Getting sick from psychotherapy: chronicity, collusion and the risk of iatrogenic risk

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Cybernetic epistemology

Within a cybernetic epistemology nothing is good or harmful in itself. It can be defined either one or the other way only within a relationship and a context

Successes or failures do not depend unilaterally on the clinician or on the client, but they are generated within the story of their relationship and of their reciprocal encounter.

Successes and failures emerge from the coordination of coordination of actions and meanings

Constructivism modifies the relationship with the process of knowledge. The clinician will not look for specific relational games and will not look for the client’s reality.

The clinical work has more to do with defining problems over and over again, being this the way to try and solve them.

Clinical interventions emerge from a shared reality within a collaborative, co-responsible and dialogical context

The unity of observation are not families as groups united by a history, nor individuals or nets but rather mental processes, transversal to social units

Different levels of knowledge

- Knowing (hypothesizing)
- Not knowing (Calculus of unknowable, undetermined systems and un-decidable questions)
- Knowing that one knows (reflexivity and consciousness)
- Knowing that one doesn’t know (curiosity)
- Not knowing that one knows (intuition)
- Not knowing that one doesn’t know (collusion, resonance, blind spots)

Considering one's ignorance in the clinical domain implies:

- To renounce to the idea of knowing the system
- To renounce to one's expertise
- To make processes happen during the session, creating a workable reality
- To work on the emerging edge
- To renounce to controlling the observing system
- To imagine what happens as a fractal of the life of all the people implied
- To tolerate the anxiety of remaining in unknown territories
- To pass from power to respect
- Monitorize the possibility of entering in resonance

Always keep in mind undesirable outcomes

Which situations enhance the risk of collusion

- To fall in reifying pathology, not considering the resources in the symptom, not considering an evolutionary stance
- Obeying to the quest and proposing orthopedic interventions
- Considering only the observed system
- Leaving time out
- Leaving contextual remarks out of the process
- Reifying a power relation
- Falling into procedures, loosing curiosity
- Ridefyning at any cost without com-prehending (prendere cum)
- Adhere excessively to the procedures of the theoretical frame of choice
- “Buy” the hypothesis of the work-net (enlarged system)
- Work responding to an emergency frame
- Skip the analysis of the quest
- Offer an intervention in a situation in which there is no quest
- Do not distinguish between firs and second order interventions
- ……………………………………………

Literature usually stresses multiple elements

Which have to do with intrinsic characteristics:

- Elements which refer to patients
- “ which refer to the clinician
- “ which deal with the relation among the people involved
- Elements which are implicit in the therapeutic process

Or also connected to the choices to be taken:

- Who to call in, prendere in carico, setting
- Cognitive-emotive, which capta to consider, how to connect them, which meanings to allow to emerge
- Relational, how to conduct the encounter, positioning, distance, transparency, answers to be offered…

Good results in practice are not guaranteed by theories or techniques nor by their correct application

Neither a correct application of epistemological presuppositions allows for a satisfying result

It is necessary that the clinician enters the dance and operates second order operations from a stance in which s/he recognizes a multiple positioning toward knowledge

Always keeping in mind undesirable outcomes

- **Orthopedic** interventions
- **Errors** within the cybernetic framework are signals that can help clinicians to correct their strategizing (they are usually within a behavioral domain)
- **Resonance** is often inevitable and is overcomed by team work, co/super-vision, reflexion
- **Collusion**, **Chronicity**, **Iatrogeny** are unintended consequences that emerge from interactive processes, even if the model is correctly applied

Orthopedic and evolutionary interventions

- Orthos = norm
- Orthopedic interventions are those interventions that
  - tend to normalize
  - cut down complexity
  - create collusions which are invisible
  - place clinicians in the position of “doctor homeostatic”

Iatrogenesis

iatreia, medical cure; gignomai, to be born: which comes from the practice of the cure. It indicates situations in which we can hypothize that the worsening has not to do with the personality of the client or the difficulty of the situation but it is brought forward by the relational dance.

The most frequent symptoms are enhancement of anxiety, sense of loosing oneself, of being transparent, thoughts of incapacity and inadequacy

Which is the core of the problem?

The main question is not to ask what caused iatrogenesis, collusion, doctor homeostatic but rather to consider the interactional pattern which are generated and maintained in the working process

To discuss about risk of iatrogenic risk implies thinking about the possibility of failure and of undesirable outcomes

Time span

How much time must it pass before we consider a situation blocked? Clinicians with a psychodynamic orientation need around 14 months, cognitive therapist between 6 and 8, systemic 2 months.

Reasons to explain a lack of processuality are mainly attributed to clients, rarely to the therapeutic relationship evidenced from all the rest and nearly never to the clinician's actions.

What to do not to fall into homeostasis

- Knowing you don't know and consider blind spots
- Do not understand too fast
- Know temporarily
- Allow for unsaturated narratives
- Break the psychological coherence with which people come in, the self referenciality which includes the problem/ symptom

In public health settings

The main element which gives rise to a iatrogenic circuit in public health settings has to do with the exhaustively and sameness of institutional possible answers and to the consequent reification of mental problems as self fulfilling prophecies, independent from the relationship and the history. Only a modification in the clinician's positioning could allow the interruption of such a circuit and to avoid the collusion between quest and answer from the institution

Only not institutionalizing the answers we can allow quests to change

“the self fulfilling prophecy"

Certain psychiatric diagnosis instead of defining create the pathological condition

Watzlawick (1985) has described the etichettamento habits as behaviors which contribute to build interactive processes which produce the behaviors they name

Paul Dell (1980) illustrates how psychiatric traditional approaches to schizophrenia have an active role in the schizophrenic dance

Lynn Hoffman (1985) stimulates clinicians to consider how much our own worry to find the cause and the locus of a problem in something outside ourselves participates to the construction of the problem

Common actions create context of meaning

The aim is nor to acquire new techniques, nor to invent new theories in order to deal with systems and contexts. We need to reflect more and more on our practice and on the operations we already organize, in order to build a processual and responsible practice

Successes and failures do non depend unilaterally from the patient or the clinician but emerge within the history of the relation and of the reciprocal encounter,

We need to act recursively

What to do (2)

- Optimal responsiveness (Bacal 1985)
- Build oneself as a immobile constant
- Look for “imprinting” in early times
- Become a dialogical partner (not only questions)
- Offer double descriptions

A good question

How am I participating to the maintenance of the symptom and of the premises which have organized it? In which way the semantics which I have collaborated to create is evolutionary or homeostatic?

Our work has to do with the collaboration of hearts, minds and connections (relations/people) acting together on material which needs perennial rewriting and transformation