

Wittgenstein and the Red Queen: Attuning to the World and Each Other

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Wittgenstein showed us non-dualist mental processes that have relevance for psychotherapy and our ecology. His methodology is therapeutic in that it helps us realise that our attunement with nature and each other is natural and immediate. This thinking helps us redefine mental health, and with the aid of feedback tools enhance our attunement to clients and their attunement to the world. The values of counselling psychology, with its focus on conversational meaning-making, are highly consistent with the demands of this process.

Keywords: counselling psychology, ecological, being with, collaborative meaning-making

'When, after being persuaded by Wittgenstein to read The Brothers Karamazov, Drury reported that he had found the figure of [Father] Zossima very impressive, Wittgenstein replied: 'Yes, there really have been people like that, who could see directly into the souls of other people and advise them.'

Ray Monk, *The Duty of Genius*, p. 549.

In this paper, I will show some of the therapeutic implications of a revolution that has occurred in studies of cognition, with special emphasis on Wittgenstein's contribution to this revolution. His philosophical investigations will be used to expose some of the grammatical errors rife in the 'medical model' view of what makes therapy work, that currently dominates mental health practice; as well as suggest that there is a path here for approaching ecological problems. As will be seen, the 'medical model' view runs a high risk of recruiting both practitioners and their clients into their own subjugation, and thus generating mental health epidemics (Watters, 2010;

Whitaker, 2010). The revolution now occurring in cognitive studies provides conceptual support for a shift away from the 'medical model' view to what Wampold calls the 'contextual model' view, which enjoys greater support from empirical studies of outcomes (Wampold, 2001). For therapists seeking clinical excellence, this shift can be facilitated by the use of outcome feedback systems. I will utilise some of Lewis Carroll's metaphors to scaffold this shift in understanding.

Expertise

In 1980 Dreyfus and Dreyfus put forward a five-stage model of the development of 'expertise', suggesting that as our proficiency increases we abandon rule-following in favour of embodied intuitions. Although this model has been refined since then, it continues to throw considerable doubt on the model(s) developed by Plato, Kant, and Piaget (amongst others), that proficiency occurs by abstracting and internalizing increasingly sophisticated rules. Rather it suggests that it is more useful to consider that a shift from

'know-that' to 'know-how' occurs as we move from 'proficiency' to 'expertise'. By way of argument, Dreyfus and Dreyfus (2004a; 2004b) note that chess and draught-playing computers capable of learning will develop increasingly sophisticated rules, but never reach a level of sophistication where they can consistently defeat human masters. They also report an experiment where a chess grandmaster could defeat skilled opponents in a 5-seconds-a-move game whilst simultaneously adding numbers delivered at the rate of one a second.

Not only do experts "trust the force, Luke", but it seems they are more situationally aware. The work of Ericsson (2009) indicates that if the expert is asked for the rules, she will regress to the level of the beginner and state the rules she learned at school; rules she no longer uses. Pattern recognition has replaced rule-following, and it is claimed that the chess grandmaster can recognise 50,000 types of position; which Ericsson claims takes 10,000 hours of *deliberate* practice to achieve.

Empirical research on psychotherapists also indicates that improvement in pattern recognition or situational awareness is a far more important variable for improving effectiveness than experience or training (Duncan, et al., 2010). Empirically supported treatments are only as good as the therapist delivering them (Nyman et al., 2010). Rule-following therapy, or doing it by the book (therapist adherence), seems to lead to decline in effectiveness (Wampold, 2001)¹. However, *deliberate* practice, by way

of feedback to the therapist of success and failure, can improve performance remarkably (Duncan et al., 2010; Lambert et al., 2001; Sapyta et al., 2005). Current discussions amongst psychotherapists at the International Center for Clinical Excellence website, who have heeded this call to shift from evidence based practice to practice based evidence, are suggesting that comparisons with colleagues and one's own previous performance of (client assessed) rate of change, drop out rates, clients returning for further service, and therapeutic alliance scores can facilitate this deliberate practice that enhances effectiveness.

A Revolution

"I see nobody on the road," said Alice. "I only wish I had such eyes," the King remarked in a fretful tone. "To be able to see Nobody! And at that distance, too! Why, it's as much as I can do to see real people, by this light!"

The Dreyfus model of expertise can be seen as an expression of a new wave of thinking about the nature of mind occurring in philosophy and psychology under the umbrella of radical embodied (or enactive or extended) cognition (REC) (Chemero, 2009; Clark, 2008; Gallagher, 2008; Shapiro, 2011). REC considers cognitive processes can best be understood by considering the whole body, and not the brain, as the locus of sensing and acting; and the skin as not the boundary of mental pathways. Rather than 'thinking' being seen as something going on inside the head, it is possible to view 'thinking' as the subtle positioning and re-positioning of ourselves (and others) in the world (Harré & van Langenhove, 1999). Wittgenstein showed us how we are doing this through joint attention sharing activities, which he called 'language games'.

Further, cognition can be understood without the necessity of the unfalsifiable dualist 'executive functioning' concept (Parkin, 1998). Developmentally, the sensorimotor stage is not abandoned or overcome, but rather refined as language and perspective taking develop (Thelen, 2000). There is no need to posit the existence of a ghostly

'mind' computing representations (Hutto, 2012)². From this perspective, action becomes central to cognitive development as various sensorimotor systems dynamically couple with each other (Smith & Sheya, 2010). As we shall see, the task in therapy, as Merleau-ponty (1968), alluded to, is to facilitate the development of sensori-motor couplings as new perspectives develop. Although Fodor (a primary proponent of 'computational cognitivism', or the mind as computer metaphor)³ sees REC as 'a bad cold' cognitive science has been infected with (Fodor, 2008, p. 11); Hutto (2012) claims that REC is no longer the Barbarian at the gate, but now occupies the cafes and wine bars.

REC does not make the Cartesian assumption of 'mind in here – world out there'; instead suggesting that we can view mind as both 'in here and out there'. In other words, cognitive processes can be viewed as being immanent in the discourses and relationships we are having. Bateson (1972, p. 459) first voiced this by asking where the blind man's mental system is bounded – the handle of the stick or the tip? Neither. The mental system can be seen as the circuit: the street, the stick, the man; news of difference is being transmitted around this circuit. When he sits down for lunch, a different circuit or 'mind' comes into play. A similar idea was developed by Maturana and Varela (1987) who showed that we can understand living things by viewing them as entities that 'know' how to produce themselves (autopoiesis) by living within a perceiver-dependent circuit or world (constructivism). This 'knowing' resides in the organisational structure of the organism and the ecology in which it evolved.

A further source that REC draws upon is Heidegger's (1962) notion of 'Dasein'. This is the idea that most of the time we are so absorbed in our activities, so attuned to the world, that we are not aware of any 'gap' between us and the world. The hammer or car feels like part of me when I am using them (until something goes wrong)⁴. Anxiety, amongst other things can disturb this attuned familiarity with the world. It might be said, that the experience of having a Cartesian mind ('mind in here, world out there') is born of failure or

doubt. Other phenomenologists, such as Merleau-Ponty (1962) and Levinas (1998), noted that this attunement is also social for humans; we are able to directly mind read each other in most situations without having to infer how it is with other via either empathic simulation or a theory about other minds (as the proponents of Theory of Mind (ToM) claim (Leudar & Costall, 2009)).

Noë (2004, 2009), strongly influenced by Wittgenstein, developed the idea that the primary function of perception is not to identify things in the world, or gain a clear picture of the world, as has been assumed for some centuries; but is 'enactive' in that it is *the development of sensorimotor skills for the purpose of keeping track of our relationship with the world*. As there are more motor pathways to the senses than input pathways, Noë suggests that an appropriate metaphor for enactive perception is that of a blind man with his cane, using his senses to probe the interdependent relationship he has with the world. A matter of 'know how'. Change blindness and inattention blindness experiments are being utilised to demonstrate this new paradigm. The skill of attunement is now key, and a science based upon attunement rather than obtaining clear pictures of the world, has obvious ecological value⁵. With regards to therapy, it might be said, that the task for the therapist is to attune to the client in his or her struggles to become better attuned to the world. This is quite different than obtaining an objective assessment of the client.

In brief, the REC revolution in cognitive studies finds much attraction to Nietzsche's argument, that there is no more an "I" who thinks than there is a lightning apart from the flashing in the phrase 'lightening flashes'. The noun-verb structure of grammar lured us into Descartes' *Weltanschauung*. Further consideration of this point allows us to take the position that we don't walk with our legs (a separate 'I' from the walking), but use our legs in walking. This allows us to also drop the prejudice that thinking occurs in the head, by recognising that legs and brains are *critical* not causal for these activities (Noë, 2009; Heaton, 2010). A shift is being called for to recognise that 'know how' (performance knowledge)

can be considered primary. What Wittgenstein brings to this discussion is a way of eliminating numerous similar grammatical ‘ghosts’ in our thinking that keep us ensnared in dualism; and thus may facilitate a more ‘expert’ or attuned relationship with our world.

Wittgenstein’s ‘Language Games’

Wittgenstein is perhaps best known for his idea of ‘language games’. These are the ‘mental circuits’ mentioned above with respect to REC. ‘Language games’ are joint attention sharing activities; and words obtain their meaning, in most cases, not by representing things in the world, as dictionaries and traditional thinking suggests, but by their use in various language games. There is considerable research on joint attention and language development supporting Wittgenstein’s elucidations here, which can be summarised as: mimicry is present from birth, and between nine and 14 months the child begins to alternate between monitoring the gaze of (m)other and what other is gazing at, checking to verify they are continuing to look at the same thing, and during that period vocalizations begin to become part of these games (Hobson, 2002). Thus language is seen as ‘know how’ and not ‘know that’ (words representing things).

Although this appears to be simple behaviourism to some (e.g. Fodor, 2008), it must be noted that language is grounded, as Wittgenstein noted, in the immediate reactions we have with each other. It is primarily social (attunement/engagement). The infant only imitates if the other person is attending to it (Csibra & Gergely, 2009). It will turn away upset if a recording of its mother replaces the real thing (which it previously reacted lively with) through a TV link (Murray & Trevarthen, 1985). Thus as language users we are not independent from each other with a need to interpret each other (as even implicit ToM proponents imply (Low & Perner, 2012)), but engaging *as participants* in co-ordinated dances of attention where we (most of the time) understand each other immediately as we toss ‘conversational balls’ around. These language games can take a multitude of forms (giving orders, telling a joke,

play acting, mathematics, etc., etc), and at times Wittgenstein called them ‘forms of life’. They “...are as much a part of our natural history as walking, eating, drinking, playing” (1958, §25). We can all too readily lose our way when our attention shifts from the activity (language game) to the apparent representation; that is to say, when words become decontextualized from their use.

Wittgenstein’s therapy (and “thesis”?)

Many Wittgensteinian scholars have been instrumental in the development of REC. Recently Baker (2004) and the ‘New Wittgenstein School’ have suggested that Wittgenstein’s later philosophy can be regarded as a form of grammatical therapy for dissolving many of the false (or questionable) analogies and similes that have been assimilated into our discourse and mislead most of us at times. Whether his philosophy is solely a therapeutic endeavour for achieving clarity, and is not advancing any theses, is subject to some debate. However it may be useful for therapists to consider that previous philosophical endeavours attempted to present a general picture of the universe, and Wittgenstein’s method consisted of scraping the picture off the window so we can see the world (or be with the world as *participants*) more clearly. “Philosophy aims at the logical clarification of thoughts. Philosophy is not a body of doctrine but an activity” (1961, §4.112).

Wittgenstein saw his philosophy then, as a form of therapy for untying “knots in our thinking” (1967b, §452). Following Noë, this would facilitate a greater attunement with the world, for once the problem has gone, we can simply say “I know how to go on” (1958, §154). “For the clarity that we are aiming at is indeed *complete* clarity. But this means that the philosophical problems should *completely* disappear” (1958, §133). Although in our civilization “clarity is sought only as an end, not as an end in itself. For me, on the contrary clarity, perspicuity are valuable in themselves” (1980, p. 7). In this regard some see Wittgenstein as a form of Zen for the west. “The problems are solved in the literal sense of the word – dissolved like

a lump of sugar in water” (2005, §421).

“The way to solve the problem you see in life is to live in a way that will make what is problematic disappear. The fact that life is problematic shows that the shape of your life does not fit life’s mould. So you must change the way you live and, once your life does fit into the mould, what is problematic will disappear” (1980, p. 27).

Hence the appeal of Wittgenstein to Solution-focused brief therapy (SFBT).

It could be argued that Wittgenstein is advancing a thesis; in that if the Enlightenment philosophers had scraped religious dogma off the window, Wittgenstein saw that a ‘scientism’ had replaced it, such that we have become enamoured by scientific explanation. The ‘scientism’ he was critical of shifts our collective attention away from the world to some imaginary mechanisms or so-called laws of nature working behind the scenes. “[T]he main source of superstition results from belief in the causal nexus” (1961, §5.1361). “Man has to awaken to wonder ... Science is a way of sending him to sleep again” (1980, p. 5). Developing Wittgenstein’s ideas, Winch (1958/1990) asserted that many of the issues social sciences are concerned with are not empirical ones, so much as conceptual; and thus an analysis of our ‘grammar’ can in many cases, be more useful. Although written 60 years ago, Wittgenstein noted that psychology could not excuse itself for its “confusion and barrenness” by claiming to be a young science⁶, but rather: “in psychology there are experimental methods and conceptual confusions” (1958, p. 232e). Hutto (2009) and Williams (1999) say it still holds today, for to be just collecting raw empirical data, which can be interpreted in multiple ways renders it barren, whilst the conceptual confusions remain.

Both Bateson (1972) and Heidegger (1978), in different ways, warned that difficulties in our thinking or psychology are the source of our ecological difficulties⁷. Wittgenstein tracks what he sees as psychology’s conceptual confusions to its beginnings when our collective attention endeavoured to find certainty in our conjectured causal accounts. Look at Freud’s ‘unconscious

causes', or Frazer's claims that religious rituals could be explained as pre-scientific attempts to manipulate fate⁸. Alternatively, witness our colleague who treats the diagnosis and loses sight of the person. It might be said then that our insecurely attached Cartesian dualist seeks certainty in ideas rather than attunement to others and nature (Wittgenstein, 1969).

Wittgenstein had much sympathy with Spengler's *The Decline of the West*, the idea that with the rise of the Newtonian mechanical mindset Western culture had fallen from a cultural peak it achieved at the time of Bach⁹. "...[I]t isn't absurd ... to believe that the age of science and technology is the beginning of the end for humanity" (1980, p. 56); but "perhaps one day this civilization will produce a culture" (1980, p. 64). In 1946 Wittgenstein wrote to a friend that he was writing for people a hundred years from then, when culture might be returning (Drury, 1981, p. 94). Is Wittgenstein then advancing a thesis himself? He answered this earlier when he wrote: "My propositions are elucidatory in this way: he who understands me finally recognizes them as senseless, when he has climbed out through them, on them, over them" (1961, §6.54). Miller and de Shazer (1998) similarly dissolved the question of whether solution-focused brief therapy was a 'school', by declaring it a rumour. By regarding it as a rumour we may be more able to "...throw away the ladder, after ...[we have]... climbed up on it" (1961, §6.54).¹⁰

Wittgenstein, Psychotherapy and the Red Queen

In the 1930's, Wittgenstein took some interest in Freud, seeing a number of parallels with his own endeavours, even calling himself 'a disciple of Freud' for a while. Nevertheless he was highly critical: "Unless you think very clearly psycho-analysis is a dangerous & a foul practice, & it's done no end of harm &, comparatively, very little good. (If you think I'm an old spinster – think again!) – All this, of course, doesn't detract from Freud's extraordinary scientific achievement" (quoted in Bouveresse, 1995, p. xix). He thought the original idea for this 'extraordinary scientific achievement'

"came from Breuer, not Freud" (1980, p. 36); the idea that problems might reflect processes a person is unconscious of, but which can disappear when attention is redirected through talk (i.e., a change in 'grammar'). However he was critical of "the idea of an underworld, a secret cellar" (1967a, p. 25): Freud's seductive myth, where he substantivized the word 'unconscious'; turning an adjective into a noun, that was neither verifiable nor falsifiable. "New regions of the soul have not been discovered" (1979b, p. 40).

The parallel that Wittgenstein had noticed between the therapeutic endeavours of Freud and his own work is that the difficulties both he and Freud were dealing with were a matter of people "not knowing our way about" (1958, §123). Wittgenstein saw these as relational difficulties or orientation struggles, that unlike intellectual problems which can be resolved by finding an answer, require us to us to discover how to relate to our environment in a different way so we now attend to certain aspects rather than others (Shotter, 2011). Once we have become reoriented, the intellectual answers become either obvious or simple. In this regard, he once noted: "What a Copernicus or Darwin really achieved was not the discovery of a true theory but a fertile new point of view" (1980, p. 18e).

Given the history of the 'technologies of the self' (Foucault, 1988), it is understandable how readily we might colonise patients with *our* views of what we consider the best orientation for the patient to take, based on *our* perception of the relational struggles the patient has¹¹. Indeed, those who view psychotherapy through the 'medical model' lens privilege the therapist's assessment and formulation (diagnosis) of the situation, and tend to label patients who do not accept that view as 'resistant'. Such human engineering efforts all too readily lend themselves to bullying¹² and confusion. At the heart of the "abominable mess" (1993, p. 107) we have inherited from Freud, is a confusion that leads us to think we are identifying 'causes' (e.g. 'depression'), when what we are needing to do is explore collaboratively with our clients for an orientation to

their struggles that will allow them to "go on". We need to attune to the reasons (understandings) the client gives for their situation.¹³ Shotter (2011) calls this different type of knowledge or skill 'witness knowledge', which is quite different than the 'aboutness knowledge' science provides us with. It is a matter of 'know how' rather than 'know what'; a matter of philosophy as Wittgenstein saw it ("what is possible before all new discoveries and inventions" (1958, §126) rather than a scientific task.

Lewis Carroll illustrated this confusion when the bully of the story, the Red Queen (ironically the Queen of Hearts), directed Alice to play croquet with flamingos and hedgehogs. Clearly the creatures have reasons of their own as to which (language-) games they would prefer to play, and are unlikely to want to join in the Red Queen's cause and effect games. Albee (1998) suggests clinical psychology sold its soul to the devil by embracing the medical model in 1949. A causal claim is a conjecture (1966, p. 15), and as such other conjectures may be equally fitting¹⁴. There is risk of harm here, in that viewing themselves as objects, many patients may come to develop an identity based on these diagnoses. Labelling theory, or Hacking's 'looping' (1998, 2007) argues that harm is done as classifications of people interact with the people classified; and what's more, as these labels get into public circulation boundaries between 'normality' and pathology become blurred, resulting in more people seeking treatment (Rose, 2011). Mental health epidemics are thus spawned (Hacking, 1998; Watters, 2010; Whittaker, 2010). Some Wittgensteinian scholars have suggested that we give more respect to folk psychology language in order to avoid these muddles; that we remain within the language games of our clients (Hutto, 2009; Leudar & Costall, 2009)¹⁵.

Counselling Psychology

Despite the different origins of counselling and clinical psychology (Munley et al., 2004; Stanley & Manthei, 2004; Strawbridge & Woolfe, 2010), there has been a growing fusion of the two over the past few decades as work roles merge (Neimeyer et al., 2001). Counselling psychology has attempted

to maintain its unique identity by noting its phenomenological and humanistic foundations, and commitment to the primacy of the therapeutic relationship; or understanding people as “relational beings” rather than independent entities (Milton, 2010, p. xxiv). Although such efforts might have facilitated counselling psychologists to remain within the language games of their clients, this position has been eroding with exposure to the medical hegemony of mental health (Moller, 2011). In the US this erosion was halted and the identity of counselling psychology ‘saved’, not so much by the shoring up of its relational identity as it was by its commitment to multiculturalism (Atkinson et al., 2007). Its commitment to diversity provided a basis for critiquing norm-based assessments or diagnoses and evidence based treatments, as non-majority populations are those most likely not to fit these schemas. Our commitment to the Treaty of Waitangi not only invites the development of similar expertise here, but the Wittgensteinian philosophy outlined here is also much closer to Polynesian epistemology (Drury, 2011). The challenge is to not only remain within the language games of our clients, and at times, this can be very difficult, but also to invite our clinical colleagues to this.

Intersubjectivity

The poet John Keats, in a letter to his brothers, coined the term ‘negative capability’ as “when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (Ou, 2009, p. 9). Bion (Symington & Symington, 1996), Dewey (1934/1958) and others have stressed the importance of tolerating ‘not knowing’ for psychotherapy. This form of ‘mindfulness’ may be ameliorative to the “jumping to conclusions” tendency, which is an at-risk marker of psychosis (Lanzaro, 2010). In this regard, Seikkula and his colleagues (2011), who have considerably reduced ‘schizophrenia’ in northern Finland (no ‘consistent signs of disturbance for six months’, with 84% working and medication free at five-year follow-up), note:

“Earlier, we thought we first had to devise the treatment plan and then implement it; [but]

by opening the boundaries of discussion, the joint process itself started to determine the treatment, rather than the team itself or the treatment plan of the team” (Seikkula et al., 1995, p. 64).

The task here is to ‘dwell’ as co-participant with the client, and not provide him/her with our solutions (diagnosis or conceptual frames):

“the difficulty – I might say – is not that of finding the solution but rather that of recognizing as the solution something that looks as if it were only a preliminary to it. This is connected, I believe, with our wrongly expecting an explanation, whereas the solution of the difficulty is a description, if we give it the right place in our considerations. If we dwell upon it, and do not try to get beyond it. The difficulty here is: to stop” (Wittgenstein, 1967b, §314).

Anderson and Goolishian (1992) describe this as the ‘not-knowing’ approach to therapy.

Furman & Ahola (1992) once offered the metaphor of therapists being pickpockets in a nudist camp. As Wittgenstein puts it,

“philosophy simply puts everything before us, and neither explains nor deduces anything. – Since everything lies open to view there is nothing to explain. For what is hidden, for example, is of no interest to us” (1958, §126).

Or

“The aspects of things that are most important for us are hidden because of their simplicity and familiarity. (One is unable to notice something – because it is always before one’s eyes.) ... We fail to be struck by what, once seen, is most striking and most powerful” (1958, §129).

Unlike Freud and the analyst, with Wittgenstein we are not looking for a hidden essence that lies beneath the surface, we don’t shift our attention away from the world to some imaginary causal mechanism. Mindfulness is presence (Yazdi, 1992).

Wittgenstein’s ‘private language argument’ is the idea that as meaning-making is a shared public activity,

and not a hidden inner process of a ghostly mind, there cannot be a private inner language created by and only intelligible to a single person. As we have seen language-games are joint attention sharing activities arising from the ability we have from birth to attune to each other. Merleau-ponty (1962) similarly described a direct resonance of bodily behaviour from infancy. In Māori culture this living connection or responsiveness is called whanaungataunga, a phenomena of ‘wēness’ largely unrecognised in Pākehā culture¹⁶. We don’t describe our inner sensations so much as express them. Our natural expressions of pain such as groaning and wincing have been socialized into “exclamations and, later sentences” (Wittgenstein, 1958, §244). We usually understand each other immediately.

“ ‘We see emotion’ – as opposed to what? – we do not see facial contortions and make the inference that he is feeling joy, grief, boredom. We describe the face immediately as sad, radiant, bored, even when we are unable to give any other description of the features. – Grief, one would like to say, is personified in the face. This is essential to what we call ‘emotion’ “ (1980, §570).¹⁷

“ ‘I can only guess at someone else’s feelings’ – does that make sense when you see him badly wounded, for instance, and in dreadful pain?” (1982, §964). As Overgaard (2007) notes, like Levinas (1998), Wittgenstein sees an ethical demand in our intersubjectivity, especially with suffering: a “primitive reaction to tend, to treat, the part that hurts when someone else is in pain; and not merely when oneself is ..., - a response of concern, sympathy, helping” (1967b, §540).

This intersubjectivity can also be explored in family therapy.

Dialogicity or being at home in the chaos

What Wittgenstein calls a ‘grammatical investigation’ is not so much into the rules of language, so much as exploring what is actually going on within a conversation. One of the important aspects of this are those fleeting moments when we feel

called to respond or react in some way. These are quite spontaneous reactions, for your words arouse action or induce various anticipations in me as to where this conversation is going. With living creatures, we sense them moving inside themselves as much as we sense them moving in space, and we attune to that. If the conversation is more like a monologue, then, we treat the other person as just an object, and we pay minimal attention to our own responses as we enquire as to where they might fit on some pre-existing map. Some think this is being professional. However in dialogue, we remain open as a responsive partner. We remain aware of our own responses to their utterances.

Sensory motor systems are at work here, as in these 'witness' conversations we are both feeling out, like blind men with our canes, for a way forward for the conversation here. Our conversation begins to take on a life of its own, making demands on both of us to respond. The responses we are making are, by and large, not coming from our intellects, so much as from our feelings or heart. Katz and Shotter (1996) call these fleeting moments when we feel called to respond 'poetic moments' (from the Greek 'poiesis' meaning 'creation'). It is from such reactions, or 'striking moments', that new language games arise. "The origin and the primitive form of the language game is a reaction; only from this can more complicated forms develop. Language – I want to say – is a refinement, 'in the beginning was the deed' [Goethe]" (Wittgenstein, 1980, p. 31). From the very beginning both the speaker and other are anticipating or expecting a response from other. And as our conversation develops we are both having these anticipations as to where the conversation is going, and these anticipations are becoming intertwined. Shotter (2003) calls this intertwining chiasmic, and like the optic chiasma which gives vision depth, it is this that gives the conversation a life of its own and depth. Our dialogue is being 'shaped' by our reactions to each other; we are co-authoring the conversation. As therapists we must allow ourselves to be changed by the dialogue also.

In such an atmosphere of mutual trust we reveal our inner depths to each other; not so that we can know each

other as objects or intellectually, but to have a performance knowledge of each other. To repeat, nothing is hidden here. It is more a matter of each of us being drawn to what is inside an expression or reaction the other makes, rather than what's behind it. So for example, we might slow the conversation down, and ask, "what's that closed fist you just made saying, if it could talk". Each word, each gesture, each response, is unique to how it is expressing itself in this dialogue. Rather than trying to manipulate the client, by allowing the conversation to take on a life of its own, changing both therapist and client, we witness a process, Shotter (1993) has called 'knowing of the third kind'. 'Knowings' unanticipated by either emerge from the conversation. New language games that facilitate our client orienting to her environment differently emerge; new language games facilitating therapists to orient to their clients differently emerge. We might call this relational mindfulness.

Wittgenstein called this entering the primordial world, a world that precedes the scientific or known world. He said that to be a philosopher (-therapist) "you have to descend into primeval chaos and feel at home there" (1980, p. 65). Similarly Goethe proposed a 'delicate empiricism' as an alternative to Newtonian science (which required fitting phenomena to a theory), by becoming one with the phenomena being studied until it revealed its patterns to you (Drury, 2006; Seamon & Zajonc, 1998). An example in clinical practice is how Pat Ogden, the sensorimotor psychotherapist (Ogden et al., 2006), has chairs on wheels for both herself and her client, so they can both respond more sensitively to nuances in their responsiveness to each other. It is here we find the expertise Dreyfus and Dreyfus describe as therapeutic conversationalists.

The Red Queen's Conjecture and Accountability

If the Red Queen can be seen as a representative of the scientific or 'technology of the self' *weltanschauung*, as we have depicted her here, there is a very useful observation she does make. In *Through the Looking Glass*, Alice complains to the Red Queen that where

she comes from if you run very fast you generally get somewhere, but here the trees and other things round them never change their places, to which the Red Queen replies that where Alice comes from must be "a slow sort of country, ..[because] ...here it takes all the running you can do, to keep in the same place." This has been called "the Red Queen conjecture" and has been proposed as a metaphor for evolutionary arms races, where co-evolution means that no one species gets an edge on its competitors. There are now over 500 schools of psychotherapy competing for recognition and resources as empirically supported treatments. Ridley (1995) proposed that in the evolutionary arms race, sexual reproduction gave some *individuals* and their offspring an edge and escape from this dilemma. Similarly, individual therapists, utilising ideas from various schools of therapy may become more effective than those who adhere to one particular school.

Wampold (2001) identified a problem that had been plaguing research into psychotherapy. Some researchers were endeavoring to make sense of why psychotherapy works by looking through a 'medical model' lens, which was based on pharmaceutical trials and randomised controlled studies. They favoured identifying Empirically Supported Treatments (ESTs). Other researchers were looking through a different lens, which he called the 'contextual model'. These researchers took the view that therapy works because of an emotionally charged confiding relationship, where the client's expectation of being healed was elicited, and a rationale that was acceptable to the client was provided, whilst they engaged in a procedure requiring the active participation of both. Wampold's meta-analysis "compellingly supports the contextual model" (p.206).

In 2006, the American Psychological Association's presidential task force on evidence based practice in psychology (EBPP) brought together proponents from both sides of this debate, and effectively put an end to the warring between the different schools of psychotherapy that were trying to stake out a claim that their approach was 'best practice' for a particular problem, by declaring that EBPP was

“the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2006, p. 273). Noting that “EBPP encompasses a broader range of clinical activities” than ESTs, they also comment that EST initiatives and the like, should not be misused as justification for inappropriately restricting access to choice of treatments, and “not to assume that interventions that have not yet been studied in controlled trials are ineffective” (p. 274). Finally they note that “ongoing monitoring of patient progress and adjustment of treatment as needed are essential to EBPP” (p. 280).

This shift to practice based evidence (ongoing outcome monitoring), as proposed by the Task Force, Lambert and colleagues (2001), and Duncan and colleagues (2010) fosters practitioners to mix aspects from various schools of therapy as they develop their expertise. It creates space for the development of the conversational expertise or relational mindfulness outlined here. It also shifts accountability from adherence to an EST to a more direct form of accountability to our clients. Effective therapists will become more readily identified.

Conclusion

The shift being suggested in this paper can be seen as a shift towards the values of collaborative meaning-making consistent with counselling psychology. A shift from a medical model perspective of what we do to a contextual model perspective, a shift from process based accountability to outcome based accountability, and a shift from the primacy of ‘aboutness’ knowledge to ‘withness’ knowledge. A shift to practice based evidence will allow more therapists to develop their expertise. Some may even embrace radical embodied cognition and further Bateson’s quest for an ecology of mind.

Notes

¹As we all know, ‘work to rule’ is a form of sabotage.

² With Jabberwocky Lewis Carroll illustrates the REC idea that representations are unnecessary to cognition. We understand it without knowing

what a ‘slivy tove’ is.

³Fodor’s computationalism can be seen as foundational for CBT as it assumes that ‘know how’ stems from ‘know that’, and the therapeutic task is to ‘re-programme’ its algorithms.

⁴From an REC viewpoint there would be no surprises to the observation some colleagues have made of witnessing a person attracting a body dysmorphia diagnosis struggling to park a car in a wide space.

⁵Currently science prioritizes obtaining a clear picture over what it sees as the technical application of that knowledge to improve our relationship with nature; here those priorities are reversed.

⁶To take a leaf from Lewis Carroll, it is perhaps understandable that when we first pass through the looking glass we run off in the opposite direction than intended.

⁷Bateson (1972, p. xx) provides the delightful example of science putting us to sleep with conceptual confusion via Molière’s play where the medical candidate tells his examiners that opium puts people to sleep because it contains a dormative principle. Of course the relationship is not causal but criterial.

⁸Frazer failed to see that humans are not just manipulative but also expressive, as most just enjoy giving flowers or kissing pictures. Frazer thought ‘primitive’ rituals were pre-scientific attempts to manipulate fate (Wittgenstein, 1979a).

⁹Wittgenstein once told a friend “Music came to a full stop with Brahms: and even in Brahms I can begin to hear the noise of machinery” (Drury, 1981, p. 112)

¹⁰Zen Buddhists resolve this by saying anyone who talks about zen has the ‘stink of zen’

¹¹I use the word ‘patient’ when the person is treated as an object awaiting our intervention, and ‘client’ when they are an active participant in the process.

¹²Maturana (1988) noted that a causal claim is a demand for obedience.

¹³The face that inspires fear or delight is not the cause of fear or delight, but the reason. The cause is a conjecture as to how the association was first made. (Wittgenstein, 1958, §476). Reasons are generally known, causes conjectured (1966, p. 15). Desensitization to the face can occur without the cause ever being known.

¹⁴As Kagan recently pointed out to Siegel, ‘attachment’ is but one of many possible causal hypotheses to explain behavior; temperament, birth order, social class, and poverty-wealth can serve equally well. Kagan noted the Adult Attachment Interview could more accurately be called an Adult Coherence Interview, as it is relying on narrative coherence to assess ‘attachment’. Many Auschwitz children went on to live happy and productive lives despite lack of secure attachment in infancy (Moskovitz, 1983; Psychotherapy Networker, 2012).

¹⁵Duncan (2010) comes close to this in talking about the client’s theory of change.

¹⁶Although see ‘communitas’ – Turner, 1969 and Drury, 2011.

¹⁷Hence the Cheshire cat’s grin.

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