

## THE GEOMETRY OF DIALOGUE

### CHAPTER 9

#### THE INNER RESOURCES THAT WE USE TO SHAPE OUR EXPERIENCE AND RESPONSES (DIMENSION 6)

“Experience is not what happens to you,  
it’s what you *do* with what happens to you.”  
Alders Huxley<sup>209</sup>

##### **9.1. Introduction: Stories and models in our dialogue with the world.**

In the course of coaching people to listen and express themselves in more satisfying ways, I have again and again had the frustrating feeling that a person’s communicative activities were an enactment of some deeply held story. I say frustrating because the techniques of better communication that I was teaching were not at all powerful enough to reorganize someone’s unhappy story.

In conversations people appear to be guiding their interactions according to some already understood ‘plot line,’ which has a strong tendency to become a self-fulfilling prophecy. People who are convinced that the world is out to injure them approach others in a suspicious mood that is almost sure to evoke standoffish or hostile responses which confirm the web of assumptions that prompted the suspicious mood in the first place.

Thus, in my view, any account of interpersonal communication that hopes to be comprehensive must include a vision of how moment-to-moment communicative interchanges arise out of and carry forward the stories or other mental models that people use to make sense out of their lives.

As is usually the case with my discoveries, in discovering the power of story lines I had stumbled into a territory which has already been the subject of intense study by

many scholars. As I mentioned in the last chapter, the re-emergence of cognitive psychology in recent decades<sup>210</sup> has meant that stimulus-response models have been replaced with stimulus-evaluation/interpretation-response models. Rather than viewing people as passive responders to their environments who unconsciously learn to find the rewards, many, if not most, psychological theorists now view people as active interpreters of their environments.<sup>211</sup>

In short, people respond to events largely in terms of the meaning they are able to give to those events. Similar ideas have been around for a long time, some emphasizing that thought shapes perception and others emphasizing that desire shapes perception, or a combination of both. This theme appears in the ancient Hindu *Upanishads*, is mentioned in the works of St. Thomas Aquinas, was a central idea in Kant's philosophy<sup>212</sup> and was championed in the 1930s by the philosopher George Herbert Mead.<sup>213</sup> But it is only in recent decades that this idea has become widely accepted as a workable middle ground between objectivism (in which the event is all important) and subjectivism (in which the response is all important). In this interactive view, what is important is how the person creatively interprets the event and links the event to their response. Many scholars now argue that the story form is the primary mental tool that people use to make that link, that is to say, the most fundamental and significant form of human thinking.<sup>214</sup> The Six

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<sup>209</sup>Aldous Huxley, "Visionary Experience" in *The Highest State of Consciousness*, ed. John White (New York: Archer, 1972).

<sup>210</sup>Cognition was a popular topic of psychological study in the late 1800s but went out of fashion with the rise of behaviorism, which viewed any process that cannot be directly observed as not worthy of scientific study. While B. F. Skinner maintained this position as a kind of inviolable dogma, other behaviorists (to their credit as theorists of learning) learned from their critics and expanded the behaviorist position to include such processes as cognition and visual imagery. For an example of this newer approach to behaviorism, see Arnold Lazarus, *In the Mind's Eye* (New York: Guilford Press, 1984).

<sup>211</sup>But there are still significant dissents. Sociobiologists see people as acting out genetically given strategies for reproductive success.

<sup>212</sup>From a lecture by Prof. Ramon Panikkar, Dept. of Religious Studies, UC Santa Barbara, 1976.

<sup>213</sup>Charon sums up Mead's version of this as "Objects we encounter are defined according to their use for us." Joel Charon, *Symbolic Interactionism* (Englewood Cliffs, New Jersey: Prentice Hall, 1979), 29.

<sup>214</sup>For example, see Roger C. Schank, *Tell Me a Story: Narrative and Intelligence* (Evanston, Illinois: Northwestern University Press, 1995), and William L. Randall, *The Stories We Are: An Essay in Self-Creation* (Toronto: University of Toronto Press, 1995).

Dimensions model is itself a spiral, recursive,<sup>215</sup> first-person story about experience and human interaction, so in investigating the inner resources that people bring to their encounters with others, I will also make occasional comments on the design of the Six Dimensions model as a template for understanding and guiding one's interactions.

In this chapter I am going to review some of ways of understanding how we shape our experience by using and creating cultural forms. It is clear that both families and cultures pass down stories, which are adopted by and shape the experience of later generations. But there is not much point in investigating this process unless people have some latitude to reorganize their stories. Otherwise it would simply become a matter of documenting a process of cultural determinism. So, as has been the case throughout this study, I am going to report on this process with an emphasis on the aspect through which it might be guided.

In his interpretation of the "person as scientist," George A. Kelly provides one of the clearest overviews of the process of making and using mental models. We humans are, according to Kelly, always trying to predict what will happen next. By which he means that we are always, consciously or unconsciously, framing hypotheses of the "If I do this, then that will happen" or "If X happens, then Y will happen" sort. Our knowledge of the world is actually our knowledge of our efforts to survive and thrive in our particular world. Each person has their own set of interwoven expectation rules which they use to construe the passing flow of events and classify events and objects into identifiable clusters. This web of expectations allows us to make long term commitments, such as planting food in the spring that we hope to reap in the fall, etc. Kelly did not deal with stories, but it is easy to see how stories weave together complex strands of expectations, and also disappointments and surprises (because life never fits entirely inside our plot lines or categories). Thus we are always retelling our stories and adjusting our hypotheses (or perhaps scouting around for reassuring evidence, so that we will not have to adjust them.) This perspective closely links knowing with doing.

By adopting a perspective that connects knowing and doing, we can imagine

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<sup>215</sup>The model is recursive because it is an inner resource and it contains a dimension devoted to inner resources, a map that contains a territory for maps, including itself. This parallels the recursiveness of the human personality, in which my sense of self includes my self-image.

exploring the creative possibilities at the organism-environment (and person-to-person) boundary.<sup>216</sup> Although this dialogical stance is a demanding one, I believe it is a more empowering stance than being either only the passive victim of a fixed external world, on the one hand, or only the active emperor of one's imagination in a universe that is "up for grabs," on the other. Human cooperation appears to require both the assertion of one's creative narrative and respect for the other person as more than just the product of one's narrative.<sup>217</sup>

## 9.2. An analysis of mental model-building

Most discussions about mental model building are based on inferences about what people must be doing in their minds in order to formulate their responses to life. X-rays and CAT scans of brain activity currently do not reveal any scripts, plot lines, metaphors or mental maps. (That could change, but such a change could easily take centuries.) We 'see' the 'script' as being immanent in the person's behavior and self-report, but in doing so we are limited by our styles of inference, by what we are capable of imagining might be going inside another person's mind. Our ideas about another person's mental models are retrospective hypotheses.

The emerging field of narrative therapy<sup>218</sup> offers an alternative way of approaching this elusive subject matter. The goal in narrative therapy is to help clients tell new and more fulfilling, more empowering stories about their lives. This more constructive, interventionist approach is starting to produce a body of knowledge about conscious life-story-making that reveals some of the dynamics involved. (This is an example of what W. Barnett Pearce calls the "Thor Heyerdahl solution."<sup>219</sup> Heyerdahl, a writer and explorer, wanted to know how the great Easter Island monoliths were made, a subject that had puzzled many scholars. The present islanders informed him that they

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<sup>216</sup>This is a position that is proposed in great detail in Charles D. Laughlin, Jr., John McManus and Eugene G. d'Aquili, *Brain, Symbol and Experience: Toward a Neurophenomenology of Human Consciousness* (Boston: Shambala, 1990).

<sup>217</sup>David Bakan asserts that the assertion-communion polarity is the central theme of human life in Western cultures. See David Bakan, *The Duality of Human Existence: Isolation and Communion in Western Man* (Boston: Beacon Press, 1966).

<sup>218</sup>Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: Norton, 1996).

<sup>219</sup>Pearce, *Interpersonal Communication*, 67.

knew how to do it, so he simply asked them to make one and then observed how it was done, something that no anthropologist had thought of doing up to that point!)

The early work of Bandler and Grinder embodies this exploratory stance.<sup>220</sup> They tape recorded the encounters of master psychotherapists with clients in search of change. By analyzing people's efforts to change their "picture of life" Bandler and Grinder drew inferences about how such pictures were created and sustained. What they found was that people appear to create and maintain their scripts, pictures and models by engaging in three sets of activities:

**Including vs. deleting:** Attention is selective. No picture or story can hold all the events of life, so we learn to track certain events and ignore others. This including and leaving out is implied in the stories and pictures that we inherit from our families and cultures, and in learning the stories we learn the selective patterns of attention that sustain each one. A crucial facet of inner story construction concerns the people we choose to include in our story as heroes and exemplars and those we choose to include in our story as bad examples or threatening figures.<sup>221</sup>

**Clarifying vs. distorting:** One central fact of human life is that people learn both to lie and to tell the truth. And we can lie to ourselves as well as to others. Many writers, as varied as Sartre, Gandhi and Carl Rogers, have proposed that the struggle to face the truth of one's situation and one's actual feelings is the central struggle of being a person.<sup>222</sup> In the short run, it always feels easier to say "It broke." than to say "I broke it."<sup>223</sup> But in the long run, avoiding responsibility for our problems, which we try to accomplish most often by telling a distorted story, only creates more problems. To tell the truth requires a sturdy sense of self worth, and people often cannot tolerate the loss of face that can accompany facing one's mistakes and shortcomings.<sup>224</sup> (Even though not

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<sup>220</sup>Bandler and Grinder, *The Structure of Magic*.

<sup>221</sup>Jerome L. Singer and Peter Salovey, "Organized Knowledge Structures and Personality: Person Schemas, Self Schemas, Prototypes and Scripts" in *Person Schemas and Maladaptive Interpersonal Patterns*, ed. Mardi J. Horowitz (Chicago: University of Chicago Press, 1991), 54.

<sup>222</sup>For a current restatement of this idea, see Brad Blanton, *Radical Honesty* (New York: Dell Publishing, 1996).

<sup>223</sup>It is a characteristic of bullies, for example, that they tend to portray themselves as aggrieved parties, unjustly abused by others. See Gruen, *The Insanity of Normality*.

<sup>224</sup>Consider the tradition of *hara-kiri* in Japan, which is acted out in less ceremonial ways in every human culture.

facing one's problems generally leads to a miserable life.) Our story-telling and picture-making about life express how far we have traveled on the very challenging road toward truth-telling. One interpretation of psychotherapy is that the experience of being accepted by another person (the psychotherapist) in the face of one's failings is what gives psychotherapy clients the strength to face the truth of their lives and make the changes they need to make. (I interpret this to be the central dynamic of Rogerian counseling.)

**Attending to unique particulars vs. generalizing:** One of the main ways that we simplify the world in our story-telling is by creating categories, stereotypes and stock inferences. "If there is smoke, there is a fire." etc. Generalizations allow us to respond quickly, but only at the eternal risk of responding wrongly. Making generalizations can satisfy our need to make sense out of a chaotic world, but the patterns we think we see may be only in our own minds, or if true they may go out of date with the passing of time or be inappropriate in new situations. Life seems to require of us that we both look for underlying "if-then" patterns ("If I do X, then Y will happen.")<sup>225</sup> and also stay open to unique experiences. One way that psychotherapists try to help their clients escape from the grip of self-defeating generalizations (such as "I can never do anything right.") is to enter into a conversation about the specifics of counter-instances (for example, the question, "Tell me about a time when you did an excellent job.")<sup>226</sup>

### 9.3. Vocabularies of self-description

Up to this point, I have summarized three central dynamics that appear to be at work in the way we create our pictures of and stories about life (according to Richard Bandler, John Grinder and a variety of other thinkers and psychotherapists). We include and exclude events from our story, we clarify or distort the plot line of events according to how threatening the events are, and we shift back and forth between generalizing about events and allowing ourselves to be surprised and puzzled by unique events (or the unique aspect of everything that happens). Each of these dynamics suggests ways in which we can re-tell our stories, and help other people to re-tell their life stories in more

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<sup>225</sup>This is the main theme of George A. Kelly's work. See George A. Kelly, *A Theory of Personality: The Psychology of Personal Constructs* (New York: Norton, 1963).

<sup>226</sup>Freeman and Combs, *Narrative Therapy*, 125.

satisfying ways. In the remainder of this section I am going to focus on various aspects of the vocabularies we use to do our story-telling and picture-making.

As Thomas Kuhn<sup>227</sup> has so persuasively demonstrated in relation to science, we come to our object of investigation with an intellectual toolkit of ideas and examples that shape our view of it. Without this toolkit, all we would see would be chaos. We use our toolkit to organize our view, but it never organizes everything. There are always interesting and puzzling exceptions, and these beckon to us to revise our ideas and travel on to the next set of anomalies. Kuhn see this as the essential dynamic in the growth of knowledge. The part of Kuhn's argument that I want to highlight here is that our vocabulary shapes our view.

There is a great deal in everyday life that follows this pattern, and, as Rom Harré<sup>228</sup> notes, we come to our lives with an intellectual toolkit of ideas and examples that shape our view of our life journeys. A major source of this toolkit in Western cultures is the field of psychology. Psychology is not only a descriptive endeavor, it also influences. That is because we are reflexive beings: our being-ness includes our picture of ourselves. Thus we change when our description of ourselves changes, a process not true of rocks or trees, so far as we know.

Along with being the topic of many popular books, for many years psychology was the most popular undergraduate college major in the United States. Which is to say that psychology is one of the main providers of our vocabulary and organizing assumptions that shape our view of our lives and our life-story-telling.

In recent years a variety of thinkers have begun to question the assumptions and limits of the vocabulary that psychology has given us. They have begun to create new vocabularies based on what they see as more empowering assumptions. This is an important issue because in everyday life our habitual assumptions tend to become self-fulfilling prophecies. Let us examine three major shifts in vocabulary that are working their way into everyday common thought and that could be consciously adopted by persons in search of a more empowering story-telling style: first, from a vocabulary of substances to a vocabulary of action; second, from being a passive patient to being an

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<sup>227</sup>Kuhn, *Structure of Scientific Revolutions*.

active agent; and third from a vocabulary of illness to a vocabulary of healthy functioning. To me these are central issues in the way people put together the “stories that become lenses.”

**9.3.1. From substances to actions.** Perhaps as a result of its origins in nineteenth century medicine, the vocabulary of psychology has been heavily focused on substance-like nouns such as “id,” “ego,” “superego,” “libido,” “neurosis,” “psychosis,” “complex,” “the unconscious” and so on. These were imagined to act in particular ways that were labeled “defense,” “transference,” “sublimation,” etc., suggesting perhaps fluid-like substances that erupted or were dammed up, discharged, or redirected. As Roy Schafer<sup>229</sup> has argued at great length, current developments in science, psychology and the philosophy of knowledge do not support the continued use of such hypothetical substances or entities (ego, libido, etc.) as explanations of human behavior. Saying “George’s ego made him do X,” evocative as it may sound, actually adds nothing to our knowledge beyond saying “George did X.” In fact, Schafer argues, since the goal of therapy is to help George to see how he does X, talking about egos and superegos would just confuse the picture for both George and his therapist. The gist of Schafer’s position is that human activity is not well described or well understood by a language of substances and entities (e.g., “having” a “neurosis”). In place of such language he offers a language of persons acting in particular styles:

“We shall regard each psychological process, event, experience, or behavior as some kind of activity, henceforth to be called action, and shall designate each action by an active verb stating its nature and by an adverb (or adverbial locution), when applicable, stating the mode of this action.”<sup>230</sup>

In saying this, Schafer is addressing other psychoanalysts, since he is an educator and supervisor of psychoanalysts, and his books are directed toward a professional audience. But I believe very strongly that if this is good advice for helping

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<sup>228</sup>Harré, *Personal Being*, 24.

<sup>229</sup>Roy Schafer, *A New Language for Psychoanalysis* (New Haven: Yale University Press, 1976),

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<sup>230</sup>*Ibid.*, 9.

psychoanalysts understand their patients, it is equally good advice for ordinary people who are trying to steer their own actions and make sense out of their own lives. We continually describe ourselves as if we were entities with fixed qualities (a good person, a bright kid, a lost soul, etc.). But what is generally most important in life is how we guide our actions, and how other people act toward us. This problem has been discussed by many other writers and thinkers as the problem of *nominalization*<sup>231</sup> or *reification*.<sup>232</sup>

From my point of view, the problem of nominalization will probably always be with us because things are easier to think about than processes; and therefore we will always be tempted to mentally turn processes into easier-to-contemplate ‘things.’ Imagining a process entails imagining a succession of scenes in which the action unfolds. This makes considerably more cognitive demands on a person than imagining a static object. In spite of this difficulty, I believe that it is still worthwhile to encourage people to think in terms of action and manner of action as they create their life stories. (I have incorporated Schafer’s recommendations into the structure of the Six Dimensions/Five Transformations model. Every dimension is expressed in verbs or adverbs, which are proposed as the action of a conscious person rather than the effect of some sub-personal substance or entity.)

**9.3.2. From passive patienthood to active agency.** In the world of the natural sciences, every event is generally understood to have been caused by some previous event. To the best of our knowledge physical objects never cause their own movement. Objects at rest remain at rest until moved by some external force. Objects have no choice about what they do and no responsibility for what they do. Psychology inherited this tradition of explanation by prior causes,<sup>233</sup> and produced nearly a century of language concerning the process of being acted upon. As Gordon Allport put it in the 1950s, “People, it seems, are busy leading their lives into the future, whereas psychology, for the most part, is busy tracing them into the past.”<sup>234</sup>

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<sup>231</sup>Bandler and Grinder, *Structure of Magic*, 74.

<sup>232</sup>Burke C. Thomason, *Making Sense of Reification: Alfred Schutz and Constructionist Theory* (Atlantic Highlands, New Jersey: Humanities Press, 1982).

<sup>233</sup>“...culture was conceived as an “overlay” on biologically determined human behavior. The *causes* of human behavior were assumed to lie in that biological substrate.” Jerome Bruner, *Acts of Meaning* (Cambridge: Harvard University Press, 1990), 20.

<sup>234</sup>Allport, *Becoming*, 51.

In contrast to all the ways in which we are acted upon in the course of living, becoming a person involves our own acting upon: initiating, choosing, creating, taking responsibility, paying attention and making meaning. All advocacy of morality assumes that people are capable of choosing their actions. These processes of personhood may be spiritual in nature or they may be emergent properties of hyper-complex biological systems, or perhaps both. What is clear is that the processes of moving oneself, choosing and making events happen cannot be adequately described in a language of “being acted upon” that generally portrays people as passive victims only, “billiard balls,” as it were.

The inadequacy of this kind of mechanistic thinking in both psychoanalysis and behaviorism up to the 1950s played a large role in provoking the emergence of humanistic and existentialist psychologies that emphasize choosing, creating and making meaning. But the incompatibility of our ideas about moral action and choice with our ideas about physical causality remains unreconciled to this day. Although ideas about emergent properties of evolving systems offer some hope bridging the gap, there is still a lot of controversy in Western societies about choice, responsibility and the causes of human action.

Rom Harré, a philosopher of psychology at Oxford and Georgetown Universities, has tried to solve this problem by insisting that we actually live simultaneously in two different worlds, a physical world of causal processes and a physically supported social world of linguistically mediated moral agreements, commitments and choices.<sup>235</sup> John Searle makes similar “two-level” arguments in his book, *The Construction of Social Reality*.<sup>236</sup> While not everyone will accept a “living in two worlds” solution, these complex arguments are examples of the emergence of new vocabularies of initiative, conscious action and choice. Even behaviorists, once the champions of “the person as the effect of the environment” now actively promote self-guiding activities for stress reduction, overcoming phobias, and many other health enhancing activities.<sup>237</sup>

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<sup>235</sup>Harré, *Personal Being*.

<sup>236</sup>John Searle, *The Construction of Social Reality* (New York: Free Press, 1995).

<sup>237</sup>Arnold Lazarus, *In the Mind's Eye: The Power of Imagery for Personal Enrichment* (New York: The Guilford Press, 1984.)

In *Becoming an Agent*,<sup>238</sup> which describes among its case histories the struggles of several disabled accident victims to take charge of and rebuild their lives, counselors Larry Cochran and Joan Laub present a clear manifesto of “personal causation.” In making the transition from passive patient to active agent, people use positive personal narratives to mobilize and coordinate their actions.

Within this theory, patients are stuck in “facticity” (the fixed and unchangeable) while agents explore and actualize possibilities. Through cultivating symbolization (more refined representation), imagination (to conceive of possibility), and judgment (to distinguish what is fixed and what is possible), the central task of an agent is to discern meaningful possibilities to guide courses of action.<sup>239</sup>

There are many cultural and political aspects to this topic. It has long been a contention of critical theorists that the dominant forces in society work hard to make current social arrangements seem as if they are God-given or carved in stone, when in fact they are only temporary human inventions. Consider the arguments about slavery in the United States before the Civil War. The slave-owners tried to persuade the slaves themselves that God had made them to be slaves forever, and thus to undercut their desire to rebel or run away. In retelling one’s life story to emphasize new possibilities, one may, unfortunately, come into conflict with people in one’s family, work or political environment who have a strong interest in things not changing.

Ideas about choosing, creating and the power to change can also evoke strong feelings of shame and inadequacy, as people start to measure themselves against a more expansive standard. Sartre called the inauthenticity associated with the refusal to acknowledge one’s own choice-making “bad faith,” and thought it was one of the central problems of being human.

So there are risks involved in realizing one has choices. But there could be ways of helping people accommodate to the idea of choice and agency. For example, by suggesting that people start by making small changes in their lives first. And by emphasizing a dialogical stance that keeps people attentive to their environment, rather

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<sup>238</sup>Larry Cochran and Joan Laub, *Becoming an Agent: Patterns and Dynamics for Shaping Your Life* (Albany, New York: State University of New York Press, 1994).

<sup>239</sup>*Ibid.*, 18.

than a you-create-everything stance that can create a “boom and bust” cycle of unrealizable expectations followed by failure. In my view, because of the reflexivity of being human noted above (that our being includes the vocabularies we use to describe our being), freedom of action is only possible if we have a vocabulary of voluntary action.

(The Six Dimensions model portrays a person as a active co-participant in their communication activities rather than as a passive responder to the actions of others. Each of the six dimensions introduces the student to an open-ended world of action possibilities, expressed in an “I am doing this” vocabulary.)

**9.3.3 From a vocabulary of illness to a vocabulary of healthy functioning.** In this section (9.3.) I have been reviewing what I consider to be the deep themes of experience shaping personal narratives. These themes are suffused throughout entire vocabularies, so we may not realize that when we use particular words in our story-making we are giving ourselves a large helping of the theme underneath the word. For example, if I say “I’ve got a real neurosis about women.” I am invoking the themes of “passive sufferer” and “possessor of an illness substance or entity” even though these may not be the most empowering ways for me to think about my feelings and actions toward women. Restating my experience as “I date nervously,” as oddball as it might sound, would at least open up the possibility that eventually I might be able to “date confidently” because I am thinking of myself as an active agent.

One of the most powerful themes in people’s story-making is the theme of illness and healing. In using illness as a metaphor for difficulty, as I just did in the above paragraph, I was using a theme that is vivid, dramatic, timeless, universally recognized, evocative of sympathy from others, and associated with high status persons (doctors). Unfortunately, that theme would probably be also inaccurate and misleading to both myself and my listeners.

Because modern psychology evolved out of medicine, it brought with it a tendency to judge everyone along a scale of illness and wellness. Over the past several decades there has been a great effort to create alternative vocabularies of personal development for describing our efforts to become happy, skillful, wise and creative people on the one hand and to grow out of being unhappy, unskillful, unreflective and monotonous people on the other. But the financial connection between the psychotherapy profession and medical insurance companies has continually rewarded the development

and use of an illness/wellness vocabulary, in spite of its serious limitations. Alcoholics Anonymous has also persuaded millions of people that excessive drinking is an illness, an idea that may not be equally helpful to all persons with a drinking problem.

Abraham Maslow<sup>240</sup> was one of the foremost critics of the illness and healing theme. He rejected Freud's medicalization of everyday life and argued that it is not possible to understand well people by studying sick people. More recently, Robert Kegan<sup>241</sup> has argued that much of what get labeled as pathology in human experience can be better understood as developmental crises as people seek to master the emotional curriculum of being a person. Kenneth Gergen<sup>242</sup> has questioned the nearly exponential expansion of categories of mental illness, from around a dozen in the 1920s to approximately 200 in the 1980s, with no upper limit in sight. Freedman and Combs<sup>243</sup>, narrative therapists, argue strongly for a vision of psychotherapy that focuses entirely on new, positive possibilities and avoids diagnostic categories of mental illness altogether.

In spite of such careful arguments, there are still powerful forces at work in Western societies encouraging people with difficulties to see themselves as sick, and to seek the help of highly-paid "healers." While classifying alcohol use, compulsive gambling or depression as illnesses may remove some of the stigma associated with these experiences, it also can encourage people to tell themselves a strongly disempowering story. In the following paragraphs I present five ways that I see the illness vocabulary misleading people. In each case I will contrast the implications of the illness vocabulary with the implications of a developmental or growth vocabulary as a way of looking at positive human change.

First, the illness model suggests a pre-existing state of health from which we have deviated. The goal is to get back to normal.

Alternative. From a developmental point of view, there is no pre-existing state of full development from which I have fallen away into some predicament. We don't start out in life with big muscles and then somehow lose track of them. Our task is to build, not to restore, and we want to change what is normal rather than go back to it. There is no shame in being an unfinished person, because we are all created unfinished, created to

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<sup>240</sup>Maslow, *The Farther Reaches of Human Nature*, 31.

<sup>241</sup>Kegan, *The Evolving Self*, 4.

<sup>242</sup>Gergen, *Realities and Relationships*, 161.

<sup>243</sup>Freedman and Combs, *Narrative Therapy*.

labor at completing ourselves. In most cases it would be bizarre for a person who was physically ill to surrender to their illness. On the other hand, embracing one's incompleteness sets the stage for new growth and may even be a prerequisite for it.

Second, the illness model suggests that the cause of one's difficulties lies in powerful external or impersonal forces such as germs, genes, crazy-making situations, intolerable stresses, or one's allegedly inevitable sexual desire for one's opposite sex parent. Power over one's condition is minimal.

Alternative. From a developmental point of view, responsibility for my state of development is largely my own, and the older I get, the more it becomes my own. In contrast to my situation in relation to many (but not all) diseases, I have the power to make a difference in the kind of person I become. Teachers and coaches can help greatly, but only to the extent that I put their influence into action. A great doctor may be able to remove a brain tumor from (and save the life of) an inert patient, but a great coach can do nothing with an inert athlete.

Third, the illness model motivates me to find a healer, an expert who is capable of dealing with those external or impersonal forces over which I have little or no influence.

Alternative. From a developmental point of view, because I understand that no one can lift weights on my behalf, I am more motivated to lift my own weights. And to the degree that I understand that my development is a matter of exercise, exploration and learning rather than restoration at the hands of a healer, I may be more motivated to seek new skills and opportunities to practice.

Fourth, it is greatly to be hoped that the treatment of my illness will be successful and that the illness will cease and never return. And I usually wish that I had not gotten the illness in the first place.

Alternative. From a developmental point of view, growth challenges always occur and never go away, beginning with our pushing ourselves up as babies. Any skill learned needs to be practiced throughout life to be maintained; and all the deeper qualities of personhood are open-ended, capable of and in need of infinite refinement. There is no 'safe' zone. Just the opposite is true. Attempts to make oneself safe from growth challenges will lead to a diminished life.

Fifth, those who have the illness are THEM, those whose resistance has been overwhelmed by the germ or gene. Perhaps I can be safe and not become one of THEM.

Alternative. From a developmental point of view, the people who are challenged by life to grow and tempted by various forms of dishonesty, confusion and evasion are US. In contrast to the ill and the well, we are all together in being challenged by life. As Sartre pointed out, we can't avoid wrestling with the issue of what we will make of ourselves, because even avoiding the issue is a kind of stance toward it.

There are certainly times in life when we are physically ill and at least the first four of the above characteristics of illness hold true. My reservations concern the way the idea of illness has traveled beyond the world of medicine and shaped the way we see our developmental struggles and failings, tempting us to see our personal problems and growth challenges as diseases, to develop an elaborate vocabulary of deficits, and to define our quest as a search for a healing encounter in which we are a relatively passive patient. My experience is that a vocabulary of development allows us to see all sorts of possibilities for action and change that a vocabulary of illness makes invisible. For that reason I believe that metaphors of illness and healing should be used vary sparingly.

Echoes of the illness vocabulary show up in communication skill texts, which often describe growth challenges in terms of what people are doing wrong. *Parent Effectiveness Training*,<sup>244</sup> for example, offers a list of a dozen typical responses of parents to children, all of which are considered to have negative consequences.

1. Ordering, directing, commanding
2. Warning, admonishing, threatening
3. Exhorting, moralizing, preaching
4. Advising, giving solutions or suggestions
5. Lecturing, teaching, giving logical solutions
6. Judging, criticizing, disagreeing, blaming
7. Praising, agreeing
8. Name-calling, ridiculing, shaming
9. Interpreting, analyzing, diagnosing
10. Reassuring, sympathizing, consoling, supporting
11. Probing, questioning, interrogating
12. Withdrawing, distracting, humoring, diverting

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<sup>244</sup>Gordon, *Parent Effectiveness Training*, 41-44.

I agree that many of the responses on this list would not be fruitful in many situations, and some would never be fruitful. But the list itself is an example of many of the actions that it recommends against. This list, to me, has strong undertones of preaching, blaming, shaming, lecturing and diagnosing. It is a tribute to the empowering parts of the P.E.T. program that people get past this part and learn to practice active listening. Robert Bolton, in *People Skills*,<sup>245</sup> spends an entire chapter elaborating on this list (described as the “dirty dozen” communication spoilers, an example of name-calling), as if a person really could continuously remember a list of twelve actions not to perform!, or perhaps in the hope that knowing how things go wrong will somehow motivate people to study more conversation enhancing responses. Similarly, McKay, et al.,<sup>246</sup> repeat this list of “no-no’s” and include an additional “no-no” list of how not to be a good listener. I confess that it is hard for me to see the educational purpose of describing as bad practically everything that people do in everyday interaction, *even if the diagnosis is correct (which it often might be)*. I believe that we see in such lists the deep theme that development is the process of overcoming pathology. In my experience, the development of communication skills involves learning to act in ways that are completely new, and that have relatively little to do with one’s previous shortcomings. It is not clear to me that focusing on past shortcomings does anything but confuse the student.

(In the design of my communication skills teaching materials I only give negative examples of action in the direct context of positive examples, as in “before and after” comparison pairs. In the Six Dimensions model, all fundamental processes are described with positive verbs and adverbs, in keeping with the goal of helping people to imagine new actions.)

#### 9.4. Summary

Although *The Social Construction of Reality*<sup>247</sup> is one of my favorite books, I have long felt that it does not make any sense for an author to tell people that they “create their

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<sup>245</sup>Bolton, *People Skills*, 14-26.

<sup>246</sup>Matthew McKay, Martha Davis and Patrick Fanning, *Messages: The Communication Skills Book* (Oakland, Calif.: New Harbinger, 1983), 16.

<sup>247</sup>Berger and Luckmann, *The Social Construction of Reality*.

own reality” unless such an author could offer some real advice about how to go about creating a more satisfying one. (I have come to prefer the phrase “shape our own experience,” as less overblown than “create our own reality.”) Fortunately, in the past two decades a good deal of progress has been made on the issue of how we shape our experiencing, and one result has been the emergence of the narrative emphasis in the worlds of communication studies and psychotherapy. There appears to me to be an emerging consensus, of which Jerome Bruner’s work is an example, that story-telling is the central means by which people shape their experience of life, the central form of human meaning-making.<sup>248</sup> The subtitle of Freedman and Comb’s book on narrative therapy is *The Social Construction of Preferred Realities*. In that book they describe the kind of intimate coaching that supports a person to tell their life story in a new way. In *Retelling a Life*, Roy Schafer has recently reinterpreted the central task of psychoanalysis to be that of helping people frame more adaptive stories about their life experiences.<sup>249</sup>

It remains to be seen if the positive possibilities revealed by narratively-oriented psychotherapy can be realized in the culture at large, outside of the narrow confines of the therapy room and the therapist-client relationship. In this chapter I have reviewed some of the central dynamics that appear to be at the heart of life-story-construction and reconstruction. These include selecting to include or exclude, structuring in order to clarify or to distort, and generalizing vs. paying attention to unique and specific features of a situation.

Our story-making also draws on various cultural vocabularies that provide us with ready-made thought tools for understanding our lives. The problem with these thought tools is that they can bring with them questionable assumptions about life. I surveyed three of the vocabularies that I believe have the most profound influence of people’s story-telling. In each case I showed how the vocabulary could be changed in what I see as growth-promoting ways. The first vocabulary consists of noun-like entities and substances, which we use when we talk about id, ego, self, energy, neurosis, etc. These words are gradually being replaced with process words such as asserting, listening,

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<sup>248</sup>Bruner, *Acts of Meaning*, 55.

<sup>249</sup>Roy Schafer, *Retelling a Life: Narration and Dialogue in Psychoanalysis* (New York: Basic Books, 1992), xv.

creating, attending, ignoring, etc. The process words affirm each person as an active doer, even if we do not exactly know how we are doing things.

The second vocabulary specifically concerns the issue of being an active doer. We have inherited from the physical sciences a vocabulary of cause and effect that makes it easier for us to see ourselves as caused by external forces than to see ourselves as causing important events in our lives. A new vocabulary of conscious, voluntary action is emerging in the marketplace of ideas, inviting us to open ourselves to new possibilities of what we may be able to do and become.

The third vocabulary concerns illness, healing and human development. Our culture provides us with elaborate descriptions of illness and invites us, in many ways, to see ourselves as passive patients. A new vocabulary of development is emerging which invites us to see ourselves as consciously striving and growing toward positive goals that have little or nothing to do with illness or healing.

The theme of consciously striving toward positive goals is one of the central organizing themes of the Six Dimensions model, which is oriented toward process, active agency and healthy functioning, and which invites people to select, structure and generalize/focus on specifics in new ways.

As I mentioned in a earlier chapter, in our search for knowledge we are like a person walking around a statue, we gain knowledge of an object from a succession of partial views, each one of which relies on all the others as context. And as John Shotter<sup>250</sup> argues, it is not the case that such a statue would simply send us information. We ourselves generate information by the way we move in relation to an object, or shift perspectives in relation to bodies of knowledge. Freedman and Combs<sup>251</sup> also argue that we can create new knowledge by asking generative questions. Each of the dimensions proposed in the Six Dimensions model represents an open question about the possibility of new actions and an angle from which we can view and understand the other five and the interaction of all.

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<sup>250</sup>Shotter, *Conversational Realities*.

<sup>251</sup>Freedman and Combs, *Narrative Therapy*, 113.