

# **Brief Strategic Therapy. Knowing by changing**

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## **Abstract**

This article is a revised version of the workshop carried out by Prof. Nardone held on the last day of the conference. The workshop explored the importance of the first session and the use of the strategic dialogue in the Advanced Brief Strategic Model. Through the use of the strategic dialogue, the first session, now, embraces the first stage of the therapy, that is, the definition of the problem, the identification of the perceptive-reactive system and of the attempted solutions and definition of objectives) and the second stage, where small changes already take place.

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During these last years, I have wondered a lot on what I have achieved and carried out in my work as a therapist; I had spent 10 years performing as a great rhetoric, sending hundreds of my patients to buy me apples while doing pirouettes, constructing treatment models using specific stratagems for specific pathologies. And after this long period, without even noticing it- because the best possible things take place without one's awareness- my style has changed: in particular, the style of the first session. Most of my pupils have point out to me that the first interviews were actually changing in a very significant way and this has given me the input to see what was truly changing and thus we took up the videotapes of the first sessions held in 1997 and we compared them to those carried out in 1990-92, then with others carried out in the 80s and the first thing that emerged was that we had changed the way of presenting our questions.

They were no longer open-ended questions such as "When you have your panic attack, what do you feel?" but we started using close-ended questions that offered an illusion of alternative: "When you have your panic attack, you fear of dying or of losing control?" and the person replies with one of the two predetermined answers.

Obviously these questions were possible only after 10 years or so of clinical research in panic attacks syndrome, in its various forms and we got to know this problem through its solution- this scandalous construct which sums up the title of this presentation, that is, to get to know a problem through its solution. The fact that a person suffers of this type of pathology means that there lies a series of redundancies that repeat themselves. And this is not valid only for this type of pathology but for all types of pathology. But this does not entail reformulating another new type of diagnostic model, because in this case" we get to know through changing and not we get to know so that then we could change".

The diagnostic procedure becomes already an intervention, or better so, the most important of interventions because if I say to a person who suffers of panic attacks: " when you have your panic attack do you fear of dying or of losing control?" and he replies "I'm afraid of losing control" as the majority of the cases reported during these last ten years- I have already eliminated half of the possibility. As in the chess game, an example I often use in my books, in order to guess the right square on the chess-board, every strategic question reduces significantly the field of investigation. Just like a funnel that narrows down, that guides us until we are aware of how the problem functions. But this is a discovery process that therapist and patient carry out together, and that is why I called it 'dialogue' from the Greek word *dia logos* meaning knowing together.

Proceeding in this way, therapy becomes a true discovery process where the patient and the therapist, through the use of a series of questions and answers, together- as we will see later on- with a series of strategic paraphrasing, arrive together to get to know how the problem functions and to change the perception regarding the disorder. However a clearer comprehension of this process will be gathered later on in this article.

Thus, imagine the answer of the patient to be: "I'm afraid of losing control", so the second question should be: "but these critical moments where you feel you are losing control are foreseeable situations or they take place absolutely out of the blues?" And in the majority of the cases the person replies: "Well... I do not know! However thinking about it they generally they do take place in certain situations".

So you reply: "And can you anticipate these situations?".

And the patient normally answers: "Yes, now that you made me think about it, I do. For example when I'm on my own, when I leave home, or when I'm in a crowd or in a closed place... " obviously depending on the type of phobia.

So let's analyze what we gathered from these two questions. We now know that the person is not afraid of dying but of losing control and that this takes place in specific situations that can be anticipated. This discovery is important both for the therapist but also for the patient who starts having a clearer map of his problem. In order to proceed on the right track, it is now important to paraphrase what has been learnt so far, so as to have a confirmation or a clarification from the patient. So tell the patient: Please correct me if I'm wrong (one-down position)... but if I understood well you suffer from panic attacks that take place in situations that you can predict, situations outdoors and when you have a panic attack your fear is of losing control, right? And the patient generally replies: Yes, that's right. By telling the patient "please correct me if I am wrong..." we take up a one-down position making the patient feel in 'command', he feels important, not disqualified. We are establishing a therapeutic relationship. He feels emotionally acknowledged and reinforced. He starts to have a more focalized image of his problem, not focalized on the causes but on how it functions and how to manage it. He holds the illusion of guiding the discovery process.

Let's continue with the questioning: When faced with such predictable situations, you tend to avoid them or you tend to confront them?

Patient: When it is possible I prefer to avoid them, but certain situations I'm forced to face them, I have to go to work, to do shopping... It's been more than six years since I last had a holiday... I'm too afraid...

Therapist: So if you cannot avoid, what do you do... you ask for help or you face them alone?

Patient: Oh no, I ask to be accompanied, mostly by my wife...

These are two crucial questions. They discriminate whether the person is dependent on others or whether he tries to use his own strength to confront his fears. Obviously, each answer orients towards a completely different treatment. Throughout the conference you have listened to Dott.ssa Di Antoniis speaking about the treatment with patients dependent on others and Dott.ssa Cagnoni spoke about treatment focused on the individual. So in this case the person is dependent on others especially on his wife. In this case the treatment should focalize on guiding the patient to break free from this dependency and discover his own resources. On the other hand, when a person tends to force himself or tests himself in facing threatening situations, he will be continuously "measuring his own failure" and thus incrementing his fear. So in such case we help him break free from the trap in which he has entrapped himself.

Therapist: So, if I understood well, please correct me if I am wrong... you are a person who suffers from panic attacks that can take place in specific predictable situations, once outdoors, which you try to avoid but when it is not possible, you necessitate someone near, usually your wife, who is always ready to intervene in case you lose control, right?

Patient: True.

So now we- therapist and patient- have a much better picture of how the problem functions. We know where it normally takes place, how the patient feels, how he tries to manage his problem and his limits. When the therapist carries out a precise paraphrasing of the situation described by the patient, the latter feels understood and more confident in the possibility that this therapist can truly help him.

Therapist: OK. You tend to speak a lot about your problem or you tend to keep it to yourself?

Patient: We speak quite a lot about my panic attacks... mostly with my wife, who knew of my problem from the very beginning, before we got married... however everyone knows, even the kids, my friends... they give me advice, they are very patient with me... only my work-mates... I did not want them to know...

Therapist: And when you speak about your problem with your wife, friends... do you feel better or do you feel worse?

Patient: At that very moment I feel relieved... they can accompany so I can do my errands...

Therapist: So as soon as you speak about your problem you feel relieved, but afterwards, after some time you feel better or worse?

Patient: no, after I feel more frustrated... before they used to give me advice of what to do and not do, but now they do not know what to tell me...and this is even more frustrating...

Now we have gathered a lot of useful information regarding how the problem works. At the same time, the person has reframed his perception regarding his problem and its function. He feels that the therapist can truly help him and this increments his expectancies and also another important element, the placebo effect that if summed up will increment efficiency by 50 %. This is what researchers in the field state (Hubble, Duncan and Miller, 1999).

So through these intervening-discriminating questions the person will come to feel that what he previously thought as being helpful, in reality is rendering him always more frustrated. We are starting to change the perception and the emotions regarding his usual attempted solutions.

Therapist: Therefore if I understood correctly,... you tend to speak a lot about your problem because right there you feel relieved but afterwards you get more frustrated with yourself because you understand, once more, that you are incapable to overcome it.

Patient: Yes, true.

Therapist: And when you ask for help, to be accompanied to face something and this person offers you help, do you feel better or you feel worse?

Patient: I feel better then because I can carry out my errands... but in reality I feel I cannot do it on my own and that hurts.

We are introducing a further element of change. Through the use of questions and paraphrasing we have made the patient feel understood.

It is very important to underline the difference between 'feeling' and 'understanding'. As Prof Ricci Bitti states, psychology for over 20 years has been under the domain of cognitive approach. But this is an old illusion: that is, if I can understand than I could change, but today we have different proof. All of us have experienced the frustration of knowing that we have to leave someone we used to love but can not come to do it. Even though we come to understand that he/she is not the right person, yet we feel to entangled to let him go. Only when we feel in love again, we then react and change. Is there better proof to show the difference between feeling and understanding? The same goes for therapy: you has to make the person feel different and not to understand differently. We need to change the perception in order to then change the cognition about something. If the perception changes, the feeling changes, then behavior changes, then cognition changes too. The large majority of therapies are based on changing cognition or in changing behavior or in changing emotions. But what triggers off change is feeling and perceiving, the rest will follow.

Going back to our patient, through the use of strategic questioning and paraphrasing he feels different. He feels that every time he asks for help and receives it, he will be worsening the situation. This will allow us to ask from him something which would have been difficult for him to carry out before. The person can now do it because he now feels different.

This is a discover process which the patient feels has achieved by his own means. He does not feel pushed into things. It seems as if the therapist have just confirmed the responses of the patient. Kant in his "Critic of Pragmatic Reasoning" writes the majority of the problems of human beings do not derive from the given answers but from the questions asked.

The art of asking questions is the art of creating answers.

Protagoras the Great sophist, was a major specialist of this art.

In this way we guide the patient through out the first session towards new perceptions of the problem, but at the same time we introduce small changes. We get to know through changing.

So at this point we conclude by saying: "Allow me to sum up. Please correct me if I'm wrong. You are a person who suffers of panic attack, this happens in specific situations who can anticipate and thus avoid. If you can not avoid then you ask for help and furthermore you tend to speak a lot about your problem. When you share your worries you feel fine at that very moment but then you feel that things worsen. Just like when you ask for help, you feel better soon after but then after a while you feel that things get even worse, you feel incapable.. The fact that others help you means that you are not capable to do it on your own". The person replies: "Yes that is true!"

Then the therapist can add: "...all this makes me recall the words of a famous poet Fernando Pessoa, who wrote "I bear the wounds of all my evaded battles".

Patient: That is so true.

Therapist: And I add "the wounds of the evaded battles seem never to clot, to stop bleeding"

Aphorisms are the most powerful communicative literature form, because they are immediate and very evocative. They make the patient feel its effects immediately, without great efforts it arrives straight to the heart of the patient. Now we can proceed in being more directive and give the prescriptions. The patient will be more willing to accept and follow them.

Well, well, well... I would like you, from now till the next time we meet again, to think about what we said today: that every time you speak about your problem you make it worse: I would like to keep in mind that every time you ask for help and you get it, you will be worsening your problem, even though there and then you feel better. And the same goes to when you avoid to do things, just as Pessoa, you will bear the wounds of the evaded battles. But I know that at the moment I can not ask to this because you are not able to do so, yet... Therefore I can not ask you stop avoiding, but every time you do so, not only do you maintain the problem but you render it even worse. But I believe I can ask you to stop speaking about your problem because this is easier to do...

This is just an example of a first session, the most simple for us (years of experience in the field) : panic attacks. However panic attacks have various variants according to the answers given to the questions. The same goes for obsessive compulsive disorders and eating disorders.

For every type of pathology we have devised a series of strategic questions and paraphrases but which can and should be also corrected. Thanks to paraphrasing the patient can confirm or correct other gathered information. Therefore this discovery process is self-corrective. There an error can be corrected before doing any harm. This is a very useful tool for the therapist, because he feels confident that he can continue without great risks of going astray. The therapist continuously checks on with the patient to see whether he is on the right track.

In the last ten years of our clinical experience, 69-70% of cases report to have been freed from the symptoms, already between the first and the second session.

The explanation is given by Wittgenstein who writes “ every explanation is a hypothesis”. But then adds that no hypothesis can save us from love, because this has no explanation. My hypothetical explanation is that this instrument is so subtle and apparently so banal, but it works on various levels contemporarily. It works on the relationship, on the expectation, and it increments all the other effects that follow, without making the patient feel manipulated because he feels he is leading, he is giving the answers. At the same time he starts changing his behavior and thus his attempted solutions. Thus at the same time we work at the perceptive, emotive and behavior level and as a final effect there will be a change in the cognition, but this takes place only once the pathology has been unblocked.

As the reader can see, in this case the process is the other way round when compared to other therapeutic processes because first we achieve change and then awareness, while the majority of the therapies try to first gather awareness and then obtain change.

It is quite obvious that Advanced Brief Strategic Therapy owes a lot to the art of stratagems.

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