Myths About "Not-Knowing"

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In the 1970s, Harry Goolishian and I were inspired by the Mental Research Institute clinical theorists and the constructivist theorists to immerse ourselves in language and its relationship to therapy. We quickly found our way to the contemporary hermeneuticists, social constructionists, and postmodernists, and to philosophers and theorists such as Wittgenstein, Vygotsky, and Bakhtin, then to Gergen and Shotter. Our interest in language grew into a concentration on the notions of conversation and dialogue, particularly generating or transforming ones. Over time, the appeal and implications of these notions for conceptualizing and working with human systems influenced a dramatic ideological shift in the way that we thought about and performed our work. Central to this shift was the notion that human systems are language meaning-generating systems (Anderson & Goolishian, 1988): We are in the world "*in* language"; we are, as Gadamer (1975) suggested, conversational beings; we are dialogical selves (Bernstein, 1983, p. 104). We suggested that "the work of therapy has to do with exploration of these meaning systems through conversation" (Anderson, Goolishian, & Winderman, 1986, p. 5) and that "therapy requires that we be in language with the family within the domain of understanding that they have created" (Anderson et al., p. 10). It was from this shift that the concept of *not-knowing*—which Harry Goolishian and I introduced in 1988—arose, rooted in our efforts to find more effective ways of working with our clients and to understand and explain the implications of language for the practice of therapy.

Our dissemination of some of the preliminary ideas associated with this ideological shift and the importance for us of not-knowing in relation to client expertise began in the 1988 article, "Human Systems as Linguistic Systems: Evolving Ideas About the Implications for Theory and Practice" (Anderson & Goolishian, 1988). In the summary, we said,

> Meaning and understanding are developed by individuals in conversation with each other in their common attempts to understand other persons and things, others' words and action. Meaning and understanding are thus intersubjective. This shift to the world of conversation and dialogue is a point of view that rests squarely on the proposition that the quintessence of what we are, and what we will be, is dialogical. (p. 390)

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We continued,

> The expertise of the therapist is rooted in, and defined by, the capacity to risk participation in dialogue and conversation, and to risk changing. The therapist's competence is in providing an atmosphere wherein all have the opportunity for dialogical exchange. In doing this, clients demonstrate their own unique expertise regarding their lives, their problems, and their social realities . . . . The process of therapy, within this view, then becomes the creation of a context of space for dialogical communication. (p. 390)

The article's conclusion highlights the most critical word in its title, *evolving*: ''We believe that over time and through conversation these ideas will also change'' (p. 39).

UNINTENTIONAL PROVOCATION

In the course of our journey to this ideological shift, we did not purposely aim to provoke colleagues. But we did. From the beginning, there have been challenges, particularly to the concepts of not-knowing and the client as the expert. Responses to them have taken many forms in the spoken and written commentary in the field, and various misunderstandings and myths have formed about these concepts. Thinking about these responses from my longtime perspective on the notion of the dialogical relational self and the mutuality of dialogue, I am perplexed that some commentators have failed to take account of the therapist as a meaning-making participant in the dialogue of therapy.

Most recently, Peter Rober (2005) has taken issue with this concept of not-knowing as somehow diminishing the therapist's contributions to the therapeutic dialogue and as failing to ''capture the mutuality and shared activity of a therapeutic relationship'' (p. 480). The interpretation of the concept of not-knowing as one that lessens the therapist's role in therapy and weakens the mutuality of the therapeutic relationship is antithetical to Harry Goolishian's and my work and writings. To view the concept of the therapist as not-knowing as betraying ''an underlying individualistic perspective'' (p. 480) and as indicating that the therapist's ''lived experience in the encounter with the family is not valued'' (p. 480) is to overlook the multifaceted nature of the therapeutic relationship and the very mutuality that is central to our understanding of it and the therapist's role in it.

Indeed, interpretations of the idea of not-knowing as a ''disavowal of the therapist's expertise'' (p. 480); as leading to an ''impoverishing therapy'' (p. 481); and as ignoring that ''clients seek more than the liberation of their own subjugated knowledge'' (Rober, 2005, p. 481) are mischaracterizations that fundamentally distort the concept in spirit, application, and intention. And because the notion of dialogically, socially created selves has been a central concept for me, I wonder at Rober's suggestion that the notion of the dialogical self has been missing from narrative and collective perspectives, and that it ''might be a fresh addition.'' (p. 492).

As I ponder these interpretations that are alien to my values, beliefs, and practices, I recall with ever stronger awareness that it is not easy to enter into another person's world view, and it is particularly difficult when one cannot directly engage with the other person. Even though a writer's ''exact'' words are on a page, the reader's experience and his or her interpretation occur in the present—reconstructing, recreating, and being influenced by both the historical and current contexts and the intent of the recounting and retelling.

One person's written words and a reader's interpretation of them, based in all that the reader brings to the interpretation, to some extent influence the reader's inner dialogue (the process of thinking about theory and practice and formulating interpretations). I believe this to be true of all of us who engage in this process, of Rober reading my words, of myself reading Rober's words. Of course, I do not know, nor does Rober know, if what each of us has read and believe to understand is what the other intends. Rober's comments illustrate this very point. The risk of perpetuating cycles of misunderstanding and creating myths is ever present because meaning always has the potential for getting lost in translation. Here, it seems to me, is the essence of the difficulty of creating and understanding meaning in human interaction.

What I offer here is part of my inner dialogue as I reflected on Rober's words. At the very least, I hope that my words will help readers gain a perspective on the concept of not-knowing that is interrelated to other concepts associated with, and integral to, my view of therapy and to my understanding, more generally, of communication in human systems.

RELATIONAL HERMENEUTICS[1] AS A STARTING POINT FOR GENERATIVE DIALOGUE

To begin, I must emphasize the early influence of the interpretive perspective of hermeneutics and its relationship to not-knowing. An interpretative perspective emphasizes that meaning is constructed. The events and experiences in our lives, including our self-identit*ies* (emphasis on the plural), are created by individuals in conversation and action with others and with themselves. That is, our descriptions and explanations, for instance, of these events, experiences, and interactions are always open to a variety of interpretations (Anderson, 1997). Language—any means by which we try to articulate, express, communicate—is the medium and plays a central role in the development of meaning. All understanding of meaning is interpretative. That is, we are always in a translating process.

Each member of a conversation—each interpreter—brings and contributes his or her history and preunderstandings and the current linguistic practices in which he or she lives to the conversation. Each member also contributes interpretations of it. In other words, interpretation is dialogical; each member partakes in the development of meaning as he or she interacts with, responds to, and mediates with the other to grasp meaning (Anderson, 1997).

From a hermeneutic perspective, ''the process of understanding *is* the process of immersing ourselves in the other's horizon'' (Anderson, 1997, p. 39). It is in this act of immersion—this quest for meaning—that we try to comprehend and make sense of the familiar and unfamiliar. We participate in creating what we *think* or *believe* we understand or know.

Social construction added an emphasis to the relational aspect of meaning making (e.g., knowing) in the hermeneutic perspective. Making meaning is something that we do with each other. Dialogue is an interactive process of interpretations of interpretations. One interpretation invites another. Interpreting is the process of understanding. It is in the process of trying to understand that new meanings are produced. In this sense, interpretation is not a silent, inactive process. It requires being responsive to the other person from within each individual's historical and current

[1] Saliha Bava proposed the term *relational hermeneutics* to characterize the subject of this section of the discussion.

linguistic practices. The listener responds (i.e., with utterances, gestures, eyes) to the speaker, and so forth. What is said acquires its meaning in this going-back-and-forth process. Each response holds the speaker's understanding of what is believed to be perceived. Said differently, listening is not a passive process. Influenced by Shotter (1984) and Bakhtin (1986), I have talked about these acts of doing listening and responding as *active-responsive listening* (Anderson, 1997).

DIALOGICAL INNER CONVERSATION AND BEING PUBLIC

Though new meaning, new understanding, and new language are the products of dialogue, they arise from the familiar. The only place that we have to start a conversation with another or with ourselves is from within our customary language.

Part of inviting and facilitating dialogue with an other involves learning about the familiar language of that other—listening to, hearing, and responding to the other's words and expressions**.** In therapy, the client's language—the customary and the familiar—and the meanings it embodies take precedence over the language and meanings of the therapist, just as the client's language and meanings, not the therapist's, are the starting point for the client's and therapist's creation of new meaning. That is, the therapist enters the relationship and conversation as a learner.

The therapist cannot be an expert on the client's lived experience but must learn about it. Each client is the expert on his or her own lived experience and teaches the therapist about it. The therapist's learning about the client involves showing appreciation for, paying careful attention to, and being inquisitive about (active-responsive listening) what the client is saying. In my experience, the therapist's assumption of the learning position spontaneously invites the client into a mutual inquiry, or a puzzling, with each other over the issues at hand (Anderson, 1997). As Hoffman (2002) observed about my work, the way that the therapist listens becomes contagious. Said differently, the therapist's curiosity invites the client's curiosity, and thus the seemingly one-sided inquiry becomes a mutual or shared inquiry—a dialogue. On numerous occasions, I have talked about the shift that occurs when the client moves from teacher and the therapist moves from learner, both toward a more mutual or participatory inquiry (Anderson, 1997).

Andersen (1991, 1995) introduced and has written extensively about the importance of inner dialogue/talk/conversation. Inner talk is critical to being able to listen, hear, and respond in a manner that invites dialogue. The therapist's inner conversation contributes to his or her communicative actions (spoken words and gestures) and influences the potential to either invite or disinvite dialogue. To initiate and partake in a participatory conversation requires being in an internal dialogue with oneself as an other or multiple others (Anderson, 1997). That is, the therapist's inner dialogue is a first step toward engaging in, and maintaining, spoken dialogue (1997, 2003). In this regard, I have emphasized the inherent risks when the therapist's inner conversation is less than dialogical (Anderson & Goolishian, 1988; Anderson, 1997).

Both the therapist's and the client's historical and current linguistic practices are present in dialogue. The therapist's inner dialogue is in his or her language, but he or she must be open to the client's inner dialogue, interact with it, and be influenced by it. In so doing, the therapist begins to form new history and linguistic practices and to generate inner dialogue that arises from mutual activity. In this kind of

responsiveness to the client, the therapist contributes to building bridges—in language, understanding, and meaning—between the two of them.

I have also emphasized the therapist's being ''public'' with his or her inner conversation and not keeping it hidden or veiled (Anderson, 1995, 1997). Being public involves sharing inner conversation and doing so in a manner that is offered respectfully and provisionally in tone and content. The therapist's private thoughts are offered as participation in the conversation, not with the intent or as an attempt to direct or guide it. Being public may act as a safeguard against the therapist's private interpretations of the client acquiring privileged status. What is not revealed influences and informs what and how a therapist hears and sees and how he or she responds to it.

It would not be feasible for a therapist to express every thought (inner response to what is heard, seen, felt, and so on), nor does sharing an inner conversation necessarily reveal exactly what exists in the inner conversation or its full content. The expression of silent thoughts is itself generative—that is, the expression of thoughts, whether through articulation or gesture into the relational space, is an interpretive and meaning-creating process. Silent or private thoughts, of course, are formed in words. Yet, it is the process of public expression that further forms and gives shape to the as-yet-unspoken thoughts. That expression helps the therapist gain an awareness and clarity of his or her thoughts as well. As Harry Goolishian used to say, ''I never know what I mean until I say it.''

Listening, hearing, and speaking are all equally important. The therapist listens to the client but must ask to determine if what is heard is what the client means the therapist to hear. How can the therapist ask to find out if he or she has understood well, partly understood, or misunderstood without expressing and articulating his or her inner thoughts? If the listener simply repeats the words said, the speaker can only confirm having spoken those words. Neither speaker nor listener will have a clue whether the listener understands the meanings of those words for the speaker. Accomplishing understanding and promoting dialogue are both part of an active process in which the listener interacts with the words, and thus the speaker (Anderson, 1997). The risk lies in the pervasive potential for misunderstanding in dialogue.

SELF AS DIALOGICAL AND RELATIONAL

Integral to the ideological shift that I have been discussing is the person of the therapist. The therapist's self is dialogical and relational, linguistically and socially created. Any one person may have myriad identities, repertoires, and ways of being. This is a move away from the traditional psychological concept of the person, based in Cartesian and Lockean views, of the self as independent and encapsulated. Harry Goolishian and I (Goolishian & Anderson, 1996, 2002) advocated for a move toward a linguistic and conversational (dialogical) view of ''self as a storyteller—as an outcome of the human process of producing meaning by language activity'' (2002, p. 219). We discussed the self as an

> expression, a being and becoming, through language and storytelling . . . . this makes the nature of self and our subjectivities intersubjective phenomena . . . the changing web of narratives is a social product of social exchange and practice, dialogue and conversation . . . . We are never more than the coauthors of the identities we construct narratively . . . We are

always as many potential selves as are embedded in the conversations. (Goolishian & Anderson, 2002, pp. 221–222)

I have continued and expanded a linguistic, dialogical, storytelling relational concept of self (Anderson, 1997). I have discussed self-identities as a ''manifestation . . . generated by persons in conversation and action with one another and with themselves'' (p. 227), and as placing the ''individual in relationship'' (p. 234).

CLIENT AND THERAPIST EXPERTISE

In the clinical setting, a spontaneous and genuine curiosity about the clients' stories began to accompany our earnest efforts to learn their language (I discuss this shift extensively in other writings, noting the reflexive nature of theory and practice as well. See Anderson, 1997, 2000, 2001). We realized that through our curiosity, we were participating in therapy conversations in a different way and developing new kinds of relationships with our clients—listening, hearing, and responding in unique ways. For instance, instead of trying to collect the client's narrative and place it on our therapists' theoretical and experience maps, to make sense of it (i.e., edit and interpret it) from our therapists' logic and expertise, we were engaging in it and trying to understand it from the client's perspective.

We also realized that we were becoming more aware of the richness and usefulness of the client's expertise on their own lives. We recognized and acknowledged the authority of their voices without diminishing our own. Rather, our voices entered and participated in the conversations differently. Ours were not the voices of experts on the clients' lives. However, we did not deny having ''relational'' and ''conversational'' expertise: the capacity to create a space for inviting collaborative relationships and dialogical conversations (Anderson, 1995, 1997).

In response to curious colleagues and students who asked us our hypotheses and real opinions about our clients, we stated forthrightly that we did not know. Because we believed in the value of each client's voice, we suggested to our colleagues and students that they pose their curiosities to the clients instead of us. The intent of our suggestion was to emphasize the client's expertise and our interest in talking with the client in person rather than talking for or about them in their absence.

NOT-KNOWING

The concept of not-knowing was introduced in the 1988 ''Human Systems'' article (Anderson & Goolishian, 1988), though we did not name it as such. I first used the term in the article, ''Then and Now: From Knowing to Not-Knowing'' (Anderson, 1990). Not-knowing refers to an idea and attitude about knowledge (i.e., reality, truth, expertise) and the intent and way in which we use it. Brief definitions of what not-knowing is and is not are as follows:

Not-knowing refers to the attitude and belief that the therapist does not have access to privileged information, can never fully understand another person; and always needs to learn more about what has been said or not said . . . not-knowing means the therapist is humble about what she or he knows.

> Not-knowing involves *respectful listening*—listening in an active and responsive way. The therapist listens in a way that shows the client to have something worth hearing. Having an authentic commitment to being open to the other person's story is critical to dialogue.
>
> A not-knowing position does not mean the therapist does not know anything or that the therapist throws away or does not use what she or he already knows. It does not mean the therapist just sits back and does nothing or cannot offer an opinion . . . . Not-knowing does not mean that prejudices are bad. Letting the client lead . . . [does not] imply that the therapist is a blank screen, knows nothing, or does not use what she or he knows. It does mean, however, that the therapist's contributions, whether they are questions, opinions, speculations, or suggestions, are presented in a manner that conveys a tentative posture and portrays respect for and openness to the other and to newness. (Anderson, 1995, 34–36)

I hope to have expressed myself in a way that facilitates readers' entry into my world view and to have clarified that not-knowing is neither a standalone concept nor a technique. It is part of the ideological shift that I have described here and part of a larger view—a philosophy about the people we meet in therapy, our relationships and behaviors with them, and our roles as therapists. This philosophy informs a way of being that I call a *philosophical stance*—distinguished by several interdependent concepts, including not-knowing and client-as-expert, along with conversational partnership, mutual/shared inquiry, being public, uncertainty, and therapy as ordinary life (Anderson, 1995, 1997, 2000, 2001, 2003). Though this is where I have paused and continue to explore, I am still on the journey. I extend my appreciation to authors such as Rober who have occasioned the opportunity to further engage with colleagues around our journeys of exploration and discovery.

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