

Therapeutic dialogue – From Socrates to Bateson and backwards

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Abstract

The first philosopher focusing on Logos is Heraclitus. A century later Plato writes a pivotal chapter in the history of philosophy using an historical figure, Socrates, as the protagonist in his Dialogues. Today the concept of the therapeutic dialogue, enriched by reading Mikhail Bakhtin, constitutes the field of a very rich theoretical conversation in the area of systemic psychotherapy. Although philosophical movements are constantly opening new paths in therapy, influences of the whole course of family and systemic psychotherapy epigenetically coexist in clinical practice. Gregory Bateson's contribution to the formulation of the systemic thinking is of key importance. Nobody doubts this fact, yet the theoretical conversation about the necessity of utilising hypotheses is raging on. Influential therapists refer to Socrates to substantiate their theoretical approach and clinical practice, namely collaborative – relational therapy. The question is whether the conversation converges or diverges, whether counterpoint prevails as a method of fertilizing the dialogue or if the approaches are opposing one another. This article tends to conclude that the invocation of Socrates and the inspired utilization of Socrates' and Bateson's writings eventually bridges any individual theoretical reasonable difference, as I conclude that the hypothesis is the dialogue's context.

Key Words: Dialogue, Hypothesis, Meaning, Context, Story, Logos, Discourse, Socrates, Bateson, Bakhtin



I. Introduction

...the way necessity turns into story, the way story turns into life...

Alkis Alkeos – Poet (1949-2012)

As therapists, when we meet a person, we are faced with a story. Manuel Schoch claims that as humans we are the same, but our stories are different. Therefore, it is a unique story every time.

Unfortunately, the story and all the richness of information it holds is never available. What is available is the client's narrative at the point in time where the story becomes spoken word. There are significant differences between story and narrative.

As "story" I define the client's past, the ensemble of events that have taken place in his/her life, the intertemporal collection of emotions and the intertemporal total of beliefs, henceforth value system. The story truly exists, yet no one is able to tell it, as a simple exposition of facts without the subjective interconnection and meaning-bestowal cannot be considered as a personal story. It definitely cannot be narrated by the observer-therapist, as according to radical constructivism he is part of the system and is simultaneously perceiving it with his own subjective criteria, preconceptions and confinements. The client cannot narrate it either, not only because a large part of his story lies hidden in the unconscious, but also due to the fact that an equally large part of it lies fragmented in a parathesis of facts without circular interconnection of cause and effect and without sufficient meaning having been given to it.

What reaches our ears is the narrative and that is what we have to work with. The narrative is the way the client bestows meaning to his story, the past, present and future of his life.

Beginning from the narrative, psychotherapy consists of the effort to construct the story collectively, arbitrarily-or not – by bridging the gaps (this is how the human brain functions, like nature it hates voids) between the narrative and the conscious or unconscious notion of the story. An effort to lead to the emergence of new meanings that will soften the symptoms and help self-knowledge take a step further.

Every time a new meaning, a new perspective emerges the narrative is being transformed. The therapist and client are observing and evaluating the transformation together, during vigilance as well as when the narrative is being transformed into the dream, and the process is repeated until the client believes that he has written an important part of his personal story. That is when the narrative will start causing him much less pain, anger and fear or anxiety.

Therefore, in the therapeutic relation area, and more specifically in the area of the therapeutic dialogue, a narrative and its perception coexist. Now, if we take into account the factor of time, we realize that the narratives multiply automatically. As we shall see, when the therapist externalizes his perception of it, he deconstructs the narrative, and a new one is being jointly constructed by the client and the therapist.

It is concluded, from what has been mentioned thus far, that every expert evaluation effort is destined to lead to wrong conclusions, extremely harmful for the client. That



is generally agreed upon. But how can the therapist resist the innate tendency for certainty, how can he work in a void, without patterns, standardization, units, boxes in his mind? How can he listen to the narrative and evaluate it without his own story, education and clinical experience getting in the way?

Moreover, it is easy to theoretically assert the concept of the nonexistence of experts, yet in practice the therapist is constantly faced with the client's need to get support from an expert, from someone who knows. The client is, verbally or non-verbally, requesting the therapist's wisdom.

I believe that as wisdom is only an ideal situation, it is ultimately impossible to always avoid even the slightest slip towards arbitrariness. In one's mind resides an inherent tendency to follow what is familiar because this is how one feels secure. I do not underestimate the teaching of Jiddu Krishnamurti (1977) about the nonexistence of psychological security or about the necessity of everyday death. However, I consider the experience of this inner situation of feeling psychologically secure while being aware that this is not even possible or experiencing every moment as new by deleting every previous mnemonic entry, a utopia.

My suggestion is to function as mediators between the potential of the universal wisdom and the potential of the client's personal wisdom so that the client becomes the expert in practice.

I consider the expectation for arbitrariness tending to zero reasonable, as the therapeutic dialogue goes deeper and resembles more and more the postmodern sociolinguistic co-construction of reality. An argument that is also reasonable could be that the use of first order cybernetic methods during the clinical work would solidify the therapist's position as an expert who is outside the system, and would lead to a constantly increasing arbitrariness. The question is whether the aforementioned views are contradicting one another or whether they could be supplementary.

Moreover, we should be careful not to underestimate what is possibly the most important parameter, namely the human factor. In other words, the client's mentality could be directing therapy towards the one or the other direction.



II. Theoretical Review

The Milan team after reading the “begetter of systemic thinking” Gregory Bateson, abandons the first order cybernetic approach and introduces the concept of useful – or not - hypothesis. According to C. S. Pierce the construction of a hypothesis is the therapist’s inevitable response when facing something unfamiliar to his own frame of reference (Bertrando, 2006).

At the same time, the philosophical movement of constructivism introduces the concept that the therapist is part of the system. At that time, the beginning of the 80s, we believed that the system defines the problem, meaning when extended to the limit of its logical consequence that the therapist became part of the problem.

The question raised is who introduces the hypothesis to the dialogue and at which point in time. If it is the therapist who is requested to construct all hypotheses, then he has never given up the position of the expert.

Philosophical movements succeed one another rapidly bringing a revolution in the way we think. Nowadays we are in the postmodernism era, as it is expressed through social constructionism and the narrative model. It is common ground that the problem defines the system (Anderson and Goolishian, 1988).

Let us start with the Milan team (specifically the men among them) and with how they respond to this era’s challenges.

In 1996 Luigi Boscolo and Paolo Bertrando claim that the hypothesis emerges “in the space between the therapist and the client”. Space is the dialogue and it is the therapist’s duty to keep the dialogue open, so that therapist and client together will deliver a hypothesis. (This has already been implied by Anderson and Goolishian since 1992, as you will read below).

The therapist moves in both the contemporal and the intertemporal time of the narrative. The first one subserves the context of neutrality while the second one preserves it. (The idea of neutrality has since been abandoned. Back in 1987 the other Milanese Giancarlo Gecchin introduces the concept of curiosity. In 1992 he goes a step further speaking of irreverence).

The therapist by working in the here and now (contemporal time) can subjectify the therapeutic relation or isolate a certain point of the family story. Sometimes he moves freely in time (intertemporal time), investigating facts or meanings from the past, contributing to the reconstruction of new narratives through different points of view.

The therapist should not hasten to introduce a hypothesis, as he then leads the dialogue - deliberately or not - to a targeting (or a hook if you wish), and thus does not listen to what is happening in the here and now of the session, with all the consequences that this entails. Thus, he becomes the expert once more.

But what happens with the clients that do not have the ‘gift’ of co-constructing hypotheses by reflecting on their story? Does this mean that the therapist’s primacy should be preserved?



How many times do we not come across clients that lack the ability of minimum introspection, i.e. being in contact with their feeling, using instead rationalization as their main resistance characteristic? Even more so, as academic education contributes only minimally to self-knowledge. Moreover, in extreme pathological conditions, as in psychosis, there is a dampening of emotion.

In such cases the narrative is perfused by the stereotypical ascertainment “I do not know”. I realize that this is also a defense mechanism (repression) that aims to soften the negative feelings like pain, anger and fear.

How do we respond? Isn't energetic listening - suggesting to the client possible feelings, so that he learns to recognize them himself - a way of clinical practice? When the client is lacking insight (temporarily at least) the therapist's empathy becomes even more imperative.

I do not believe that such a practice entrenches the role of the therapist as an expert in any point of time in the therapeutic relationship. Energetic listening is a response to a discourse and promotes a new discourse. Empathy, i.e. the cautious introduction to the dialogue of possible feelings, mirroring and holding are nothing more than external stimuli that could give birth to discourses, and become a melodic line in the polyphonic dialogue's harmony. Silence amplifies the internal dialogue of the client (and the therapist) and can become so deafening that the client begins to share the fragments of his narrative.

What I am talking about is a form of clinical practice, which, while mobilized by the imperatives of postmodernism (3rd movement), will also incorporate practices originating from the cybernetics of 2nd or even of 1st order. And all the above because we respect each client's own pace, meaning his way to incorporate changes in his system of values, his feelings and behavior over time.

The relevant theoretical conversation is lively.

George M. Simon (1992) states that a prevalent socioeconomic norm will never stop existing, yet a potential failure of the client to fit in this norm should not in any case be judged by the therapist, who on the contrary is expected to show neutrality. However, the therapist's intervention is not at random nor does it lack purpose. There will always be a need for the client to recognize areas of inconsistency between the system defined by the problem and the dominant social viewpoint. Therefore, his intervention aims at leading the client's attention towards these areas of inconsistency, so that the client ultimately moves towards developing of a more appropriate adjustment. Thus, as Simon concludes, it is possible, for the therapist to work according to 1st order cybernetics, while preserving a 2nd order cybernetics' point of view.

However, how “neutral”, how devoid of every prejudice for possible pathology, could any urging for adaptation be, as from the natural sciences we know that organisms unable to adapt will ultimately fail to survive? And what becomes of those that are ahead of their time, of the *Zeitgeist*? And how productive is it to insist on neutrality whose roots lie in the first order cybernetics, that is, if I may rephrase, on a sense of tolerance, at an era that Cecchin believes that it is more efficient to be curious (if not irreverent even to our position as therapists)?



Furthermore, under the aspect of the contemporary philosophical movements the desideratum is not to adapt to the predominant social status but to deconstruct it.

Reacting to the perspective of adaptation Anderson and Goolishian “abolish” every demand for a hypothesis. The therapist adopts “the position of not knowing” (1992) acknowledging, however, the fact that he is prejudiced due to his experience. What the authors encourage us to do, is to listen in such a way that our preexisting experience does not force us to fortify ourselves from the whole meaning of the client’s experience as he narrates it. On the contrary, the aim of the entire conduction of the conversation in the therapeutic space should be for the client to lead the therapist to, continuously, ask himself whether his understanding of the narrative is valid.

Anderson and Goolishian refer back the method of Socrates. According to them, the Socratic method has nothing to do with the elicitation of desirable answers. On the contrary, it reveals something unknown and unpredictable in the sphere of possibilities.

Socrates himself, in “Exhortation to Philosophy” by Iamblichus, is quoted as saying: “I do not know or teach anything, I only have questions”. In “Alcibiades” by Olympiodorus this fragment is saved: «I indeed know nothing but one, to give and to take discourse, that is the exchange of opinions, which is everything”. The widely known quote is from Plato’s “Apology of Socrates”: “For my part, as I went away, I reasoned with regard to myself: I am wiser than this human being. For probably neither of us knows anything noble and good, but he supposes he knows something when he does not know, while I, just as I do not know, do not even suppose that I do. I am likely to be a little bit wiser than he in this very thing: that whatever I do not know, I do not even suppose I know.”

We realize that the notion of curiosity as a dialectic method has its origins in Socrates. He who is not “curious” is complacent with what is already known and rejects the unknown and the unfamiliar.

Simon accuses Anderson & Goolishian of adopting a dogmatic position of “either-or”, which means that 1st order cybernetics clinical practice betrays postmodernism principles. Moreover in the conversation about sociolinguistic systems he considers that language is being instrumentalized by considering it as something that is absolutely up to man’s free will so as to conduct a locally focused conversation. He juxtaposes to this point of view the “dialectical perspective” (meaning not an “either-or” perspective) following the tradition of Rievel’s, and his own (Simon) understanding of Vygotsky and Heidegger. The existence of language is not totally independent of humans as it is formed only in the mouth of certain people in a given historical circumstance. People do not only use language but are eventually shaped by it. This means that social organization is not a local phenomenon in constant flow deprived of the ability of a stable and an as objective as possible description. On the contrary, in a wide period of time language is a given and people will have to adjust to it.

Again, it is worth wondering: If language is in a dialectic relation to social organization and power, then its instrumentalization could be not only legalized but also imposed, given that the target is the transformation of the social organization. We should, however, always keep in mind that such a perception of language as a tool could also be useful to the Establishment.



In 2006, Bertrando, in an effort to combine both systemic and dialectic principles, goes back to viewing “the systemic hypothesis as a cooperational action, which includes the dialogue between therapists and their clients, as the interactive hypothesis is formed by the interaction between all participants in the therapeutic dialogue. Thus, the hypothesis can be considered as a dialogue itself”.

Referring to Bateson, he defines the therapeutic process as an encounter of the contexts of the therapist and the client, both of which are subject to rules so as to be predictable, yet he acknowledges the need of abandoning the known for the sake of creativity and innovation.

Anderson (2007) refers to her own understanding of hermeneutics that affects their perception (Anderson & Goolishian) of the “unutterable” and of the “not yet said”. As man (and therefore the therapist as well) exists within the language, through dialogue new narratives and stories appear.

According to Hoy, hermeneutic is defined as having the scope of understanding and interpreting the other person’s meaning, without, however, having an advantageous view. “Hermeneutic is a relational procedure”. Therefore, the therapeutic relation is a dialogue between equals, in which the interpretation of the narrative produces a new interpretation and deepens the existing relationship.

Anderson stresses the importance of relationship and relational conversations. Bertrando, on the other hand, prefers the relational hypotheses, those referring to “how” over the ontological ones, those referring to “being” and “why”.

I consider critical to refer here to Gergen, as for him the self is an overlaying of social relations that we each time make (1991). In every social relation, “being” is shown through a different prism.

Both Bertrando and Anderson interpret and discourse extensively with the, underappreciated by his contemporaries, Soviet linguist Mikhail Bakhtin.

Bakhtin, on one the hand, adopts a strong position in favor of the materiality and performative aspect of language, it is a language acting in the context of coercions of an already configured and constantly shaping social reality (Alexiou and Dafermos, 2014).

If social reality is seen as objectively shaped then it is stable, a theory with which Anderson disagrees. If it is in constant shaping, then it is in a constant flow and Anderson’s theory is confirmed. If both are true, then we could say reality is balanced in a half-stable condition and can be relatively accurately described, (always keeping in mind, though, that as stated by Maturana and Varela (1984) there is an undeniable need for the observer to be reintegrated in his own observations), and thus Simon’s view is correct.

Language consistency is not only a lingual phenomenon, an object for dialogue amongst linguists, but also a point of political exercise, thus of institutionalized power. I am not referring here to Derrida’s deconstructive-subversive intention towards authority; I simply wish to refer to some facts about language from the recent Greek history.



- Following the establishment of the new Greek nation which was a reference point for European politics, is it incidental that the Greeks of diaspora were great supporters of Demotic Greek in the 19th century?
- The well known language issue that has so much preoccupied and tormented Greece and its thinkers in the beginning of the 20th century
- The change of ancient Greek teaching method in schools by an act of law

On the other hand, Bakhtin refutes the idea of an utterance (written or verbal), where there is an energetic speaker and a passive listener. Even if the response of the listener presents a relative time delay, as in literature, the speaker and the listener are always part of an energetic procedure of questions and answers, hence in a dialogue. In any case, every utterance has been preceded by another one, to which the current contribution of the speaker could be considered an answer. "Every utterance is a link in a very compound chain of pronunciations" (M. Bakhtin, 1997)

Reading Bakhtin, Bertrando (2006) focuses on a double dimension of language. On the one hand, there is the centripetal unifying force that, in the context of therapy, feeds the therapist's inner dialog, which -no matter how polyphonic it may be- tends to produce one and only voice which will in turn deliver new ontological and not relational hypotheses. On the other hand, there is a centrifugal force that leads to a dialogue amongst different languages, in the sense of different understandings and experiences of the world by the client.

In turn, Anderson (2007) invites us to externalize our inner thoughts, in an effort for the therapist's inner monologue to produce the client's responsive understanding, as passive understanding does not exist according to Bakhtin. "The issue is not what therapists can or cannot say...What matters is the manner, the posture, the tone of voice, and timing...". Citing Shotter and Wittgenstein, she suggests a relational-responsive way of understanding

The concept of dialogical self, developed by H. Hermans, is largely based on Bakhtin's work on Dostoyevsky, and the idea of the polyphonic novel. Thus, Hermans considers the dialogical self as extended, a being which involves as inner positions people and social groups in a dialogue among themselves. The other person does not only exist physically, but also to the degree to which he is internalized by a person he becomes an inner part of that person's self. Hermans distinguishes three levels of dialogue:

- Between inner positions of self
- Between inner positions and internalized external positions
- Between external positions of self

The desideratum is that all positions are recognized so that the extended self becomes dialogical and more functional, while when some of the positions weaken or become dominant the self becomes monological.

The client moves between the aforementioned levels of dialogue. The internalized positions are usually, as clinical practice demonstrates, external voices of important Others (i.e. mother and father) that construct and preserve his value system. But



taking into account the phenomena of transference and counter-transference during the therapeutic process, the therapist undoubtedly becomes an important “other”, also.

The active and conscious of counter-transference therapist, makes use of the inescapable tendency towards transference, which can possibly transform a hypothesis to an internalized external voice, since this is exactly what is desired; the deconstruction of the client’s system of beliefs initially through its enrichment with others and, ultimately, its radical reconstruction.

For what is energetic listening, if not that the client is the first speaker and the therapist as the second one is requested to respond accordingly after having understood the narrative? Responding does not exclude encouragement, reframing, connection to conclusions that have been drawn in previous sessions, in essence a type of guidance or encouragement if you prefer. Clearly, 1storder cybernetics practice. The more energetic the listening is the less “violent” and arbitrary the response. This way, the gap between the 1st and the 2ndorder cybernetics is bridged (Simon).

As Bertrando notes (2006) when referring to Bateson, this is feasible on the one hand as long as there is communication between the contexts of the two sides, provided that there are common points. On the other hand, however, the lack of differentiation obstructs change.

Developing the theory of double bond (1972) Bateson formulates his famous quote, which is so beautiful and so significant, that I have to quote it: “... the world of *form* and communication invokes no things, forces, or impacts but only differences and ideas. (A difference which makes a difference is an idea. It is a “bit,” a unit of information)”.

Regardless of whether hypotheses are dialogues or whether in a cooperative dialectical procedure the therapist should constantly ask himself if his understanding of the narrative is correct. What is desired is that the conversation leading to the dialogue is actually the difference making the difference. This should always be kept in mind if we are to call ourselves Bateson’s successors. I believe that Anderson’s and Bertrando’s views on this subject coincide. The existing counterpoints fertilize the theoretical dialogue.

The therapist in turn is constantly, during the therapeutic dialogue, also in an internal dialogue. On the one hand, this is a reflection on his own feelings, on his own values’ system, on his own story. On the other hand, as implied by Anderson & Goolishian, he reflects on his own response to the client’s narrative.

Hence, there are in fact three dialogues:

- The client’s internal dialogue with its functional and dysfunctional characteristics
- The therapist’s internal dialogue
- The therapeutic dialogue

According to Bertrando (2006) a therapy should be called dialogical, only if it is characterized by what Bakhtin refers to as “a polyphonic coexistence of different discourses and points of view, out of which a new point of view could arise (a new



language)". This is so provided that everyone's consideration is the acceptance and the energetic understanding of everybody by everybody, which will lead to a new construction of notions. Then, from the "not knowing" position the "jointly knowing" position could emerge. Isn't this Socrates' dialectics' ultimate intention?

Could these dialogues, this coexistence of discourses be encompassed in single context?

As far as space is concerned yes, there is a dominant context and that is the context of the therapeutic session. However, the dialogue continues in everyday life and with different interlocutors every time. As far as time is concerned there are the aforementioned by Boscolo and Bertrando different fields of contemporal and intertemporal time. Every field is encompassed in a different context of therapeutic dialogue.

Bateson's epistemology is characterized by the denial of the materialistic position about the possibility of isolation of the context. He writes: "Or is our view of the world changed when we admit an infinite regress of contexts, linked to each other in a complex network of meta-relations?". And "The whole is always in a meta-relationship with its parts... the smaller context can never determine the larger."

Following this epistemology, a hypothesis discussed in a context of a specific dialogue cannot substitute the hypotheses' sequence during the total process of the dialogue. However, as it is in a meta-relationship with it, it invites us to a constant reflection and constant reframing, either by broadening our horizon or by an instant (and thus "arbitrary") freezing of time with the aim of thorough observation. It is evident that the sequence is not linear.

III. Conclusion

As the context-part cannot be isolated from the context-whole, neither can a hypothesis be isolated from the dialogue in which it arises. Also, the dialogue cannot be isolated from the context in which it is every time taking place. (Context refers to place, to time and to the number of discourses or voices that constitute each dialogue.)

Moreover, a new meaning that is connected to a narrative emerges from every hypothesis. The narrative presupposes a dialogue context. Thus, whether we talk about hypotheses or about meanings, these cannot exist independently of the context out of which they have arisen. Every reframing produces a new meaning and significantly affects the hypothesis.

From all the above we can conclude that **hypothesis is the context**. The last, modified and sculpted to the limit hypothesis is the final narrative, the best possible bestowal of meaning of the story in the whole/context.

Thus, differences in theoretical approaches regarding the necessity – or not–of utilizing hypotheses during the therapeutic conversation can be resolved or at least relativized.



IV. Epilogue

I would like to close with a Socratic question:

- If the hypothesis is the specific context of dialogue in which the therapist's understanding of the client's narrative is being tested, and
- If the different hypotheses or dialogues are in an infinite reduction, and are connected in a complex network of meta-relationships,

then, could the dialogue among discourses, of which only a lesser part is the therapeutic dialogue, obtain characteristics of an "eternity" and of an asymptotic polyphony that tends towards infinity? (I am not oblivious to the fact that history substantiates or rejects some discourses. But does this necessarily mean that the rejected discourses disappear, or are they recorded forever in the collective unconscious out of which, given the circumstances, they could be recalled at any moment?).

And could the phrase of John's Gospel "In the beginning was the Word" obtain a relation between whole and part with the notion of the human reality as a socio-lingual construction and hence the Whole Context is the Universe itself?

In this case, it emerges that, unbeknownst to him, C. G. Jung, being deeply influenced by the Platonic ideas (and more specific the Ideas), was the first systemic thinker.

If all these questions have a value for clinical practice, it is because they invite us to couple and bilaterally fertilize sciences with philosophy and metaphysics.

In confirmation, I quote a last excerpt from Bateson (1972): "...I have let in the notion of a universe much more unified—and in that sense much more mystical—than the conventional universe of non moral materialism."

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