Between Philosophy and Therapy: Understanding Systemic Play Therapy through Embodied and Enactive Cognition (EEC)

#### Zuzanna Rucinska

University of Hertfordshire, United Kingdom

#### **Ellen Reijmers**

Interactie Academie, Belgium

## Abstract

This paper will explore the relationship between Systemic Therapy, which integrates play with objects in its dialogical repertoire with a philosophical account of an Embodied and Enacted Cognition (EEC) and its understanding of pretend play. We will first describe aspects of systemic dialogical practice, followed by an example from the therapeutic room that showcases one effective approach of the practice that involves play. Then, to explain the success of this play approach, principles of the EEC will be introduced together with a new understanding of pretence play as an embodied and sensorimotor activity. Finally, how the theory applies to the success of the play therapy will be exemplified. The paper ends with possible relevance and future impact of this novel understanding of cognition to systemic dialogical approaches and other therapeutic practices. We suggest that there is a clear advantage to collaboration between therapists and philosophers.

#### Introduction

istorically, postmodern systemic therapeutic approaches have been influenced by the so called 'linguistic turn' in arts and social sciences, meaning that language, text and

Address for correspondence: Philosophy Department, University of Hertfordshire, De Havilland Campus, Hatfield, Hertfordshire AL10 9EU, UK narrative became guiding concepts for understanding people and their relationships (Anderson, 1997; Anderson & Goolishian, 1988). Some of these systemic approaches are based on dialogical social constructionism (Gergen & Davis, 1985; Taylor, 1989), whereby events are seen 'within the contingent flow of continuous communicative interaction' (Shotter, 1993, p. 7) and in a social, cultural and historical context. From this theoretical stance, therapy is seen as a context-embedded dialogue (Anderson, 2012; Gergen & Warhus, 2001; Lock & Strong, 2012; Shotter, 1993). 'Therapy as dialogue' underscores the notion of reflexivity and reflective processes in systemic therapy: the assumption that every utterance or communication has an effect on the other communication partners, changing the ongoing flow of communication. The therapist is part of a therapeutic system, i.e., she cannot be independent from the ongoing interactions and influences of multiple contexts. The focus is on the therapeutic process and on a 'not-knowing' positioning of the therapist (Anderson, 2005: 2012).

However, the side effect of the prominence of dialogue, language, text and narratives in post modern systemic approaches was that their therapeutic practices focused mainly on words and verbal language (Bertrando, 2007; Flaskas, 2002; Lannamann, 1998), underemphasising embodied experiences and non-verbal inter-actions. Recently there have been some theoretical and practice-based attempts to bring this underexposed dimension to the fore (Andersen, 2007; Griffith & Griffith, 1994; Shotter, 2008; 2010; Strong & Tomm, 2007). While in SF practice and theory it is difficult to differentiate "verbal language" from "non-verbal interactions" in terms of which medium communicates what (we thank our editors for this insight), the difference matters. These communication media play an important distinctive role: linguistic structures carry with them specific meanings shaped by rich syntax and semantics, while 'body language', pointing, gazing and other non-verbal behaviours allow for greater freedom of what is being meant and what can be meant (rich semiotics). In therapy, "non-verbal language" is multi-layered and sometimes very difficult to interpret; for example, in one client's telling of the suicide of his parents, the verbal message (story) possibly differed in content from accompanying non-verbal signs (smiling). Thus, for a practice-based reason it is interesting to differentiate between the two forms of languages.

The relevance of embodiment is our point of departure. We argue that engaging in (symbolic) play makes a good case for re-thinking 'doing' and action in therapy, and we stress the importance of the object in guiding action. This means that inherent properties of objects (their size, shape, structure) afford certain possibilities of interacting with them and limit others, thereby 'guiding' the person in the way they can interact with the object. While in mere storytelling, imaginative narratives can allow for 'anything to go', objects used to tell stories structure those stories and influence how one acts with them.

Playing with objects also results in a process-oriented interaction between therapist and client, between client and/or between client and objects. A process-oriented interaction is not directed at a specific goal or result and has no endpoint, but rather it emphasises the process of interacting with the client in the hope of changing some of his perspectives and creating new meanings together. Thus, playing counters the tendency to focus exclusively on the meanings of words and narratives, text and discourse. Instead, playing adds to and reinforces the narratives, allowing new perceptions and meanings to be created through the use of objects and interaction with the therapist. That is because playing should allow mutual creation of meanings to a grater extent than mere speaking as it incorporates non-verbal communication, and so has more degrees of freedom in how to interpret it. When therapist and client play with objects, words, narratives, text and discourse are less important as the playing takes over their role. The meanings get 'offloaded' to the objects one is playing with, and through staying in the play discourse, a new dimension to narrating the problems emerges.

We will show that this approach endorses the dialogical

focus and the 'not-knowing stance' of postmodern systemic approaches, but also enhances the dialogue in the sense that communication between therapist and client involves objects and coming together in play.

With one example of interaction with a client (John), stemming from real-life practice, we illustrate our effort to develop an account of playing as part of the therapeutic dialogue that enhances understanding with the use of objects. We suggest that the 'hands-on' manipulation of objects (the embodied aspect of playing) plays a non-trivial role in the dialogue and in creating new perspectives. By analysing a case from the therapeutic session that suggested improvement only after introducing objects and playful dialogue, we then explore if and how philosophical approaches of Embodied and Enacted Cognition (EEC) can inform our therapeutic practice. The novel accounts explaining the emergence of symbolic thinking through embodied playful interactions (Rucinska, 2014) suggest one such plausible story.

## I. Practice: Anonymised example from the therapeutic room

John (46) came to the *Interactie Academie* practice because he suffered from depression and panic attacks. His wife left him three years ago. John has a daughter and a son. His daughter (19) lived in an institute that provided support for mentally disabled people. His son (17) alternated between living with his mother and his father.

John's self-esteem was severely affected, partly because of his divorce, but most of all due to the conflicts with his son. John most of all worried about his relationship with his son, with whom every conversation ended in conflict. He did not have the feeling that he had a grip on the situation or his own emotions. His anxiety and depression were amplified by intrusions of memories of the past. He drew a parallel between the conflictive relationship with his son and his troublesome relationship with his father. John describes his father as a very dominant man, preoccupied with his own projects and ideas, who left his sons (John has three brothers) and wife in the cold. As a young boy, John longed for attention and affirmation from his father, and never had the feeling that he received it. John left home, got married and had children with the certain intention that he would never repeat what his father did.

Unlike his own father, John wanted to be a close, interested and attentive father to his son. Through and in the conflicts with his son, John experienced a confusing mix of feelings: powerlessness and a deep longing for a more intimate relationship with his son, while at the same time anger and anxiety. John felt powerless.

What John wanted out of the therapy was to 'see things differently', feel positive emotions and behave differently towards his son so as to strengthen their relationship. As with most clients, he came looking for a quick solution for his problems.

So what can the therapist do? Currently, we foresee three options.

The first option is to explore more explanations with John, focusing on causes of his problems. We assume that this approach will fail. John has already had a lot of therapy. He is a sensitive man, with insight in his past relationship with his father. He can see the connections and confusions between now and then, and he can reflect on context and meaning. In short, John is an ideal client, were it not for the fact that his insights do not help him. Even more, the fact that he knows and sees everything clearly but cannot change anything made him more depressed. To explain this effect, Paul Watzlawick, one of the pioneers of systems therapy and communication theory, suggested that 'Insight may cause blindness' (Watzlawick, 1997; 2009). Watzlawick opposes the linear and unidirectional assumption in some therapy schools that problems can be dissolved only by the so-called 'discovery of their causes'. Systemic therapists embrace the notion of circularity and oppose the idea that there are causes that you can 'find' and that people improve only when they know them. There are no causes in that sense, but there are *explanations* of what causes problems and some explanations are helpful and some are not. In the case of John they were not. Thus, further insight about his past did not seem productive.

The second option is for the therapist to focus with John on his strengths and his preferred future. However, when this option was put into practice, there was a lack of progress. The therapist realised that discussing ideas about the preferred future with John was not easy because of his tendency to analyse. When John stayed in a reflective mode, it seemed that he did what he was good at: he analysed and reflected, sometimes about the future but often changing the subject again and again to problems. Thus, over the course of four to five sessions his feelings of powerlessness, failure, and of not knowing what to do did not change. Our observation was that, in some way or another, talking was not enough, as discussing possibilities brought nothing new to John's capacities to deal with his problems. Moreover, as every exploration seemed to provoke more of the same negative feelings, it reflected on the therapeutic dynamic: the therapist felt as powerless as John. They were both stuck.

Then, a third option was introduced, the "Staying within Play" approach. It relied on using materials and objects to create a more playful dialogue and embodied experience. The method went as follows. In a room full of objects and toys, John was asked to pick an object that would represent the problematic relationship he wanted to deal with (the object happened to be a flexible snakelike ornament), as well as objects to represent different feelings he had regarding this relationship (John picked a book, an eraser and a colourful flower for his feelings and a sharpener, a feather, and a postcard for the feelings of his son). John was then asked to put every object somewhere in the room, giving it a place in relation to the snakelike figure. Afterwards, the therapist started a dialogue with John about the form, shape and colours of the snakelike ornament, the way other objects were placed, and why he chose the particular objects. Further, the therapist asked John to reposition the objects, as well as swap seats with the therapist, who inquired further about how the

relationship between the objects made John feel, what arrangement made him feel most comfortable, and what bodily and emotional changes he experienced when he moved the objects around. It is important to note that the therapist asked only about the objects interacted with (their characteristics, relationships, movements, and how they affected John's body, posture and feelings). In a sense, John and the therapist stayed -so to speak- *in* the play situation and *in* the play language.

This playful dialogue was for both John and the therapist an engaging endeavour. It brought a pleasantly lighter and more productive atmosphere. After the session, John applauded this method, believing it stimulated his creativity. He said he felt differently afterwards: 'not so in my head', 'not so heavy', and that he regained hope he could manage his problems and revive the interaction with his son. While this did not mark the end of the therapy sessions, there was a clear positive gain stemming from this form of interactive communication and hands-on engagement with objects. This method of using objects had a very positive impact on John's feelings as it allowed him to 'position' himself differently to the problem. Even after the play the therapist did not analyse this, but kept on talking metaphorically about the 'snake'. This method suggests a great impact of 'offloading' the problem on to the objects that one can literally manipulate (have a 'hands-on' embodied experience with), that allows one to get new perspectives and 'reposition' one's own attitudes.

To sum up, talking about his problems was difficult for John because it triggered feelings of anxiety and helplessness. Talking about the past was repetitive, and talking about the future and his strengths didn't change John's feelings about or attitudes towards his problem, only strengthened his ability to rationalise and reflect. The "Staying within Play" approach was, however, a success. John's positive encouragement was as much a relief to the therapist as it was puzzling: What has happened? How can we understand this effect? While the use of creative methods and play is not new to systemic therapy, we believe that in this context play played a special role: not only did it enrich the repertoire of the therapist, but it also allowed an *embodied dialogue* to emerge.

Therapists who work with families and children are the ones to especially make use of play therapies (Cattanach, 2008; Gammer, 2009; Gil, 1994; Wilson, 2007). In these approaches, play is mostly seen as a means for engaging children in therapy, through 'talking their language'. Often, play and games are presented as techniques to address certain specific topics or problems, like trauma, identity problems. fear or anger (see Cattanach, 2008; Gammer, 2009; Gill, 1994). Play therapy as a known form of therapy is different from using toys or creative methods in a therapeutic dialogue, as in our example. What is novel in the approach we present is that play and the use of objects in the therapeutic encounter (also with adults) was a means to elaborate the dialogue, where the objects can 'offload' the meanings rather than serve as 'stand-ins' to be further analysed. We presently turn to philosophy to better understand this idea.

# 2. Theory: Embodied and Enactive Account of Cognition and Imaginative Play

The Embodied and Enacted account of Cognition (EEC) sheds light on these observations, and suggest a plausible explanatory story (see for example Varela, Thompson & Rosch, 1991; Gallagher, 2005; Chemero, 2009; Hutto & Myin 2013). This new account of cognition in Philosophy of Mind "defends the idea that basic cognition and human intersubjectivity are deeply and inextricably embodied and environmentally embedded (...). Taking these ideas seriously in the context of therapy directs us to pay more attention to the way therapy can be enhanced by modifying environmental and social affordances" (Rohricht et al, in press).

How the presently discussed practice is related to EEC is visible in many ways. Both the practice and the theory endorse the special role of interaction and object-use for cognition. One theory that is a proponent of the EEC account is Gallagher's (2009a) Interaction Theory (IT). It is a model of understanding other minds from an engaged, interactive perspective, as opposed to available models (theorising and simulating) that take a detached, observational perspective. The idea is that in interaction, we gain a better understanding of the other, and 'co-constitute' in interaction the meaning of the world. IT draws on findings from developmental studies of intersubjectivity: how infants are immediately 'tuned' to the other (Trevarthen, 1979, Reddy, 2008) and phenomenology. IT justifies the alternative 'not knowing' approach to therapy; while 'simulating' the state of the patient is not adequate if the therapist does not know the patient, and 'theorising' to understand the other on the basis of available Folk Psychology (in this case, through diagnostic books) may not be relevant, interacting 'pulls' the therapist into direct understanding of the other. Using artefacts in play just makes that process easier. Thus. IT is a broader framework for understanding how the "Staying within Play" approach in therapy can be understood.

A novel, enactivist account of pretence play (Rucinska, 2014) aims at explaining in more detail the success of such an approach. It suggests that active exploration of objects in a playful context, as supported by the agent's sensorimotor skills (O'Regan & Noë, 2001) and theory of (social) affordances (Gibson, 1979; Chemero, 2009) can explain how even young children get to participate in pretend play (such as object-substitution play) without invoking higher cognitive capacities such as offline symbol-swapping. For example, young children's ability to pretend that one things stands for another (playing that a banana is a phone) is explained not by individual, offline 'symbolic' thinking process, but by direct engagement with the banana in a shared context of 'play'. This dynamic theory endorses the power of action-perceptionaction cycles, whereby movement shapes perception (seeing new possibilities of action, or affordances), which in turn influences novel movement to take place (see for example Held & Hein, 1963; O'Regan & Noë, 2001; Noë, 2004;). Moreover, the idea is that objects do not possess inherent meanings (Moro & Rodriguez, 2008), and neither do their possibilities of action reside in the objects; such possibilities and meanings also emerge through interaction (Chemero 2009). As De Jaegher & Di Paolo (2007) endorse, meanings get created through attunement and coordinated interaction in what they call 'participatory sense making'. The key example in play context is the game of charades, where the actors adjust their behaviours to accommodate the understanding of the spectators, and explore other means of depicting what they intended to act out. This shows that through dynamic breakdown and rebuilding of communication, new meanings can emerge, and play is a safe context that can serve as a platform for such creation of meanings; the feelings safety and trust stemming from play contexts scaffold active exploration of objects and playing with conventional meanings (Meyers in Mitchell, 2002). Also, through coordinated interaction, we get to 'make sense' of the world together, which leads feelings of relatedness and connection to emerge (De Jaegher, 2013).

In short, the argument is that symbolic use of objects need not result from previous appropriation of 'secondary meanings' (through, e.g., mental representational routes), but that direct engagement with the world and participation in intersubjective engagements can enable seeing novel possibilities of action, including ones that are not primarily associated with the objects. One does not need to *think* about the possibilities, analysing them in advance, but one learns to '*see*' on the spot such potentialities only in the process of interacting with the objects, which further affects the way we narrate and think about them. What playing does is it allows one to expand on a set of behaviours with possibilities that are directly present to us.

# 3. Application: Analysis of John's case in light of EEC account of play

This can tell us something about John's pretending that the snake-like figure is his relationship with his son. The meaning of the relationship gets 'offloaded' onto the object, and recreated in dialogical interaction with the therapist. Thus, also in therapy, we see that novel understandings and imaginative possibilities of action with objects come to view through interaction with the objects and with the others.

There might be potential worries with this therapeutic approach concerning its applicability. This section aims at alleviating one worry, explaining further the theoretical commitments behind this approach. Consider the following: What if John chose other objects, which had different affordances? Let us imagine that the snake object was not available. His experiences and insights stemming from the interactions would surely be different. The EEC would endorse this outcome, as it promotes not anaylsing the inherent meanings of chosen objects and/or psychological reasons for choosing them, but how meanings are created around them. With a different object available, John would experience different possibilities of interactions with it and would create a different story around it, which is ultimately the goal of this therapeutic approach.

Thus, the EEC account of pretence plays a direct role in understanding the success of the "Staying within Play" therapeutic approach. In this type of dialogue, a client like John can 'offload' his problems onto objects that he can physically manipulate, while the therapist's active engagement in play enables creation of new interpretations, not on the details of those interpretations. The therapist, then, should make a conscious decision not to ask about or refer to John's relationship with his son, or name the emergent feelings, staying away from making suggestions about how to interpret the play (e.g., whether the feather represented John's warm and tender feelings to his son). In line with the classic systemic practice that is process oriented, whereby a therapist has a 'notknowing' position (Anderson, 2012) and does not prematurely 'diagnose' the client, the therapist should avoid referring to the seeming 'reality' of their interaction and communication in order not to close off the possibilities of exploration of the situation by the client.

This analysis highlights an important role of the therapist aside objects: to scaffold potential ways of understanding situations, create in interaction a space for new meanings to emerge, and provide new perspectives to John's repertoire, all within the context of safety and comfort that playfulness brings about. The therapist took on the role of the enabling, positive environment in the therapy, rather than the 'brain' of the operation that pre-plans each step of the interaction. This is also why not having a pre-established script about how to guide and analyse play meanings (only a set of guiding questions that broadened the horizon for the client) was a crucial aspect of the success of this approach.

### Conclusion

The EEC approach to play is the most integrative approach to understanding cognition, encompassing environmental affordances and social interactions, and it has a therapeutic relevance: it scaffolds the notion of dialogue by including action and doing into what we call the embodied dialogue. Our suggestion for the contemporary SF therapeutic practices is to consider expanding their repertoire of future-goal oriented discussions with introducing playful interactions with objects. In our view, the activity of playing and engaging with objects in order to create meanings and narratives around them is a good balance to the previous tendencies of analysing meanings in advance or using narratives that focus solely on the problems or solutions directly relating to the cases. The 'embodied dialogue' that involves hands-on exploration of meanings of the play object simply allowed more possibilities for the client to take on new perspectives and explore what meanings worked for him. In shared activity, the therapist can see much more, and with 'mere' talking, playing enables creation of more meanings. When only using language in discourse, one can fall into a narrative that one is used to in recounting past events, but in combination, and in playing together, the repertoire of actions gets elaborated, and narrative descriptions of client and therapist get further mixed. So playing can be an important addition to narrating, thanks to the hands-on, direct relationship with objects, where one can use the whole body in narrating with the objects.

The philosophical account of EEC is therefore attractive, as it provides an adjustment to the mainstream contemporary therapy approaches: to therapists who already endorse the fact that therapeutic change can emerge in action and interaction, it offers a frame for thinking more specifically about what happens in dialogical therapy and for re-evaluating focus and methods. As well as playing a likely explanatory role, the EEC account can make novel predictions, possibly further enhancing the systemic dialogical approaches. For example, recent use of dance therapies in relation to enhancing wellbeing of autistic patients, inspired by the novel understanding of psychoses through EEC (Gallagher, 2009b; Rohricht in press) suggests that further techniques could be incorporated in the family of systemic and SF therapies (for example, can you dance your future?). Instead of detached and disembodied 'reflection' with only concepts as tools, this question would create a greater focus on embodied experience in therapy.

### References

- Andersen, T. (2007). Human participating: human 'being' is the step for human 'becoming' in the next step. In H. Anderson, & D. Gehart (Eds.), *Collaborative therapy: relationships and conversations that make a difference* (pp. 81–93). New York: Routledge.
- Anderson. H. (1997). Conversation, language and possibilities: A postmodern approach to therapy. New York: Basic Books.
- Anderson, H. (2005). Myths about 'not-knowing'. Family Process, 44(4), 497-504.
- Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. *Family Process*, 51(1), 8-24.
- Anderson H., & Goolishian, H.A. (1988). Human systems as linguistic systems. Evolving ideas about the implications of theory and practice. *Family Process*, 27(4), 371–393.
- Bertrando, P. (2007). The dialogical therapist. London: Karnac.
- Cattanach, A. (2008). Narrative approaches in play with children. London: Jessica Kingsley Publishers.

- Chemero, A. (2009). *Radical Embodied Cognitive Science*. Cambridge: MIT Press.
- De Jaegher, H. (2013). Embodiment and sense-making in autism. Frontiers in Integrative Neuroscience, 7(15).
- De Jaegher, H. & Di Paolo, E. (2007). Participatory Sense-Making: An enactive approach to social cognition. *Phenomenology and the Cognitive Sciences*, 6(4), 485-507.
- Flaskas, C. (2002). Family therapy beyond postmodernism. Hove/New York: Brunner-Routledge.
- Gallagher, S. (2005). *How the Body Shapes the Mind*. Oxford: Oxford University Press.
- Gallagher, S. (2009a). Two problems of intersubjectivity. Journal of Consciousness Studies, 16, 289-308.
- Gallagher, S. (2009b). Delusional realities. In L. Bortollotti & M. Broome (Eds.), *Psychiatry as Cognitive Neuroscience* (pp. 245–266). Oxford: Oxford University Press.
- Gammer, C. (2009). The child's voice in family therapy. A systemic perspective. New York: W.W. Norton & Company.
- Gergen, K. J. & Davis, K. E. (Eds.) (1985). The social construction of the person. New York: Springer.
- Gergen, K. J, & Warhus, L. (2001). Therapy as social construction. In K. Gergen (Ed.), Social construction in context (pp. 96-114). London: Sage Publications.
- Gibson, J. J. (1979). *The Ecological Approach to Visual Perception*. Boston: Houghton Mifflin.
- Gil, E. (1994). *Play in family therapy*. New York: Guilford Press.
- Griffith, J. C., & Griffith, M. E. (1994). The body speaks: therapeutic dialogues for mind-body problems. New York: Basic Books.
- Held, R. and Hein, A. (1963). Movement-Produced Stimulation in the Development of Visually Guided Behaviour. *Journal of Comparative and Physiological Psychology*, 56(5), 872–876.
- Hutto, D. D., & Myin, E. (2013). Radicalizing Enactivism: Basic Minds without Content. Cambridge: MIT Press.
- Lannamann, J. W. (1998). Social construction and materiality: the limits of indeterminacy in therapeutic settings. *Family Process*, *37*, 393–413.
- Lock, A. & Strong, T. (Eds.) (2012). *Discursive perspectives in therapeutic practice*. Oxford: Oxford University Press.

- Mitchell, R. W. (Ed.) (2002). *Pretending and Imagination in Animals and Children*. Cambridge: Cambridge University Press.
- Moro, C. & Rodriguez, C. (2008). Production of signs and meaning-making process in triadic interaction at the prelinguistic level. A task for sociocultural analysis. The case of ostension. In E. Abbey, & R. Diriwachter (Eds.), *Innovative* genesis: Microgenesis and the constructive mind (pp. 205-225). Information Age Publishing.
- Noë, A. (2004). Action in Perception. Cambridge: MIT Press.
- O'Regan, J. K., Noë, A. (2001). A sensorimotor account of vision and visual consciousness. *Behavioral and Brain Sciences*, 24(5), 939-1031.
- Reddy, V. (2008). *How Infants Know Minds*. Cambridge, MA: Harvard University Press.
- Rohricht, F., Gallagher, S., Geuter, U. & Hutto, D.D. (in press). Embodied cognition and psychotherapy: the construction of new therapeutic environments. In *Journal of Applied Psychology*.
- Rucinska, Z. (2014). Basic Pretending as Sensorimotor Engagement? In J. M. Bishop & A. O. Martin (Eds.), Contemporary Sensorimotor Theory. *Studies in Applied Philosophy, Epistemology and Rational Ethics*, 15, 175–187.
- Shotter, J. (1993). Conversational realities. Constructing life through language. London: Sage.
- Shotter, J. (2008). *Conversational realities revisited: life, language, body and world*. Chagrin Falls, Ohio: Taos Institute Publications.
- Shotter, J. (2010). Social construction on the edge. Withnessthinking and embodiment. Chagrin Falls, Ohio: Taos Institute Publications.
- Strong, T., & Tomm, K. (2007). Family therapy as re-coordinating and moving on together. *Journal of Systemic Therapies*, 26(2), 42–54.
- Taylor, C. (1989). Sources of the self. The making of the modern identity. Cambridge (MA): Havard University Press.
- Trevarthen, C. B. (1979). Communication and Cooperation in Early Infancy: A description of primary intersubjectivity. In M. Bullowa (Ed.), *Before Speech* (pp. 321–347). Cambridge: Cambridge University Press).

- Varela, F., Thompson, E. & Rosch, E. (1991). *The Embodied Mind*. Cambridge: MIT Press.
- Watzlawick, P. (2009). 'Insight' may cause blindness. In W. A. Ray & G. Nardone (Eds.), *Paul Watzlawick: Insight may cause blindness and other essays* (pp. 271–290). Phoenix, Arizona: Zeig, Tucker & Theisen. (Origineel werk gepubliceerd 1997).
  Wilson, J. (2007). *The performance of practice*. London: Karnac.
- Zuzanna Rucinska is an Early Stage Research Fellow of the Marie Curie Initial Training Network TESIS (http://www.tesis-itn.eu/index.htm), currently working at the philosophy department of the University of Hertfordshire on pretence and enactivism in early forms of social cognition. z.rucinska@hotmail.com
- **Ellen Reijmers** is a psychologist and systemic psychotherapist. She is director of Research and Development and head of the psychotherapy programme at the Interactie Academie, Institute for Systemic Practices, in Antwerp, Belgium. ellen.reijmers@iaac.eu