

## DESCRIPTION NOT EXPLANATION

Atkinson and Heath (4), in their reply to Anderson and Goolishian's comment on their essay (2), further read or interpret Anderson and Goolishian's "attempt to develop a powerful language of description" (2, p. 162) as an explanation. Description and explanation are distinct activities, a difference pointed to exactly by Wittgenstein: "Our mistake is to look for an explanation where we ought to look at what happens" (15, #654).

explain: to account for; to state reasons for.

describe: to tell or write about; to give a detailed account of; to picture in words.

Structuralists explain (since they are positivists and tend to be certain that causation is, at least in principle, determinable) while post-structuralists describe (since they are not certain that causation is ever determinatable or that it is even a useful construct). For example, when describing a sequence of event, therapists and clients alike are prone to mistake the turn-taking or reciprocity of the conversation for the organic circularity of natural processes, that is, for causal explanations, and thus a muddle develops. (In fact, the logic or grammar of such a description may even seem to demand causal explanations of a Freudian, Marxist, or deterministic type, so that we can look forward to being or becoming certain about a particular causal explanation.) Because of the dominance of the positivists' worldview, it is easy to forget that making a description has been done in language, and that the English language (at least) necessitates a sequential ordering of the words used in a description. Mistaking descriptions for causal explanations is a result of our being imposed upon or even duped by language to the point of our forgetting how our notions developed from figures of speech and the interactional process of therapist and client taking turns talking together, that is, asking for and being given a description. (Neither client nor therapist are doing something wrong. The fault, if there is any, lies in the language itself.)

Anderson and Goolishian (2), in their comment on this essay, point to the descriptive mode when they say that "in therapy we are always moving toward what is not yet known" (p. 159). And further: We see a basic limitation in cybernetic thinking to be its inability to conceptualize humans as embedded in cultural practices and in conversation with each other. This limitation prevents us as clinicians from seeing our clients as people who think and construe, understand and misunderstand, have agency and intention, and who guess and interpret. [2, p. 161]

Although Anderson and Goolishian do not attempt to explain, their descriptions as well as Hoffman's "interpretive metaphors" (12) are too abstract, too theoretical, and therefore too general, to inform us about what Hoffman, Anderson and Goolishian, and their clients might actually do in a "second-order

family therapy” session. Given this generality for the sake of theory (and its related fear of particulars), it is perfectly reasonable that Atkinson and Heath get the (probably mistaken) idea that Anderson and Goolishian’s description is really an explanation after all: “Anderson and Goolishian apparently assume that really exists only in the realm of shared ideas” (4, p. 166). When Anderson and Goolishian’s description is read by Atkinson and Heath as an explanation, then it reads like an ontological statement. Their “clinical theory” (2), which is described without clinical examples and without particulars, lead to Atkinson and Heath’s reading (4) which is perfectly reasonable since half of the theory–practice circle is missing. Thus we have to be non-certain about what Anderson and Goolishian are referring to in their theory. Perhaps if we, the readers, knew what Hoffman, Anderson and Goolishian, and their clients did, Atkinson and Heath could resolve their muddle, their paradox, and we, the readers, could stop wandering around among the ambiguities and wondering what it is that is going on here.

## CONCLUSION

Anderson and Goolishian’s “clinical theory” (2, p. 162), or what is more generally called practice theory, needs to be grounded in what therapists and clients do when they are doing therapy, that is, the hermeneutic, practice–theory circle. What is needed is rigorous descriptions of what clients and therapists do that works; what they do together that can be seen as leading to, or prompting, or preceding the clients’ description of a new and different life is most useful for clarifying descriptions. This clarity helps therapists figure out what might be effective for them and their clients to do in any particular situation. To avoid making a muddle, it is important to distinguish here between purposeful or intentional actions and causal actions. Although therapists and clients engage in purposeful and intentional activities, there is, of course, nothing certain or deterministic about there (or nay) activities. The results are not guaranteed and cannot be predicted with any certainty.<sup>5</sup>

Descriptions of what happens in therapy, what therapists and clients do together using case material and transcripts to illustrate the connections among description (theory), doing therapy (practice), and disciplined observation and evaluation (research) are necessary for therapists (readers) to understand other therapists’ (authors’) descriptions. Otherwise, “clinical theory” becomes an entirely self-referential ideology because Golann refers to the writings of Hoffman, who in turn refers to Golann; Anderson and Goolishian refer to the writings of Hoffman and Golann; Atkinson and Heath

refer Golann, to Anderson and Goolishian; Hoffman refers to Anderson and Goolishian, and so on. All of them are talking about each other's talking about first- or second-order family therapy without any reference to the actual work of doing therapy. Of course, any discourse inevitably sustains a degree of self-referentiality, and transcripts and other case material are neither a complete answer nor a perfect remedy to the profusion of ideology and self-referentiality in this particular theoretical discourse. But, doing family therapy is an activity, a practice that these descriptions attempt to describe. A transcript or case example would at least give the reader some idea about what these descriptions are pointing to.

A transcript, a videotape, or even a "live" interview is always subject to the viewers'/readers' interpretation, and the viewers/readers might not interpret what the therapist does in the same way that the therapist describes it. There is always the possibility of a disjunctive relationship between theory and practice, the rules of a game and the playing of the game. However, the readers would at least know what Anderson and Goolishian are pointing to when they say there are "dis-solving the problem" (1, p. 373), what Hoffman is pointing to when she says he is "co-constructing therapeutic 'texts'" (12, p. 11), or what Atkinson and Heath (3) are doing when they are both uncertainly certain and certainly uncertain.

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