonti** comments (§§1, 4), the efficacy of such an orientation, similar to the orientation of "client-directed movement" (Duncan, Solovey & Rusk 1992), was confirmed by the contemporary psychotherapy process-outcome research about what works in psychotherapy (Duncan 2014).

« 11 » As **Tramonti** further points out (§§1, 4), the evidence that there are small or negligible differences among treatments that are intended to be therapeutic for particular mental disorders and the evidence that some therapists, in clinical trials and in practice, consistently achieve better outcomes than other therapists, raises the question: What are the qualities and actions of effective therapists?

« 12 » Common-factor research reveals main two qualities (Baldwin, Wampold & Imel 2007; Anker et al. 2010):
- the therapist's ability to activate the client's resources; and
- her ability to secure a good alliance across a variety of client presentations and personalities.

Other abilities of effective therapists, based on empirical evidence (Wampold 2011), are presented in Table 1.

« 13 » The whole picture of the relative outcome variance of client/life factors and treatment effects, which is based on common-factor research, confirms the basic premises proposed by Barnes in his project of linking cybernetic epistemology to effective psychotherapy:
- the primary importance of the clients' characteristics, variety and context, and of constant, systematic client feedback for the therapeutic change;
- the need for variety in the psychotherapist's actions to match the variety of clients; and
- the importance of the therapeutic relationship (working alliance) between the therapist and the client.

Barnes would answer **Tramonti**'s third question about the core competencies of effective psychotherapists with several crucial notions: talk, the human therapist, understanding, trust, relationship, complexity, flexibility, outcome, utilization, feedback, hope, persuasion, the tragic, self-awareness, linking psychotherapy to science and deliberate practice for improvement (Barnes 1994: 40; 2010). All of these concepts were confirmed by common-factor research (Wampold 2011) (Table 1).

How could the pattern that connects be described?

« 14 » **Lea Šugman Bohinc (Q1)** refers to Bateson's well-known question to which he never gave an exact answer: "What is the pattern which connects?" It is part of a longer question:

❝ What pattern connects the crab to the lobster and the orchid to the primrose and all the four of them to me? And me to you? And all the six of us to the amoeba in one direction and to the back-ward schizophrenic in another?❞ (Bateson 1985: 16f)

It became Bateson's big puzzle, which he never meant to solve, because the patterns that connect are constantly changing and adapting to new circumstances. He wanted to keep this question open like a Zen koan, so that anyone could find an answer, which would not necessarily be intellectual but could also be experiential.

« 15 » **Šugman Bohinc** (§1) unravels his koan in her own way with a beautiful kairotic statement, which is in accordance with Heraclitus, that Bateson was repeatedly quoting: "No man can step into the river twice." The pattern that connects constantly arises and dissolves to open the opportunity for the next pattern that connects to emerge.

« 16 » Regarding **Šugman Bohinc**'s **Q2**, I would agree that the pattern that connects is not reserved for humans but spreads through the whole evolutionary cascade of living beings and their interactions, as Bateson formulated in his ecology of ideas. He would have been thrilled to hear about recent research about the extraordinary one-billion-year-old organism, Blob, *Physarum polycephalum,* which is revolutionizing the concepts of cognition, memory, intelligence and learning (Jones 2015). In accordance with Bateson's criteria for a "mind," it is

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Common-factor research	Second-order psychotherapy
Effective therapists have a sophisticated set of interpersonal skills, including verbal fluency.	Talk: Therapists learn rhetoric and the language of a client, a family, or a group.
The set of interpersonal skills of effective therapists include interpersonal perception, warmth and acceptance, empathy, focus on other, affective modulation and expressiveness.	The human therapist: Therapists move beyond being an adherent to a particular psychotherapy school, and share emotions and love their clients.
Clients of effective therapists feel understood, trust the therapist, and believe the therapist can help them.	Understanding and trust: Therapists learn how to understand clients' understanding and build trust.
Effective therapists are able to form a working alliance with a broad range of clients.	Relationship: Therapists learn to converse in and about the relationship.
Effective therapists provide an acceptable and adaptive explanation for the client's distress.	Complexity: Therapists learn to unfold the complexity through recognition of each individual in their uniqueness.
Effective therapists are flexible and will adjust therapy if resistance to the treatment is apparent or the client is not making adequate progress.	Flexibility: Therapists invent a new method for each patient and each situation.
Effective therapists provide a treatment plan that is consistent with the explanation provided to the client.	Outcome: Therapists work with individual outcomes or goals of clients.
Effective therapists are aware of the client's characteristics and context.	Utilization: Therapists utilize the abilities, resources and context of clients.
Effective therapists continually monitor client progress in an authentic way.	Feedback: Therapists continually work on clients' feedback.
Effective therapists communicate hope and optimism.	Hope: Therapists are aware that to have hope is what therapeutic change is all about.
Effective therapists are influential, persuasive, and convincing.	Persuasion: The therapists' key is in persuasion.
Effective therapists do not avoid difficult material in therapy and uses such difficulties therapeutically.	The tragic: Therapists affirm the tragic sense of life for themselves and for the client.
Effective therapists are aware of his or her own psychological process and does not inject their own material into the therapy process unless such actions are deliberate and therapeutic.	Self-awareness: Therapists develop self-aware observation and self-conscious interpretative activity.
Effective therapists are aware of the best research evidence related to the particular client, in terms of treatment, problems, social context, and so forth.	Linking therapy to science: Therapists are not only skillful artists in their practice, but also link their practice with science.
Effective therapists seek to continually improve so that they achieve expected or more-than-expected progress with their clients.	Deliberate practice for improvement: Therapists use continuous recording and analysis of sessions, supervision and practical elaboration of their skills.

Table 1 • Comparison of psychotherapists' core competencies for effective practice based on common-factor research and on Barnes's second-order psychotherapy project.

shown that this giant amoeboid single-celled organism, which does not possess any neural tissue, fixed skeleton or organizing musculature, is capable of "mental process" as "an aggregate of interacting parts, triggered by difference" (Bateson 1985: 101f). So, in response to **Šugman Bohinc**'s question, I can confirm that Kenneth Gergen's "relational being" can make sense not only in the context of the relationships among humans, but with the interaction patterns of all living things. And one of the consequences of such understanding could be the deconstruction of our hubris, which is based on our ignorance of the holistic mental activity of all living beings, into appreciation, humility and innocence before the wholeness of mental process and evolution, of which the human race is only a small part.

« 17 » In her **Q3**, **Šugman Bohinc** refers to Barnes's concept of innocence. He developed his understanding of innocence in two steps. First were his conversations with James McBride Dabbs, advocate of human rights, who, in the time of Martin Luther King, wrote and spoke for the American South (Barnes 1994: 60f). Dabbs connected the notions of transcendence with wholeness and innocence. For Dabbs, transcendence was not the idea of "beyond," but a notion of wholeness, as that which contains the whole of expression, the totality of all experience. And wholeness creates the quality of innocence: "Those who are innocent can see wholeness" (McBride Dabbs quoted in Barnes 1994: 60). Barnes took a second step when he devoted himself to the study of cybernetics and arrived at the insight that:

❝ in cybernetics the beginning of wisdom is innocence […] The beginning of wisdom in cybernetics is the knowledge of circuitry, pattern and wholeness – it lacks blame, is harmless and possesses the simplicity to see and hear things differently. Here we can follow Hegel to the effect if we are wise we will grasp the circularity of discourse. Circularity is a necessary mark of wisdom. ❞ (Barnes 1994: 8f)

How can psychotherapy contribute to psychological well-being?

« 18 » I will close my response by answering **Tramonti**'s first two questions in §5 with Barnes's own words:

What is psychological well-being and what are our implicit assumptions about it?

❝Psychological well-being or health (as well as psychopathology) are defined by observer, they are social constructs. The health or disease are not in the person, but lie between – in the relationships and communication, like control in cybernetic systems (Barnes 2001: 530).

What is the role of psychotherapy in this respect, and in our societies and globalized world?

❝Mental disease or psychopathology is the breaking down of communication between people and psychotherapy permits a development of communication and healing through communication. Most of the world's troubles derive from a lack of intercommunication. Psychotherapy should give an example, how the intercommunication could be re-established by persuasion and not by force, because civilization began when communication through persuasion replaced brute force. Civilization constitutes itself through networks of conversations and language of persuasion.❞ (Barnes 2002: 90)

❝The key element in psychotherapy is that both therapist and patient are together making a new world in which life is wonderful, and is to be lived with wonder.❞ (Barnes 2010: 154)

« 19 » I am very grateful to Graham, because he was continuously a model for me of how to live with wonder and how to wonder about life lived with wonder.

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