

Reimagining psychotherapy: An interview with Hillary and Bradford Keeney

PAUL GIBNEY

Many would say that the field of psychotherapy has lost its way, and has slipped into a lifeless space of mediocrity with an emphasis on interpretation, where therapists are more concerned with models of change than the mysteries of change itself. The field has witnessed the rise and demise of one model (and its associated gurus), after another. Through their collaboration, BRADFORD KEENEY, one of the great thinkers of family therapy, and HILLARY KEENEY, a scholar of cybernetics and creative transformation, offer a wake up call to therapists to reinvent their practice, and recognise that models dumb them down and prevent them from finding their own gifts and talents. PAUL GIBNEY talks with the Keeneys about their desire to help therapists return to what has been all but lost in the field of psychotherapy—an emphasis on psychotherapy as a performing art. They suggest the field is so attached to narrative and interpretation that it has removed itself from the heartbeat of life. They point to a regard for absurdity as one of the ultimate expressions of empathy, call for an end to interpretation, and encourage therapists to jump into the stream of interactivity and embrace the creativity that makes a session feel alive. A discussion of cybernetics and its central metaphor of circularity, helps to clarify the misunderstandings of this crucial component of the processes of change. Gibney concludes with the suggestion that psychotherapy as a performing art, informed and enlivened by helpful doses of heart-inspired interaction and absurdity, just might be the frame of psychotherapy's next evolutionary space.

Hillary, can you tell us about your academic and creative history that led you to the therapeutic domain?

My doctoral background is in interdisciplinary studies and I taught gender and women's studies in the university. Prior to that I spent many years engaged in community work, both in the nonprofit sector and at a grassroots level in Los Angeles. My focus was on leadership development for youth and young adults engaged in social activism. In addition, I became a seasoned dialogue facilitator and trainer on issues of diversity and equality. This included being one of the co-founders of a grassroots, all-volunteer collective dedicated to engaging people in the fight against

racial inequality in the U.S. I have been a part of social justice discourse inside academia and in communities where this work occurs. Despite my dedication to social justice work, I found it was often plagued by the typical dualisms, reductionisms, and non-relational ways of engaging associated stereotypically with traditional academic discourse. Despite a rhetoric of openness, freedom, equality, and a value for relational ways of knowing, this is not always embodied in the actions and interactions of community workers.

I met Brad at the *California Institute for Integral Studies* in San Francisco where we co-taught a course on transdisciplinarity. He introduced me

to cybernetics (especially the work of Bateson, von Foerster, and Varela) and to his own creative way of performing therapy. These authors, and cybernetics in general, gave voice to what I felt was missing from social justice discourse, both inside and outside academia. After all, feminism and social change claim to be the alternative to lineal thinking and reductionism, but by and large continue to operate with no awareness from that same premise. Cybernetics helps to make clear the ways in which we are participating in processes of change, whether in a community or in a clinical session. After studying how Brad embodied cybernetic ideas in clinical sessions, and used them to go past their own

inherent limitations, I saw the potential for an authentic transformation of the people-helping professions. I was also shocked at how the profession had no clue about the extraordinary clinical work Brad was practicing. As one leading therapist put it, “*it’s like seeing Ericksonian therapy on steroids!*” Other observers regarded it as ‘*traditional healing*’ because no theory or model of therapy could account for the transformative moments that would take place in his sessions. Suffice to say, I had never heard nor seen anything like it before, and I suspect this is true for most of the profession as well.

Brad likes to say that I shocked him as well, for I enjoy using poetry and other forms of creative expression and engagement in my teaching. One of my contributions to our first class together was voicing a poem. Brad was so moved by it that we conducted almost all of the class in poetry, sometimes branching into other literary forms. I renamed what we were doing as ‘*circular poetics*’ and we started to use that metaphor rather than cybernetics, to refer specifically to the way circularity could be embodied in one’s performance inside pedagogical



circularity and its pedagogical performance at the university. As I began to do more research on family therapy discourse, I was shocked to discover that cybernetics had essentially been abandoned in

Each of us brings years of involvement with various wisdom traditions and this pours through our practice and teaching. Here we want to help awaken a therapist’s healing heart. Without the latter, therapy remains little more than a talking-head full of interpretations. To get inside the interactional weave where change arrives requires an awakening that traditional healers, more than therapists, have historically recognised and implemented. We are calling for therapists to become traditional healers for modern times. Of course, I suppose that if we worked with traditional healers, we would be asking for healers to become a new kind of therapist for all times.

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interaction. We later changed this to ‘*circular therapeutics*’ to indicate what we hope to bring to the venues that are concerned with helping people change. Finally, our shared regard for the importance of absurd experience helped turn the classroom into a transformative theatre. That soon became true for our clinical sessions.

Keep in mind that at this time in his career, Brad had little hope that psychotherapy could change. Like one of his mentors, Gregory Bateson, he had all but abandoned its politics, though he worked privately in a social service agency in the poorest part of the United States (along the Mississippi Delta) while teaching

the field years ago, and is grossly misunderstood and misrepresented by those who critique it. Through my own passion for circular epistemology and its performance in our clinical work and teaching, I helped awaken Brad’s interest in returning to the field. We became a partnership, a true revolutionary team.

Brad and I soon started a teaching practice together in New Orleans, where we initiated a campaign to help therapists return to what has been all but lost in the field—an emphasis on psychotherapy as a performing art. My own passion for dance combined with Brad’s devotion to jazz provided rich sources of metaphor to our work.

When you relate to the subject matter and practice of psychotherapy, what strikes you, stands out for you, about this field?

I find psychotherapy has the stench of death. It is so attached to, and enamoured with, narrative and interpretation that it has removed itself from the heartbeat of life. Therapy comes alive inside the live, interactive performance of a session, not in any model or discourse that offers endless interpretations and explanations about human experience. There is simply too much emphasis on reductionist narration and not nearly enough on creative performance. When I watch

clinical sessions and therapy conference speeches and presentations, they are so often void of any life force. I wonder how something so dead can claim to be the field whose purpose is to help heal human suffering.

I am a scholar of cybernetics, the humanities, and Zen Buddhism. When Brad first showed me some recent psychotherapy literature, especially family therapy literature, I could not believe what I was reading. The writing was often sophomoric and the scholarship was mediocre or worse, it was a mishmash of politically correct buzzwords dissociated from the sources claimed to legitimise their orientation. I especially find that social justice concerns have been appropriated by postmodern and narrative therapies in order to legitimise these orientations and strategically distance themselves from systemic therapy and cybernetics. I'm not suggesting there is no authentic desire among individuals who follow these schools to uproot oppression, but there is nothing about the primary distinctions that underlie postmodern and narrative orientations that are more inherently aligned with social justice than any other school of therapy. In fact, in leaving cybernetics and systemic epistemology behind they re-enact the same limitations I experienced when I was more fully inside social justice work earlier in my career.

I had compassion for why Bateson and Brad both left the field, but at the same time, I became angry because people suffer and need help. If mediocre scholarship, dead talking-head delivery, and an exaltation of lineal reductionism is the kind of drivel that informs therapy, then I knew it was time to raise the Samurai sword and start clearing up some of the muddle. You might say that I succeeded in riling up Brad and enlisting his help to re-enter the battlefield. Now we are inside all of this mess and we are finding more and more therapists who are grateful for what we are saying. Our aim is to carry both the sword and the song of a healer. It is not enough to cut through the death talk of interpreting therapies. We must bring a new song from the heart. Here I'm using a metaphor for the awakening of a healer's heart. We

carry both the sword and healing song in our new book, *Circular Therapeutics: Giving Therapy a Healing Heart* and in our forthcoming book, *A Master Class in Performing the Art of Change*.

You come from a poetic, Zen, 'crazy wisdom' perspective. How do you see that perspective enlivening psychotherapy?

Therapy needs three things, what we call (with a wink) our 'basic three-step no-model' for therapy. First, as the heart of Zen teaches, all the endless interpreting has to stop. This means an end to the imposition of pre-established understandings onto a session, whether it is a belief that faulty family structure or sick cultural stories are the real problem. Enter with a true beginner's mind—no attachment to any model. If a story arises from the interactivity, attend to its performance. But do not go groping for stories or

for it, for it points to that which is outside name and understanding. Here we must point to the moon and avoid saying 'moon', 'pointing' or anything at all. Traditional healers invent their own metaphors for this third ingredient and it includes 'spirit', 'soul', 'life force', 'chi', 'kundalini', or what the Bushmen call 'n/om'. It is what makes a session feel alive. It is the source of creative expression. It is what marks a therapist as having a healing heart.

Brad, when you returned to psychotherapy after a 12 year hiatus, what did you notice? What seemed the same? What seemed different?

When I was at the *Ackerman Institute for Family Therapy* in New York City, I saw where the future of psychotherapy was going. The field had produced a number of fascinating performers of change and the greatest

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believing their appearance has any particular importance. There is no ground of perfect understanding to uncover. As they say in Zen, let the bottom fall out of the bucket—get free of your commentary that tries to hold it all together and make sense of life.

Second, jump into the stream of interactivity. Here you find yourself collaborating with the interaction, not a model. This is the Zen practice of 'mondo', where interaction aims to embody non-dual wisdom and is used to defeat the production of giving any narrative any importance. Here is found improvisation rather than script. Absurdity helps us stay inside the feeling of play and may inoculate us against falling back to the narrator's armchair commentary. Therapy already knows a bit about these first two steps. Therapists either get totally lost in interpretation or they try to escape it, only to find it is not easy to be interpretation-free.

The third step is the least discussed in therapy today. There is no good word

of these was Milton H. Erickson, whom Gregory Bateson called the 'Mozart of human communication'. Erickson wisely avoided the seduction of interpretation and worked inside the weave of interaction. The noteworthy contributions in family therapy followed his example. But it was no easy task to perform 'therapy jazz', that is, to work improvisationally with utilisation, doing so inside the circularity of ongoing interaction. Here no single model could be used for all clients. Furthermore, interpretation had to be tempered or silenced in order to be more in tune with what was happening in the here and now of a communicative performance. Learning to do this was as challenging as becoming a performing artist in music, painting, dance, or theatre. Few therapists wanted to take their work that seriously—it required too much struggle, dedication, learning, and hard work. All it took was someone announcing that psychotherapy doesn't require any expertise at all, or to claim

they could teach you what to do in one weekend workshop. I recall Brian Stagoll saying it this way: *"I sometimes wonder if it has not been a massive retreat from interaction that has led us into getting lost"*. The creative brilliance of the field fell apart, therapists lost their way, and the new leaders celebrated mediocrity and performed interpretation. How that happened is quite a story and we have told bits and pieces of it in our forthcoming books.

Several of the culprits that set the stage for this downfall and collapse included my former colleagues, Lynn Hoffman and Harry Goolishian. Lynn's own words describe the historical moment when she realised that the field of family therapy had evolved into the insight that doing nothing is really doing something. Let me open up her book and quote, otherwise you might not believe anyone would say such a thing: *'Harry Goolishian began to send me videotapes... I didn't know what to make of these rather drifting, aimless interviews, but looking back I see they were harbingers of his later work. I rather jokingly told him I thought that what he was doing was 'imperceptible therapy,' without any realization that there would come a day when I too would be doing 'imperceptible therapy', and of my own accord.'* The field followed their lead and now we have a lot of 'imperceptible therapy', that is, therapy where nothing is happening. On a personal note, Hillary and I hope that other practitioners will never aspire to become 'imperceptible therapists'. We are doing everything we can to help psychotherapy get back on track to being a great performing art again, a stage where clearly perceptible therapy can again take place.

You were, and remain, one of the great thinkers and theorists of family therapy. You provided a clear outline of a systemic (and/or a cybernetic) epistemology. Looking back, what do you feel the field of psychotherapy never grasped about systemic thought and practice?

Cybernetics provided a central metaphor, that of circularity. Yet this idea is typically missing in most family therapy theory, perhaps explaining why its discourse gets confused, convoluted, or lost as it fails to maintain any

ongoing relationship with circularity. When appropriately and relevantly applied to psychotherapy, cybernetics first means that circularity organises our interaction with others. Here we can define psychotherapy as the following choreography: act in order to help change the client situation,

then utilise the outcome to alter how you next act in order to help change take place. This is first order cybernetics. Years ago, I found that few clinicians understood anything about cybernetics. They either took it as an interpretive map or they gobbledygooked its articulation in ways that ended up having nothing to do with cybernetics—again forgetting about circularity. For cybernetic reasons—invoking its name did not illumine its intended outcome—I stopped using the metaphor and shifted to talking about 'improvisation'. Here, whatever communication is offered can be utilised in order to improvise the next action. Doing so, of course, with the purpose of helping a client relate differently to suffering.

When some theorists tried to shift from first-order to second-order cybernetics, the field of family therapy

lost its systemic mind. Second-order actually specifies that our situation will be doubly cybernetic, that is, even more inclusive of circularity. It is not a shift to not being cybernetic! Here the therapist is thrown deeper inside the circle that utilises change or difference to foster change. When



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Lynn Hoffman, Michael White, and others claimed that second order cybernetics was essentially a paradigmatic shift from 'system' to 'interpretation', they simply had no idea what they were talking about. Second-order cybernetics is a call to re-enter circularity, removing us from being an outside interpreting narrator. Instead, family therapists threw away circularity (including the therapist's circular inclusion), interactivity, and improvisation in favor of a return to that which cybernetic and systemic thinking had once upon a time freed us from—interpretation.

In summary, most discourse about any order of cybernetics is essentially rubbish in the family therapy profession. The key historical contribution of family therapy was in the way it liberated us from interpretation, enabling us to

emphasise interactivity and utilise it to steer the course of a session. All this is lost in narrative and postmodern therapies. The field needs a wake up call: family therapy was hijacked by suspect scholarship and questionable politics that have resulted in our becoming lost in interpretation, blind to interactivity, and a pitiful impotent performer of change. Second-order cybernetics goes further than anyone ever imagined—it actually calls for a therapy of therapy, what I long ago called for in my book, *'Improvvisational Therapy'*. This is an invitation to be free of models and schooled approaches. It is what you, Paul, wisely call the *'second practice'* of psychotherapy..

You left the world of therapy for twelve years to explore indigenous healing practices. What compelled you to engage in that exploration, and what can traditional healers offer psychotherapists in the 21st century?

Historically, psychotherapy has been a struggle to figure out how to get unstuck from the infinite regress that interpretation inspires. It began as interpretation, as Freud attempted to understand his 'Irma's injection' dream, and keeps returning to it. Every once in a while someone offers a way out, but then they revert back to interpreting how their way out works. We move from non-interpreted contiguities of behavior to a theory of behaviorism, or we move from working improvisationally inside interactivity to 'the interactional view'.

The same thing happened in the history of Buddhism. As it became lost in texts and hermeneutics, it took a Taoist-inspired Zen roshi to throw a pail of water in its face and help it wake up to the fact that narratives, stories, and interpretations are what we are trying to be freed from. There is no better story. You are stuck in the assumption that you need the right story. Interactivity comes to free us from narrativity.

I was on to this distinction at the beginning of my career and sometimes referred to it as the difference between semantic (meanings) and politics (who is doing what to whom) frames of communication. The problem with drawing the distinction is that each side must be indicated, that

is, re-distinguished. Once you start indicating, you fall into the black hole of interpretation. The question becomes, 'What can tune us to *not* fall into the habits of interpreting that remove us from being more interwoven inside an interactional dance?' Milton Erickson's work held a clue: he went

heals both client and therapist. This is achieved not by a pseudo-postmodern morality against change, but by a deeper plunge into change itself. It is also not achieved by narrative means, the latter seen as the work of a *'trickster'* by many healers, but by action that performs change.

Fear is what promotes the mass production and replication of in-the-box performance. Therapists are stuck in the same dilemma as their clients—both need the courage to step forward into the unknown, where creativity and life reside.

into trance before he worked with a client. It helped him be more in the present. His trance helped wake him up, less entranced by model or theory, and more inside the interactive dance.

I had learned this already from numerous visits to indigenous healing cultures. Healers change themselves as a means of helping change others. I took a sabbatical to visit the world's oldest living culture, the Ju/'hoansi Bushmen of southern Africa, and the sabbatical lasted twelve years. Funded by a foundation, I was able to visit traditional healers all over the world. What I found was the embodiment of second-order cybernetics. The way to help change a client is to change yourself. Stated differently, a changing therapist helps foster change in a client. We find this variant of Heinz von Foerster's recursive counsel: *'If you want to know how to change a client, then change.'*

I spent over a decade learning how traditional healers from Africa, Amazonia, Japan, Mexico, Brasil, Australia, Bali, and elsewhere, utilise circular interactivity as a means of hosting change and transformation. First, they acted in order to help change the other (first-order cybernetics) and second, they change themselves in order to change how they change in order to help change the other (second-order cybernetics). Healers hidden inside family therapy, like Carl Whitaker, knew that healing

As I crossed many uncommon borders from one geographical place to another, from clinic to ceremony, therapy to healing, narrativity to interactivity, evidence-based to wisdom-based performance, and the like, I paradoxically took more responsibility for changing the client while experiencing no sense of being responsible for the changes that subsequently took place. You might say I more fully surrendered to interactivity, allowing its mind to voice the change it holds. Often, with healers who could neither read nor write, I found embodied circular wisdom that knew how to act without getting distracted by any habituated knowing.

In the Kalahari dance circles, Japanese Shinto temples, Balinese altars, Amazonian ceremonial huts, sanctified rituals of the Caribbean, and elsewhere, I re-learned that the performance of being liberates us from the tyranny of being framed by any attachment to knowing. Where Whitaker had been our profession's 'roshi' reminding us that all theories hinder, Erickson had performed straight jazz, never knowing what he might say to a client until the interaction inspired it. Both maestros helped us bring therapy to life. Now it's time to serve all the three things Hillary was talking about, the core of our teaching. Sometimes we call it Zen, jazz, and n/om: the narrative-free,

interactionally improvised, creative life of becoming more a part of the un-nameable, though we can speak of its performance as a circular therapeutics that awakens a therapist's and client's healing hearts.

You are very clearly advocating for a re-imagining, a re-performing of psychotherapy. Therapy not as safe interpretation, but therapy as performing art. Therapy as interactive performance with the therapist improvising in response to, or in dance with, the client. This is very exciting, but some might say it is dangerous, un-quantifiable, and too reliant on the creativity (or lack of it) of the therapist. How do you think of therapy as performance art fitting into the current structure of 'therapy as replicable science and a way of making a living'?

It is time to take a prophetic stand and declare that a retreat into 'safe interpretation' is little more than an act of cowardice and grotesque irresponsibility. There is nothing safe about interpretation—it is often destructive, imposing, and inherently limiting. Not taking action is simply incompetent action, and it typically contributes to killing the creative life force in a session. For anyone to make the claim that any responsible attempt to actively help others is unethical, politically incorrect, or even dangerous, threatens to destroy what little integrity remains in psychotherapy. The field needs to be shaken and awakened from its interpretive trance. It is time for therapists to get back to work, doing so with newfound vitality, compassion, creative inspiration, and take-action responsibility.

Effective transformative action is always reliant on creativity, and this includes therapy. Change, by its very definition, requires something new. Rather than recycling the same old routine, a breakthrough must be created. Yes, it is quite humbling to realise we need to be deeply rooted to the kind of wisdom that inspires meaningful passages and growth. Wisdom is not voiced inside psychological theory. It is found inside the more complex weave of poetry, theatre, music, and dance. If you contemplate the expanse associated with a shift from social science to the

humanities and transformative arts, your knees will likely tremble and you may fall to the ground as you face an infinitude of creative possibilities. Don't regard this experience as fear; see it as a moment of being awe struck. Models, unfortunately, prey on fear and imply that we are not capable of creativity, transformative intervention, and great moments of brilliance. They stand ready to help you hide behind a 'proven' method or a politically correct

new god and, in so doing, a structure is set to eventually reduce all treatment of suffering to medical diagnoses and pill sales. Any talk therapist subscribing to evidence-based research is signing a death warrant for their profession. They are voting for an evaluation and legitimisation process that will enable pills to reign over conversation—the ultimate variable for an outcome study is a single pill, not complex communication.

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theoretical platform, while masking a lack of deep wisdom, originality, and performance chops. Fear is what promotes the mass production and replication of in-the-box performance. Therapists are stuck in the same dilemma as their clients—both need the courage to step forward into the unknown, where creativity and life reside.

For thousands of years, psychotherapists and counsellors—called 'healers' before the advent of scientism—had more resources and wisdom in handling the problems, challenges, and existential trials and tribulations of human beings. They took on serious issues with the most serious offerings of human creative achievement. Here the arts, humanities, and spiritual wisdom traditions inspired helping conduct, rather than a simplistic list of trivial truisms, sophomoric generalisations, and pop psych clichés. The reductionism brought about by the fantasy of social science turns a masterful performing art into a pseudo-science.

Let us be clear about this point: therapy is no more a replicable science than a poem is a computer program. Such a claim is as medieval as the belief that the King's touch was the divining rod of God. Who's behind this propaganda? We find the profit-making of schemers, rather than the visions of dreamers, dictating all this nonsense. Further, behind it lies the pharmacological corporations ready to make statistical outcome research the

It is perhaps all part of the Orwellian nightmare to reduce human beings' experiences to singular causes and to publish handbooks that will only legally ordain certain treatments—those that make profits for drug dealers and bean counters. Send the statisticians back to the racetracks where they can bet on a horse. Get them out of human experience. We call for wisdom-based therapy. It is time to leave the social and medical sciences and return to the great wisdom traditions and the polyphony of expression found inside the performing arts. Anything less is death and eventual unemployment.

The battle must be fought on every front, inside and out. Someone needs to let government agencies know that social science was overthrown decades ago. It is superstitious thinking that proves nothing and cannot be used to orchestrate how we communicate with others. We also don't need research on research; we need wisdom that illuminates how far astray we have drifted. It is time for the humanities and performing arts to also lay claim to therapy, and provide new alternatives for its contextualisation. We are not talking about expressive arts therapy—it still sits inside social science madness. The shift that matters will be found in a theatre department bold enough to offer an alternative way of helping people change. Or better, invent a new program altogether, like 'creative transformative practice'. Let's start an *Academy of Therapeutic Performing Arts!*

This is a wonderful moment in the history of our profession. It has become so insanely wed to an intellectually bankrupt model of legitimisation, has spawned more empty models than the snake oils and fake treatments of the 1800's, and is so lost in interpretation, that it has become a grand scale comedic farce, ready to collapse under the weight of its inflated pile of rubbish. As we look out of our living room window right now, we think we see the tower of babble falling. Yes, the dust is rising. We can't wait to see therapists prosper when they are liberated from the constraints they don't have to accept. Already, we are marvelling at the untapped possibilities and surprises that are arising outside the reach of therapy models. It is a wonderful time to be inside all of this transition and revolution.

Brad, you have a long history as a jazz pianist. Hillary, you have a long history as a dancer. You both have lived in, cherished and thrived in creative spaces. What advice do you have for therapists who are frankly horrified at the uncertainty of improvisation? The 'I might be making a total fool of myself' component that usually accompanies creative forays into uncharted territories?

All therapists face uncertainty the moment a client walks into the room. We cannot predict what clients will express, though typically we know what a therapist will say, especially if she is following a therapy model. When we impose a school of therapy, we try to mould our clients inside a frame that perpetuates a predictable script. Models are really more about making therapists feel comfortable and secure than they are about helping clients. Clients going to a model-driven therapist might benefit if they first went to a consultant who could teach them the model. Then they would be more prepared for a session and therapy would only last 5–10 minutes because everyone would say the right lines and the performance would not drift into utterances that lie outside the model's territory. Of course, this is nonsense, but this same nonsense applies to what scripted therapists already are doing. Follow a template and you might feel it is a safer way to engage, but this comfort has a cost. Sessions get

boring very fast and the extraordinary moments of transformation that should be flowing through a session disappear altogether. Models produce inauthentic fake performances. For example, we once heard a narrative therapist mindlessly intersperse comments into a session, like, *'May I have permission to offer a thought?'*. We were aware that the utterance was made to prove to observing clinicians that his model was

it and thrive in its presence.

We have worked with therapists who don't believe they can be creative or improvisational. It's a special joy for us to experience therapists step outside of their clinical education, and find themselves being more naturally playful and alive, at great benefit to their clients who have been waiting a long time for therapists to change. The truth is not what the profession

In all seriousness, our profession needs to be healed. It is sick and the only question is how long can the comatose state last? We require a therapy of therapy.

enacting his theoretical understanding of consideration, respect, and so-called collaboration with the client. But the purposeful and canned performance of the literal question was actually condescending and plain dumb. No theatre director would allow such a performance because it has the stink of inauthenticity and feigned respect. In the performance arts, we make sure that we don't act out clichéd lines in order to prove that our theory is inside the performance. We also learn how paradox and complexity assures that no simple generalisation can apply to all situations. In performance, we must be ready to change in an instant, responsive to what arises in front of us.

Yes, it is always a bit anxiety provoking to imagine jumping into the stream without a script. However, you should welcome this anxiety for it is the signal that change is about to begin, the kind of performance jitters every great artist feels before walking on stage. Without it, you walk into the play with everyday mind and that will guarantee little more than deadbeat lines and clunker moments. Therapists need to feel more nervous about their work in order for them to get more nerve and verve in their sessions. Clinical training programs and workshops need to be more performance oriented. If our profession was located inside an academy of performing arts, therapists would not fear being alive, creative, or improvisational. They would thirst for

might expect: what is actually difficult, nearly impossible, is following a model. Models are like wearing shackles around all our creative faculties—we are blindfolded, our ears covered, and our minds are entranced by limited mantras of theoretical worship, while we are sent into a fantasy reality that permits little interaction with what a client brings us. Models ask us to do what is not natural. When a therapist is released from all of that, there is newfound freedom. Creativity naturally arises, as does the desire to become a better performer who takes more responsibility for helping change come forth. It's a beautiful thing to behold. We are not making a hypothesis about this kind of transformation. We are watching it take place in our work.

Absurdity is a hell of a business. I personally love it. A lot of people, from my observations, (therapists included), hate it, or are at least, deeply suspicious of it. They feel it is disrespectful, not promoting of empathy, jarring to attachment, and generally scary stuff. How do you demonstrate the value of absurdity to the conservative world of psychotherapy?

Therapy is absurd to begin with. As is life. Unfortunately, there is nothing worse than the tragic kind of absurdity that does not recognise absurdity. A view that disrespects absurdity disrespects life itself. True absurdity is one of the ultimate expressions

of empathy; one has to have a heart big enough and in touch with the complexity of human experience in order to recognise and utilise the therapeutic nature of the absurd. Sometimes absurdity is wonderfully jarring—just like falling in love. The piety of any professional people helper who can't get a joke, or appreciate that the greatest healers were dispensers of sacred humor is yet another indication of how much we have drifted into simplistic triviality and flattened metaphor. Again, let us move our craft to the performing arts where everyone has a deep respect and appreciation of how absurdity can be utilised to help people change. The same folks who are suspicious of absurdity also tremble at the mention of wisdom, creativity, love, and the sacred. In an academy of performing arts, these people would be asked to take a leave of absence and go experience more of the world. They lack maturity and are not ready to either perform or help others. It matters not whether they direct institutes or write books. These are no assurance that they have a single drop of wisdom. What do you think clients would do if they knew that their therapist lacked wisdom and had little more than textbook recall? It cannot be said clearly enough: our profession lost its mind, heart, and soul, when it handed itself over to the gods of social and medical science. What's next? Will the evidence-troopers invade other domains of the performing arts? Are we to expect comedy clubs, religious services, theatrical plays, gallery showings, or concert performances that are driven by a $p < 0.05$?

In all seriousness, our profession needs to be healed. It is sick and the only question is how long can the comatose state last? We require a therapy of therapy. This is part of what our work is about. We aim to help therapists reclaim their lost hearts and souls. In so doing, they find all the creativity and resourcefulness they need inside of themselves. The false assumption that they constantly need the training wheels of a model keeps them from searching for their own gifts and talents. All the replication of modeled behavior does is dumb down a therapist. Most therapists were more therapeutic before they entered a

training program. Once they get their license, they know how to block access to all the inborn sources of creativity they had before being trivialised by the reproducible model generator called clinical education. Seriously, we are not exaggerating. The future will look at our present profession as a lost, dark age. We need to visit other healing traditions that keep the creative fire burning, rather than retreat any further into the black hole we continue to fall into.

Again, the profession has nearly hit bottom and this means that great change is possible. Let's start celebrating the change now, knowing that in doing so, it helps get the change moving. Our own work is moving more toward a theatrical celebration of change, recognising that we must feel it and celebrate it as part of the process of helping it become reborn. Go ahead and exercise those ab-surds; get your funny bone in better shape. It will improve your life and your therapy. By the way, did you know that a 'surd' is an irrational number? Let's replace statistics with surds. Surd-based therapy? Do you know what word 'surd' rhymes with? Never mind. Someone else already built a therapy around 'sneaky poo'.

You raise the issue of suffering. It sometimes seems that various psychotherapy approaches lionise trauma and pain, to the point of being mesmerised by it, while other approaches wish to re-frame it, re-story it, and generally dismiss it in a wave of positive psychology. You mention helping the client relate differently to suffering. How do you see that coming about?

The great wisdom traditions suggest that suffering arises, in part, due to our attachment to making narratives—the ceaseless internal and external chatter of the narrating mind that tries to rule over experience with its manufactured accounts of what is going on. It does not matter whether you think your story came from you, your family, or the culture in which you live. The problem is the very reification of narrative itself. In other words, we can't seem to stop trying to figure things out, and, perhaps more importantly, we hold the fantasy of an exalted mind that can actually achieve a

grand understanding of the existential scheme of things. Our addiction is to understanding and interpreting, and this is what psychology feeds upon.

When we organise ourselves around problem talk, we get organised by the vicious circle of re-indicating problem distinction. The same is true for solution talk, for it needs a problem to distinguish itself as a solution. Sometimes therapists assume they need to exaggerate the importance of a problem so it can be solved, resolved, admonished, or exorcised. Whether you re-edit the story that holds it, reframe it, disorganise it, or whatever, on one level, all of this activity is the same: giving importance to the dramatic performance of a problem's absence or presence. On a wisdom level, the least wisdom is conveyed by any therapy calling itself '*problem-focused*', '*solution focused*', or '*narrative-focused*'. Those are the very metaphors that indicate the ignorance that perpetuates suffering. At the same time, one can relate to those metaphors in a more playful and creative way, allowing interaction to improvisationally change the metaphors, the dance, and the lives of all participants, including the therapist. The wisdom-based alternative has no name, for any name already short circuits freedom from fixed orientations, the very thing needed for creative flight.

We advocate changing how we relate to suffering, as well as problems, solutions, resources, therapy, and life itself. It may be time to stop repeating the now clichéd platitude that 'suffering is a wisdom teacher' so that this truth may resurrect inside our therapy performance in a more embodied way. Rather than operate from a map that directs predetermined action and a particular way of interpreting experience, we invite present inspiration from interactive participation to perform us. This is old school Taoism, later reborn inside Zen, that trips us out of template living, and instead, throws us into the stream of interactivity. Of course, what we are now saying only has a moment of truth and will be soon ready to step out of the way for another way of saying something different, all in service of the changing that keeps us alive.

Models are partners in crime with reified problems, solutions, and narratives. They need each other to co-exist. We don't work with problems and all the other nouns that can be manufactured in discourse. We play with them, recognising that divine play is the *modus operandi* of the creative life force. Poets, playwrights, musicians, and artists of all persuasion already know this. It's time we learn it, too. More importantly, we need to utilise play and all the creativity it spawns as a means of becoming more therapeutic. You—not your model—must be the therapy.

The case studies in your last three books are sensational. And they often involve those magical break-throughs. How does that form of work—improvisational, inspired manoeuvres—fit in to on going mandated work, that might occur in a child protection practice, or a corrective services (prison) situation, for example? Most of the published cases you mention took place in prisons, child protection agencies, and social welfare institutions, as well as public clinics.

We purposefully moved to the poorest place in America, in the heart of the Mississippi Delta region, to apply our work to the toughest cases a clinician can find. Therapists give us 'impossible cases' and we demonstrate how one session of creative work can often turn the situation around, doing so in such an obvious manner that there is no need to speculate whether anything happened. Change performs itself in front of everyone. If you have to ask whether something happened in a session, it didn't. Change is obvious when it is profound and performed without ambiguity. Part of our mission is to show other therapists what is possible. Therapy has become so tongue-tied and action-frozen inside the cults of models that many therapists forget how creative they can actually be in a session.

We reach for more than solving a problem or imagining a solution, fixing a family, or scolding the culture. No model limits what we can dream with our clients. We invite them to become extraordinary human beings, awakened to full participation in their everyday. When a session is really cooking, you feel changed as well. Old time healers

mention the same. Healing surges through both client and healer. If you don't feel revitalised and moved by a session, neither did the client. Change anything, and keep changing, until you find what jump starts your own practice.

Here is a prescription for any therapist: make a copy of the title page of whatever book you think is most important to your practice. Perhaps it is written by Haley, Papp, or Satir. It doesn't matter; choose one you think has critical value. Now scratch out one or two words in the title and provide an alternative insertion. The more absurd, the better. Now add your name to the author's underneath the title. As you do so, consider how this can be one small step for therapy, and a giant leap for you.

You produce a powerful argument for therapy as being very change-focused, with the therapist being an active participant in that change process. Some would argue that therapy is about a deep, dyadic reflective experience, and the value is in the actual experience. It would portray therapy as something like a mutual existential exploration. Do you think that is a valid pathway for therapy, and/or do you think that there are multiple ways of being therapeutic, depending on the context of the therapy, and the desire and intention of the participants?

We are always changing how we interpret therapy, while not giving interpretation much importance. Any understanding is here today, gone tomorrow. What matters most is opening our hearts to feel a connection with the client that is unmediated by a theoretical model, while allowing our participation to be organised by interactivity. By this we mean that we are dancing with change. We do more than try to change the client. We change ourselves in order to serve change—the changing therapist asks for a dance with a changing client. Both are danced by a greater mind that goes outside the box, frame, and model that either therapist or client show up with. This is mutual co-invention as well as co-created experience. There are as many ways of dancing together as there are clients and therapists, and moments in our lives. Hopefully, we

will regard each session as the first session of our life, while at the same time regarding it as the last session we will ever have. The less attached we are to any preconceptions, the freer we are to hear the callings of change. In this work, one thing remains constant: we and our clients are inside a holy space where the highest form of sacred performance—play—is free to re-invent everyone present. This is the heart of healing, change, and exceptional transformation.

Therapy as reflection is a mirage. It is orchestrated by a trickster mind that thinks that thinking about therapy is more advantageous to being actively inside it. Narration and interpretation are the curse of therapy when they get solidified and made too important. At the same time, narration and interpretation are free to pass through a session like an overhead cloud rolling by. As others have pointed out before us, therapy too often involves talking heads without bodies. It is decapitated conversation, not embodied in any dynamic process of interactive performance. We call for fully embodied whole presence on the live stage of life. Becoming a whole therapist is invigorating and transformative for all concerned.

Let's imagine that our *Academy of Therapeutic Performing Arts* has graduated its first class of heart awakened, creative, improvisational agents of change. What can we expect from them? Know this: they will constantly change. They will encourage other therapists to defect from the cult-like loyalty anyone has to a therapy club, whether it is called 'narrative', 'strategic', or 'postmodern'. We are closing our eyes now and seeing that one practitioner has set up shop in a cabaret, and another in what was formerly a small experimental theatre. Others are throwing away the word 'therapy' for other metaphors, while some are talking about having many different professional cards, to tailor make a professional card for each client.

Can you see the future changing? Can you hear it singing and dancing with joy? Can you feel that we have forgotten to dream and that a vision can overthrow the tyranny of all dictated models?

Now is the time to liberate ourselves from the impoverished ways we have elected to serve our habituated knowing and doing. It is time for us to be therapeutic. Only then can we find our place among all the other healing lineages. Say goodbye to narrative therapy. It needs a bigger story to liberate itself from. Say adios to problem-focused therapy. It's own method maintains the way it too easily gets stuck. Farewell, solution-focused therapy. Your hunt for miracles in the future may set up catastrophes, because you are not differentiated

from your twin, the problems with which solutions intermingle. Set all these models on a real ship and send them to the South Pole. It's unlikely that a penguin will get enslaved to an interpretation, text, or reflection. Wake up and re-invent your practice and do so as often as possible. Do so to save your life. Only then are you in a position to help remove yourself or anyone else from the slavery of model idolatry, the purgatory of life-distancing interpretation, and the existential rot of deadbeat replicated performance. Now you are free to

be an artist, a maestro of change, a servant of transformation, and a healer whose wisdom, love, complexity, and absurdity hold a vaster space for the whole of living.

Thank you Brad and Hillary for your considered, yet, as always, passionate answers. There is much to think about in your responses, and psychotherapy as a performing art, informed and enlivened by helpful doses of heart-inspired interaction and absurdity just might be the frame of therapy's next evolutionary space.

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See www.psychotherapy.com.au for details of training events with Dr. Gibney in August 2012 (*'The Second Practice of Psychotherapy: Beyond Models and Eclecticism'*, a two-day training) and September 2012 (*'On Being a Therapist: A Three-Day Retreat'* held in Palm Cove, FNQ.)