

THIRD EUROPEAN CONFERENCE OF BRIEF STRATEGIC AND SYSTEMIC THERAPY

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SECOND DAY

DISCUSSION: **“CHALLENGING BELIEFS, WHAT WE CAN CONTINUE LEARNING FROM OUR MASTERS.**

SFIDARE LE CREDENZE. COSA CONTINUARE AD IMPARARE DAI MAESTRI”, Dr. Barbara Anger Diaz, Dr. Katharina Anger

DR.BARBARA ANGER DIAZ:

"Suddenly, many people are no longer with us, a generation of thinkers who have transformed the field of psychotherapy as John Weakland who was very important and died in 1995, Jay Haley in 2007, Gianfranco Cecchin in 2004 and recently we have also lost Paul Watzlawick, a dear friend to us all. Also added to the missing are Steve de Shazer and his wife Kim Berg, who during this year were able to grasp the most important things of the Brief Therapy model, using as references old and different philosophical theories, which are still very close reality. We are also very sad, and at the same time conscious, of the great heritage and the responsibility we have in trying to articulate all the components of their therapy, so John Weakland, Richard Fisch, Paul Watzlawick that worked very much with us in MRI on the topic of brief therapy. Maybe we should try to ensure that everything we have learned must be further disseminated. We are very impressed by the statements of Peter Tracker, by his theory, he is a well known Austrian, a great guru of the world of business; he had himself do a preface of a book (?) and was very happy with the work across the board. We don't expect to arrive to the same level, but at this stage of reflection, research and methodologies to address what we are doing in our activities, we must try to apply some of the tactics that we've learned during our work and try to exploit in a reality that is increasingly rich in facts.

In this report we focus on a set of therapeutic tools that were used by John Weakland and Paul Watzlawick, our mentors, and we will also try to illustrate the use of their work and some specific cases. We will share with you some anecdotes, and will make some examples of the way John Weakland used an approach to manage a variety of the patients perceptions, in a way to avoid remaining locked in a "game without end", as Paul Watzlawick said, and try to share with you what we have done to date with all our patients. We shall also present what Paul Watzlawick described as the disadvantages of change, which has also been used by others as an important concept. We want you to understand how all this can be treated within the reality of brief therapy. We will also try to talk about the strategic advantages during the treatment, and be able to highlight the ethical aspects in relation with patients.

DR.KATHARINA ANGER:

My personal experience with Paul Watzlawick, in the summer of 1990, my mother was at MRI doing training. I did not know much of this Center and back then, I had the opportunity to take part in some lectures, a symposium that was held regularly, and I imagine that

many of you are aware of various studies done by Paul Watzlawick and his wonderful lessons. Then I was in New York, I had training in psychodynamic psychotherapy, though not the most traditional one. That morning, I had heard Paul. He was in a sort of defiance related to the principles I had learned so far, had a different attitude, almost legal, but actually things were otherwise, he wanted to make a change in a different way. Then you can concentrate on a problem without a transfer, and it was a real curse, I was asked again what was going on, what I had learned so far. After that experience, I called my husband home and I told him that I had met a wonderful person, I think the most intelligent in my life, so he asked me: "So what happened, you're telling me something?" "Yes". Then I said: "I want to go to California" "But for how long?" he asked. I lived the following years going up and down in order to learn more from this eminent scholar, and in those years I learned a lot even with John Weakland. I have scrutinized these lessons, content, and I had the great opportunity to even ask myself what was going on, what was happening within these lessons. Sometimes, when I talked with him, he gave me direct answers, but other times he would say: "But have I said this? Did I do this?" Then he would think of an explanation, trying to make me understand what he was saying and in what way. I have spoken and will speak of the so called faiths or beliefs, beliefs that challenge something or somebody. However, I know that this person, this scholar, has used this type of approach from the outset. Then he expressed these beliefs against his client in a very specific way. Often the things a person thinks greatly effect the person himself. There are alternative ways of looking at it, John would challenge people in different ways, making specific questions such as: "Ah, I understand what you mean, what you meant to say in this way Lady" or making particular expressions. So a particular approach could work over another.

In other times there are special challenges, a chance to manage the alternative, and we must enter the new alternative. For example, the case of a man who didn't want to accept that there could be changes, and the person said, "Well there's a change, but maybe it's just a stroke of luck." So here John was trying to discredit the attitude of this man, but the use of certain words made him understand that he should move towards a certain direction. The challenge may be something positive, seen as something negative which is then transformed into something more positive viewed in a different way. For example, a woman is complaining about her sense of anxiety because of her situation and passed experience.

VIDEO

DR.KATHARINA ANGER:

(In the video) John said: "Well, I hope that it's not too relaxed. It's important to have some attention, vigilance. The challenges can be expressed in different ways, for example the need of a patient to complain about something". Here John asks: "Can you tell me what is the difference between an obsessive way of looking and the way men look at women?" Often, a challenge used by the therapist is not a real tactic but something different. For example, there is a father –who was a jail guard his entire life- that complains about his daughter's behavior and the family says he continues to be very strict and hard with his daughter (just as if he was in his job), in this case John creates with this a sort of challenge for the family. Observe what happens.

VIDEO

DR.KATHARINA ANGER:

He says "Why didn't your husband react like that?" "Yes, he did it" "Forgive me-he says-you do not have this sense of spirit." In therapy it often happens that, when we challenge

people, their beliefs and their solutions, problems arise. Introducing challenges means certain situations emerge, as well as different points of view, which creates certain expectations. In the past I met therapists who were not always able fully to help.

ANGER DR.BARBARA DIAZ: "Then we must have faith, hope, we should not be too optimistic. In fact, in the end you might fall into a big disappointment."

DR.KATHARINA ANGER: "Sometimes challenges can bring the attention of a person, perhaps the situation of a woman who had been accused during her career of being too strict, too hard, because she could not manage rapport with others, and thought that most of her colleagues were stupid and though she knew she shouldn't think in this way, she knew she had to change her behavior so she could be more productive inside her team. I said to her: "Of course they are stupid, the thing I don't understand is why it continues to surprise you when they are not able to be smarter -meanwhile I continued to do this design on a piece of paper, the bell curve, so she could see that she was on top of the bell curve, which represented her situation- because sometimes we have to work with people whom we think are stupid". Here again the challenge, which means to introduce something that can lead to a certain direction, or maybe not.

Recently there was this other case of another woman who expressed what she believed, she was to remain calm, especially when she related to her daughter, a very frustrating daughter. "Yes, I know I have to calm down, but I can't." This is a new case, I don't know if I will continue in this way, but I know that if it is necessary, I will have to do something different". The challenge can also help someone to be more open, maybe they feel a little crazy, or do not feel accepted. Some time ago I met a woman who, after having faced a difficult situation at work, she told me: "Maybe we should also talk about the relationship I am having right now"; I asked why. "Because this relationship is very positive for me because it makes me feel a better woman, a better mother." A statement like this one certainly takes the therapist in a completely different direction. I do not think that these thoughts, these reflections, would have emerged if I had not stimulated her with my challenges. I have often observed in John's work that I should create these challenges with my clients like an up and down dance, frequently with no specific plan, sometimes this came out in a certain direction, other times in other directions, and after I found myself following a thread that led me in the right direction. It doesn't matter what type of challenge is developed. The important thing is that the challenge, as Heinz Von Foerster said, creates a sort of an imperative ethic, increasing our action possibilities.

ANGER

DR.BARBARA

DIAZ

You know, I am really honored to be able to take part in this conference, to be a tribute to Paul Watzlawick. When I met Paul in 1990 at Palo Alto, I did not know anything about the importance of the work that John, Dick and Paul had continued doing for decades. I knew Bateson's project, but I didn't know anything about the subsequent work, so what I knew was the conventional approaches of Psychology. I needed a room and I was lucky that the MRI had booked me a room with two much older ladies, I must say. One had 89 years and the other one had 91 and, for the last twenty years, they had been staying at the same place with Paul. They were very nice and spoke marvels of him. Short time after my arrival, they invited Paul and Vera and my husband Manuel to stay at Stanford during my summer program. They organized parties and events, so it was a very friendly atmosphere. Thanks to this presentation with these gentlemen I had the opportunity to meet Paul and immediately it was a very important meeting in California. Usually in our therapy our interventions are related to the concept that Paul defined as "disadvantages of

change", which has a lot to do with what John Weakland and Richard Fisch did later in Tactics in the publication called "The Dangers of improvement." It is about an intervention that occurs with many patients during the first session or half way in therapy, or at the end of therapy.

VIDEO

ANGER DR. BARBARA DIAZ:

What are we facing after an improvement. There is only one answer. We are dealing with an intervention that can take different shapes. It may be inserted in a restructuring context, like in the cases of Katharina or of the woman who suffered of insomnia, which had a husband recently retired, and to whom the therapist had said: "I wonder if the fact of being awake at night gives you the possibility of passing through different situations in a more peaceful way". Or the idea of making the patient understand how to avoid bursting into tears. However, always focused to solve her relational problem with her children, she thought it was terrible to burst into tears in front of them. The patient said that was not sure if she would be able to stop crying. The people that seemed more insensible at the beginning, at the end were the ones who had a better attitude.

These interventions help us understand that the patient reconsiders the possibility of change because there is the implicit message that every change brings a new change, not all changes are the best, but they allow us to let go of some aspects of the problem, bringing us to find some benefits. This type of intervention may hold more than one message and can achieve more than one goal. Patients often are incurred in a different way in their path towards change: change, or not change, but the fact that there may be disadvantages inherent in change itself, means that we must move in a direction of 180 degrees which is different from the solution attempted by the patient. In our opinion, stopping this vicious circle that has been built by the attempted solutions patients have implemented is very important for the unblocking process of the patient. So it is an approach that says: "Go slow, don't change and wait before you venture into a new change". And at the same time it's stimulating the patient towards changing. At this point, slowing down is useful not just because it changes the previous perspective towards change, but also because it allows the patient to be able to consider several alternatives. Therefore there is a strategic advantage in using this type of intervention. This is what led us to think that there is also an ethical imperative for us therapists, especially for those of us who are concentrated in causing a rapid change. The imperative is to be aware and give the idea to our patients that change may have unexpected consequences. This is often not well taken into account.

I will make you an example, clearly drastic, just to get to the point. We see the case of a patient who is subjected to a psychological evaluation due to a gastric bypass surgery. Through the screening, it can be seen if the patient was informed about the unexpected consequences that may result from the surgery itself. I do not know if here it works in the same way, but for example in the U.S. this type of surgery is done to lose weight. It is a type of intervention that requires evaluation by a psychologist who has ruled out that this is made for reasons not well founded. Therefore in this situation people are expecting that this type of surgery will change their lives, and when the psychological evaluation takes place, other changes must be presented to the patient, such as eventually medical complications that sometimes might occur and the issues that concern the physical image -often there is a strip that you see in an aesthetic level-; then, there are taken into account the marital issues, perhaps the husband does not want his wife lose weight; then there is the reaction of friends, or perhaps the patient wants to reduce the sense of competing with

friends. Thus, all aspects related to psychological factors behind this choice must be brought into consideration.

For example, in the case of sexual abuse victim who is trying to return to her previous living conditions, we must say that at this point, she should not assume a very victimistic position because the problem is not in the excess of attention she invests in worrying about her possible dangerous behaviors. Instead, we suggest that she must not pay too much attention to these possible behaviors and their consequences, but she we must try to recover the innocent aspects of the patient. In the next example I would like to show you a game between strategic and ethic; a coincidence that we have analyzed in the Center of Brief Therapy. The patient complained about his life, considering that in most of the aspects, is was very successful. But he continued to complain about the difficulty he had in trying to have a long lasting relationship with a partner and then thought that there was something wrong, maybe related to his mother, or perhaps it was part of its cultural heritage. Then Paul called me and asked me to give the message that many people would have admired the lifestyle of that person, which meant implicitly, to challenge the view of the patient who was not satisfied with his life. This type of intervention sent the implicit message that there can be disadvantages in change and for six or seven sessions, this approach was repeated, until the patient came with a different perspective. Let me show you which was this approach.

2 VIDEO

DR.BARBARA ANGER DIAZ :

The goal of therapy was achieved, the problem was no longer a problem. This is what we call when the problem is no longer a problem. We have brought to your attention this case because the patient had come to the conclusion that, not only his life was beautiful in spite of not being able to abandon the idea that he could improve, but that maybe there were disadvantages in establishing permanent relationships with all the changes and adjustments that this entails in life.

SPEAKER DR.KATHARINA ANGER INTERVENES:

This person lived six months in California and six months in New York. In my opinion, he lived in my neighborhood because we continually met, after more than ten years. He didn't remember, but I saw him, almost always alone, but speaking to everyone, always smiling. I even saw him really happy doing leafleting. So I can give this kind of testimony.

ANGER DR.BARBARA DIAZ

Therefore we have seen that intervening with the so-called disadvantages of change, allows us to achieve the objectives of our strategic intervention in 180 degrees. Not less important is the ethical aspect, were the important thing is not only important to ensure that the patient doesn't get lost in the analysis of the different options he has, how Heinz always said, to increase the number of options, but the problem is to understand whether a person has the right to introduce a change in the patient's life without bothering to prepare the patient; because we know that there are changes that are not always predictable, and their consequences could make the patient's life even more difficult, and perhaps this has not been considered by the patient. The change in itself, as some therapists enthusiastically support, is not the position we want to support.

DR.KATHARINA ANGER:

To make a summary, we intervened in the program during the time of debate, so I won't extend myself in order to give space to the conversation, but just to make a summary of our presentation, we believe that there are teachers who never cease to teach and we are

really excited to constantly discover new aspects of our work, which perhaps have been mentioned or not by our predecessors. There is always something new, and the validity of this research is very important. I wonder what's past because it is considered that it was not enough explored or expanded, or depth, as to improve our practices, and what are the possible ramifications, possible developments that perhaps were not foreseen, which allow us to provide fertile ground for further enrichment of our work. We have shown only two aspects of the work of our mentors, who have brought new elements into our approach, and we now challenge you, while you take a coffee or later at home, to reflect on some of these old speeches and watch with new eyes. Thank you.

QUESTIONS ABOUTN THE INTERVENTIO:

FIRST QUESTION:

Certainly it has raised a curiosity in me. The main curiosity that I have has to do with Barbara. I do not know if I understood what she said when she said that there is an ethical issue here, notwithstanding that we take into consideration or not, the fact that the change that we certainly encourage the patient to introduce is to be more likely positive. But it is not only this. However, the consequences are not always positive, but we do not know if they are going to be positive of not. She said she feels she has the responsibility to raise these issues in her work and on her own initiative, so you know why am I surprised, because if I had had the fortune of being present during some of Paul's conferences...I remember when he came to Italy, were I had a chance to see him for the first times, maybe it was in Cortona, or somewhere nearby, but I remember that questions were addressed to him and he said he was satisfied with the solution of the problems brought by the patients. Although there was the idea that maybe that the problem was linked to some other aspect in the patients life, he wouldn't investigate, he wouldn't go further on what the patient asked him. So now I am curious in this regard.

RESPONSE OF ANGER DR.BARBARA DIAZ:

Thanks for the beautiful request. Even we do not go further, if not for the fact that we always leave the door open, which means we encourage patients to move into their discussion, to provide idea; if they wish to return, they are free to do so if something else were to emerge. So we never close the door to our patients, and I believe that if we speak of the disadvantages of change, in one way or another, we open the patients mind to the possibility that everything can be. But we do not go beyond the scope of the main session. I believe that Paul also shared this, he wasn't interested in going further, because there is this idea of making the patient move towards solving the problem for which he came to therapy, because in fact he has asked for help regarding that specific problem and not for every other thing that might then result.

DR.KATHARINA ANGER:

I do believe we are talking about different things, in the sense that I am not sure if Paul would have shared our vision completely about the disadvantages of change. However I believe I wasn't present in that conference, but I'm thinking that even in other situations, he had said we solve the problem that occurs at that time, and on this we all agree. We do not move forward with other issues, but it is not exactly what we are talking about. We are talking about the fact that you can not always know if we've solved that problem, apart from the nature of the problem, perhaps is the loss of weight, or maybe is the better relationship with your husband. Whatever the actual problem is, if we solve that problem we may have unexpected consequences in solving it, and therefore we are not saying that the solution is one, because questions raise and lead us beyond the use of strategic dialogue. We're not saying that it could be this or that problem, we want the other person

to think if there could be a negative aspect inside the change, because in life, everything changes and Paul said this, everything changes, we can not draw a straight line. I think this is the context to which you refer, sometimes we cannot predict things that happen.

ANGER DR.BARBARA DIAZ:

The truth of the matter is that we try to dissolve the knots that people have created with their attempted solutions, trying clearly not to confuse even more the situation, because if we induce a change we do not know what will happen, this is the point.

SECOND QUESTION:

I address the second question to Katharina. When you say that you are interested in research and intervention techniques, philosophical principles, which have been mentioned, or that are part of a theory or a principle of a master of the past that can somehow be applied to improve the effectiveness of what we are doing, I would ask if you are you speaking only of those groups or also of Palo Alto's group? Because I could say something more than making a demand, I come from Gestalt. I always find something to do with these tools, these techniques of Gestalt which were very effective in the treatment of patients.

DR.KATHARINA RESPONSE OF ANGER:

We passed many years in the MRI, in the center of the brief therapy, with Dick, John and Paul, so we focused and observed this type of work. But I do not think we should limit this, due to the fact that there is still much to learn regarding the model that is still in continuous evolution in the field of psychotherapy, and even if sometimes we disagree with one model or another –because it could or could not be better than ours or simply because it does or doesn't match with what we are doing-, there are many techniques that we can always use. A friend of mine who works from a psychoanalytic perspective, yet he still talks to me, does a lot of interpretations which I know are reformulations, even though I may or may not agree with them. I know that they are stories that are in line with what Jean Jacques (Wittzale) had to say, that is, people need stories; they need to find a meaning. What is called Gestalt, the basis or even the techniques may be different, then we can refer to these techniques. I think it is true what you say and I thank you for bringing this question. We must see all the therapeutic approaches in their totality. Also, as Momy said yesterday, some fabulous therapies have not been well learned maybe because they have not been spread out in the right way, and maybe we had an opportunity to know them well.

ANGER DR.BARBARA DIAZ:

Maybe I would not want to embark myself in a new model, in a new process of training, I feel that I already reached a good conclusion, and I would personally say that I focus on them as I see it as one of the few that tries to implement technical questions in a fair and simple way, and we want to maintain this simplicity. Because it is clear that everyone would like to add more items, everyone wants to develop something of their own, this is true. But perhaps this will push us away from our goals. I always refer to Paul when the students say: "Why don't we express something new?" I say "It is true, but this is the 'only thing I know for a fact over which I can control you" in the sense that the training must be very precise in this regard.

DR.KATHARINA ANGER:

However, do you agree with the fact that you can learn the techniques of another area, of another sector in which other people are concentrated? How we could use them in our model so that they are in line with what we do?

THIRD QUESTION:

I wanted some information, not to be ironic, when you talk about defying belief. How do you work, for example, with patients suffering from paranoia?

DR.KATHARINA RESPONSE OF ANGER:

This is a very important question. They are my favorite patients. Often if there is a problem of paranoia, it's referred to me, fact that gives me information and helps me to know about these type of patients. But precisely to avoid being ironic, I think it is extremely important to avoid the mistake of not taking them seriously when we challenge their beliefs, and if this wasn't evident in our videos, we are very sorry. By observing carefully what John did, or just watching the videos in general, we can understand that even when he was joking, when he smiled, he would do it with a clear aim, not to joke about the patient. He had always a bond, a connection with the patient, he did not want the patient to feel silly, stupid, or uncomfortable. I do not know how to give you directions to avoid the possibility of making the patient feel uncomfortable or to avoid the fact that he may feel you are just joking, but what is really important –and may help in avoiding these situations- is if you are able to create the right atmosphere, the right intonation. Obviously, the respect for the patient is crucial. Given that the patient is already there, there is the possibility to use the tactic of challenging his beliefs, and in doing this we would be very wonderful, courageous. Sometimes it's good that challenges arise in an ironic way, in some cases I had to behave in a serious way, for example in some cases where there was a lot of inconveniences and difficulties, I could not make jokes or kid the patients, absolutely. If, for example, in the case of a patient who had a very sad and serious physical condition, I would have dared to use irony, it would have been foolish on my part, stupid, and unprofessional. It would have been absurd, so I had to be very very serious because this person was telling me -if you remember in the video-, was that the people with whom she worked with were stupid and that she could not understand why they didn't realize how stupid they were. So, when a dialogue is established, I have to understand which is the atmosphere I create. We then enter into a kind of reformulation of the patient, in his space, in his territory. As for the paranoid patients, I wouldn't worry too much in that sense. I would say that I have never succeeded to create a challenge against a paranoid person so direct. Do not do a direct challenge; we can be more subtle, more sensitive, find a more subtle way to reach our goal. With some people, who have a very strong and tight belief system, which have a kind of defense, we must be very delicate, very soft, you can not shoot and that's it. For example, in the case of the person to whom I said: "No, your husband is not having a story." There are reactions, different ways, so we must be sensitive in certain circumstances.