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SECOND DAY

RELATION: "THE MEANINGS IN THE THERAPEUTIC DISCUSSION"

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It's hard to speak again after Mony, after his performance, I really envy him. However, it's interesting how we share common premises in our field, although the application in the field of therapy is different, just as Mony just said. I find myself more at ease in front of patients rather than in front of an audience like you, but I will try to express myself in the best possible way in English.

As Giorgio Nardone said, I will try to address the matter of meaning in Strategic Therapy, and how we can use the explanation as a therapeutic tool. This is one aspect of my work that has developed considerably, especially since I met Giorgio. You know we talk a lot about metaphors in Strategic Therapy, but today I would like to talk about a specific type of metaphor: *the explicatory metaphor*. We can say it's a special type of metaphor because it comes from a scientific background. As all scientific theories, the more the theory is coherent, the more convincing it is in terms of metaphor. I will try to show you how the construction of the explanation may be a way to focus on the therapy, because the explanation makes logical all the successive explanations and it's also a way to calibrate the relationship between therapist and patient towards a common goal.

At first, I was very reluctant in giving explanations to the patient for many reasons. You know one of my teachers was Dick Fisch, and he used to say to me: "you shouldn't explain anything". But you know, as I have said this morning, there are epistemological reasons, which mean you can never discover all the real causes of a phenomenon, and you know all the effects something like this has. Furthermore, for what concerns the methodological reasons, that is, the non-normativity. Thus in line with the Constructivist perspective, the explanations are only mental constructs that can help the therapist to develop hypotheses, but we should not share these assumptions with the patient. Everyone has the right to plan and live their lives in the way they want. So we should not teach anything to the patients about life or things that maybe they know better than us. In fact, all issues that had to do with meaning were excluded in some way by our activities. After all, this was an approach based on interaction and on the way we observe things based on the pragmatic of communication, so we left the question of semantics, for the question of meaning.

A lot of patients come to us and ask: "Please help me understand why I have this problem." I usually answer this question by saying: "If you had to choose between knowing the cause and not to change, or knowing how to change without knowing the cause, what would you choose?" And of course most of them would choose the second alternative, they wanted to change and get rid of their problems. However, what I noticed was that their choice would not preclude them from feeling worried about the question. They wouldn't ask me, but they would still try to understand, in each case, why they had that problem in their lives; they wanted to know the meaning of their difficulty.

Another factor that I discovered is that some of my patients -who had other types of therapy- like for example, analysis, clearly searched for a solution to their problem, but most of them had received too many explanations during the analysis. For example, I saw a patient two weeks ago that had marital problems. His wife drinks and it has been like this for almost ten years. The first thing he said to me was that he had done psychoanalysis for

two and a half years, told me that was the most important experience of his life. So I asked him in what way, and he said: "Because I understood the reason why I married this woman." This is one explanation that blocks at the same time. Therefore, I will try to show you that we can do something better.

I began to wonder why I am so reluctant to go into all these explanations. Maybe it is a matter of epistemological nature, a bias, or perhaps an ideological position that enables me to give an answer to that type of question? After all, there is an interactive approach in regards to the relationships with our patients, but you must know that the interaction and the relationships are very important, and the invented reality is only a construct. Moreover, therapy is also an encounter of two points of view, each one of whom builds a world: that of the patient and that of the therapist, and we work with patients and most of them come from a cultural background in which the principle of Descartes and Freud predominate, as we said yesterday. They believe that the only way to solve their problems is by removing the origin, by understanding the cause. I had to move on, so asked: "Why don't we want to give answers to these questions?" How can we see a problem and try to find the solutions to it?" I clearly did not want to go into searching the absolute meaning of things. We know that if we take a dictionary we can see that the definitions at the end are recurrent. Then I thought that, instead, I should analyze it from a strategic point of view, and I asked the pragmatic effect. What is the injunction of this question, what is the expectation of the patient when I asked that question? Certainly, the first and foremost thing, is the desire to solve a problem, and clearly the desire is expressed only in terms of the epistemological and predominant culture. We know the principle that says that only by discovering the past, the past causes, we can remove the problem, and we can be sure that this problem will not recur later in time. The logical consequences say that if we know the cause of the problem –in one way or another-, this means that the problem will no longer show up again. There is this Freudian belief according to which the cause intrinsic element will solve the problem. From my point of view, these two premises are false and as I said this morning, I will try to show that, it depends on the type of case, the causal explanation that we use.

The second point is the need of understanding. Most people require seeing their lives in a coherent way. They want to integrate the different aspects and moments of their lives and their personal stories within a global and logical context, in a whole that is made of themselves, their true nature. Besides, they want to find a coherence between the world with which they identify themselves and some symptoms that seem to come from outside. Why do I suddenly feel depressed?

For example, I had a patient, a woman who come to me because she suffered of phobic disorders and wasn't able to catch a train or to go to the theatre or other similar things. She had taken a series of pills that didn't solve the problem, which made her incapable to go on a vacation. The problem had been going on for more than twenty years. She was referred to many therapists, analysts and others. She no longer wanted to look into her past, so she came to search for a solution. After two sessions, she told me she had very strange thoughts. Every time she was walking in the street, her attention was caught by the dog's excrements and then felt the strange desire to get in contact with it, something that she had clearly never done, but each time she had to fight against this feeling. At the same time, she had another strange idea. She was Catholic, but each time she thought about paradise, she had the vision of orgies, that would come from everywhere. She had a very dear aunt who had passed away three years ago, who was a very kind woman that loved her very much and she was sure that this aunt was a paradise. But each time she thought about her, she would see her in pornographic situations. As you can imagine, she was really ashamed of this, of her thoughts.

As I told you in the beginning, I was very reluctant to give explanations. For a long time, I saw myself just as a problem solver. I didn't want to be seen as a guru for my patients. We

must not tell our patients how they should live, we must not explain what is right and what is wrong. I am deeply convinced of this is something that should not be limited to therapists. But if we want to respect all points of view, how can we reject and reconsider this issue, why not help them find an answer that would reduce their concerns? If we don't help them in this direction, we will continue to be concerned over this issue, although the problem we have in reality in some way resolved.

For example, I have a patient, who come to me for a couple of problems. After suffering a stroke and the hospitalization, he questioned his life and discovered that he was not satisfied with the life he had, even in his marital relationship. So, we proceeded with a couple's therapy and one of the conclusions that came out from it was that the patient was not sufficiently independent, in other words, he depended too much on his wife, and his wife felt overloaded by his expectations. This patient explained to me that he was one of the baby boom babies, which meant he had been educated according to the following principles: women must be respected; each person must talk in a transparent way about each one's problems. He always spoke in first person, "I hear this" and so on. For example, he said: "When you do that, I feel bad and I want to express my needs so that you can understand how I feel and what I'm going through." The conversation focused on the content of communication, I gave him some prescriptions, such as the use of writing when he wanted to say something to his wife instead of telling her directly ; facing his fears regarding the fact of being alone; and finally, every day, he would have to think on what would he do each day if he was alone, if he was the only person who could make a decision. During the next session, he was very confused, probably because things were going better. He said to me: "Yes, my wife told me: 'What did the therapist tell you to do, you have changed so much'. You could see he was very anxious because he said: 'Things have changed but I do not know why, I don't understand what I did to change things.'" In fact, he said to his wife: "He gave me a solution but it he hasn't solved my problem'. I had to give him an explanation on the injunction of the communication, the pragmatic approach that communication must have an effect, consequences, and objectives and so on.

The patient might have had the impression that he was still anchored to the problem and as Richard Moss once said, "What we don't understand, catches us"; or they can have the feeling that they have not changed the reality, because they have not found the solution by themselves, they haven't understood the mechanics of their problem, so they don't feel able to control the possible future events of their problems. Indeed, the fear is that they really have not changed because they still think the same way, and sometimes we forget that the resources of the past are also the resources that can boost during therapy, as Giorgio said. One of the risks in not taking into account the explanation, is that, that the patient continues to think in the same way thus reach the same conclusions, with the risk of going back to the old intended solutions. Another risk is that their questioning on the causes, on the significance of their behavior, can be painful. We know, for example, when we are doing something, it's as if we ourselves were going through the problem.

Another risk is that the absence of an answer may deteriorate the therapeutic relationship. Some people think that the therapist doesn't know the answers to their questions and this may be an opinion -obviously not always-, but it can generate misunderstandings and it can also be understood as a lack of competence and professionalism on behalf of the therapist, which clearly increases the resistance to the therapeutic process. I don't know if you agree with me on this, but the first time I tried to use Giorgio Nardone's treatment protocol, something happened that bothered me because, at the beginning, it was very difficult for me to use a protocol if I didn't fully understand the mechanism underlying it. So I needed to understand why I had to tell the patient to do one thing or another; I had to understand how it worked. Perhaps this was only my problem, I don't know. However, I needed to understand. So clearly the question of the meaning does not mean returning to

the old psychoanalytical explanatory approach. I'll try to speak about the meaning from a Strategic approach.

Two general considerations on significance: the first one, you know that the meaning of an event or a situation depends on its context, and as Bateson said, the context is both objective and subjective, and then the meaning of something is always depends on the individual, there is no absolute meaning. Even in science, perhaps if you read "Mind and Nature" by Bateson, you will find he said that science does not prove anything. We can always find wider contexts that will change the meaning of a particular data element. **So clearly we do not want to return to the pre constructivist and say that an explanation is an absolute truth.** We simply provide explanations that can help patients to have the answers to their questions inside their personal reality in order to reduce their concern by providing the tools to improve cognition. I could tell you that the explanation in a strategic sense is a reformulation of the background, changing the background of the patient.

This morning we talked about causality. You know that sometimes we are reluctant to talk about the causes, but what I said this morning is that we should not be afraid of this, we have Gregory Bateson and Paul Watzlawick, which have given us the tools of thought and the keys to speak and explain things while we live them; living in what Bateson called creature. Bateson gave us many clues to explain how someone can learn to behave in a certain way and how the character, which means, the second level of learning, can be incorporated into other behaviors. So there are many tools for explaining things, to explain behavior, interactions, only with elements Bateson gave us. So why not use them? This, for example, leads us to understand why an anxious mother may develop anxious interactions with the environment. The Butterfly effect tells us that an interaction can develop into a symmetric relation that can explain why a small effect is amplified by the inappropriate reactions, and the positive feedback loop may lead to an extreme result, and as I said this morning, the concept of attempted solutions is cybernetics circular explanation about the construction of a problem. Then, we have an explanation, the cause of the problem is the attempted solution and now the attempted solution has emerged because several solutions have followed and now we use these type of attempted solutions in a certain way which worsens the problem.

This was the first general consideration. The second one also refers to Bateson. You know that Bateson has shown us that man thinks through stories, In "Mind and Nature, Bateson tells this story about this computer expert who was interested in knowing if one day his great computer would be capable of thinking like a human being. So he inserted this question into it and the computer started elaborating data and after a while, the answer from the computer came out printed in paper.. The man took the piece of paper and read it and it said: "This reminds me of a story." I love Bateson, I love this complex and boarder perspective from which he speaks about these things. It is true we need stories to understand what's happening in our lives. The various elements of knowledge must be linked to create a gestalt, a form, a pattern that makes sense and that is why our patients are in need of an explanation: it is a way to understand the framework in its entirety.

So how can we use the explanations in the therapeutic process? I believe that the explanations can be used throughout the therapeutic process. For example, Giorgio came to Liege a month ago, for the twentieth anniversary of our school. I was really happy that he could come because he is always so busy. But in this occasion, he saw patients in their true context. There was this mother who had come for a problem with his son. On the phone, she had said that her thirteen year old son was hyperactive, was not in shape and had a lot of problems. So Giorgio just wanted to see his mother. Giorgio started a conversation, and with a very few questions he got to the heart of the problem, it's really wonderful and amazing, I think he is the only one who can do it so well, and especially so

fast. So with these few questions, he reformulated the whole mother-child situation and gave another explanation to the problem, i.e. to the mother and child behavior. He said to the mother -of course not in detail but in general way-, something like this: "Well, you are part of an overprotective family and you have not been able to make your son accept the life frustrations, and if you continue like this, your son will become, either a person who will have substance abuse problems or a victim of a abuse. This was a general explanation of the whole history of the education that the woman had received and that she was, as well, giving to her son. This was a useful frame of reference for the rest of the session. Each time the woman tried to return to her old solutions, Giorgio said: "Do you want him to become a person who commits substance abuse, or else turn into a person who will be abused by someone else, or even both?" The mother said: "No, neither of them". This was the focus of the intervention. He changed the story and was able to introduce a totally different story that offered a possibility of change, or better a possibility of action towards change.

I believe that the explanation could improve the motivation of the patient in order to involve the patient in the therapeutic process. I think that this also contributed to what we call the prescription. When we create a link between past situations and attempted solutions, it is very easy to draw the conclusions that the patient should change his attitude to get rid of the problem. Again the requirement is logical, practical. So if the avoidance exacerbates the problem, what we have to do is face this kind of fear, which this is a logical conclusion, and I will tell you how you can overcome this type of fear. Clearly Giorgio has used this approach, primarily in the third phase of his work, during the consolidation phase.

Any attempted solution is placed in relation to the overall explanation. It is very important to focus the attention of the patient to the new regulatory process, in a way that, when the patient will find himself facing similar future difficulties, his way of conceiving a problem will be different and this new way of conceiving it needs to be discovered by the patient during therapy. So you can see that what I call strategic explanation means that we can take whichever component we consider important to the patient, and he will be the one that will give us the material to work on. We can use any bit of information to relate it to the attempted solutions used. That is, we know that when we grow up in a family with a very anxious mother, we learn some patterns, some behaviors related to the environment and learn to avoid dangerous situations or potentially dangerous, it's normal. But you learn that maybe another person who has a dramatic experience will learn to stay away from any risky situation and what all this has done, is that now when we can confront a situation to avoid potential risks, the environment becomes increasingly hostile. Our field of action in life diminishes with these explanations, so we can say that there are implications that tell us that, if we want to improve, we must reverse the process and what we can propose or prescribe, would seem logical for the patient and this may reduce the concerns.

So the question we must ask ourselves as therapists is: "What will be the story we will tell to the patient in order to make him abandon the attempted solutions?" Let me emphasize that the explanations may contribute to the therapeutic relationship. They can alleviate the suffering of the patient, regulating the cognitive thought, the reflective thinking of the experience and helping the patient to relax. This gives us a valid context for all the interventions, the explanations serve as a meaning, a significance meaning for all the interventions. This reduces resistance, which depends on the lack of knowledge and understanding and also -as I said this morning-, it can facilitate the relationship with colleagues from other approaches. Instead of saying that we are not interested, we can say we are interested in a different way, and explain how.

I hope I was able to explain that the explanation is not a sin, is something that sometimes can help the patient to feel reassured. I believe that our task as therapists is surely to solve problems, but also to give the patient the tools that enable him to improve his life and help

him think more constructively when faced with a problem. And I believe that the explanation could be a tool that may help us. Nietzsche said that, who has a 'why' on which he can base, is prepared to accept how. So I think that taking into account the significance during therapy can create important elements for solving the problem. Finally I will finish my discourse regarding significance by saying that, when you are not overwhelmed by problems, when you have the possibility to enjoy life, this beautiful life, when you have the opportunity to participate in the banquet of life, celebration of life, such as the Taoist poet Lin Yu Tang said, you will know that all these questions about the meaning of life will disappear.