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THE ECOSYSTEMIC STORY: A STORY ABOUT STORIES

The ecosystemic paradigm represents a counter-cultural movement in the mental health field. It is a worldview that does not fit the narrative story, politics, economics, normal science, or traditional therapeutic practice in Western culture. The implications of the ecosystemic perspective for the practice of mental health counseling are discussed as constituting a scientific revolution, and practical applications are provided.

According to Ricoeur (1978) and Watts (1972), any person born to a society or culture is socialized into the worldview, paradigm, or narrative story of that culture or society. Similarly, mental health counselors, social workers, psychologists, and psychiatrists are socialized into the narrative story of their particular professions. Furthermore, the narrative story of each profession

fits the culture or society in which the professional is being trained to function (Sarason, 1981). The Western ideology into which people in general, and mental health professionals in particular, are socialized includes the following characteristics: (a) priority above all else to autonomy and individual responsibility; (b) a belief that there is not anything we cannot overcome if we work at it hard enough; (c) faith in the ability of science to provide solutions to problems; (d) commitment to a work ethic according to which economic success is equated with virtue, and failure is seen as moral weakness; and (e) the assumption that there is a reality out there that we can know, predict, and control (Becvar, 1983).

THE ECOSYSTEMIC STORY: A STORY ABOUT STORIES

In contrast, the ecosystemic paradigm, or a systemic-cybernetic perspective (Bateson, 1979; Keeney, 1983; Maturana, 1975; Varela, 1979; von Foerster, 1981) assumes recursion, complementarity, and circular causality; focuses on relationships, context, and wholeness; embraces the notion that reality is perceptual, subjective, and constructed; and acknowledges theoretical relativity (Becvar & Becvar, 1993). It also includes as part of its socialization process an awareness that one is being socialized into a paradigm and that this paradigm is but a story about stories and about being socialized into a story about stories. These differences define the ecosystemic paradigm and have far-reaching implications for the practice of mental health counseling.

Our story about the ecosystemic paradigm also punctuates a difference between first-order and second-order cybernetics. To us this is an important distinction. The field of marriage and family therapy came into existence and continues its work largely on the basis of a first-order cybernetics perspective. One of the basic assumptions of this perspective is an interconnected universe (Bronowski, 1978), a revolutionary notion (Kuhn, 1970) that moved us from the study of the isolated, autonomous individual to viewing the individual in context. Our focus shifted from pathology within the individual to the pathology of the system of which the individual is a part. Dysfunctional behavior in an individual came to be seen as normal, or logical, in the context of the family.

Similarly, the dysfunction of the family came to be seen as normal in the context of community and society. Consistent with Newtonian physics, however, there continues to be an assumption implicit in this first-order cybernetics model that the observer is independent of the observed and that there is a reality out there that we can know. Thus first-order cybernetics research and mental health practice build on the idea that from the position of detached observer we can objectively discover the truth about normal and dysfunctional individuals, couples, and families. It is further assumed that we can use such information to diagnose and treat individuals, couples, and families, whose problems are seen as real phenomena "out there."

Second-order cybernetics also assumes an interconnected universe, but the connections we see are understood as having been created in our minds, or in the story or paradigm that organizes our thoughts, consistent with the narrative story of our culture or society. Indeed, the second-order cybernetics model more closely constitutes a revolution in the Kuhnian (1970) sense and is consistent with many of the findings of quantum physics (Capra, 1983). According to this

framework, the observer (researcher or mental health counselor) becomes a part of the system being observed and the concept of a separate, observed system self-destructs. Thus, objectivity in any absolute sense is no longer possible. We recognize that the realities we observe "out there" are filtered through the beliefs and values of our society, culture, family, and personal worldview and that they are mediated by language (Dell, 1983; Sarason, 1981). We cannot see X unless we believe in X. What we can see out there depends on what we believe exists out there. A problem, from this perspective, does not exist independently of the value or theoretical framework that defines a particular situation as a problem. Accordingly, there are no problems floating around in space. Problems only exist within a particular context and are punctuated as problems by the cultures and societies of which the mental health counseling field is a part.

Because we cannot really know what is going on out there we invent stories, which vary from culture and society to culture and society. All of the stories, to greater or lesser degrees, are valid for the purposes for which they were invented. Second-order cybernetics is thus about stories, and about the stories we tell ourselves to describe our relationship with things, other creatures, other people, and ourselves. Indeed, even a story that does not assume an interconnection with things, other creatures, and other people is seen as describing a particular kind of connection with these phenomena. That is, the story a person tells himself or herself about a particular thing, creature, or person also describes how that person will and must relate to that thing, creature, or person (including himself or herself) if he or she is to experience coherence and consistency within himself or herself. For example, the Biblical "dominion over" story regarding other creatures and things in the world stands in contrast to a stewardship story and one will behave very differently as a function of which story one accepts. Similarly, the "man should be the head of the household story" stands in contrast to the "equality of gender roles" story and its proponents will behave in significantly different ways.

Thus, the stories we tell ourselves constitute our experienced reality. What exists out there for us depends on our framework of concepts and constructs. The stories we tell ourselves inevitably define our relationships with others in our world. By virtue of acting in a manner consistent with these stories, we create the reality (i.e., the characteristics in the other that our story describes). This is Gregory Bateson's (1979) "mind in nature." In other words, what we have in our minds is an ecology of ideas. From this perspective there are no distorted perceptions. All stories are but perceptions of a world we can never know in an absolute sense inasmuch as we do not have a God's-eye view of the universe (Bronowski, 1978). No story is inherently superior to another. Each story serves the purposes for which it was invented more or less well. Each person's story is unique and has not been told in exactly the same way by anyone else.

Ricoeur (1978) suggested that the counselor's task is to help clients tell stories that provide coherence, meaning, and purpose in their lives. The second-order cybernetics dimension that we would add suggests that mental health counselors help clients become aware, either implicitly or explicitly, that the stories they tell themselves necessarily define their relationships with people (including themselves), creatures, and things. As Bateson (1972) also noted, people, creatures, and things do not interact. Rather, the ideas that we have about people, creatures, and things interact. Accordingly,

The absolute one, true reality of life can never be an important issue from a systemic point of view. Rather, it is recognized that a multiplicity of tales is possible. What is important are meaningful wholes, descriptions of the patterns that guide movement. ... Since we cannot have access to ultimate absolute reality, our challenge becomes one of seeing relationships, of knitting together incoherent parts.

As we talk of stories rather than "reality" we are reminded that it is not possible anywhere or anytime to speak truth in the positivist, Western sense of that term. The truth we speak from a systemic point of view is a contextual truth. A piece of the puzzle (or dynamic of the plot) is true if it fits, if it helps to complete the pattern from which emerges meaning. (Plas, 1986, pp. 81-82)

Implications for Mental Health Counselors

As was mentioned earlier, second-order cybernetics constitutes a revolution or a counter-cultural movement in contradistinction to the ways in which most mental health counselors have been socialized. According to Kuhn (1970), however, professionals who have an investment in a specific paradigm do not easily give up that paradigm. In the same way, clients have an investment in their own personal paradigm, or worldview, which they began to develop early in their lives and to which they have added throughout their lives. Although one can assume that this personal paradigm is no longer serving them as well as they thought it would or they would not be presenting themselves for counseling, it is all they know. It is their reality.

With this introduction, let us venture to consider how we would deal with such a situation, or to view the practice of mental health counseling according to a second-order cybernetics perspective.

1. The client (individual, couple, or family) is telling a unique story. If the client is a couple or family, you will hear a different story from each member. There are as many different couples or families as there are members. Each story has its own coherence and will probably have a coherence with the stories of other couple or family members.
2. Mental health counselors are not diagnosticians. They do not think in terms of pathology or health. They see coherence, logic, and normalcy in the context of the other and the stories each tells himself or herself about the other. The sequence of diagnosis, treatment planning, and treatment give way to a process of dialogue or dialectic (a recursive dance) between the' mental health counselor and the client. The mental health counselor is not the expert, although the counseling context and the client's beliefs about that context may punctuate the mental health counselor as expert.
3. Because the mental health counselor does not diagnose, she or he probably will not use psychometric instruments. To do so would be to impose on the client the story on which the instrument is based, which would inevitably become part of his or her experienced reality. No instrument discovers what is really going on except within the values, theory, or story that guided the development of that particular instrument. The title, items, and scales that logically fit the meaning or value system underlying the instrument selected for assessment or research give clients in therapy or participants in research a particular

way of experiencing themselves. The mental health counselor or researcher is not a discoverer; she or he is a co-shaper, a co-creator (with the client) of human experience.

4. The mental health counselor is a qualitative instrument who also cannot know or discover what is really going on. The questions the mental health counselor asks, the components of the client's story that the mental health counselor selects for paraphrase or empathy, lead the client to tell his or her story in a particular way. Stories told are relative to the context (i.e., relative to the audience). Thus, the story a client tells to an Adlerian mental health counselor will be different from that told to a counselor with a Rogerian or Jungian orientation. From this perspective, the kind of problem a client needs to solve to alleviate his or her problem will be the client's story as amended by the mental health counselor's theoretical orientation.
5. Mental health counselors operating from the perspective of second-order cybernetics are aware (a) that they cannot not behave, (b) that they cannot not communicate, and (c) that they cannot not influence the direction of the counseling. They are, however, more likely to be guided by the client (person-centered) rather than by a standard theory (theory-centered). They are likely to view counseling as a recursive dance between client and mental health counselor who together co-evolve an alternative story that provides solutions that the client's original story did not. Milton Erickson noted, "people come with problems they cannot solve; I give them problems they can solve" (personal communication, 1978). Thus, the client and mental health counselor co-evolve a different story that fits the client's original story, and which (a) may define the problem differently; (b) may define the presenting problem as not a problem; or (c) may suggest that the attempted solution to the presenting problem is the problem (Watzlawick, Weakland, & Fisch, 1974).
6. The mental health counselor and the client may co-create a different story that may contain aspects of any of the stories from classical theories of counseling and personality or theories of family therapy. As a second-order cybernetician, the mental health counselor does not discriminate against any story, and believes that each story has potential utility for the client. The test for the utility of a story is not the truth or falseness of the story, but its appropriateness for the client. Thus, the mental health counselor may seem to be Freudian, Jungian, Adlerian, Ellisian, Rogerian, Bowenian, or Minuchian. For the mental health counselor, however, the issue is not about the truth of the particular story, but its utility for that particular client. This utility is also the second-order cybernetician's aesthetic in that it respects the unique emotional system that is each client.
7. Mental health counselors do not view their clients as resistant, not motivated, not wanting to change, or as being in denial. If the mental health counselor observes the client as being resistant, he or she must include himself or herself in a consideration of what is going on. Resistance is viewed as a relational phenomenon and may be seen as an attempt by the mental health counselor to impose a story on the client that either does not fit the client or is ill-timed. Clients provide the cues about how they can be helped. Ecosystemic mental health counselors are more sensitive to these cues than they are to theories that

suggest how and at what pace counseling must progress. Milton Erickson (personal communication, 1978) noted that he invented a different theory for each client. The theory or story the mental health counselor uses to understand his or her client must evolve to fit and respect (the aesthetic, and an ethic) the unique life situation of that particular client.

8. The mental health counselor probably does not use the DSM-III-R (American Psychiatric Association, 1987) or any other standard diagnostic protocol. From the perspective of second-order cybernetics, "Psychiatric diagnoses exist only in the eye of the observer. Worse yet, diagnoses, because they carry attributions of causality and hence blame act to reinforce the problems they are meant to benevolently explain" (Boscolo, Cecchin, Hoffman, & Penn, 1987, pp. 1415). The mental health counselor views the DSM-III-R as a system of thinking based on a particular kind of story consistent with normal mental health practice in our culture. The mental health counselor would view using such a system as participation in the maintenance of the problem.
9. The mental health counselor is very careful about his or her choice of words or metaphors to describe the client's situation. The mental health counselor is aware that because she or he is viewed as the expert from the perspective of the client, his or her story will strongly influence the creation of a reality for the client. Therefore, the mental health counselor is more likely to normalize rather than to "pathologize." Indeed, if the client's story is heard, including his or her perception of the context in which she or he lives, the mental health counselor will hear normalcy. This is not normalcy in the sense of an observer outside the system using some statistical standard of normal grief, normal anger, or normal anxiety, but as making sense given the client's story. Many clients experience problems when they apply a standard to themselves that does not fit their unique circumstances. Therefore, the mental health counselor is likely to normalize the client's experience when she or he hears the client apply a statistical norm or a norm that the client has observed for other people relative to him or herself. Perceived deviations from statistical standards of normalcy may be refrained as the client's uniqueness and necessary difference.
10. Given the fact that the concepts of denial and resistance are not consistent with this perspective, the mental health counselor does not engage in confrontation. If the mental health counselor sees the client as in denial or as resistant, she or he is describing a problem in the way in which the client and mental health counselor are dancing together. In this case the mental health counselor considers another approach in an effort to help facilitate a better fit. Among the questions the mental health counselor might privately ask himself or herself are, "What story am I telling myself about this client?", "What alternative story would be more likely to fit and be useful to the client?" An ecosystemic mental health counselor is also more likely to consult with the client when stuck, and might offer the following observation and question: "We seem to be stuck and not dancing well together. What do you see going on? What do you think would be helpful?" Such an observation or question would be more consistent with the recursive perspective and the concept of mental health counseling as a collaborative process.

11. The mental health counselor is aware that any change made by the client must influence the client's relationships with others in his or her family or social network. An ethical issue for the mental health counselor is thus a concern for the others who will inevitably be affected by the change in the client. Furthermore, there is an awareness that if the changes requested by the client were to occur, they might not necessarily be experienced as good if his or her network of relationships is affected adversely. You cannot do just one thing. Each requested change deserves an exploration by the mental health counselor and client of its potential environmental impact.
12. The ecosystemic mental health counselor is aware that solving one problem may give rise to higher-order problems (Keeney, 1983). Because the ecosystemic counselor sees all people, creatures, and things as interconnected, she or he may see a wisdom in that which is viewed as a problem. The ecosystemic mental health counselor may tell himself or herself the story that the problem evolved in a network of relationships and fits or is coherent in the client's network of relationships. Indeed, the problem may be a solution to a different problem. If the original problem is solved, other problems may logically evolve. Again, the mental health counselor collaborates with the client to develop an environmental impact statement. For example, the "problem" of an acting-out child may be less of a problem than the problems in the marriage or the frustration of the stay-at-home mother. Thus, solving the problem of an acting-out child may involve solving many other problems that necessarily follow from solving the presenting problem. The mental health counselor is aware that you cannot do just one thing.
13. To the ecosystemic mental health counselor, the paradoxical injunction is not a trick or a con and poses no particular ethical problem. As the mental health counselor listens to his or her client's story, she or he will hear coherence, sense, and a certain kind of wisdom in the style of life that the client has developed. She or he is also aware, as mentioned earlier, that symptomatic behavior may be a problem but may also be a solution to other problems. Furthermore, she or he is aware that if the presenting problem is solved other problems may logically follow from solution of the initial problem. Thus, in seeing wisdom, coherence, and connection the mental health counselor may well suggest continuation of the symptomatic behavior or restraint from change. But in so doing and as viewed from the perspective suggested by Dell (1986), the recommendation is not a paradoxical injunction. A paradox is only a paradox from a frame of reference that does not see sense, coherence, wisdom, and connection.

As Satir (1967) suggested, for example, depression or anxiety are not necessarily a problem. The problem is the conscious attempt not to be depressed or anxious, the "be spontaneous" paradox (Watzlawick, Weakland, & Fisch, 1974). Such efforts give rise to being depressed about one's depression or anxious about one's anxiety. Thus, it is the higher-order feelings about one's feelings that are the problem, not the first-level feelings. Prescribing the symptom of consciously trying to feel depressed or anxious is an attempt to normalize the first-level feeling by framing it as a logical response. Similarly, giving it a positive connotation or describing a wisdom in the

symptom may preclude other, perhaps even more serious, problems. Restraint from change makes sense for the client whose urgency to solve the problem may be a part of the problem.

- 14. For the ecosystemic counselor, mental health is relationship health. If people live problem-saturated stories in relationships, the relationships take the form of problem-saturated relationships. The kind of relationship one experiences is relative to the story one tells oneself about the other person and vice versa. A relationship is thus defined by the ecology of ideas (stories) the people in the relationship tell themselves about each other and about the relationship. Each enacts his or her story in that relationship. Furthermore, as each enacts his or her story, each validates the story of the other in the recursive dance that defines the relationship. Alternative stories about any relationship are possible, but only if one or both people in a relationship have an awareness that they are telling themselves a story and that the story is living the relationship for them. If each believes that his or her story about the other describes the way the other really is, the status quo of the relationship continues. Thus, mental health counselors would always include themselves in their descriptions of clients (e.g., "I don't know what kind of person Joe is. I only know how he is with me, the way I am with him. And I can only tell you my story about Joe").
- 15. The mental health counselor does not view therapy as praxis. By respecting the client as a unique emotional system and by being more person-centered than theory-centered in his or her therapy, he or she does not impose a specific model of what a client is "s'posed to be or do" on the client. Thus the mental health counselor has no political agenda for his or her client. Indeed, imposing or indirectly encouraging a political agenda or "s'posed to be or do" would pose an ethical dilemma.
- 16. Given the assumption that there are many stories we can invent about how the current circumstance came about, the mental health counselor does not believe that the cause or etiology of a problem can be known. The fact that having been abused as a child or having had a parent who was chemically dependent may correlate with specific symptoms does not translate into causes of a current problem. One of the first lessons in a statistics class is that correlation does not equal cause. History taking may be a part of the counseling process, but it is done for perspective and an understanding of the context of the presenting problem rather than as a search for etiology, which cannot be known with certainty. Furthermore, the fact of solution to a symptom or problem as a function of "working through" does not necessarily validate the cause-effect connection, although one could be seduced by success to a belief in the truth or validity of this connection.
- 17. The mental health counselor is more likely to work to solve the problem the client presents than to translate the problem into a theoretical framework that defines what the real problem is and therefore must be resolved in order to solve the presenting problem. Thus, while the mental health counselor could use any story from the received view theories, which may include growth or development assistance among others, the focus would be on helping clients solve the problems that they presented.

- 18. The ecosystemic mental health counselor does not get caught up in the issue of brief versus long-term counseling. Such a dichotomy is based on received view issues that have become a part of the folklore of normal mental health practice. Rather, counseling takes as long as it takes. A related dichotomy in normal mental health practice is that between situational versus deep-seated problems. Many such dichotomies are nonissues for the ecosystemic mental health counselor. As Watzlawick, Weakland, and Fisch (1974) noted:

All theories have limitations which follow logically from their premises. In the case of psychiatric theories, these limitations are more often than not attributed to human nature. For instance, within the psychoanalytic framework, symptom removal without the resolution of the underlying conflict responsible for the symptom must lead to symptom substitution. This is not because this complication lies in the nature of the human mind: it lies in the nature of the theory, i.e., in the conclusions that logically follow from its premises. The behavior therapists, on the other hand, base themselves on learning and extinction theories and therefore need not worry about the dreaded consequences of symptom removal. (p. 26)

Many such issues are tied to specific theories that are touted as describing human nature. The ecosystemic mental health counselor is aware that by believing in such issues he or she participates in creating problems that only exist because they logically fit that particular theoretical orientation. There are no problems floating around in space. Problems are problems only from the framework and values that define them as problems. This is a statement that applies to mental health counselors as well as clients.

- 19. The ecosystemic mental health counselor is aware that many of the problems people experience are invented (although described as discovered) by professionals marketing their own theoretical agendas. The plethora of popular press books and questionnaires that appear in popular press journals are based on issues that are issues only from a particular frame of reference, based on normative data about how people are supposed to be. Thus, many of the problems that clients present for solution are the problems that we professionals create in order to solve other problems. The issue here is whether we are making people aware of problems that they already had, or whether we give people problems that may be worse than the original problem. The ecosystemic stance is that one does not discover problems. One invents them.
- 20. For the ecosystemic mental health counselor, a hierarchy of increasing organizational complexity might be described as shown in Figure 1. The mental health counselor is aware that the unit presenting itself for counseling is a part of a larger context. Although a problem may be solved at the level of person, two-person, or family units, sometimes the mental health counselor may be called on to work with larger social contexts (i.e., the community, the subculture, and at the political level, the society-nation).

CONCLUSION

The implications of second order cybernetics for mental health counselors as described in this article are applicable to the individual, the couple, and the family. The choice of treatment unit is

arbitrary, for we can cut up the world into as many subunits as we wish for developing an "ecology of ideas." When we operate from an ecosystemic perspective we think relationally regardless of the size of the client system. Furthermore, it is important to remember that the distinctions we make between things are not distinctions between the real things "out there." We must remember that our ecology of ideas is our invention, based on our invented distinctions. To reify them, to regard them as really existing out there, is inappropriate. As Watts (1972) noted, "This is no more than a way of thinking about the world: It is never actually divided" (p. 54).

Although Watts was making the point that our conceptual divisions of "out there" never fully correspond to the real "out there," second-order cybernetics (as well as quantum physics) makes us aware that the distinctions we make, the labels we apply, and the way we conceptualize and think about things create a reality that corresponds to our beliefs (Becvar & Becvar, 1993). Indeed, believing is seeing and seeing is creating. We must therefore ask ourselves, what other kind of world can we believe, see, and thus create? The awareness that the world in which we experience ourselves is a story and that many stories about ourselves and the world are possible provides us with hope, tolerance, responsibility, uncertainty, and total freedom.

DIAGRAM: FIGURE 1. Hierarchy of Increasing Organizational Complexity

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