

*From the
Interactional View—
A Conversation with
Paul Watzlawick*

by Carol Wilder

*"Can one not communicate?"
and other questions of
therapy, politics, and "truth"
are explored in this interview.*



Paul Watzlawick was born in Villach, Austria, in 1921. In 1949 he received a Ph.D. in Philosophy and Modern Languages from the University of Venice, and subsequently completed training in psychotherapy at the C. G. Jung Institute for Analytical Psychology in Zurich.

Watzlawick has held appointments at the University of El Salvador and Temple University Medical Center. He is currently Research Associate and principal investigator at the Mental Research Institute (MRI), Palo Alto, and Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, as well as in private practice as a psychotherapist.

The following dialogue is based upon conversations at the Mental Research Institute during September 1977.

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Wilder: *What brought you to California and work with what's come to be known informally as the "Palo Alto Group"?*

Watzlawick: In 1960, when I was at Temple University's Department of Psychiatry, I came across the work of the Bateson group. I was particularly impressed by their work on communication in schizophrenia, the double-bind theory, and other topics that, at the time, were really quite revolutionary. People at Temple were impressed by this work too, so I decided to meet Dr. Don Jackson—then a consultant to the Bateson group—when he visited Philadelphia in October 1960. As it turned out, Dr. Jackson was in the habit of picking up stray dogs, and he said "All right, come out to Palo Alto and let's see what we can do."

Jackson had founded MRI about a year and a half before that, so that what is loosely called the "Palo Alto Group" was really two groups. The Bateson group, at the Veterans Administration Hospital in Menlo Park, was studying schizophrenic communication at that time, but had also done work with dogs for the blind, studied animal play at the San Francisco Zoo, and had done a number of other very interesting studies with ventriloquists and with hypnotists and so on. They were investigating communication on a very wide range, but always on the principle that communication has a pragmatic, behavioral effect. After Jackson founded his group at MRI in late '58, the two groups coexisted very closely in terms of joint staff meetings, joint case discussions, and so on. I joined Jackson's group at MRI, which at the time was part of the Palo Alto Medical Research Foundation. There was never any formal synthesis of the two groups. They were just two independent groups with Gregory Bateson as the great theoretical mentor and Jackson as the great clinician.

Wilder: *You have argued that the approach of the Palo Alto Group—the "interactional view" or the "new communication," as it's been variously called—is epistemologically discontinuous from the Freudian intrapsychic psychoanalytic paradigm. How is this so?*

Watzlawick: You see, what I think was so absolutely new in Bateson's approach to psychiatric problems was due to the fact that he is, among other things, an anthropologist. He therefore approached the phenomena of so-called psychopathological behavior in the way an anthropologist would look at the functioning of a strange culture. When he goes out in the field to look at a culture that is not his own, he does so with a minimum of preconceived notions. He tries to see *what* they are doing and not have prior ideas about *why* they are doing what they're doing.

This differs from the orthodox psychiatric approach where there is a theoretical model of the human mind, and one looks at disturbed behavior and tries to understand it in terms of this more or less preconceived idea of what goes on *inside* a person's mind. In that sense, the two views are totally discontinuous because the orthodox view takes the *mind* as the ultimate unit of study, while the approach that Bateson pioneered takes into account what goes on *between* people, and how *that* influences behavior. And, further, how the behavior of one

person can only be understood in terms of the behavior of the significant others around him, of their reactions, and of the context in which all this takes place.

This led inevitably into an epistemology that could loosely be called system-oriented or cybernetic, while the orthodox clinical approach is monadic.

Wilder: *One of your most significant departures from the Freudian model is expressed in your argument that regardless of the causes or origins of a problem, it is maintained only by the current interactional nexus. Thus, if the problem-maintaining behavior can be eliminated, the problem will disappear regardless of its origins. Is this turning Freud on his head?*

Watzlawick: Well, not entirely, because I don't think anyone has ever denied that human attitudes, expectations, fears, hopes, and everything else have their origin in the past. I am, indeed, the result of all my past conditioning and experiences, and elaborations of my experiences, and interpretations of my elaborations of my experiences. But it is our belief that in order to *change* what is a problem here and now, it is not necessary to go into the past and understand all the causes. That only becomes necessary if you subscribe to an epistemology based on a conception of linear causality that runs from the past into the present. Therefore, if you want to change the present, you have to analyze the past.

But this is a theoretical assumption, and not something that is in the nature of the human *mind*. It is in the nature of that particular *theory*, and this fact is usually overlooked. "It is the theory that decides what we can observe," said Einstein. And I like to paraphrase it: in therapy, it is the theory that decides what we can *do*.

Wilder: *It's a far cry from the mathematical philosophy of Theory of Types and Group Theory you invoke as "exemplifications by analogy" to making very concrete and specific therapeutic interventions. How do the twain meet?*

Watzlawick: Before we wrote *Change*, people who had come to MRI as visitors were, on one hand, impressed by our approach, but on the other kept asking us how we arrived at our interventions. At that time it was difficult to see the underlying rationale—what we did seemed to be an almost arbitrary decision based on some guesswork. A theoretical basis was needed. As far as the behavioral effects of paradox were concerned, the Theory of Logical Types had already demonstrated its usefulness. What was needed in addition to it was some model that illuminated how under certain circumstances certain changes may merely produce more of the same. This I found in the basic concepts of Group Theory, which is highly relevant regarding persistence and change.

In a more practical vein I could say this: interventions which appear to be fished out of thin air—outlandish and seemingly chosen at random—really become quite understandable the moment you bear in mind that the decision about an intervention is based on the investigation of the attempted *solutions*. Before we intervene, we explore very carefully what the system has so far done

been borne out in our brief therapy work—that what keeps a person in alive, and what may have even caused the problem in the first place, is the mishandling of a difficulty.

Sleeplessness is one of the most frequently used examples. Who hasn't had the experience of not being able to sleep, occasionally? Given this, most people will say "All right. I couldn't sleep well last night, but I'm sufficiently tired tonight," and the whole thing never registers in any sense with them. But there are people who for one reason or another—and it doesn't really matter for what reason—then become worried. Maybe they had a relative who suffered from sleeplessness, and now they think "it's going to hit me, too." So now they're already worried and anxious, and this leads to a self-fulfilling prophecy. The moment they don't fall asleep within the first five or ten minutes they begin to worry and try to solve this difficulty somehow by mental effort. Trying to solve the problem of their sleeplessness in this fashion promptly keeps them awake. And from then on there's a very stereotypical course that leads almost straight to sleeping medication and less and less sleep.

In this sort of situation, first we have a difficulty. Then the difficulty is mishandled. In the case I've just mentioned, this takes the form of excessive brooding and excessive attention paid to the difficulty. Then it goes on from there—more and more elaborate solutions are applied that have only the effect of making the difficulty into a problem, and the problem more and more complex.

Wilder: *It seems that paradigmatic of your therapeutic approach is the use of "symptom prescription," where you request that the patient actually make the symptom worse in the hope that if the symptom can be manipulated by exaggeration, the patient can begin to get a sense of control over it.*

Watzlawick: I would put it more simply. I would say that once you are faced with a situation like this, you then have to do something that interdicts the problem-perpetuating behavior, so your intervention is directed at that particular behavior. How you then get this idea across depends on your ability to use a language that is congenial to the patient's own thinking, but the essence of the intervention is still the same. You think that this man ought to stop worrying about his sleep, but you know you can't tell him he needn't worry about his sleep, because that he cannot do. So you have to find a different rationale for your intervention, "using the patient's language," as Erickson would say.

There are basically two types of interventions. One is used with those people who come in and say "Look, I've tried this, that, and the other. Nothing seems to work. I wonder if you have a different idea of what I might do that I haven't thought about yet." With those people we are very likely to give a straightforward kind of behavior prescription. But with other people we may be faced with something that is in a wider sense symptomatic. These people might say "There is something I would like to do but cannot do," or "There is something I would like to stop doing but cannot stop. There is something within me that sabotages my own intentions." In this sort of case we are far more likely to use a

counter-paradox because the patient is already in a paradox himself. He has put himself in an untenable position.

Wilder: *Then sometimes you are quite direct and straightforward. That's not the impression I got from reading the examples in Change, where it appeared that paradoxical interventions were the rule rather than the exception.*

Watzlawick: Well, yes, but that is because paradoxical interventions are more interesting, more flamboyant, and they refer to the more clinical examples. But sometimes there are really very simple situations where you can just say "Do such and such." The person then goes and does such and such and finds out that things can be different.

Wilder: *In your work, it is usually the family unit which is set as the interactional system parameter. Some have questioned this demarcation, arguing that one can't get too far by reframing family metarules when the root problem is beyond the family in some sort of social or economic condition.*

Watzlawick: That's an interesting point that comes up over and over again, especially during my presentations in certain European countries. We are being attacked for being the representatives of a form of therapy that attempts to maintain the mystification, so that people will resign themselves to the dreadful lot they have to endure in Western democracies.

But I don't know if this doesn't take us too much into the political field. You see, it is as if you were a physician and went to a dermatology convention to listen to someone explain how a certain skin disease is best treated, and then someone stood up and said: "What is all this nonsense about? Everybody knows that this skin condition is caused by air pollution. Therefore, why are we sitting here talking about how you can cure this skin disease when we ought to be out there cleaning the air?"

Indeed, this kind of accusation is made quite frequently. But I would say that if you want you can reduce every human problem to Adam and Eve, or to the basic inhumanity of man, or to something like that. How much that is going to help you, I don't know. I personally know from sad experience that in pursuing utopian goals you finish at mass graves and concentration camps. The moment you sacrifice the possible for the desirable you are on an inhuman course of action.

Wilder: *In MRI's Brief Therapy Center and, I presume, in your own therapy, you set limited, concrete, and specific goals for the duration and scope of treatment.*

Watzlawick: The moment you set yourself a concrete, specific, reasonable, attainable goal, your therapy is going to be concrete, relatively successful, and goal-directed. If you set yourself a totally vague, ill-defined if ever defined goal, your therapy will be ill-defined and endless. And some of the great schools of psychotherapy operate with such absolutely fantastic goals.

interest in communication pathologies. To what extent can you extrapolate this framework to more "typical" communication situations?

Watzlawick: I think that the principles of communication, and therefore also the disturbances of communication, are isomorphic in the most diverse systems that you can imagine. For instance, I have lately become more and more interested in the application of family therapy principles to larger organizations. When you walk into a corporation, the first thing they usually show you proudly is their organization chart—this beautiful thing on the wall with those little squares and arrows running down telling you exactly what the chains of command and communication are. This represents how the system is allegedly functioning. Now, that's about as correct as any description you could get from a family about how they deal with each other. It's completely absurd; it never works that way. This organization chart is analogous to the "family myth," so to speak. "We are a happy family. We are a democratic family." And so on. But in actual fact, things go totally differently underneath. So here is an example of an application of a simple thing that every family therapist knows to a context in which you wouldn't necessarily expect it to apply.

Wilder: *As an organizational consultant—a therapist to a neurotic organization, if you will—how would you apply the principles of family therapy?*

Watzlawick: I would do the same thing that a family therapist does. I would first ask: How does this system work? What are its real rules for interaction? What may and may not take place here?

What distinguishes any system is that it doesn't run randomly through all the manifold possibilities of acting and reacting, but that any kind of a viable system has a rather limited number of behaviors open to it. Now, in the family we see that pathology occurs if a change becomes necessary but the family system cannot generate from within itself the rules for the change of its rules. And we find very much the same situation in organizations, at least from the little I've seen so far.

Wilder: *Is it not true, that, by definition of your model, system metarules can be changed only by outside intervention?*

Watzlawick: No. Because, you see, spontaneous change takes place all the time outside of therapy. You have here hit upon a subject that to me is of the far greatest interest nowadays; the question of how spontaneous change occurs. Fortunately, most change takes place without some therapist mucking around with the system. Human change is an ever-present phenomenon, but we know next to nothing about how it comes to be. How does a system pull itself, like Baron von Münchhausen, out of the quagmire by its own pigtail? This happens all the time, but *how* does it happen? We know precious little about that.

Wilder: *As a university teacher of, say, interpersonal or small group communication, what guidance or admonitions might you give me for appli-*

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cation of the interactional view in the classroom? I might back up to preface that by saying that, in my opinion, the prevailing model in interpersonal communication instruction over the past decade has been the "openness and honesty" model, which you challenge with great vigor in *Change*, arguing that it's a very dangerous oversimplification of what happens in human communication.

Watzlawick: I think that you will find in a non-therapeutic setting that the difficulty that immediately arises is always in the form of a blame. "We're all right, but he's somehow bad." You very rarely get what you get rather frequently in a therapeutic setting when someone comes in and says "Look, I have a problem." In small group interaction and in the wider context, it is always they who are doing such and such to us.

The second problem that you are very likely to run into is the idea that there is such a thing as honesty, and which in practical terms always means "the way I see things." But since it is called "honesty," it is unassailable. If somebody dares to say that according to him it is not, he is considered either mad or bad. So we're back at the problem inherent in the assumption that there is some ultimate truth and I am its repository, and because my feelings tell me such and such I would be dishonest if I didn't now throw them in your face. Obviously, this is not going to resolve, but to create conflict.

Wilder: *There's certainly some unease when you let on you don't believe that honesty is always the best policy. It leaves one wide open to charges of Machiavellianism and manipulation.*

Watzlawick: Yes, there's no mistake that this accusation is always going to be made. I believe, however, that it demonstrates a total disregard for the fact that a large part of communication consists in knowing what one is *not* supposed to say, *not* supposed to think, *not* supposed to see, *not* supposed to hear. There couldn't be comfortable coexistence among human beings unless these rules were learned and obeyed, but you don't find this admission in the professional literature. There you're told to squirt it out, because the truth is eternal and it cannot hurt anybody and if somebody feels hurt by the truth you have just squirted in his face, he is obviously neurotic because he cannot face certain facts that you consider to be the "truth" because they come from this fountain of wisdom within yourself. Now really, it gives me the creeps when I read some of this stuff.

Wilder: *The first axiom in Pragmatics—"One cannot not communicate"—has a fine aesthetic ring to it and brings to mind some of the tacit dimensions of communication, but some have argued that it expands the boundaries of what constitutes communication beyond any useful or meaningful grounds.*

Watzlawick: Yes, this has been said. And it usually boils down to the question: "Is intentionality an essential ingredient of communication?" If you are interested in the exchange of information on what we would call a conscious or voluntary, deliberate level then, indeed, the answer is "yes." But, I would

say, if you take our viewpoint and say that all behavior in the presence of another person is communication, I should think you have to extend it to the point of the axiom.

To give you an example, many years ago I was at a symposium on communication in the Rocky Mountains. It took place in a resort composed of bungalows, and every bungalow had two rooms. The dividing wall was rather thin, and a dear friend and colleague of mine was occupying the adjoining room. After lunch one day I went to take a nap, but I wasn't asleep yet when I heard him come into his side. And then he began to do something that sounded as if he was doing a little tap dance. I realized he didn't know I was in my room, but this behavior enormously influenced mine because I realized that he must have been thinking that he was alone. As a consequence, I had to lie very still until he left again because if I had moved he would have been very embarrassed. So in that situation there was an absolute lack of intentionality, but, as far as I was concerned, an enormous impact upon and restriction of my behavior.

Wilder: Then perhaps I could ask the converse question: Is there any behavior that you would not characterize as communicative?

Watzlawick: Well, if there's nobody around, you are up against the old question: "Does the tree that falls in the wood make a noise if there's nobody there to hear it?" For communication to take place, there has to be at least one other person.

Yet, I would have to agree that there is such a thing as communication with what the psychoanalyst would call "introjects." I can have a dialogue going on in my mind with a significant person in my life. But for the purposes of our work, I would stay away from researching it. Not because I don't think it exists, but rather because I don't think it can, in any reasonable sense, be utilized or measured or investigated. I know it's a coward's way out, but there you are.

You see, when I talk about these things I talk about them as somebody who wants to do therapy. I'm not primarily interested in the purely esoteric aspects of something. What interests me is its usefulness.

Wilder: In your most recent book, The Language of Change, you discuss the effectiveness of doing therapy by example.

Watzlawick: Yes. I find that a story is usually much more effective than a dry, cerebral interpretation in the classic sense.

Wilder: Does that relate to your notions about the asymmetry of the brain?

Watzlawick: Yes, I think it definitely has to do with the fact that we really have two brains and they process different kinds of information. There's reason to assume that if there be such a thing as right-hemispheric thinking at all, then in all likelihood the right hemisphere thinks in terms of large configurations and imagery. The left hemisphere is the one that evidently engages in thinking that is digital, that is logical, that is grammatical, etc. In the left hemisphere the information that seems to be more easily processed is logical, rational, in-

intellectual information, while the right hemisphere is much more concerned with totalities. It is the sort of thing that in psychoanalytic terms is called the primary processes; the seemingly archaic, primitive language forms, like the pun, the joke, the aphorism and, of course, "word salad." So I think there's good reason to believe that we grasp a difficult subject more easily if it is presented to us in terms of a story, which always in some sense entails imagery, than if it is presented in rational language.

Take, for example, the following story. Some hunters are trying to catch monkeys in the tropics. They place the monkey's favorite fruit inside a hollow gourd, and tie the gourd to the ground. The monkey comes, somehow discovers the fruit inside, and reaches in. Now, the opening of the gourd is wide enough for him to put his hand and arm in, but the moment he grabs the fruit he can no longer extricate the hand with the fruit through the narrow opening. In order to become free he would have to let go of the fruit which, in his greed, he cannot do. So he becomes his own prisoner. The hunters come and throw a net over him and then he has to let go, but it's too late.

Now if I tell that story in the appropriate context, I think I can have a far more direct and immediate effect on my listener than by saying "Look, sometimes in life you have to let go and if you don't let go, then such and such could happen." I think the story is far more effective.

Wilder: *My main personal interest is in conceptualizing research on the interactional view. It seems to me that it's been heavy on theory and clinical experience, but very light on research. Your rejection of the experimental paradigm as epistemologically inappropriate makes sense to me, but I wonder where we go from here.*

Watzlawick: We have to come up with what the mathematicians have managed to do. We have to come up with a body of metacommunication, as the mathematicians have come up with a body of metamathematics. Metacommunication is so difficult because we have only one language to describe communication and metacommunication—hence the constant mix-ups between the two levels. If we had a metacommunicative language, then I think we could really research, measure, and express all those phenomena that at this moment we can only express in a soft, intuitive, descriptive language.

Wilder: *Do you still see this language taking the form of a calculus of communication behavior?*

Watzlawick: That has been my hope ever since I sat down and began to write *Pragmatics*. But that was nearly fifteen years ago, and we don't even have a consolidated system of semantics yet. How much more difficult would it be, then, to include the pragmatics of behavior?

Wilder: *What research would you like to see being done on the interactional view?*

Watzlawick: I personally would like to go in the direction of first clearing up the mysteries of recursiveness, the whole question of inside and outside that I

mentioned earlier. How can we gain certainty about the freedom from contradiction of a system if we are inside the system? What, to me, would be most interesting would be to see precisely what kind of difficulties follow from a system's inherent incompleteness. But I think that anything we do before we have a valid epistemology to look at these things will be, of necessity, very unsatisfactory.

Wilder: *How is your work received in Europe?*

Watzlawick: If the number of books sold is any indication, it is much better received there than here. There is a great deal of interest, especially in *Pragmatics of Human Communication*. It seemed to arrive at a time when people were looking for a new model to understand interaction, or even begin *thinking* in terms of interaction. *Pragmatics* has been very widely used, including by the Left, who initially found it to be a marvelous expression of their own thinking. Later, some Leftists began to warn that this book was nothing but a most insidious and dangerous attempt to befuddle and mystify people back into accepting society as it is.

Wilder: *And your response?*

Watzlawick: My response is to say that if you can think of society as a system—an ecological system—then a number of things become very clear that are otherwise the subject of class struggle, as the Marxists like to call it.

When you don't think of society as a system, you have to split the world and say "Here *we* are and *we* are right and *we* have all the moral values on our side. And there *they* are and *they* are evil and *they* are powerful." In doing this, people repeat the ridiculous mistake that we find in sick families, where the identified patient is believed by the others to be either mad or bad, and everybody else is believed to be suffering from the madness or the badness of this one person.

If people could only start to think in terms of systems and the superpersonal aspects of systems, and realize the fact that systems have their own logic and almost their own personality, and that you cannot reduce system pathologies to their individual members without doing violence to those persons and to that system, then I think a lot of social issues that nowadays are so hotly debated would just drop by the wayside or find some new solutions.

It is the basic premise that determines what kind of reality you get. But once you become "aware" of that reality you, of course, have forgotten that you are its own architect, and you believe very firmly that you are up against the real reality. And anybody who sees reality differently is then, by definition, mad or bad.

Wilder: *In the "Utopia Syndrome" and other writings, you are very explicit about your notion that people with unrealistic expectations and dogmatic beliefs about those expectations are politically the most dangerous. You argue, in fact, that when one expects communication to be total, what we end up with is instead totalitarianism.*

Watzlawick: Yes, we end up with totalitarianism. And of the two things you've just mentioned, the dogmatic aspects are, to my mind, the most dangerous ones. The assumption that somebody has found the "truth," taken alone, is enough to create ultimate bloodshed. Popper made this very clear when he said that the only goal of a rational policy is to alleviate suffering here and now. The way to become happy and, I would add, the way to become enlightened, should be left to our private endeavors.

I might also add here that the conception of the role of government in Europe and in the United States is very different. Though it is not usually put in these succinct terms, in Europe the goal of government is conceived to be to protect man from man. Here in the U.S., since Jefferson, it is to produce happiness for everybody. Those are two very different viewpoints, and I certainly subscribe to the former.

Wilder: *Then our model of government is a utopian one, with all that that implies to you.*

Watzlawick: Yes, and I think we are now reaping the consequences, because nowadays it has become more and more accepted that government must provide for my comfort, and therefore has no right to demand anything that is unpleasant. Young people feel that their civil rights are being invaded the moment society demands something of them that they really don't want to do. We've gotten to an absurd point now, which is probably one of the direct consequences of the unheard of degree of prosperity the Western world has achieved.

Wilder: *Many people clearly have a political reaction to your work. On your own terms, how do you characterize yourself politically?*

Watzlawick: Churchill defined that much earlier and better than I could do it: "Democracy is a lousy form of government, but I don't know of a better one."

BOOKS BY PAUL WATZLAWICK

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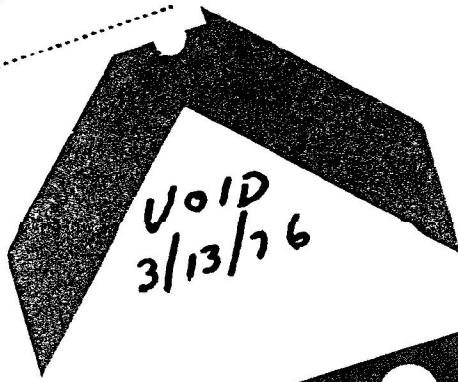
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