

Cybernetic Conversation

Alan Stewart

- [Abstract](#)
 - [Introduction](#)
 - [Story 1](#)
 - [Story 2](#)
 - [Story 3](#)
 - [Overview of the stories](#)
 - [The 'cybernetics' of conversation](#)
 - [Knowing from conversation](#)
 - [Spiritual and emotional dimensions](#)
 - [Conversation in the patientdoctor relationship](#)
 - [Reflection and conclusion](#)
 - [References](#)
-

Abstract

This paper is about a particular kind of relating between people engaged in processes of change, such as in therapy, primary medical care practice or participatory action research. My thesis is that if a therapist, practitioner or facilitator of research engages with individuals or groups on a basis of relational equality the outcomes can be unanticipated new knowledge which leads to new actions. This 'new' knowledge can be thought of as 'knowing of the third kind' and its expression is a greater sense of connectedness to diverse entities.

I call the process by which this happens 'cybernetic conversation' to point to the ontology of both the 'creating the relating' and its outcomes. I also indicate that there is a biological epistemology for the process, based on second order cybernetics, and suggest that its constructivist underpinning is useful as an 'as if' framework for emancipatory action. Examples of interactions between diverse practitioners and their 'clients' are introduced to illustrate the process of cybernetic conversation and to propose ways in which achieving this kind of human interacting and its wonderful outcomes may be better understood.

Introduction

This paper is about a kind of connecting between people, engaged in a professional relationship, which has the potential to produce new knowledge. This creation of new distinctions leads to new ways of operating in the world through an enhanced awareness of belonging to a community.

I propose that it is through conversation based on relating in particular ways that this kind of connecting and its associated outcomes occurs. I further propose that this process be called 'cybernetic conversation.' By this I mean conversations which are genuinely two way, which are able to grow and their substance to change. This implies that the speakers are able to engage in self reflective scrutiny without losing the capacity to engage in empathy with their conversing partner(s). Such conversations can withstand significant change and yet remain intact. They are, I believe, the platform for action and for lifelong learning.

The concept of 'cybernetic conversation' may be seen to be closely linked to the process of 'open ended' dialogue of Bakhtin, cited by Shottter (1994). It also resonates with what Shottter (1994) calls 'knowing of the third kind', knowing 'which is to do with us - even when we are all alone - relating ourselves to each other, with us coordinating our actions as members of a community.' Shottter describes this as 'a kind of knowledge one has only *from within* relationships with *others* (original emphases) whether the relationship is actual or imagined.'

In this paper I use stories of interaction between people who have experienced suffering and health care practitioners, or qualitative researchers, to illustrate two main points about cybernetic conversation. The first is that relating on the basis of equality between interacting parties creates the foundation on which new distinctions for action arise and are pursued. The second is that there is a biological epistemology which can be considered to underpin relational equality between professionals and their clients. This conceptual framework can also be employed to interpret the outcome of conversations based on relational equality.

I call attention to this kind of interaction - at the heart of friendship - between professionals and their clients to illustrate how this might promote awareness of the process and value of creating mutual respect. By professional relationship I refer to contexts in which two or more people come together to examine through conversation the resolution of problems. At least one of the parties is usually paid to participate in the enterprise. One or more of the parties has a role in defining the nature of the problem to be addressed; all have roles in taking action which could contribute to the resolution of the problem.

This paper may be seen as a companion piece to my other in this book

and also to the papers of my co-editors. It is perhaps more overtly personal in that I draw directly from my own experience to illustrate the process under consideration. Another brief biography may help readers to appreciate the context in which the ideas presented here germinated and have begun to bloom.

The ideas have evolved from my being a practitioner of primary health care, a process of enabling people to take more control of their own health. I also have facilitated four main activities related to searching for patterns in the ways in which individuals or groups construct and express their realities. One is in teaching of a topic entitled *Qualitative Research Methods*, and supervising research projects, in a postgraduate course in Primary Health Care. A second is being part of the conduct of Participatory Action Research (PAR projects). The third is in co-convening a 'Cybernetics Group.' This group has gathered over the past decade to explore how coming to understand the nature of self organisation and self regulation in we humans may lead to achieving a 'more human outlook, a means of changing our philosophy of control and a means of seeing our own follies in wider perspective (Bateson, 1972). Fourthly I have been closely associated with activities of the Australian Personal Construct Psychology network since the late 1970s.

Further, and related to these facilitatory activities, I was a teacher of medical students for nearly 20 years and have supervised medical students who chose to undertake qualitative research projects with me. These activities led me to become deeply interested in the nature of relating between doctors and patients, and associated with this, the nature of suffering and how it can be alleviated. Among the outcomes of this interest was my bringing to my erstwhile colleagues' attention that an approach to clinical practice and medical research which incorporates qualitative inquiry can accelerate the advance of medical knowledge (see Holman, 1993), and form the basis of curriculum development for a new graduate entry program due to commence in 1996.

What follows consists of three stories of suffering, each with a brief commentary, and then a discussion of a biological explanation for the kind of relating described, based on second order cybernetics. I invite you to follow the construction of the argument to see if it has relevance to your own practice.

Story 1

An acquaintance mentioned to me recently that her husband, 'George', in his early 80s, had until a few years ago been very reluctant to go to a doctor. All of his life he had regarded doctors as arrogant, unfeeling people. When George developed a severe

respiratory infection his wife finally persuaded him to go to see a general practitioner, saying that this person was a newcomer to their neighbourhood.

When George was shown into the practice room the first words spoken by the doctor were 'Would you like to sit down and tell me all about it?' According to my informant, her husband was so moved by this experience that his reticence disappeared and he has subsequently shown no hesitation in seeking medical help from this practitioner.

Why might this be? Why did I introduce this story to the discourse? I propose that an explanation for George changing his perception of medical practitioners - at least of the one who he had encountered - was that he *experienced* being treated as an important person, a person of worth, an equal. This experience led him to make a new distinction about the doctor as being a person who was not arrogant and who was helpful.

This new distinction can be thought of as George's new knowledge of operating in the world. I suggest, for your consideration, that this new distinction was also derived from George's feeling that 'I must belong to a community of important persons who doctors take the trouble to be respectful towards.'

I introduced George's story to suggest that the feeling of being treated as an equal through someone showing interest in our story, our viewpoint, can make a substantial impact on how we view ourselves.

Story 2

A person whose story has influenced my thinking on the power of conversation in changing lives is Frank Perry, the film director who is perhaps best known for his directing of 'David and Lisa.' He recently made a film of his own experience after being diagnosed with prostate cancer. This was shown on television in late 1993 by the Australian Broadcasting Corporation.

There were several features of Perry's account of his experience which I perceive to be relevant to the thesis of this paper. The first is his statement that the period since the diagnosis had been 'the happiest year of my life.' This he said stemmed from his working to change himself 'to be more assertive, to be more myself, to be more who I was and to have more indeed something as simple as self respect, to have more of that. To strive to have more of that just made me feel better.'

The second was his comment that in this period he experienced closer

connections to people than before. While he had previously found it easy to love women, now, for the first time in his life, he was able to acknowledge that he could love men too. He expressed his love for the two men who travelled with him in the course of making the film, the camera operator and the sound recordist.

The third feature of Perry's story which struck me forcibly - and which triggered me to use the story for illustrative purposes here - is his recollection of his introduction to the movie industry. At age 15 he was working as a parking lot attendant when he auditioned for and won a small part in a film based on a play 'Our Town' by Thornton Wilder. 'During the following week I had the good fortune to become close to Wilder. In fact he was the first adult I had ever encountered who *treated me as an equal*' (emphasis added).

Among the possible interpretations of this narrative I put to you that one worth considering is the power of conversation to create the beginnings of a sense of identity, a new sense of direction in life. In Perry's case his identity as a member of the film industry may well have been triggered by the way he was treated by Wilder as a boy. His ability to express himself so openly and so poetically during the shooting of the film of his living with cancer may have derived from the respect accorded to him by the various oncologists and other physicians who conversed with him on film.

Story 3

An exemplary project was conducted in Adelaide in 1993 on the meaning of family violence to young people, under the auspices of the Crime Prevention Unit of the Attorney General's Department. This was a participatory action research (PAR) project. The essence of this approach to research is that people who have experienced the issue under consideration are encouraged to express their lived experience. Their stories become the data for reflection by professionals on ways of improving practice who have responsibility for taking action, including policy change.

In this instance this meant that two main groups of people were invited to discuss their lived experience as a means by which new insights might be obtained on how to improve ways in which family violence could be handled. One group comprised human service workers and academics (the co-researchers) some of whom have responsibility for service provision to teenagers who are encountering family violence. The other was adult members of the public (the critical reference group members) who had experienced family violence while they were teenagers.

One of the co-researchers found herself in considerable difficulty with

relating to the experiences of suffering expressed by Aboriginal people in the critical reference group (Jarrett, 1994). She wondered how it could be possible for her to work on a basis of relational equity with peoples from whom she perceived herself to be distanced by race and training. 'I was viewing my whiteness as a quality that disenfranchised me from studying the issue.'

She writes that she was able to see a role for herself as a co-researcher once she was able to find satisfactory answers to questions which troubled her. Some of her searching took the form of conversations with Aboriginal people and diverse colleagues. What right had she to be studying violence in Aboriginal communities? Through conversations and critical reflection she came to appreciate that she did have this right as well as personal qualities and skills that equip her well to embark on a path of equity and friendship with Aboriginal people. Her awareness of these attributes was heightened by having them pointed out to her by her Aboriginal friends.

Would her emotional responses to family violence 'get out of control and de-energise me, cause me to burn out?' She notes that 'through PAR I became aware that emotion energised me, rather than burned me out. I realised through the shared process of subjective critical uncertainty, especially the permissions it gave to all of us to become emotionally vulnerable, and then to experience the resultant shared elation, creativity, and deep connectedness to each other, that it was these passions, these emotions that I have for my tasks that are the source of energy and commitment. This realisation is what provided for me the courage to go forward emotionally in to the joy and pain and even the fear that I feel for my tasks.'

Jarrett says much more about the way she developed confidence in her capacity to engage in egalitarian dialogue with others in the context of empathetic recognition of their daily experience of economic and political inequality and racism.

I introduce this brief synopsis to illustrate one of the main points of my paper, *viz* that relating on the basis of equality between interacting parties creates the foundation on which new distinctions for action arise and are pursued.

Overview of the stories

The three accounts of experiences of coming to changed perspectives have a number of common

components. At the core is the interaction between the individual 'actors' and people who were instrumental in the unfolding of the respective dramas.

These interactions were based on an *experience* of relational equality and they were associated with consequent feelings of changed sense of personal worth. At least this is what two of the 'actors' reported.

A sense of worth can be linked to feelings of connectedness to a wider domain, derived from the experience of having participated in cybernetic conversations. The experience of being treated as an equal can, I suggest, radically alter how we view ourselves. Furthermore, if we perceive ourselves differently, we can act differently.

The question arises: are there ways in which we may come to understand the biological underpinnings of such observations. The possibility arises that, if we can, we will be better able to put into *practice* concepts based on such understanding. This is quite different from trying to create a theoretical monologue about how we construct knowledge, something which Shotter (1993) is at pains to warn us against.

The 'cybernetics' of conversation

I submit that it is of value to come to an understanding of the biological processes which underlie interaction between people, particularly as they construct order in their daily lives. After all we humans have our own peculiar biological mechanisms of cognition and for sharing our perceptions through language.

One approach to the understanding of processes of cognition is through invoking concepts derived from cybernetics. Cybernetics is a way of thinking, rather than a collection of facts, about concepts such as self regulation and control, autonomy and communication. Integral to what has become known as second order cybernetics (von Foerster, 1992) is the notion that the nervous systems of living organisms are closed in their operations. By this is meant that the cognitive operation of the nervous system reflects only its own organisation. Because of this we are imposing our constructed information - or our meaning - onto the environment, rather than the other way around.

This opportunity to think cybernetically about our own ways of being in the world is based squarely on the work of Humberto Maturana on processes of cognition, which are described well by Hayward (1987) and discussed throughout this book.

One consequence of this line of thinking is that we humans can be regarded as self regulating and self determining, as authors of our own actions to some degree actually and to a greater extent potentially. This implies that we develop knowledge and beliefs based on their contribution to *viability* rather than to some external validity. By viability is meant the ability to manage with what is available, an integral component of autonomy. Ernst von Glasersfeld (1988)

suggests that viability is linked to 'goodness of fit' or adaptation to goals that lie within one's world of experience and also to the particular methods adopted to maintain these goals. In other words, the function of cognition is to actively build up knowledge which enables adaptation to the subject's organisation of the experiential world, not the discovery of an objective ontological reality. Viability may be cultural, social, personal or biological; our construing works within the context of what we are trying to do at any particular moment in time.

Knowing from conversation

What is the process which generates new, useful knowledge about how to maintain viability? I suggest that this question can be examined in two different and yet complementary ways. The first is to consider how any issue of viability is decided. What do we need to do to maintain survival, both physiologically and of our identity, are questions we must pose continuously. Shotter (1993) proposes that knowing how to interact in the world - which he calls knowing of the third kind to differentiate it from theoretical and technical knowledge - is the process by which we maintain our viability and that this kind of knowing is the product of *conversations* (emphasis added).

It is my experience that this central feature of discursive construction of knowledge is not part of the conscious awareness of many people. Perhaps this is connected to western cultural beliefs that knowledge is something 'tangible' and 'measurable,' something that needs to be obtained from authorities, something that you either have or not about a particular issue. Perhaps also it is connected to the 'can fish study water?' question. Partly this suggests that the significance of learning through conversation - everyday experiences in everyday language - is not generally recognised. Shotter emphasises this, accurately in my opinion and that of Wittgenstein (1969) who stated that 'The aspects of things which are most important for us are hidden because of their simplicity and familiarity.'

There are particular kinds of conversation, I suggest, which are likely to lead to the production of knowledge which promotes viability. Shotter (1994) lists the conditions necessary for these conversations to happen. Among these conditions is the opportunity for people to participate in open ended dialogue. He says (citing Bakhtin) 'to live means to participate in dialogue: to ask questions, to heed, to respond, to agree, and so forth. In this dialogue a person participates wholly and throughout his whole life: with his or her eyes, lips, hands, soul, spirit, and with his or her whole body and deeds.'

This implies that when people interact in a way described above and have an experience of relational equity, they make new distinctions -

impose new meanings - about the relationships they have with others; they have a new sense of connectedness with others.

The process by which this sense of connectedness comes about has been articulated nicely by Fell and Russell (elsewhere in this book, citing Varela) in saying 'So what we know as our world and what we know as ourselves are part of the same process - they're inseparable. As humans we see this in our conversation - *con versare*, meaning turning together. The way we live together is like dancing.' To reiterate, we may come to know ourselves differently through feelings of community with others and we may behave differently as a consequence of particular conversations.

Spiritual and emotional dimensions

At the core of this paper is that spiritual issues can be recognised and discussed in the safety of relating conducted in a cybernetical conversation manner. The beginnings of the 'bringing forth' of spiritual issues can be thought of as the recognition by the client, with or without conscious awareness, that 'I am in company of someone who is interested in my story, who listens to my account of my lived experience and who values me for who I am.' For many people a sense of connectedness in this way to another would be a novel experience.

Whether or not the experience is new, it opens up possibilities for the person to bring forth other issues of connectedness, or lack thereof, which can be called 'spiritual.' This term has many connotative meanings which include evangelism. I use it here to suggest a sense of connectedness between self and the natural world, other people and between 'inner' and 'outer' self.

For me these ways of coming to understand spirituality as an awareness of sense of connectedness are linked to a statement of Havel (1989). Vaclav Havel is currently (July 1994) President of the Czech Republic. He wrote this in his letters to his wife Olga during the period he was imprisoned for his outspoken view of the erstwhile communist regime in his country.

'We do not know the meaning of life - just as we do not know the mystery of Being - and yet in some way we "possess" it - as our own, immediate version of that "anchoredness" or as our own way of longing for it. There is no direct answer to the question of what life means, but indirectly, each of us answers and must answer it anew every moment of his life. It is the darkest and most distressing mystery - yet it is our final hope, the only firm point in life and the only reason for it: were we in some way not to "possess" it, search for it or at least feel its lack, we couldn't begin to live as what we are, that is, as creators of the "order of the spirit," as "re-creators" of the world, as

dignified beings, capable of stepping beyond ourselves, that is, beyond the shadow of our animal foundations.'

I suggest that our search and possession for 'anchoredness' happens through the ongoing experience of being in cybernetic conversations. Isn't this our hope of being 'creators of the spirit'? Doesn't our own knowledge of the world and of ourselves in it come from ongoing awareness that we are what Gergen (1992) calls 'the by-products of ways of getting on with one another.'

While we may feel (construe) that our primary connection is to our God, great spirit, sacred place or science, isn't this a product of significant personal relationships in our biography and isn't this reflected and maintained by who and how we converse with in our everyday lives?

Similarly the experience of being in this kind of conversation can bring to conscious awareness the nature of the emotions which have previously not been recognised. Many people, and perhaps men in Western cultures in particular, report being unable to recognise and articulate the emotional state which can be considered to be linked with actions they have taken. Being listened to, carefully, by a person that they recognise to be empathetic can be the trigger to express feelings that they were unaware of.

In other words, being paid attention can enable people to become more aware of emotional distresses which have been blocks to their progress in directions that they wished to proceed. This 'experiential knowing' can then lead to release of distresses, or 'discharge', in the terms of co-counselling. I have had a brief exposure to date with this kind of counselling, in which both partners in the conversation assist each other to become more 'intact' and 'complete' (Jackins, 1981). From this I have perceived from 'strangers' (people

I have only recently met) skilled listening, attention and empathy of an intensity that are rare, in my experience. I suggest that skilled practice of cocounselling is an example of cybernetic conversation.

In the 'moment' of such a conversation it becomes possible - and permissible - to express, through the body, a range of feelings: of love and of fear, of pain, sadness, joy and anger - and in so doing, come to appreciate the validity of the feelings and of knowing that it's OK - that someone else sees this too.

I believe that this ability to express feelings of spirituality and of emotions derives from an understanding of a core element of second order cybernetics, viz that at the centre of this way of thinking about self organisation, circularity and feedback there is a language. This language (and the associated process of what Humberto Maturana

calls 'linguaging') enables not only communication of cross-disciplinary thought in a manner which all can easily understand; it also enables understanding of people's need to express issues which are at the core of *their lived experience* and of processes in which they can do this.

Conversation in the patient-doctor relationship

This kind of concept have been expressed by doctors who indicate how their knowledge of their professional practice and of themselves has been markedly influenced by listening to the stories of suffering of the people for whom they had medical responsibility.

For example, Kleinman (1988) tells how he came to this awareness after feeling impotent as to how to make contact with a child who had been badly burned and who had to endure a daily ordeal of a whirlpool bath during which her burned flesh was peeled off. He eventually asked her 'How does it feel to have been so badly burned and to have to experience the awful surgical ritual, day after day?' According to Kleinman, she responded with surprise at this novel expression of interest in her experience and 'in terms direct and simple, she told me.' He went on to say that their subsequent conversations seemed to help the girl to tolerate her trauma better and that these conversations had a lasting effect on him. 'She taught me a grand lesson in patient care: that it is possible to talk with patients, even those who are most distressed, about the actual experience of illness, and that witnessing and helping to order that experience can be of therapeutic value.'

Bascom (1993) has written a series of vignettes which illustrate the 'variety and unexpectedness of the patient-doctor relationship. He expresses poetically that thinking only about the desire for the doctor to solve the problem and the patient to have it solved as painlessly, quickly and inexpensively as possible leads to 'our mood getting overly serious and our conversation growing dull.' He goes on to say that 'seen fully and without hindrance of preconception (*a feature of cybernetic conversation*), the relationship between doctor and patient is the totally unpredictable richness one should expect from the encounter between incalculable, irreducible personalities.'

Cassell (1985 and 1991) suggests that the secret of the care of the patient in the future will be revealed once doctors learn to unlock it in conversations with their patients. He goes on to say that this is also the process by which doctors can proceed on the long journey of self knowledge. The centrality of conversation in his medical practice is described by Wignall (1991), who comments on how it can engender 'energy, humour and strength of purpose.'

Reflection and conclusion

The starting point for cybernetic conversation in professional practice is difficult to define, because it comprises the skills which the professional brings to bear coupled with the epistemological framework in which the interaction is set.

Perhaps the main skill required is that of listening. This may sound obvious and yet the nature and practice of skilled listening cannot be emphasised too strongly. What is now widely recognised is that for people to relate to each other helpfully requires that *listening and paying attention* are practised rigorously. For clients, having another person outside of themselves paying attention when they talk or think about themselves enables the 'bringing forth' of issues which have been the source of distress and which can now be addressed, partly because they can be recognised and re-evaluated.

I believe it is safe to say that the response of people who featured in the three stories included in this paper would all have had their origins in the experience of being listened to by someone paying attention. In George's case this was reportedly the trigger to his re-evaluation of his experience of going to the doctor. Coming to know more of themselves was also reportedly connected to being listened to by the other two.

What I have attempted to illustrate here is that there is a process of interaction between people, including relating between client and professional, which enhances possibilities of issues important to the client being 'brought forth'. A sense of connectedness between the two or more persons participating in the interaction is the key to the evolution of this process, which I have called cybernetic conversation.

There are innumerable other examples which could be cited as they are integral to the everyday experience of people whose lives are constantly re-created by interactions with others. They are not hard to find once you're on the lookout!

I hope that an outcome of your reading this paper could be that it enables you to become more aware of the characteristics of what was going on when you were interacting with one or more people - client, partner, child, friends, colleagues - in a way that, on reflection, you identify as a cybernetic conversation. As this awareness dawns and deepens you will be able to practise setting up the circumstances in which such conversations are created and you get an 'a ha' feeling.

Where might this lead? Who knows what can happen as you learn to connect with people at a deeper level through listening and responding cybernetically to their stories. This does not mean all 'talk'; dancing to another's music can take diverse forms as illustrated

by the writings in this collection.

The possibilities are infinite. Ultimately, I suggest, they all lead to a deeper appreciation of what Humberto Maturana describes as 'love' - a process of granting to others and to oneself, acceptance, dignity, legitimacy, humanity, without them or you having to change, or improve, or be redeemed; to see the redemption they already are. Is there a more life-enhancing way to proceed?

References

- Bascom, George S. (1993). Sketches from a Surgeon's Notebook. In: Empathy and the Practice of Medicine. Eds Spiro, Howard et al. Yale Uni Press. New Haven.
- Bateson, Gregory. (1972). From Versailles to Cybernetics. In: Steps to an Ecology of Mind. pp 469-477. Ballantine Books. New York.
- Cassell, Eric J. (1985). Talking with Patients. Vols 1 and 2. The MIT Press. Cambridge, Massachusetts.
- Cassell, Eric J. (1991). The Nature of Suffering and the Goals of Medicine. Oxford University Press. Melbourne.
- Gergen, Kenneth. (1992). The postmodern adventure. Networker. November/December p 52.
- Havel, Vaclav. (1989). Letters to Olga. p 243. Henry Holt. New York.
- Hayward, Jeremy. (1997). Shifting Worlds Changing Minds: Where the Sciences and Buddhism Meet. New Science Library. Shambala. London.
- Holman, Hal R. (1993). Qualitative inquiry in medical research. *J. Clin. Epidem.* 46, 29-36.
- Jackins, Harvey. (1991). The Human Situation. Revised Edition. Rational Island Press. Seattle.
- Jarrett, Stephanie. (1994). A Searching for Equity through Friendship. In: The Meaning of Family Violence to Young People. Report on an Exemplary Project. (Ed) Goff, Susan. Available through the Crime Prevention Unit, Attorney General's Department. Box 464 GPO, Adelaide SA 5001.
- Kleinman, Arthur. (1988). The Illness Narratives: suffering, healing and the human condition. Harper Collins. Sydney.
- Shotter, John. (1993). Cultural politics of everyday life: Social constructionism, rhetoric and knowing of the third kind. Open

University Press. Buckingham.

Shotter, John. (1994). Conversational realities: from within persons to within relationships. Paper delivered at The Discursive Construction of Knowledge Conference. University of Adelaide.

von Glasersfeld, Ernst. (1988). *Irish J. Psychology*. (Special edition on Radical Constructivism, Autopoiesis and Psychotherapy). 9 (1) 83-90.

von Foerster, Heinz. (1992). Ethics and second-order cybernetics. *Cybernetics and Human Knowing*. 1 (1) 9-19.

Wignall, David. (1991). Conversation as Healing: Tales of Natural Magic. In: Hetzel, R. (ed) *The New Physician*. Houghton Mifflin. Melbourne.

Wittgenstein, Ludwig. (1969). *On Certainty*. Oxford. Blackwell.