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MÉNDEZ C. L., CODDOU F. & MATURANA H. R.

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THE BRINGING FORTH OF PATHOLOGY

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This article applies Maturana's theory of 'bringing forth' reality to the clinical domain. Many common features of therapy are redefined including the notions of 'psychopathology', languaging and conversations, the family, and cognition. New concepts are introduced, notably those of the_multiversa and the placing of objectivity in parenthesis. The role of the socially sanctioned specialist (expert) is examined and criticised for pretending to have a privileged access to an objectively existing reality. The authors propose a radical change in epistemology, premised upon •the changes in understanding which they propose in relation to the ontology of the phenomenon of cognition. Particular attention is given to the orthogonality of the therapist's approach to interacting with families.

One of the peculiarities of our work in clinical psychology is that most of the time we are under the urgent *need* to decide, or to help to decide, in matters of psychological health. As a result, we rarely stop to reflect on the cognitive and social notions that provide the foundation and validity for what we do when we participate in such decisions. Yet, if we stop to reflect, we cannot avoid a first basic question, namely, what do we understand by a problem of psychological health? Or, more generally, what do we mean when we claim that there is a health problem?

A problem is something that someone lives as a difficulty, and which he or she defines to him- or herself, or to someone else. A problem, therefore, has to do with how someone sees him- or herself, or someone else, and with how he or she makes a social domain that accepts it. If there is no assertion and acceptance of the statement "there is a problem", there is no problem.

In these circumstances, for an interactional situation to be a problem of mental health, someone must define it as such in a social context that accepts such a definition. Or, in other words, a particular behaviour becomes psychopathological when someone claims that it constitutes a problem of mental health, ascribing to it qualities of pain, suffering, lack of control, or undesirability, and it is accepted as such in the social domain in which it is made. Thus, the statements “I have a psychological problem” and “You have a psychological problem” bring forth psychological problems when they are accepted. But why are they accepted? The first statement, “I have a psychological problem”, entails its acceptance by the speaker, otherwise it would not be made. But how come it is made at all? The second statement, ‹Page 145› “You have a psychological problem,” is an imposition on someone else who can ignore it, accept it or reject it. But what determines what this person does in this respect?

For a problem to exist, someone must specify it and someone must accept it. Therefore, every problem entails a communication, and every communication entails a dynamic congruence between the participants who co-ordinate their behaviours through it. Yet, not every human interaction is a communication in the domain in which it is intended. Anyone can say “there is a problem” or “you have a problem” but only some people bring forth problems with such statements because not all people are equally heard in the social domain in which they speak. Indeed, that a person should be heard, and that a problem should be brought forth with the statement “there is a problem”, reveals an implicit or explicit social consensus or agreement that concedes power through a disposition to listen and to obey. It is in this peculiar consent of power through a disposition to listen and obey that human interactions generate some of the peculiarities which characterise particular social systems, be they couples, families or societies, as political entities where the therapist has to operate.

Each social system empowers, through its peculiar manner of operation, certain people to make definitions of normality or abnormality, of health or sickness and, in consequence, the right to be heard and to be obeyed in these .domains. In our present western culture this power or authority is socially bestowed to those people under the assumption that they master an objective knowledge, and that this knowledge enables them to distinguish among their fellow human beings those who would be in the category of the psychologically sound from those who would be in the category of the psychologically ill. Furthermore, this social franchisement for psychopathological distinctions under the notion of objective knowledge is, indeed, a social empowerment that, through its demand for social obedience, treats social actions founded on a transcendental (objective) truth, such as special teachings, medications or reclusion, as legitimate and adequate social actions to deal with the people distinguished (and characterised) in that manner.

Thus, under the implicit or explicit notion that objective knowledge is an adequate basis for social authority in the domain of mental health, we therapists (psychologists and psychiatrists) define through diagnosis and the specification of treatment what happens to others from the detached position of he or she who has a privileged access to an independent reality. We do this sometimes with trepidation due to additional reflections but fundamentally at ease because we are members of the society that grants us this power by giving us obedience in these matters and, as such, we participate in the same fundamental epistemological notions that define it. This attitude must now change. ‹Page 146›

Objectivity in parenthesis

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The social power that is conferred to us mental health professionals is based on the assumption that we have access to an objective reality, and it is our knowledge of an objective reality which gives validity to our clinical actions. Indeed, all our training, both in terms of data and practical experience, leads us to believe that this is in fact the case. Accordingly, we act as if our difficulties in being effective and in having knowledge had only to do with our difficulty in finding the truest, most accurate representation of that objective, independent reality. Therefore, our task in the mental health field is to observe, experiment and discover how human beings really are, in order to classify them according to their intrinsic sanity and insanity.

Generally we believe that we presently know only part of this reality in any domain, and that there are vast areas of it which we ignore, and it is this ignorance which gives rise to the different schools of thought, theories and models. Yet we can also take this lack of agreement, this diversity of theories, and above all the diversity of effective practices as revealing that the assumption, that through knowledge we grasp an objective, independent reality, is inadequate, and that the phenomenon of knowledge is something different. Indeed, we can take disagreement about how things are: a) as revealing that there is no such thing as an objective independent reality, rather than as an expression of a callous resistance to accept the truth; and b) as revealing that the phenomenon of knowledge or cognition arises in the distinctions that the observer makes as he or she brings things forth through his or her operation in language, rather than in the grasping of an independent entity (see Maturana, 1978a; 1978b).

If cognition consists in what we do in our distinctions, and not in the grasping of an independent reality, then what each one knows or distinguishes is equally legitimate, if not equally desirable, because it is the only distinction that he or she can do at the moment of the distinction. Due to this, we cannot honestly claim that the social authority that we receive in matters of mental health is legitimately validated by our access to an objective reality. Let us stop here for the moment, since much of what we say above can be heard as already said by others in the long history of philosophical reflections. What we are proposing is an epistemological change in the domain of mental health, founded on a change in the understanding of the ontology of the phenomenon of cognition.

The first two authors of this article, Carmen Luz Méndez and Fernando Coddou, working as a therapeutic team for the last ten years, arrived at the need to abandon the traditional wayof understanding the question of cognition through their encounters with countless couples who lived in hopeless disagreement. On many occasions they found themselves facing couples engaged in imposing on each other 'the way of reality' – what it is to be a ‹Page 147› father of a mother, a husband of a wife, what it is to be right or wrong. Not infrequently, these 'ways of reality' were different in each member of the couple, and what one saw as clearly objective the other saw as an obvious error; what one considered true, the other knew was crazy. In these dilemmas, the therapist's efforts to show the 'subjective elements in their different _ perceptions' were always well received by the couples, except for a few points where they remained certain of their objective truth. The attempt to solve these disagreements by resorting to the authority of objectivity necessarily meant the denial of objectivity of one or other member of the couple, or to both of them when the objectivity of the therapist was given priority. None of the three alternatives was operationally satisfactory or appeared to have a satisfactory theoretical grounding. As a clinical solution to this basic entanglement which they encountered in full force in the couples' dynamics, the therapeutic team began using the notion of multiple genuine perceptions of the one and the same reality (Mendez & Coddou, 1984). Nevertheless, this solution, which worked satisfactorily in clinical practice, left them with the same basic question: what does one mean by 'objective reality'?

What does it mean that there are multiple genuine perceptions of the same reality or of the same objective reality? How could this indeed take place as a Perceptual phenomenon? Uncertainty in the answers to these questions meant that at some level we, the therapists, were playing a clinical trick because, if there is an ultimate objective reality, then in the long run someone must be right, whether this be a member of the couple or the therapist, or all must be wrong. The other way out of the dilemma is, of course, the negation of objective reality, a solution which requires a basic conceptual change about the ontology of knowledge.

It happened that at that time Humberto Maturana, the other author of this article, appeared in their domain of existence, and in a joint venture took them little by little into more unsteady quicksands in a drifting together that went from certainty in objectivity, through the multiple perceptions of the same reality, to the complete abandonment of the notion of objective reality itself.

For Maturana, the fundamental experience which led him to his understanding of cognition took place when he accepted the constitutive impossibility of establishing an operational correlation between the activity of the retinal ganglion cells and the spectral composition of the coloured stimuli when studying colour vision in the pigeon. By accepting that this impossibility dick not stem from technical limitations of the moment, but represented a constitutive condition in the phenomenon of vision, he made an epistemological turn that entailed an ontological change in the understanding Of the phenomena of perception and cognition. Accordingly, he asked whether, in the face of the impossibility of generating the visual colour space through a correlation between the wavelength composition of a coloured stimulus and ‹Page 148› the activity of the retina, one could instead do so by correlating the activity of the retinal ganglion cells with the name of the colour distinguished (Maturana *et al.,* 1968).

The naming of the colour seen reveals an operation performed by the nervous system as a consequence of some particular state of activity of the retina and other visual areas at that moment, regardless of how these states of activity arise, and the recurrence of the name must reveal the recurrence of those states of activity that are lived as that particular chromatic experience. By looking at the matter in this Manner, one can reveal that the recurrence of a chromatic experience correlates with the recurrence of a configuration of neuronal activity in the retina and is determined at every instant by the dynamic structure of the retina (anatomical connectivity and functional state) and not by the impinging light that triggers it (Maturana *et al.,* 1968). That it should be possible to do this is no trivial matter. Indeed, that the question about the generation of the colour space should be solved in this manner opens the possibility for a conceptual turning point that reveals that, in order to understand the phenomenon of perception, one must look at the nervous system as a closed neuronal network that operates on its own dynamics of states as a structure determined system with a structure continuously changing in a manner contingent on the interactions of the organism (Maturana, 1983). However, since this means that the interactions of the organism can only trigger in the nervous system structural changes determined by its structure in its closed internal dynamics and not by the agent that acts upon it, it also means that for the operation of the nervous system as a neuronal network there is no inside or outside. Furthermore, the notion that we human beings do not and cannot refer to an external independent reality in our cognition statements through the operation of our nervous system becomes not only a philosophical reflection but a constitutive biological condition.

No doubt the reflections we made above can be considered as ingenious intellectual jugglings when judged in reference to the concreteness of our daily experiences. Thus, if you, the readers of this article, are asked “what do you have in front of you,” you will surely answer that you have an article written by Méndez, Coddou and Maturana, and will certainly enter into a discussion about evidence if you are told that these names do not correspond to the real authors. Yet it happens that the discussion will come to a conclusion only when someone provides some criterion of decision about authorship that you and the other person accept. In other words, although the discussion will take place as if it were about an objective reality – authorship – it will end with the acceptance of a criterion that defines authorship as a proof of authorship, and not with an evidence that entails its objectivity. With sensory perception the situation is the same. To put it in an exaggerated manner, do the following. Cross the index and the middle finger of your preferred hand, and touch the tip ❮Page 149❯ of your nose simultaneously with the two tips of the crossed fingers. If you do this, you may feel that you have two nose tips, quite in contradiction to what the mirror tells. If you are now asked whether you have one or two nose tips, you will say one or two according to whether you prefer the mirror or the crossed fingers as adequate evidence. That most people would prefer to accept the mirror does not change the fact that accepting an experience as a perception entails accepting a particular operation of distinction determined by the structure of the system used, be this an organ or an instrument, as the criterion of validation of such an assertion, and not the actual grasping of the independent features of the thing assumed to be perceived.

The agreement of others constitutes an agreement about the use of a particular criterion of validation, not a confirmation of the grasping of an independent objective reality. Indeed, there is a difficulty only when there is disagreement. If somebody else tells you that you in fact do have two nose tips because when he touches your nose with his crossed fingers he counts two, and that you should not believe the mirror because it lies, usually a serious argument begins in the attempt to show that one or the other is wrong. Each one will claim that the other has lost his or her grasp of objective reality while he or she has not. How could it be otherwise if each one believes he or she has a privileged access to the objective reality? Traditionally, if the agreement persists, each one will assess the other as mistaken, bad (morally bad), resistant or ill (crazy). The only way out of this trap is to accept that constitutively we, as biological entities, do not have access to an objective independent reality, and that the notion of objectivity as a reference to an objective independent reality is an inadequate explanatory supposition, because agreement in every case rests on the acceptance of a common criterion of distinction. Operational concordance, whether as social agreement or as biological co-ordination, arises only through the continuous generation of the consensus entailed in coexistence. In this article, we propose first to abandon the notion of objective reality and not to use it ever to validate our statements, and second to signal this by putting objectivity in parenthesis. Let us see some consequences:

1) When we put objectivity in parenthesis, we become aware that sameness is specified by the, operation of distinction that brings forth that which is distinguished, that is, we become aware that operationally two entities are the same only to the extent that they are brought forth by the repetition of an operation of distinction. Yet the repetition of an operation of distinction does not validate anything more than that, and in particular it does not validate the independent existence of the entity brought forth through it. Indeed, with objectivity-in-parenthesis we become aware that the real is specified by an operation of distinction and that there are as many domains of reality as there are kinds of operations of distinction. As a result, objective facts come to an ❮Page 150❯ end and we are left free of the need to pretend that we have a privileged access to an objective reality which we use to validate our assertions.

2) Logical mistakes do not lead to disagreement, they lead to misunderstandings that can easily be solved through a sincere conversation. Disagreements are different. They constitute attempts to confront notions or views that cannot be

confronted because they pertain to (are valid in) different non-intersecting phenomenal domains (non-intersecting domains of operational coherences). When objectivity is not put in parenthesis, the disagreeing parties necessarily move to mutual negation because each of them starts from the conviction that he or she has the truth, and knows how things really are because he or she has an objective knowledge of the matter supposed to be in dispute. With objectivity-without-parenthesis one is right and the others are mistaken, wrong or crazy. When objectivity is put in parenthesis, the disagreement disappears as such because all parties realise that the different views are valid in different domains because they are founded on different premises. With objectivity-in-parenthesis, different views or notions become legitimate even if their consequences are not equally desirable for all observers. With objectivity-in-parenthesis, the issue is not any more who is right and who is wrong, but whether or not we want to coexist and whether or not we want the consequences of a particular reality. If we want to coexist, then we must meet in a common domain where we share the premises that define it, and where the contending views do not enter, or their consequences become irrelevant. With objectivity-without-parenthesis, the criterion of resolution of a conflict is the prevailing of the one who has access to the objective reality, and necessarily entails a continuous attempt at mutual negation and destruction. With objectivity-in-parenthesis, the need to impose one's views upon the other, with his or her consequent destruction in that domain, disappears, and each one of us becomes responsible for his or her preferences and desires because they constitute the fundament of all his or her rational constructions.

3) Objectivity-without-parenthesis demands a universe, a single domain of operational coherences that supports all truths and therefore a single independent reality as the ultimate referent in the solution of all disagreements. Objectivity-in-parenthesis admits the multiverse, that is, the legitimacy of many different domains of operational coherences as many different and equally valid domains of reality that are brought forth by different kinds of operations of distinctions. With objectivity-in-parenthesis, there is no need for mutual negation because there is no need to defend and there is an awareness that a disagreement can only be overcome by coexisting in another domain of distinctions where it does not arise and there is awareness that this can only take place if there is an effective (sincere) desire and will for coexistence.

5) Objectivity-in-parenthesis, by opening space for the multiversa, opens ‹Page 151› space for accepting the legitimacy of all different domains of existence but, at the same time, opens space for accepting the constitutive responsibility that every human being has for the world that he or she brings forth in coexistence with others.

Clinical work and objectivity-in-parenthesis ↑ ↓

How can a clinician operate without the possibility of resorting to an objective reality to validate what he or she does? What would his or her task be? Let us reflect again on the sources of authority for clinical action. If we claim that we do something because we have certain objective knowledge, then we claim that objective knowledge gives us authority, an absolute, unquestionable, transconsensual authority for doing whatever we do, and we demand obedience or claim the right to be obeyed on that authority. If, contrary to this, we claim that the biology of the phenomenon of cognition demands that we operate with objectivity-in-parenthesis, then we can no longer keep the notion that we have a legitimate transconsensual authority of power to decide what happens to another human being, based on the demand for obedience that the claim of objective knowledge entails. Accordingly, if we put objectivity in parenthesis, we must recognise that we can only act under the authority and, hence, with the power granted to us by the implicit social consensus or explicit social agreement that defines certain behaviours as Pathological or problematic in the domain of interactions in which they take Place. Indeed, putting objectivity in parenthesis entails the explicit recognition that the desirability or undesirability of any given behaviour is socially determined, and that we cannot claim that something is good or bad, or healthy or unhealthy in itself, as if these were intrinsic constitutive features of it. Or, in other words, since we cannot make any claim about an objective reality (Maturana, 1978a), we have to accept the dynamics of mutual acceptance in coexistence as the origin of the social phenomenon (Maturana, 1985).

According to all this, health and illness are not absolute entities or constitutive qualities of individuals, they are ways of coexistence which are socially defined as desirable or undesirable, and which as such are not independent of the social conditions that bring them forth. Let us make this clear. Human beings and the social systems that they bring forth with their behaviour are structurally plastic, continuously changing systems that change in a manner contingent on the interactions that they undergo as components of the social systems that they integrate, and the social systems that they integrate change as they change their manner of bringing them forth as a result of their behavioural changes. All this occurs in a manner that either leads to the stabilisation of some dynamic pattern of interpersonal interactions in the composition of a social system or to the disintegration of this pattern because of the breakdown of such interactions and the appearance of something else. ‹Page 152›

When the stabilisation of a particular dynamic pattern of interpersonal interactions in a social system gives rise to the stabilisation of a pattern of recurrent emotional contradiction through the demand of contradictory behaviours in the human beings that compose it, and this happens under the implicit assumption that they are not contradictory, the participant human beings become unhappy and live their unhappiness as if it were a social disharmony due to an 'objectively' inadequate (pathological) behaviour in some of them. When this happens, these people may seek help for their unhappiness. If in these circpmstances we, as clinicians, did not have objectivity-in-parenthesis, we would be inclined to think that our objective knowledge gives us authority and power to act on behalf of those that seek our help, deciding for them what is good and what is bad. Yet, if we have objectivity-in-parenthesis, we know that it is those who seek our help who, by doing so, knowingly or unknowingly, concede to us the power and authority to do with them what we consider best. However, we also know that, since we cannot claim objective knowledge, we must consciously return the power of healing to those who bring forth their social unhappiness to us as a health problem because, regardless of how much they may think we know what is good for them, if they want to live together, only they can generate their social harmony through falling back into unquestioned mutual acceptance, the biological constitutive conditions of coexistence in which emotional contradictions are transitory events, not manners of living.

Psychological illness, psychological pathology, or psychological malfunctioning are social assessments of situations of emotional contradictions that arise through the attempt to satisfy contradictory social expectations that are accepted as objectively legitimate, as if they belonged to the same domain of coexistence, while they pertain to different ones. As such, psychological illness, pathology or malfunctioning constitute social (linguistic) dynamics of stabilisation of contradictory patterns of interactions which are lived as sufferings of the mind and the body, and cannot be interrupted without negating their objective validity.

This is why it is only in the acceptance of objectivity-in-parenthesis, and in the confidence that human beings can live with it because sincere mutual biological acceptance is the only basis of social coexistence, that we clinicians can help those who seek help, bringing themselves forth as psychologically ill, to emerge into a different domain of coexistence.

Let us reflect a little more on matters of health and illness. We claim that statements about health and illness-are social assessments made under the assumption that they reveal an objective reality by pointing to the objective properties and qualities of those assessed. Furthermore, we claim that, in that sense, such assessments are mistaken and socially dangerous. We claim that they are mistaken because all reality is consensual, a social phenomenon, and ‹Page 153› therefore that the notion of illness as an objective characteristic of the individual is nonsensical. We further claim that they are socially dangerous because they contribute to stabilise the dynamics of suffering in which they arise. At the same time, we claim that, although the demand for help that the suffering individuals make by claiming that they have a problem or an illness obeys the social dynamics in which the suffering takes place, he or she reveals it if the listener (the therapist, the clinician or the friend) is not caught in the assumption of objectivity. Indeed, we do not claim that assessments such as health, illness or pathology take place in a vacuum or as mere phantasies. On the contrary, we claim that, for an observer who puts objectivity in parenthesis, such assessments constitute the situation in which they take place, and define the domain of his or her possible actions if there is a demand for help. This is not a trivial affair. The characteristics of the components of a composite unity (be this an organism, a family or a car) depend on the organisation of the unity that they compose, and the kind of unity (the organisation of the unity) that a collection of elements composes depends on the characteristics of these as components. For these reasons, the stabilisation of one entails the stabilisation of the other, and an accepted voiced assessment, be this within the family, in the therapeutic interaction, or in whatever interpersonal relation, brings forth what it claims as if it were an objective reality. It is for these reasons that the question of objectivity is central to the domain of therapy, and the different answers given to it have different social consequences which no clinical work can ignore.

Multiversa: Plurality of domains of existence ↑ ↓

If we put objectivity in parenthesis, we become aware that the patient-therapist relationship rests operationally on what one might call the dynamics of the happening of living in the openness of the multiversa. Those who bring in a problem live a *versum,* the therapist lives his or her *versum,* and the patient(social) and the therapist jointly give rise to yet another, each one being one of the many *versa* that they as living systems can live. Furthermore, all versa are different but equally legitimate, if not equally desirable, domains of reality (domains of existence) but none is the ultimate or really real one because that does not exist. Yet the fact that all domains of reality are equally valid, even if not equally desirable for all observers, plus the fact that everything that we human beings do takes place in the constitution of a social domain, makes, every human action an ethical statement that validates a manner of coexistence. The therapist-patient relationship is not alien to this, and this, in a context in which the patient grants power to the therapist to decide upon his or her life, is what gives rise to the social responsibility of the therapist.

If we clinicians arc aware of these constitutive conditions, we cannot but ‹Page 154› also be aware that, when facing a clinical situation, we are in the middle of a network of interpersonal relationships in which, whether we like it or

not, we participate as expressions of the social consensus that defines certain behaviours and patterns of interactions as psychological pathology. Also, we cannot but be aware that how the patient sees him- or herself as a patient, or how others see him or her as such, has to do with his or her operating as a living system in a different versum than that which the social consensus demands. At the same time, he or she grants power to that social consensus by accepting the injunction of pathblogy under the belief that some other person has authority to decide about his or her status because this person has an objective knowledge of how things really are. Notwithstanding this, we cannot but be aware that what seems to us to be an inadequate behaviour in a particular social domain is not inadequate in a different one, and that neither social domain is perverse. Thus, for example, an adolescent who smokes marijuana is seen as normal by his or her peers, and as a drug addict by his or her family relatives, but both peers and family relatives may be claiming that their views are right to the exclusion of the other because they know how things really are. When one domain of existence, when one versum in the multiversa, is claimed to be the real, objective one, all the others become unreal, false or illusion; or, conversely, when objectivity is put in parenthesis, all domains of existence, all versa, become different, equally legitimate domains of reality. In these circumstances, when a therapist, a patient or any person changes his or her views about objectivity, he or she changes his or her views about him- or herself and others as well as his or her domains of obedience and concessions of power in the social domain. For this reason, putting objectivity in parenthesis entails abandoning the objectivist view that a system and its components have a constancy and a stability that is independent of the observer that brings them forth, and entails accepting that the only constancy and stability that they (system and components) have depends on the coherences proper to their constitution in the domain of reality where they exist as they are distinguished, and that they, therefore, appear and disappear with realisations and not realisation of their distinction. As soon as a domain of reality is not brought forth, because the structure of the entities that *constitute* it change, the *systems* that populated it *disappear.*

Languaging and emotional flow

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Languaging is not a means of transmitting knowledge or information. Languaging is a manner of coexistence, a manner of living together in recursive co-ordinations of consensual actions such that the structure of the participants changes in a manner contingent upon their participation in it (Maturana, 1978a; 1978b). Therefore, language is a social phenomenon in which the flow of the recurrent interactions between organisms that it entails ‹Page 155› constitutes the domain of existence of the participants as the domain of their realisation as living systems. Indeed, we human beings only exist (as such) in language and, from that perspective, to be human consists in being part of a network of conversations (manners of going together in language) which consists in different ongoing or recurrent configurations of recursive consensual co-ordinations of consensual behaviours that constitute in us as human beings all that there is in our domain of existence as such. Furthermore, we language through our bodies in the flow of interactions that constitute language, and our bodyhoods are in a continuous change that follows a course contingent upon our interactions in language: we become our conversations and we generate the conversations that we become. In these circumstances, an observer can distinguish several kinds of conversations as different configurations of co-ordinations of behaviour in different domains of becoming. Of these, we shall mention a few that we consider of particular clinical relevance. There are conversations in which the results are co-ordinations of behaviour only in the domain in which they take place, without involving anything else as part of their happening. These we call conversations of co-ordinations of actions in any domain. There are also conversations in which the results are co-ordinations of behaviours in two or more domains at the same time, and of these we are interested in two which take place in a domain of anticipated future behaviours. The first we shall call conversations of characterisation if they entail expectations that have not been agreed upon about the characteristics of the participants. The second we shall call conversations of unjustified accusations and recriminations if they entail complaints about unfulfilled expectations about the behaviours of the Participants that were not previously agreed upon. All these conversations intersect in a background of consensual and non-consensual interactions that continuously bring forth (trigger the occurrence of) the emotional domain in which they take place.

Let us make this clear. Every behaviour arises as a configuration of acting and interacting in the flow of interactions of an animal, either from its internal structural dynamics or from the structural changes triggered in it through its interactions, or from the interplay of both, embedded in a basic ground of changing bodyhood that specifies at every instant the domain of operational coherences in which it takes place. The changing bodyhood of the behaving animal occurs in a small number of basic innate manners which an observer sees as different emotions and moods. We human beings are no exception to this; not even id our languaging which is where our rationality takes place. Indeed, we human beings are in a continuous consensual flow of emotions and moods which specify the domains of operational coherences through which we move in our acting and reacting in language, and determine the basic implicit operational premises (values, accepted truths, etc.) which, by constituting *our* ❮Page 156❯ social identity at any moment, specify the different rational domains in which we realise and justify our actions. In vertebrates in general, but especially in birds and mammals, the particular circumstances of interactions that modulate the flow of change of their emotions and moods are continuously being specified by the contingencies of their history of interactions in the medium and with each other. In other words, in each mammal or bird, the particular manner of concatenation of its emotions and moods that is particular to it in the flow of its living arises as a feature of its ontogeny in a manner subordinated both to the contingencies of its history of interaction in the medium and to the peculiarities of its history of social consensuality. In us human beings, this is still more so because we live in the recursive consensuality of *language,* and through *language we make the* concatenation of our innate basic emotions that is contingent upon the course of our living also contingent upon our continuous recursive living in changing social consensualities. In these circumstances, through the mutual body touching that every conversation entails, in every particular conversation the co-ordinations of behaviour that constitute it recursively participate in the modulation of the bodyhoods of the participants that specify moment by moment the emotional ground in which it takes place as an ongoing process.

The recursive co-ordinations of behaviour that constitute language are consensual; the co-ordinations of emotions taking place in a languaging are also consensual. Language takes place in the co-ordinations of behaviour, not in the co-ordinations of emotions, but the co-ordinations of emotions that take place through language determine the domains of operational coherences in which the process of languaging takes place. Therefore, co-ordinations of behaviour and co-ordinations of emotions form, in every conversation, a network of crisscrossing mutual modulations. Yet, not all conversations are equal in giving rise to emotional change; some of them are, in principle, emotionally indifferent, like conversations of co-ordinations of actions in any domain, because they do not challenge the basic social identity of the participants.We shall see the implications of this later on.

The family

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We call the family a domain of interaction of mutual support in the passion for living together in physical or emotional proximity generated by two or more people (sometimes including other living beings) either through explicit agreement or because they grow in it in the happening of their living. As such, a family is always realised through the living of those who integrate it, and constitutes an operational domain where its members realise themselves as individuals in a manner that involves the dynamics of realisation of their bodyhoods through their interactions. In other words, as a system, a family exists in the biological domain through the realisation of the living of its ‹Page 157› components. Furthermore, each family is constituted as a family of a Particular kind by a configuration of relations that are realised in languaging as a specific configuration of recurrent conversations which constitutes its organisation as that particular kind of family. Let us reflect upon the organisation of these two entities that we usually call a family; the family in general, and the family of a particular kind. A family is necessarily realised through the behaviour of its members, that is, through their particular configurations of structural change in their recurrent interactions that constitute their recurrent conversations. If these configurations of structural change change, the family either remains invariant, disintegrates as a family of a particular kind, or disintegrates as a general family altogether, depending on what happens to the configuration of recurrent conversations that they generate. Furthermore, conversations, as manners of recursive co-ordinations of behaviour, specify the possible dynamics of structural change of those Persons living as a family while their coexistence is conserved. Therefore, as long as a group of individuals conserves the coherence of a family, the recurrent configuration of conversations that constitutes the organisation that defines them as a family of a particular kind operates as a recursive dynamic generator of structural constraints for the changes of the bodyhood of the members of the family as these realise it through those very same conversations. When the changes of the bodyhoods of the members of a family are such that they cannot participate in the generation of the conversations that define the family as a family of a particular kind, these conversations cannot be realised and the family disintegrates as a family of that particular kind.

The constitution of a family is a non-rational phenomenon that takes place when there is a passion for living together in physical or emotional Proximity. Therefore, a family disintegrates when this passion is lost, or when this passion cannot be maintained through separation. As a consequence, since a family is defined as a family of a particular kind by a particular configuration of conversation, when such configuration of conversation disappears, the family disintegrates as a family of that kind, but a new family may appear in its place if the people that compose it do not lose their passion for living together. Since the human bodyhood allows for great diversity of structural changes, the human bodyhood allows for a *great diversity* of conversations and emotional changes, many in contradictory domains that give rise to suffering because they are lived as if they took place in the same one, before a family disintegration takes place.

The family versa

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The family is the most basic social network in terms of granting authority and Po wer for deciding about the mental health of its members. Yet, at the same time, when suffering arises in a family, there are as many realities of ‹Page 158› malfunctioning brought forth as there are family members. Furthermore, within our culture, usually each member of a family experiences his or her versa in objectivity-without-parenthesis as the *universe* and, accordingly, lives the interactions through which he or she constitutes it in terms of assessments that imply a grasp on an absolute reality – "I am right, you are wrong." It is very infrequent that the members of a family should operate implicitly or explicitly with objectivity-in-parenthesis, accepting their different versa as legitimate different domains of existence. This is the case mainly because our culture is so constituted at present, but also because of fear of the imagined behavioural chaos that could arise from mutual unquestioned acceptance. As a result, when a family consults, what usually comes forth in one form or another, depending on the particular life histories of its members, is the operational dynamics of a closed network of conversations for mutual characterisations, accusations and recriminations in terms of being insane or healthy, right or wrong, and good or bad which are lived as revelations or disclosures of permanent qualities or defects. Moreover, it is precisely to the network of conversations which defines the family that the consultees bring forth in the consultation to which the therapist must listen. If what is brought forth is a network of conversations for mutual characterisations, accusations and recriminations that are deemed objective, what is brought forth is a family defined as a network of conversations that entail impossible demands that give rise to emotions that contradict the mutual acceptance that is at the base of family coexistence through the passion for living together. Furthermore, if this happens, that network of conversations of characterisation, accusations and recriminations has to be listened to because it constitutes the organisation of the particular family brought forth by the consultees. As such, that organisation both realises and generates the existential contradiction that forced the members of the family to consult for help, and will last as long as they emotionally accept it as their objective reality as a family. If the therapist wants to help the members of the family to come out of their suffering in existential contradiction, he or she will do so only by participating with them in the interactions which will trigger in them structural change that will bring forth the disintegration of that organisation.

Dynamics of disintegration

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The operation of a system, a family for example, is determined by the operation of its components. The operation of the components of a system (e.g., the behaviours of the individual members of a family) is determined at any moment by their present structure (the bodyhoods of its members in the case of a family). The configuration of relations and interactions between the components of a system that realises it as a system of a particular kind constitute its organisation. Since, in the human domain, everything takes ‹Page 159› place through languaging (Maturana, 1978a), the configuration of interactions that dynamically realises a family as a family of a particular kind is a closed network of conversations. These conversations are conversations of co-ordinations of actions when the members of the family live with objectivity-in-parenthesis, and of mutual characterisations, accusations and recriminations when they do not. A system, a family, disintegrates when its organisation disintegrates. This happens in a family when some of the properties of one or more of the individuals that compose it change, and the configuration of conversations that constitutes it as a particular kind of family is not further realised. The changes in the properties of the components of a system (a family in our case) that result in its disintegration arise in these as a result of structural changes triggered in them through interactions that do not entail their participation as components of the system. We call these interactions of the components of a system which do not involve those of their properties through which they do not realise the organisation of the system 'orthogonal interactions'. Non-orthogonal interactions are part of the dynamics of composition of a system, and confirm it. Not all orthogonal interactions trigger the disintegration of a system, but some do.

Let us now come back to the clinical situation.

A clinician, aware that the members of the consulting family do not operate With objectivity-in-parenthesis, is also aware that they are involved in what is for them a dance of objective characterisations, accusations and recriminations, and that whatever he or she does in that domain will be a confirmation of the kind of family that such a dance entails. If this happens, the therapist is unable to help. If the purpose of the therapist is to help the members of the consulting family out of their existential emotional contradiction, he or she must help the disintegration of the present kind of family, and help its former members in bringing forth something else which may or may not be another family, but which is not a network of sufferings. In order to do so, the therapist must choose an action (statement, intervention or interaction) that is not confirmative of the present family. Such action has to be an interaction outside the domain of conversations that defines the particular consulting family, but which takes place in the domain of existence of at least one of its members. In other words, the action taken by the therapist will have to be an i adequate orthogonal interaction. If the interaction of the therapist is indeed an I adequate orthogonal interaction, it will trigger in one or more members of the family structural changes such that they will no longer be able to participate in the network of conversations of characterisations, accusations and recriminations that constitute the family in which they or others suffer in emotional contradiction. In order to able to do so, the therapist must find out the organisation of the family operationally brought forth by its members as they consult, remembering that whatever family they bring forth exists only ❮Page 160❯ as they bring it forth, and is not independent of their actions notwithstanding their blindness to it. At the same time, the therapist must find out the characteristics of the members of the family that their integration as the family brings forth, recognising that, whatever these characteristics are, they exist only as they are part of the network of co-ordinations of behaviour in which they take place.

Finally, the therapist must realise that whatever is taking place in the family is floating on a fundamental emotional commitment for coexistence that we have called the passion for living together, and that suffering arises when the conversations that define the family contradict this commitment, or when this commitment is lost and the members of the family do not separate because they involve themselves in conversations that justify their coexisting without it. If the therapist is successful in doing all this, then he or she can responsibly choose the action, the effective orthogonal interaction, that triggers the disintegration of that family, and *de facto* return the operational power to the members of the family in the domain of their existence as individuals to an operational space for something else which may or may not be a new family.

It is here where the passion and the commitment of the therapist should appear, not as a passion or commitment to change the other in the manipulation of his or her existence, but as the passion for being a domain of interaction that allows the other, *de facto* or through reflexion, to put objectivity in parenthesis, if he or she is to be a responsible therapist. Let us now consider a clinical example.

A teacher calls for the psychological assessment of a student that he considers has achievement problems. By doing this, the teacher is defining the student as a person with problems, that is, with difficulties that do not depend on his will. The consulted psychologist makes an evaluation of the student through the application of a series of tests which, according to him, objectively reveal his pattern of behaviour as an anxiety syndrome, confirming in this manner the assessment of abnormality made by the teacher. The psychologist recommends individual psychotherapy. The mother accepts the diagnosis as a proper characterisation of the abnormal self of her son, and is willing to follow the indication of therapy.

The family of the child consists of the child, the mother, the father, the eldest brother and two grandparents. The mother defines herself as dominated by her husband, whom she sees as an absent father. At the time, she declares that she feels incompetent to face this man due to her own dependent situation that, she says, makes her feel anxious and angry. The father, who defines himself as a successful and independent man, criticises the mother, saying that she is weak and incapable of facing and assuming life as it is. The father considers the problem child to be lazy, while the mother regards him as ‹Page 161› mentally handicapped. The eldest son considers his younger brother a manipulator who manages both to be overprotected by the mother and to avoid the achievement requirements imposed by the father. The grandparents consider the problem child to be sickly since birth, and attempt to compensate his deficiencies with gifts in a manner unknown to the father. The problem boy defines himself as sick, saying that something unknown happens to him that prevents him from performing adequately at school.

It is easy to describe the behaviour of the problem child (the identified patient) in the following manner. the boy's laziness is used by the father to attack his wife, claiming that the weakness, dependency and failure of the boy mirrors what he considers are her characteristics; the mother attacks the father, claiming that the mental illness of the child is a consequence of the father's absence and dominating brutal character; the eldest boy thrives on his younger brother's symptoms which allow him to increase his alliance with his father because, as the younger boy grows weaker and more dependent in his father's eyes, he becomes more autonomous and strong; the grandparents benefit because the symptoms of the child permit them to feel useful and better parents than the actual ones; and, finally, the problem child benefits (appears powerful) because the whole family revolves around him as he operates in alliance with his mother and grandparents, interfering in the relation between mother and father.

In this family, all seem to gain something – all assert some advantage in the dynamics of their relations and interactions. Yet, they are all unhappy and, because they are unhappy in a manner that does not seem legitimate to them, they search for help. If we were to share the position of objectivity-without-parenthesis in which the teacher, the psychologist and the members of the family are, we would admit with them that the problem child is objectively a problem child as a constitutive feature of his personality or biological constitution. Furthermore, we would be happy to know that the boy has a mother who recognises his illness and is willing to help. Finally, we would also admit that the members of the family are unhappy because one of them is ill, and his illness interferes with the wellbeing of all. Obviously, we do not do so. Nor would most family therapists nowadays. So, now let us make some considerations that follow from all that we have said, and which we want to bring to the fore, even committing the sin of repetition, due to their relevance to therapy.

1) A family exists in the domain of biological operation of the individuals that constitute it through their interactions, and any transformation of it will take place through the transformation of these. In these circumstances, the biology of the

constitution of a family is necessarily the ultimate reference for any action by a therapist, a source of constraints for his or her possible actions, the source of all the effectiveness that his or her actions may have, and the ‹Page 162› only possibility of escaping suffering that the members of the family have. This is a starting conceptual condition.

2) Reality arises in the operation of distinction, and there are as many domains of reality as there are domains of distinction and kinds of observers that constitute them in the praxis of their distinctions. This, we acknowledge by putting objectivity in parenthesis. Yet by doing this, we also acknowledge that we are aware of any explanatory attempt, or any action based on this understanding of reality, must endeavour to avoid confusing domains of reality through keeping in sight the different domains in which the different phenomena take place. We must 'do so because we know that reality will be that which we bring forth in our distinctions, regardless of whether we are aware or not of the phenomenal domains in which we make the distinction; any distinction in a social system accepted by its members brings forth the operational coherences (domain of reality) that it entails. Therefore, the 'family' distinction made in the consultation is the basic operation in the process of satisfying the request for help of the consulting individuals. This is so because this distinction either brings forth a system that exists through the biology of the consulting individuals, that is, a family as a system in the biological domain, or it brings forth a system that exists in a description that the therapist makes, and which would be a literary entity, and which determines the course of the consultation.

3) We claim that, if we describe the family we talked about above as a system defined as a network of relations of power, we do not bring forth a family as a system that exists in the biology of the consulting people, and that we bring forth a literary entity. Our contentions that relations that we bring forth as concessions of power that entail suffering are secondary to conversations that generate disruptive emotions such as interpersonal characterisations and accusations of unfulfilled implicit, not agreed expectations. Only conversations for co-ordinations of actions do not entail disruptive emotions and would not usually be described as relations of power by the participants because they do not challenge their basic social identities. Therefore, we maintain that the description in terms of relations of power that we made above represents a literary system brought forth in the consultation, but not the grasping of the organisation of a family as it is brought forth in the domain of ,biological existence of its components. Furthermore, if the therapist brings forth relations of power in the consultation, these may become part of the praxis of living of the members of the family as they are realised in their conversations, and will interfere with the family being brought forth as a system in the biological domain by the therapist.

4) All human interactions take place as part of an ongoing process of languaging because we are human beings only in language. At the same time, since interactions in language are involvements in a dance of reciprocal ‹Page 163› structural interactions, we affect each other in our bodyhoods as we operate as human beings languaging. Furthermore, since languaging consists of recursive consensual co-ordinations of behaviours, when we speak of talking and listening, we do not refer to sound production and sound reception only, but we refer to any acting and reacting that takes place as part of the structural changes involved in an ongoing process of recursive consensual co-ordinations of behaviour. As such, talking and listening take place simultaneously in all the participants of any particular languaging process, and each of them is a speaker and a listener both to the others and to him- or herself. Also, both speaking and listening take place in each individual determined by his or her present dynamic structure, and represent his or her present insertion in an ongoing history of structural transformations to

which he or she belongs as a member of a network of social systems in a culture. As a result of this, nothing of what is said in a consultation is trivial. This is so not only because it brings forth a domain of reality but also because the listening of the participant reveals to the therapist their present and, hence, the systems that they bring forth in their present with them. As a result, the great responsibility of the therapist that puts objectivity in parenthesis, as well as his or her greatest asset in the consultation, is that he or she is aware of all this, and is not innocent in the use of language as his or her instrument for eliciting structural changes in the consulting individuals.

5) Self-awareness takes place when, in the recursive consensual co-ordinations of behaviour, there is a recursive distinction of the speaker, and the speaker begins to listen to his or her listening as a speaker. When this happens, and due to the recursiveness of the structural changes of the nervous system as this operates as a closed network of interacting neuronal elements (Maturana, 1983), the structural changes of the speaker interfere with his or her generation of actions in his or her domain of awareness. As a result, self-awareness always leads to a change in the course of the interactions of the participants of a process of languaging, in the domain of self-awareness. The therapist who is aware of this is aware that self-awareness, as previously defined, is an instrument for eliciting structural change.

6) In the dynamics of composition, the components and the entity composed occur in a constitutive relation in which each one exists only in the constitution of the other. Accordingly, as an observer makes the distinction of a composite unity, he or she brings forth also the components that constitute it, otherwise the composite unity would not have been distinguished. Similarly, if an observer distinguishes an entity as a component of a composite unity, he or she brings forth also the composite unity that these components integrate, otherwise the components would not have been distinguished. Therefore, when somebody distinguishes someone else as a mentally ill member of a family, he or she brings forth a family in which ❮Page 164❯ mental illness is a constitutive feature of its composition, otherwise the operation of distinction that specifies a mentally ill member of a family could not (and would not) have been made. In the case we presented, if the mother had not accepted the diagnosis, there would not have been an family with a mentally ill child. It makes no sense to ask if the child was mentally ill or not, independently of the diagnosis, because nothing exists prior to its distinction. The diagnosis is made in the happening of life, and the happening of life follows one course if the diagnosis is made and a different one if it is not. Now, however, through our explanation of biological phenomena, we know the interrelation between languaging and bodyhood, and we know the dynamics of bringing forth human reality as a dynamic of human body relations in language; what is brought forth in languaging exists in the domain which that languaging specifies. This may sound uncanny because we have usually lived with many misleading and contradictory beliefs: we have believed that the body has a fixed structure that explains the constancy of its properties; we have believed that language is a system of communication that handles abstract entities such as symbols, ideas or information; we have believed that we do not touch each other's bodyhoods with words; we have believed that, as individuals, we have autonomous self-identities; we have believed that others do things to us; we have believed that the mind is in the head… and we do not realise that we bring forth the world in which we exist as we language it.

Languaging consists in consensual co-ordinations of consensual co-ordinations of behaviour that arise through the structural transformation of the people that live together as a matter of the happening of their living in the only circumstance in which they can be, through the conservation of their identities in their recurring

interactions. So the dynamics of composition also apply to languaging. A word is a word not as a sound or a gesture, but as a feature of the ongoing dynamics of recursive consensual co-ordinations of actions. It does not exist outside these dynamics, and it is only as such that it entails the features of the world that languaging brings forth as consensual co-ordinations of actions in the happening of living. Furthermore, it is in the ongoing dynamics of congruent structural changes of the bodyhoods of the participants in their recursive consensual co-ordinations of actions that languaging, entails the operational coherences of the world brought forth through it.

If a doctor says "the child does not have pneumonia," we live a world with a child that does not have pneumonia, and do all things accordingly. If, as the days pass, the child dies and the claim is that he or she died of an untreated pneumonia, that is the world we live, a world with a child that died of untreated pneumonia. The question of whether the child did or did not have pneumonia when he or she was seen the first time can be answered now, but ❮Page 165❯ whatever answer we give is part of the coherences of the world that we bring forth now. If we say that the pneumonia could have been diagnosed then, we say something that is valid because, indeed, the diagnosis of pneumonia would have been made if the doctor had performed the operation of distinction 'pneumonia' then with the operational coherences that we use now. At the same time, however, we say something nonsensical because, obviously, that operation of distinction could not be performed then because the doctor operated under different operational coherences and, accordingly, it was not performed. That, as a result of this, we change and we do differently if a new occasion arises, does not alter the fact that we human beings live the world that we bring forth in languaging because the world is composed in the distinction that we perform in the happening of living. All that happens is that, if we change, one happening of living changes.

7) Living systems do the things that living systems do as a result of their being alive, and do not do things in order to be or stay alive. In general, systems exist while the conditions that define them are satisfied, and exist only in the domain in which these conditions are satisfied. Accordingly, a system brought forth by an observer exists only as long as an observer brings it forth through the operation of distinction that constitutes it, and does so with the characteristics that this operation specifies in it. This means that systems disintegrate or disappear when the conditions that constitute them disappear and that, while they are conserved, the conditions that constitute them are conserved. Conservation is a constitutive condition in existence. All this is also true, of course, for social systems – for families, for example. However, since conservation of existence in a system is contingent on its realisation in its domain of existence, the distinction of a system is itself an expression of the conservation of the relation of correspondence between the system distinguished and the medium, the observer included, that contains it as an operationally independent structure determined system. Thus, a family exists only as it is realised in the domain of existence of families, and that, as we have said already, is an emotional domain, the domain of the passion (willingness or desire) for living together that we human beings (and many animals) have. Therefore, a family, whatever its characteristics as a particular kind of family, will be conserved only as long as this passion is conserved in its members. At the same time, it is this passion that allows a group of People to constitute a new family of a different kind when the family that they originally integrited disintegrates. If this passion is absent or is lost, there is no possibility for a group of people to constitute a family. Finally, the passion for living together arises as all emotions do – without rational Justification in the happening of life and as an expression of the biology of the Participants. The passion for living together occurs in human beings as part of their continuous emotional flow of structural changes of their bodyhoods. ❮Page 166❯

8) The passion for living together happens and, when it happens, it necessarily happens in us human beings through languaging in the dynamics of recursive consensual co-ordinations of consensual co-ordinations of behaviour that constitute a family as a network of several kinds of crisscrossing conversations. Of these, we have mentioned three fundamental ones, namely: conversations that entail agreements for actions in a domain in which requests and promises are, or are not, accepted, and which we have called conversations for co-ordinations of actions in any domain; conversations that entail the ascription of positive or negative characteristics between the participants, and which we have called conversatibns for characterisations; and conversations that entail complaints for unfulfilled expectations, and which we have called conversations for accusations and recriminations. These different kinds of conversations give rise to different emotional dynamics that involve the participants in different ways with respect to the basic attitudes about reality (objectivity or truth) that, in the long run, define them as individuals. Human interactions always take place in emotional moods that are continuously open to change according to how the flow of the conversations that they entail involves the participants in the confirmation or denial of their fundamental constitution of implicit accepted truths. Thus, conversations like conversations for co-ordinations of actions in any domain only entail acceptance or non-acceptance of requests and promises, and are indifferent about objectivity and truth. As such, these conversations are emotionally monotonic in the interactions, do not put any strain on or challenge the basic identity of the participants, and do not threaten or confirm them in that domain. Contrary to this, conversations for characterisations, accusations and recriminations ("you are a liar" "you left me waiting") are not indifferent with respect to truth and objectivity because they entail absolute demands that challenge the basic identity of the participants. Characterisations, accusations and recriminations, then, are lived as negating the basic identity of the listener because they are always heard as disclosures of an objective reality by a speaker who has authority (right to be obeyed) in that respect because he or she has a privileged access to it. As a result, such demands, if repetitive, and regardless of whether they are positive or negative, always constitute a strain that elicits an emotion of frustration because they are always heard as revealing or claiming a failure in the listener.

In a conversation, all participants are both listeners and speakers at the same time, and all speak and listen from the domains of expectations, obligations and values to which they structurally belong in the social and cultural domains which they contribute to generate with their behaviour. Due to this, the participants in recurrent conversations for characterisations, accusations and recriminations live in a cultural domain with objectivity-without-parenthesis, and live the recurrent emotional frustration of not satisfying the expectations ❮Page 167❯ of others or of themselves. As a result, the recurrence of conversations for characterisations, accusations and recriminations in a family is a trap that sooner or later gives rise to existential unhappiness in the recurrent generation of emotional contradictions in its members through the production of recurrent frustrations of expectations, with the corresponding emotion of rejection, in the midst of the passion for living together. In other words, the family becomes a network of reciprocal expectations that cannot be fulfilled because they take place in blindness with respect to the untenability of the supposition that our expectations about the others are justified by our access to an objective reality. Conversations for characterisations, accusations and recriminations, by giving rise to frustrations, open a space for resentments and suffering because they are constitutively blind with respect to the dynamic nature of the characteristics of the components of a family due to the nature of the phenomena of composition.

9) Recurrent conversations for characterisations and accusations, by giving rise to frustrations, give rise to emotions of rejections. The members of a family constituted as a family of a particular kind by a particular kind of network of recurrent conversations for characterisations and accusations live in suffering through the continuous emotional contradiction generated in them. Due to the nature of the phenomenon of composition, the only escape from suffering for the members of such a family is the disintegration of the family, that is, the loss of the organisation (particular network of conversations) that defines it. This can only take place through changes in the members of the family which either result in the loss of their passion for living together, or in their Inability to continue generating the same network of conversations.

A change in perspective

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The different intermediate models (structuralist, strategist, interactionalist and constructivist) of the systemic paradigm put an end to the notion of open-ended, lineal causation. Yet, somehow, they continue dealing with objectivity-without-parenthesis, and in all of them the justifications under which power to decide is claimed continues being some pretended privileged access to an ultimate objective reality. Indeed, even constructivists, who claim that reality is invented, propose fitness of experience as the way of 'knowing' what is correct and what is incorrect (in Von Glasersfeld's (1984) words, "breakdown in experience reveals the unfit, the invalid, and force us to correct our model"). Placing objectivity in parenthesis produces something qualitatively different from that. We human beings cannot make any claim about an objective reality because such a claim can only be made in language, which is where reality arises (Maturana, 1978a), nor can we claim any privileged access to an objective reality independent of the speaker as a criterion of validation of what is the case (health or illness, normality or ‹Page 168› abnormality). For these reasons, the notion of fitness of experience does not apply; it implies an objective reality. By putting objectivity in parenthesis, we recognise that living together, that consensual operational coherence, and that operations of distinction in language constitute the generation and validation of all reality. By putting objectivity in parenthesis, we recognise the multiversa, and we recognise that there are as many domains of reality as there are domains of operational coherences brought forth in our distinctions as we coexist as human beings, and that none is more valid or more true than the others, because beyond them there is nothing; beyond language there are no things (Maturana, 1978a). By putting objectivity in parenthesis, we recognise that from the perspective of any domain of reality all the others are illusions, and that non-trivial disagreements (non-logical disagreements) can only be solved by a new manner of living together. By putting objectivity in parenthesis, we revert back in our social interactions to the basic emotional domain of mutual biological acceptance on which all socialisation rests.

In these circumstances, clinical expertise and clinical responsibility demand that the clinician be aware that his or her task consists in participating in the opening of a space of coexistence in which the individual members of a family can escape from the emotional contradiction that leads them to consult. Also in these circumstances, the clinician knows that he or she can fulfill his or her responsibility only through his or her participation in the disintegration of the particular family that the consulting people constitute. Furthermore, by putting objectivity in parenthesis, the clinician also knows that he or she can participate in the disintegration of a particular family only by listening to the network of conversations that defines it in the consultation as a manner of finding of interaction with some or all of its members in a domain orthogonal to that network of conversation, so that they undergo structural changes which impede them to continue generating it. If the latter happens, the family disintegrates and something new arises in its stead – something that an be another kind of family if the passion for living together remains. Finally, by putting objectivity in parenthesis, the clinician becomes aware that, in the long run, his or her task is to help the consulting people to put objectivity-in-parenthesis, as they operate in the constitution of a family.

In practice, for this to take place; /the following must occur: a) The clinician, by interacting with the members of the family, must listen to their behaviour and abstract from it the recurrent conversations that constitute its organisation and define it as a family a of a particular kind. In the case that we have considered above, the clinician does so when he or she claims that the family is constituted as a network of recurrent conversations for negative characterisations realised through implicit or explicit accusations of weakness and dependency, against a background of continuous demand for independency and strength. Furthermore, the clinician also docs so if he or she, by ‹Page 169› describing the behaviour of the members of the family as a recurrent dance in which the father and the eldest son assert their independency and success through the acceptance by the mother and the youngest brother of their dependency and incapacity, recognises that such a description is a metaphorical reference to recurrent conversations for characterisation and accusation; b) The clinician must interact orthogonally with the members of the original family, that is, he or she must interact with them through dimensions of their individual identity that do not involve them in the conversations for characterisations and accusations through which they constitute the family in which they exist in emotional contradiction; and c) The orthogonal interactions of the clinician must trigger structural changes in the members of the original family such that, after those changes and through their conversation for the passion of living together, they constitute a new family organised as a network of conversations for co-ordinations of behaviours in any domain that do not give rise to mutual rejection while under the passion for living together. Interactions that lead the members of a family constituted as a network of conversations for characterisations and accusations, to put de facto or intentionally objectivity in parenthesis, are for such a family orthogonal interactions that trigger its disintegration. If this happened to the family we considered above, dependency and autonomy would stop being central features of recurrent conversations between its members as they constitute it through their interactions, because these would not be centred on characterisations or accusations. Instead, conversations for co-ordinations of behaviour in any domain would always take place, as if the participants operated with objectivity-in-parenthesis.

In order to do this, the clinician must choose an action that all or some of the members can realise and which, if realised, will interfere with the recurrence of the conversations for characterisations and accusations. Such actions are different for different cases, but all entail sooner or later triggering the implicit or explicit attention on such conversations in the operational domain in which they take place. What will operate in all cases, however, will always be an action that leads the listener to put objectivity in parenthesis as his or her permanent manner of coexistence in a social system, because the awareness which this entails necessarily interferes with conversations that validate objectivity-without-parenthesis.

Finally, in order to be able to do so, the clinician must also listen to the particular features of the actual realisations of the network of recurrent conversations that defines the family. Only by doing so can the clinician grasp the particular linguistic dimensions of the actual behaviours which constitute that network of recurrent conversations, and discover those which allow him or her to be listened to in a domain of conversations that entails objectivity-in-parenthesis. ❮Page 170❯

Final remarks

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We have analysed the impossibility of asserting the objective existence or objective self of things, as well as how this impossibility leads us to put objectivity in parenthesis. Furthermore, we *have* shown that when we operate with objectivity-in-parenthesis our concepts of health and pathology only reflect the distinction of different (equally legitimate but not necessarily equally desirable) realities in multiversa that arise as different ways of living together in language. We have also shown the place that the dynamics of concessions of power has in relation to the definition of psychological health, and how this dynamic leads a speaker to assertions that are blind (fanatic) with respect to the other when he or she operates with objectivity-without-parenthesis. Similarly, we also saw the fundamental relevance of this dynamic in what happens in a family, where operating with objectivity-without-parenthesis leads its members to enter into relations founded on the possession of truth, and to live their interaction as a continuous struggle with emotional contradictions with the passion for living together through conversations for characterisations and accusations. Finally, we also saw how each member of a family necessarily exists in many different domains, only one of which is his or her manner of constituting the family as a biological and not as a literary system.

The operating rule of modern human societies is the concession of power under the assumption that he or she who has knowledge of an objective independent reality has an intrinsic right to it. Indeed, if we are immersed in the supposition that we exist in a universe in which things are as they are, intrinsically independent from us ("the child is lazy" "the coffee is bad"), and if we are immersed in the belief that we can characterise them as they intrinsically are because we have a privileged access to their objectivity, then we have no alternative but to correct the other for his or her errors, or to punish him or her for being naughty, appropriating to ourselves the power to do so through the right to be obeyed which objective knowledge gives. A claim to objective knowledge is an absolute demand for obedience.

This we must understand: if the members of a family are united by the passion for living together, and act with objectivity-without-parenthesis in the possession of truth, they cannot but struggle to impose upon each other what is correct and what is the *truth,* and they cannot but do so as an ethical and moral obligation of proper coexistence, falling necessarily into a recurrent network of conversation for characterisations and accusations which unavoidably leads to suffering. This situation changes when we put objectivity in parenthesis, and changes both for the family and for the therapist. Yet, this change is not a mere shift of emphasis, it is a change that involves a fundamental change in our responsibilities. Indeed, the question of pathology disappears as a central question for us therapists, and the suffering and ❮Page 171❯ unhappiness of the individuals appear instead as the fundamental experiences of the members of the family that command our attention in the consultation. The descriptions of their sufferings that the members of the family bring to the fore reveal the network of conversations that constitutes the organisation of the system (family) that these descriptions connote, revealing its domain of possible disintegrations. In these circumstances, our therapeutic task is to contribute to the disintegration of that system (the family in our case) so that something else appears in its stead. If, when this happens, the passion for living together is conserved, then the consulting people will integrate another family in which that suffering of its members will not be a constitutive feature because these, *de facto* or through awareness, will operate with objectivity-in-parenthesis.

Finally, we wish to summarise all that we say in three statements; a) to operate with objectivity-in-parenthesis entails operating in a domain that always allows us honestly to move into a metadomain of coexistence under any circumstances of coexistence; b) if we are aware that we operate with objectivity-in-parenthesis, then we can act with awareness of our emotions in the domain of human relations and be responsible for them; and c) therapeutic success in the domain of human relations consists in helping the consulting person or persons to operate *de facto* or through awareness with objectivity-in-parenthesis in their domain of coexistence.

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