



Point of View Matters: Seeing, Hearing and Acting in Systemic Practice

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ABSTRACT



While systemic thinking permeates the fields of couple, family, behavioral, ecological, medical, government, business and political sciences, appreciation of the implications of fundamental presuppositions can be obscured with the passage of time, the emergence and resurgence of alternative approaches. Previously unpublished documents preserved in the Don D. Jackson Archive, will be used as points of reference to discuss elemental presuppositions of the MRI Interactional View from which much of current day systemic practice derive.

Key Words: [Defining the nature of relationships](#), [Interaction](#), [Influence of therapist's viewpoint](#).

Introduction

Among the essential foundations of Systemic theory and practice are contributions made during the 1950s by members of Gregory Bateson's Research Team (Don D. Jackson, John Weakland, Jay Haley, and William Fry), beginning in late 1958 by Jackson and colleagues at the Mental Research Institute (MRI), and since 1966, by Richard Fisch, John Weakland and Paul Watzlawick and colleagues at the MRI Brief Therapy Center. It seems appropriate to begin this paper by referring to John H. Weakland. After all, Weakland, an accomplished chemical engineer and cultural anthropologist was the first person Gregory Bateson asked to join what became his renowned Palo Alto Research Team. John was also among the first persons, along with Jules Riskin, MD, Virginia Satir, MSW, Jay Haley, and William Fry to be asked by psychiatrist Don Jackson to join him when he founded the Mental Research Institute (MRI). A few short years later Weakland joined Richard Fisch, MD and Paul Watzlawick, PhD in founding the MRI Brief Therapy Center. Author and co-author of influential journal articles and books (Bateson, Jackson, Haley, Weakland, 1956; Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland, & Fisch, 1974; Weakland, Fisch, Watzlawick, & Bodin, 1974; Weakland & Ray, 1995), it was Weakland that suggested the creation of the Don Jackson Archive, the repository housing the unpublished documents which serve as points of reference in this paper.



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there is no "not caring"; that is, the family member is only relatively independent, and whether he admits it or not, is continually responding to reflected appraisals from others in his family (Jackson, 1959, p. 122).

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Around 1979 deteriorating health and related reduced involvement at MRI occasioned Weakland to compose a memorandum to the MRI Board of Directors in which he framed a Mission Statement for the Institute: “The basic aim of the institute is to explore and encourage the use of an interactional view toward better understanding and more effective resolution of human problems – from the family to all other levels of social organization.” Weakland went on to state,

Despite its brevity and apparent simplicity, the implications of this statement – that is, what sort of actions ... would constitute pursuit of this aim and what would not – may not be clear to some ... I believe failures of understanding mainly concern the central term “the interactional view.” My experience is that it is very difficult to convey that “view” should be taken both literally and seriously. That is, the central concern of the Institute’s work is not a matter of what, concretely, is to be observed and studied – not even the family, despite the importance of family study and family therapy in the origin and development of MRI. Rather, it is a question of how, the (conceptual) angle or point of view from which observations are made. ... What is so special or distinctive about the interactional view? ... It seems across history and cultures human attempts to interpret and explain problematic behavior and situations ... can be grouped into just three general categories. The first may be called the impersonal causation view, in which human difficulties are seen as the result of non-human factors – large ones such as fate, the will of the gods, the weather, the economic system, or more recently small yet powerful factors such as microbes or drugs. The second category may be called the personal causation view. In this view, difficult and undesirable occurrences are seen as consequences of some inherent characteristic that is attributed to a particular individual, or group of individuals – “He abuses drugs because he has an addictive personality”; “They keep making trouble (for us) – everyone knows they’re an aggressive race.” Combination of these views seem increasingly popular lately; e.g., “They are manic-depressive because their Z genes are defective.” Finally, there is the interpersonal or interactive view of causation. In this view, what is occurring – whether labelled as bad or good, a problem or a desirable state – depends mainly on current interaction within some enviroing system of social relationships – family, school, workplace, etc. Our behavior largely shapes the behavior of others, and vice versa (Weakland, 1989).

The focus on current interaction and what Weakland terms “point of view” lies at the heart of seeing, hearing and acting in systemic research, therapy, teaching and supervision. Close study of the contributions of the Palo Alto Group (Bateson et al., 1956; Bateson & Jackson, 1964; Cecchin, Lane, & Ray, 2010; Fry, 1963; Haley, 1976; Jackson, 1957a&b, Lederer & Jackson, 1968; Ray, 2005; 2009; Ray & Nardone, 2009; Fisch, Ray, & Schlangner, 2009; Watzlawick, Beavin-Bavelas, & Jackson, 1967) reveals the

extent to which these researchers and pioneers did the spade work and laid the foundation of systemic therapy.

Study of the research of the Palo Alto Group and a shared interest in understanding current interaction in systemic couple and family therapy brought the author's together for what is now more than a decade of joint effort to better understand the nature of relationships and to develop more effective approaches to resolving human problems (Trappeniers, 2010; Ray, 2010, 2015). Following Weakland's guidance, in our work both separately and together the author's find great benefit in taking literally and seriously the theoretical presuppositions and subsequent tactics of intervention of Don Jackson and colleagues at MRI.

Toward this end, a number of additional never published documents housed in the Jackson Archive are of particular relevance. In a folder dated August 2, 1956 and marked "Communication Theory", the following one-page definition was found:

"Communication Theory" looks at current interaction from the perspective that CONTROL of *who is to define a relationship* is the CENTRAL PROBLEM of Mental Pathology. The crucial level at which relationships become pathological is: *the level of controlling who is in control of the definition of the situation*. (Use of capitalization and underline are from the original document). For example, when "A" lets "B" be in control of the definition of the relationship, "A" is controlling who is in control. The pathology enters when there is an ongoing struggle at this level. Note: *The problem is not what is the status of "A" in regard to "B", but whether "A" or "B" is to define the status of "A" in regard to "B"*.

In a third unpublished document also dated from the mid 1950s, profound in its utility,

Jackson offers a vividly clear, step by step breakdown of his understanding of how he, and by implication other members of our species, engage in communication with one another. In doing so, Jackson describes the processes and operations he used to maintain a current interaction focus that encompasses the idea that control over who controls the definition of relationship is central to human communication. Jackson writes:

When I engage in a communicative transaction with another person who has value to me (in contrast perhaps to the streetcar conductor) I am engaging in several operations at the same time:

- (1) I am attempting to influence the nature of our relationship in the immediate present, usually by ordering, informing, exhorting, etc. verbally.
- (2) I am scanning what I say for needed correction and thus moment to moment, modifying what I saw as I hear it.

- (3) I am observing the other and modifying what I saw in order to strengthen my methods in its influenceability (use of humor, stronger tone, more conciliation, etc.)
- (4) I am considering the future effects of my current remarks and as in 2 and 3, this may result in modification.
- (5) I am anticipating the other's reply which is not exactly equivalent to 3 in that it involves a.) Attempting to anticipate change or surprises and b.) Testing my ability to read minds for purposes of strategy or to demonstrate my closeness to the other individual (two hearts that beat as 1).

Obviously carrying out this number of operations is a highly complex and fatiguing process. In order to simplify certain conditions are necessary:

- (1) My relationship with the other individual must be of such a nature that the attempt to anticipate and minimize change will need to operate only at a low level.
- (2) I must operate in a familiar context so that scanning of my own message is minimal and the need to consider future effect is minimized because I have been there with this individual many times before.

As Weakland outlined in his memo to the MRI Board of Directors, there exist many possible ways to make sense of behavior. However, Jackson's assertion of the inescapable nature of the current interaction in defining the relationship, and his depiction of the process of how equally inescapably one engages in defining a relationship are worthy of both literal and serious contemplation to use Weakland's suggestion.

The fourth document, dated 1962, fits in a progression from the two earlier Jackson documents and serves to solidify tenets introduced earlier. This manuscript was in a folder labelled as Chapter Seven of a book Jackson was writing but never published (although by 1964 Jackson had developed a 2-page outline and proposed to Paul Watzlawick and Janet Beavin Bavelas that together they write what evolved as the classic *Pragmatics of Human Communication*). Seventeen "principles, assumptions, and postulates," are listed that Jackson believed central to understanding the nature of current interaction, and imply how to evoking constructive change:

- (1) A person is always attempting to define the nature of his relationship with other people, as he interacts with them. (Related to idea of seeking or maintaining one's identity?) (Could this be viewed as a "driving force" of this theory?)

- (2) (Reciprocal of #1) So long as a person is interacting, i.e., alive, he is never not seeking to define the nature of relationship; There is no “not caring,” there is never a “resting state”.
- (3) At times this tendency (to define nature of relationship) is in sharper focus than at other times. (This leaves open the question of whether the principle operates more strongly at sometimes compared to others).
- (4) The dimensions of “nature of relationship” are exhaustively defined as 1) symmetrical and 2) complementary (offering or asking). Therefore, all interaction may be seen in these terms.
- (5) “Character traits”, “symptoms,” are a person’s typical ways, in an interaction, of attempting to define the nature of relationship.
- (6) Interaction between two or more people may be seen as a system, which at any given time has some kind of central point of equilibrium. (The central point is probably inferred, i.e., conceptual, rather than factual.) The system is maintained (and perhaps operationally gotten at or defined?) by a series of governors (homeostatic mechanisms).
- (7) There is always a tendency towards maintaining the status quo. (Is this another “driving force”?)
- (8) At the same time, there is also always present a tendency towards change in the system. (This follows, partly at least, from no. 1 and 6) Therefore, the system is never conceptually static.
- (9) The nature of the system (including its equilibrium point and governors) may be modified by the introduction of new parameters. (Can these be conceptualized as “rules”?)
- (10) “System” is quite abstract – it will be manifested or defined by the occurrence of repetitive sequences of specific patterns of qualifications and ways of attempting to define the nature of relationship.
- (11) “Homeostatic mechanisms” also are abstractions. They will be revealed indirectly by observing repetitive patterns of qualifications, etc.
- (12) All messages have both a report and command aspect. (Report of the speaker’s state? Command refers to attempting to define nature of relationship?) This needs further spelling out).
- (13) All messages are modified by either disqualifications or affirmations. (The cutoff point for meta-messages to prevent the problem of infinite regression needs to be clarified)
- (14) A given message, in analysis, is arbitrarily seen in relation to the immediately previous message. A simplification such as this is necessary, in order to avoid an otherwise potentially infinitely complex task of viewing every message in relation to all previous messages. Justification of this particular cutoff point must be empirical.

- (15) Knowledge of the prior history of a system is not necessary for studying the current patterns of interaction. I.E., in terms of this theory, a cross-sectional approach is sufficient.
- (16) Particular patterns of a system (i.e. particular kinds of equilibriums) will tend to be associated with particular kinds of individual behavior (including character traits, symptoms, etc.). This assumption does not exclude 1) possible constitutional factors, or 2) the effect of an external event (s) (acts of God).
- (17) A statement can always be prefaced by “I have the right to say such and such in this relationship. (Jackson, 1962; Ray & Brasher, 2010).

While many of the premises in this early synthesis appear in more refined form in later publications (see for example Bateson & Jackson, 1964; Jackson, 1961; 1965a; b; 1967 a, b, d; Jackson & Weakland, 1961; and especially; Watzlawick, Beavin-Bavelas, Jackson, 1967), the early and uncompromisingly interactional focus of Jackson, Weakland, Bateson and other MRI Researchers is clear and explicit. One wonders what misunderstandings of system logic and sources of contention could have been avoided had Jackson published this list back in 1962. Jackson’s 1956 statement, and 17 postulates articulate elemental systemic constructs. For example, #7 and #8 describe how living systems are characterized by both a tendency toward stability (homeostasis) and a capacity for change. #15 posits that knowledge of past history is not necessary for understanding and evoking change. #6, 10–14 address the intentional avoidance of blame; circular causality, and the shift in primary data from the nature of individuals to the nature of the relationship between individuals. #16 is an early statement of how emergence of individual behavior and symptoms may be connected to specific interactional patterns – and that interventions can be developed to interrupt such problem engendering vicious cycles (See Lederer & Jackson, 1968; Fisch et al., 1982, Ch. 5; Nardone & Balbi, 2013) Some will recall a time in the 1970s and 1980s when the Bateson Research Team and early systemic family therapy was criticized as blaming the mother (insert a reference or two). In another set of materials housed in the Jackson Archive that, had it been published, could have gone a long way to address mischaracterization of system logic as blaming of the mother, or one spouse, or the parents for the illness and symptoms of a child. The final Bateson Team research project investigated the use of family therapy as the principal intervention in working with hospitalized schizophrenics. In 1961 when this study ended, project co-director, John Weakland, distributed a questionnaire to project members requesting they report on what they learned. Materials in the Jackson Archive from this research include responses by Gregory Bateson, Don Jackson, Jay Haley, John Weakland and William Fry. Particularly noteworthy, Bateson writes:

I was and recurrently am surprised that what we deductively expected would be true of a. schizophrenia, b. families, & c. therapy is so much truer than we had expected. This includes: 1. The double-binding mechanism of the family, whether phrased as the Prisoners Dilemma or otherwise. 2. The fantastic redundancy of family patterns of interaction which will continually work to regenerate the status quo ante when any change is introduced. 3. While [mothers in the study] amply confirmed our ideas about the schizophrenogenic mother, [they] have moved me a long way towards believing that at least for some schizophrenic families is an error to locate the pathogenic focus in the mother. Indeed, one of the more important slow changes which has occurred in my thinking has been in the direction of *skepticism regarding all localizing of function in cybernetic systems* (Weakland, 1961)).

Bateson challenges the value of locating pathology, and by implication blame, in any component of an interacting system. In writings of Bateson Team members explicitly abandoned use of a lineal model of pathology and in its place adopted circular causality in the current moment of interaction (see Jackson, 1962 #14 & 15 above; Jackson, 1958, 1967e; Weakland, 1960). In a particularly clear and unequivocal rejection of individual blame and lineal causality Jackson wrote, “There are no good guys or bad guys or long-suffering wives and bastardly husbands. There are patterns of interaction which have to be so conceptualized that it isn’t possible to say the husband withdraws because his wife nags, nor the reverse” (Jackson, 1966, p. 339).

Case examples

The writings of Bateson’s Research Team members, Don Jackson and colleagues MRI and the Brief Therapy Center are replete with examples of the clarity and expediency derived from taking a literal and serious point of view of current interaction. One example reported by Don Jackson is as follows:

A thirty-year-old divorced, catatonic, schizophrenic woman with an eighteen-month-old daughter for whom she had never accepted responsibility entered family therapy after moving to live with her parents. The patient’s mother planned to retrieve the child from the patient’s previous home when the patient and parents had adjusted to each other. The patient was mute and the parents were considering re-hospitalization. How the baby was to be handled when she arrived became an issue from the start. The parents reassured the patient there would be no problem, everybody would pitch in, etc., and succeeded in making her appear even more hesitant, confused and recalcitrant. Jackson, noted father’s look when the mother remarked, “Daddy will baby-sit when you and I go shopping or to the movies.” Upon confrontation, the father admitted he was unsure of his like for or ability at babysitting and he had never taken care of his own children.

Following the interview, the mother telephoned saying the daughter was upset and confused. The therapist spoke to her and learned she didn't know where the baby could sleep, whether they could handle her, etc. The therapist assumed the response was in relation to the parents' indecision and told her the baby could sleep anywhere, and the important thing was their feeling about having her. The patient calmed down and appeared in much better shape at the next interview.

The mother and daughter came alone to the session. The mother said her husband was nervous, had periods when he was unable to work and she took care of him. She also described the patient's younger brother had a similar spell before entering the military. Mother was asked, since her husband, son and daughter had had breakdowns, was she ever able to allow herself to let down or did she always have to be the strong one? Looking confused, mother said, "It's all over, there's no sense in going into it." "It was just silly past history." Despite the therapist's telling her that with this attitude she could not possibly understand her daughter, furthermore that it was unfair to treat herself this way, she denied her own "breakdown" was of any importance. The therapist turned to the daughter and asked what her understanding of this was. She replied, in a whisper, her mother could understand other people when they had troubles but seemed unable to admit that she had any of her own. The mother then apologized for having left her daughter so much when she was an infant, became tearful and admitted difficulties with her husband early in the marriage. Listening interestedly, the patient said she had not been told of this before.

The next day the patient telephoned saying she wanted to fly back to fetch her daughter. She came into the therapist's office to pick up a letter assuring the foster home that she could take the child to her parents' home. The mother was trailing her daughter, reflecting her helplessness, appealed to the therapist: "What about the ticket?" The patient reassured her she called the travel service and they would accept a check. She returned with the child and for two weeks was in a surprisingly good state. The parents began quarreling, and the father was impotent for the first time (Jackson, 1960, p. 325-6).

A second example of the importance of the therapist's point of view in treatment is Sally, an 18-year old girl was seen by the first author because she could not sleep. When Sally would lie down and close her eyes to sleep her father, who had died in a car accident ten years earlier, would appear hovering above her, warning her to "be careful," that she lived in a dangerous world and she could be making mistakes. She would get up out of bed and go into the kitchen where invariably she would find her mother sitting at the table in her negligee, smoking a cigarette and drinking a cup of coffee. Her mother, who had also died many years earlier, would also warn her about the world being a dangerous place. Even though she "knew"

they were not “really there,” to Sally both parents were actually in the room with her and she wanted help getting her dead parents to allow her to sleep.

In talking with Sally, she said that she was diagnosed as moderately mentally retarded and that after her parents died she had lived in a group home for mentally challenged children, from which she had recently graduated. She met Jimmy, a year older than she, who was also a former resident in the group home. They began dating, fell in love and married in spite of strong objections by the staff of the home. Advice from staff members to whom she was close was that it was too dangerous for her to marry given her mental impairment, especially not to Jimmy who was as limited mentally as she was. Further inquiry revealed that both Sally and Jimmy had full time jobs, she at a large department store and he as a janitor. Both had driver's licenses, owned a car and lived in an apartment. Sally was told that in many cultures around the world she would be considered a spiritually gifted person. At the same time she was cautioned that in western culture some may see her ability as mental illness. She said she understood. She was then asked if she wanted them to visit again, would her parents would return to speak with her? “Sure she said, the problem is when I try to sleep they will not to stop visiting me”. She was then told that the therapist thought they were worried about her. That night when she went to bed she was asked to have her mother and father appear. She then was to thank them for being worried about her, how much she treasures them, that she appreciated how much they love her and that she was safe. Tell them about her new husband, what a good man he was, how much in love and happy they were. Sally said she was quite willing to talk with and reassure her parents. When she returned the next week, smiling a wide grin dressed in a beautiful dress, with one hand clasped to her shy husband and holding a photo album with the other. After introducing Jimmy, Sally then spent time showing wedding pictures to the therapist. When asked if she had talked with her parents, she said, “Sure, you were right, they were worried about me. They were glad when I told them about Jimmy and how happy we are.” When asked if she was sleeping she said, “Oh yes, I am back to sleeping.” When asked if her parents were still visiting she said, “No, they know I am all right.” Will they visit if you ask them to? “Yes, they love me.” In follow-up interviews Sally was back to her normal sleeping habits; she and Jimmy were living happily together. Visits from her parents were no longer a problem.

Discussion

Point of View matters greatly in systemic practice. Now more than ever Weakland's farsighted observation that the numerous and expanding conceptual logics available for understanding the nature of behavior qua behavior can usefully be grouped into three general categories, and of these the

interactional view, when taken “literally and seriously”, allows the systemic practitioner to focus on “current interaction within some enviroing system of social relationships” (Weakland, 1989). This idea, becomes invaluable in conjunction with Jackson’s assertion that “the central problem in comprehending mental pathology is control over who will define the nature of a relationship”, is taken literally and seriously. When understood from the interactional perspective of the Palo Alto Group, Jackson’s often reported miraculous clinical assessment and intervention skill (Watzlawick, 2009) becomes immediately comprehensible, as does the influence his work has had across early models of systemically oriented practice.

Systemic logic consists of a number of interrelated constructs – circular or recursive causality, Two premises of vital relevance to therapies that focus on current interaction derive from Jackson: 1. Described in Jackson’s early writings as there is no “not caring”, in later writings this presupposition was refined into the primary concept that one cannot not communicate; and 2. Human beings (and conceivable all mammals) are constantly exchanging messages that, in effect, strive to define the nature of their relationships. Keeping these two premises in mind helps to make sense of Jackson’s utterances and actions. Jackson was renowned for his ability to immediately pick up in real time on the implicit interpersonal implications of one family member’s utterance and then make explicit this covert aspect of how, through utterances and actions people exchange behavior that in effect propose the definition of the relationship. One of Jackson’s most frequent interventions was his recognition and commenting on the dynamics of relationship exchanges in the moment of current interaction. The technique of making overt covert implications of behavior in real time is a direct outcome of Jackson’s recognizing and taking action based on his contention that control of who is to define a relationship is the central problem of mental pathology.

Responding in real time to what is implied (although quite often explicitly denied) in how people say what they say to one another in relationships is a key vital to grasping Jackson’s therapeutic approach. Once this skill is understood, interventions can be made that aim at interrupting problem maintaining and perpetuating vicious cycles. By the mid 1960’s Jackson described the process of assessment and intervention in terms of rules of relationship observable in current interaction (Jackson, 1965a; b, 1967c). According to Jackson:

[The couple, family, or any set of people in relationship with one another in which participants care] “can be viewed as a mutually causative system, whose complementary communication reinforces the nature of their interaction. The therapist can look for the rules that govern this system; therapy then consists of the therapist behaving in such a way that the rules must change” (1967d/2009a, p. 168).

Across models of systemic practice, one finds the idea of control over who will control the definition of the relationship. Seeing, hearing, and acting on the basis of Jackson's assertion allows a systemic therapist a framework for sequences of interaction – who is doing what to whom, who, where, when, and in what way is it a problem. Jackson suggests not only does a therapist listen to what the client says (content), more importantly he is observing *how* the one spouse says what he or she says, and attending just as closely to how the other spouse reacts. What is relevant to Jackson's model is tracking how the behavior of one spouse influences and restricts the actions/utterances of the other. Fleshing out these patterns of interaction in which problem behavior is embedded is an essential aspect of Jackson's model of therapy. What makes this relevant to current systemic practice and worthy of study? Recall as a member of Bateson's research team, Jackson was first clinical supervisor of Bateson, Weakland, Haley, Bill Fry, Richard Fisch, Paul Watzlawick after he came to MRI, numerous other first generation creators of systemic family and brief therapy.

From the perspective of MRI Brief Therapy, Jackson and Weakland's premises are described in terms of attempted solution calling forth, maintaining and perpetuating the problem. Interrupt the solution behavior that maintains the problem and the problem virtually always goes away with no further intervention required. Inquiring into ineffective attempted solutions (i.e. what unwitting behaviors function to maintain or reinforce the problem) is the second step in the approach. Fisch often says effective brief therapy interrupts problem maintaining attempted solutions more than actual problems (Fisch, 1986; Weakland, 1977; Weakland & Fisch, 1984).

Jackson and Weakland's ideas as described in these documents inform many closely related systemic approaches. In Solution Focused Brief Therapy (SFBT), this same kind of analysis of interaction is done by asking about and attending to exceptions to the problem. In many other closely related Strategic and Structural Family Therapy orientations, this essential assessment task is done by discerning the sequence or pattern of interaction and behaving in such a way as to interrupt the sequence, which usually results in elimination of the problem (see for example Haley, 1976). Central or organizing premises of Strategic Family Therapy and SFBT are utilized within the MRI Brief Therapy orientation, and all three approaches echo the therapeutic approach pioneered by Don Jackson.

The documents used as points of reference to outline basic presuppositions of systemic practice portray the pervasive influence Jackson and colleagues in the Palo Alto Group. The usefulness of maintaining an uncompromising focus on current interaction in terms of the interpersonal ramifications of exchanges of messages taking place between members of social system, especially including the point of view of the therapist him or herself in the present moment. Assessment and intervention abilities can be

learned, as can the development of better command over one's own verbal and nonverbal behavior, and enhancement of rhetorical skills in framing these complex relationship dynamics in ways that carry implicit and explicit meaning at a number of levels of abstraction simultaneously. With practice, taking literally and seriously the principals of systemic logic presented accelerates development of skill in picking up on the nuances of meaning conveyed by the verbal and nonverbal behavior of the clients.

Closing thoughts

Even though the documents used as points of reference were unpublished, many of the ideas have been widely disseminated in the writings and teaching of the Bateson Research Team, Jackson and colleagues at the MRI. And yet, in the current moment when scarcity of natural resources, terrorism and flight of refugees, governmental, political, and social upheaval abound; when technological advances challenge societal and economic adaptive capacity, the value cannot be overstated of deliberately thinking through the consequences of one's point of view. Attending to current interaction, in combination with taking literally and seriously Jackson's proposition that control over who will define the nature of relationship is central to mental and relationship pathology remain central to systemic practice.

Certainly, the practice of systemic therapy has evolved and there are many differences between Jackson's technique, and, for example, Haley or Madanes' Strategic approach, or Fisch, Weakland, and Watzlawick's Brief Therapy model. Unquestionably others have influenced systemic practice, not least Milton Erickson and Gregory Bateson. And yet these papers by Jackson and Weakland document the extent to which essential premises of the Interactional View by the Palo Alto Group have been incorporated into the most if not all of the principal models of systemic practice including Strategic, MRI Brief, Milan Systemic, Solution Focused, researchers at the Ackerman Institute, Structural Family Therapy, post-modern approaches such as narrative, and collaborative orientation. Further, basic presuppositions of the MRI Interactional View can be found in the work of many other leading edge theorists and therapists such as Mony Elkaim in Belgium and France, Giorgio Nardone in Italy, Noga Nabarro, Haviva Ayal and colleagues at the SHINUI Institute in Israel; Jean Jacques Wittezaele at the Institute Gregory Bateson and Teresa Garcia in France, Yasu Komori in Nagoya Japan, Stefan Geyerhofer and colleagues in Vienna, Kyraki Polychroni and colleagues at the Anthropos Institute in Athens Greece, and countless others.

Jackson and colleagues most enduring contribution is the expansion of the definition of behavior beyond looking at the individual in vitro to the development of an awareness of behavior as a manifestation of "relationship

in the widest sense.’ As Weakland eloquently said in his MRI Board memorandum, what distinguishes systemic logic from other perspectives is unwavering focus on current interaction within some enviroing system of social relationships – family, school, workplace, etc. In these moments of current interaction, our behavior largely shapes the behavior of others, and vice versa (1989). In the spirit of Ockham’s Razor, this point of view is refreshingly straight forward. Once grasped and used as the basis of action, remarkable rapid change can be evoked in a wide range of applications.

The current interaction view represents a revolutionary leap, an evolutionary step potentially as significant as when “the organism gradually ceases to respond quite “automatically” to the mood-signs of another and becomes able to recognize ... the other individual’s and its own signals are only signals” (Bateson, 1972, p. 178). Taken literally and seriously, the current interaction view represents a discontinuous paradigmatic shift that has potential to change in profound ways the order of data appropriate to understand behavior (i.e. the *relation between* individuals in distinct contrast to a monadic view), context, and how causality in human behavior is conceptualized (cybernetic in contrast to lineal) (Kuhn, 1962).

What difference could it make if the fields of systemic practice reawaken to the implications of Jackson and Weakland’s insights? Could these disciplines, thoroughly committed to the idea that point of view matters, and taking current interaction literally and seriously truly lead the way for human kind to transcend the linear causal mentality so prevalent today? Perhaps. A glimmer of hope still exists for such a paradigmatic transformation. It is equally likely that the opportunity for such a transformation has passed. The effects of humankind’s addiction to the illusion of power and control may have, as one of Jackson’s closest colleagues Gregory Bateson suggests, corrupted the ecology beyond the point of recovery. Do the echoing voices of Don Jackson, John Weakland, Gregory Bateson, Jay Haley and William Fry resound enough to make a difference?

there is no “not caring”; that is, the family member is only relatively independent, and whether he admits it or not, is continually responding to reflected appraisals from others in his family (Jackson, 1959, p. 122).

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