

Re-membering pasts and imagining futures: interaction
at the heart of practice
Paris

The cure of the cure

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What did I learn in time from the milan model?

Recursivity: therapy as a self-referential process which deals with the unpredictability of happenings and paths

Trust: the person is not its symptom, people and situations evolve, attention given more to resources than to problems

The pleasure of the dance: being part of the observing system, of the shared premises; the analysis of the request as the connecting element

The active research stance: participating in the first person, intervening interviewing, strategizing, the risk of becoming doctor homeostat

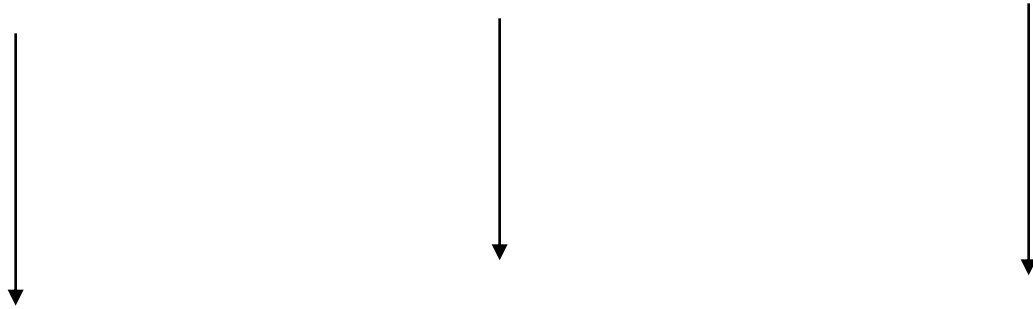
Shifting from power to respect: curiosity, irreverence, transparency, respecting the presenting problem through the common development of a narrative coherence

Which are the consequences at the present time:

- We operate on undecidables and unpredictable
- Many positioning in front of knowledge
- We know we don't know
- We know blind spots are inevitable

We don't need to acquire new techniques, to invent new theories in order to deal with systems and contexts, we need to reflect more and more on our operations and on what we already do, in order to build an evolutionary, responsible and processual practice

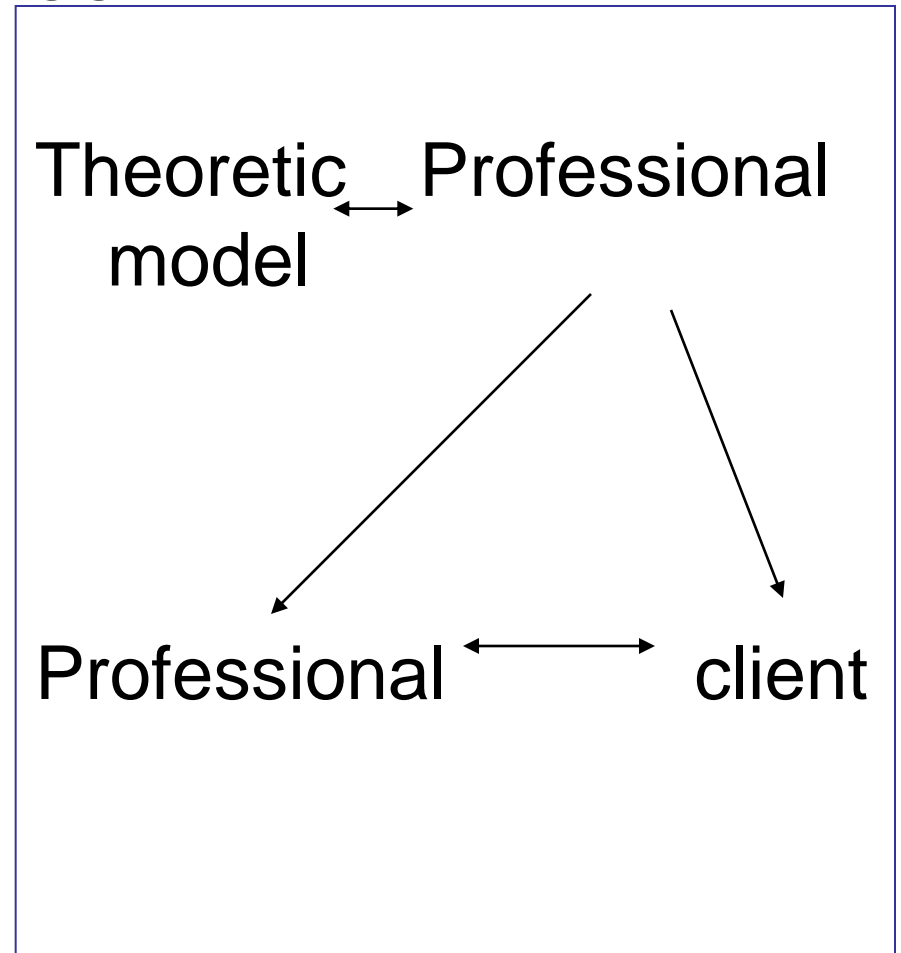
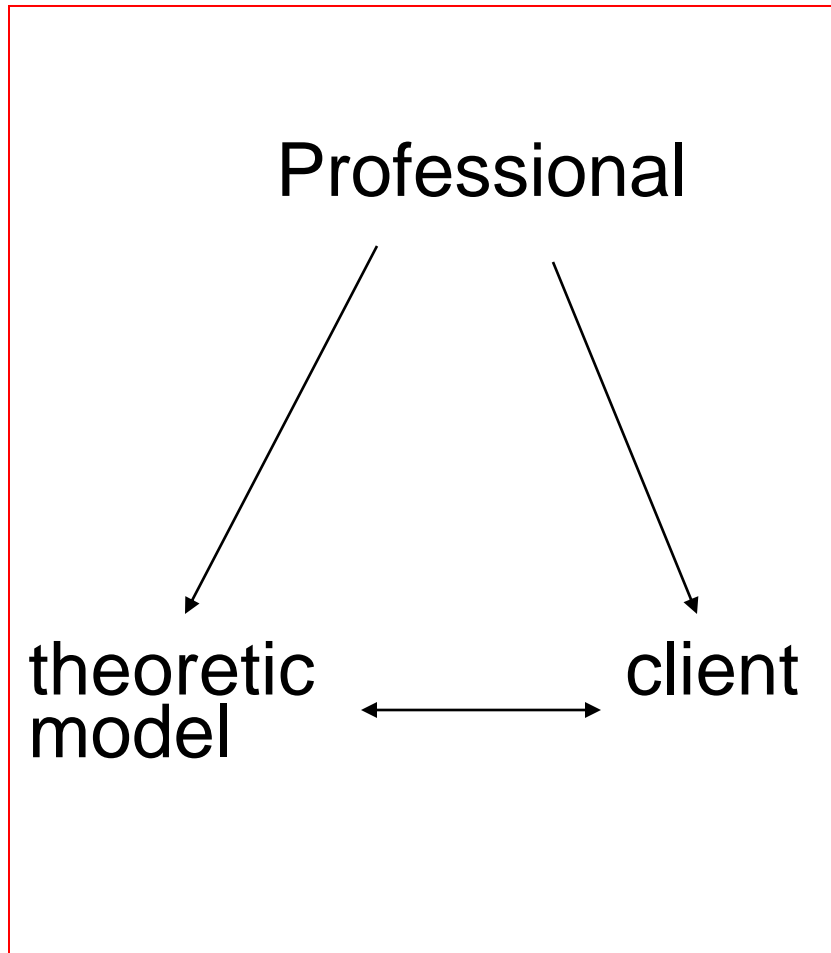
Interventions we make are not objective procedures but emerge from the dance that we dance with ourselves and others



The object of observation consists in the act itself of observing the object
(A.Goudsmit 1995)

RIFLEXIVITY:

professional knowledge as a second order operation (Fruggeri Matteini)



Second order operations

Any framing of a problem and consequent solution can't be "right" in an absolute sense. Reflexivity becomes the instrument to act/think/operate in an ethical way.

Reflexivity is intended as a way of turning one's experience back on itself, in order to think and reflect on the actions which emerged from actions already taken.

It is the ability to utilize oneself to question oneself in relation to the dance with others, to explore utilized constructs and how we all have understood and reacted to them. To ponder on what emerged from the relational common dance

The therapeutic relationship

Is the collaboration of heads/hearts/ human becomings who act together on living material endlessly rewritten and transformed

What the clinician tries to understand does not exist before the encounter and emerges from the common involvement: the characteristics of each meeting comes to life within the story and are not foreseen. They involve the experiences, ideas and emotions of all the participants

From about-ness thinking to with-ness thinking
(Shotter)

Diagnosing our diagnosis

Diagnosis can not be the description of the characteristics of an observed system. We need/can question the “dia” (dia: through) of the dia-gnosis term. We need to reflect on what goes through (explicative hypothesis, participant’s premises, prejudices, emotions which influence the process) and on the choices which we make.

Reflect on the modalities in which we participate to weave (cum-text)) the fabric of meanings which emerge from the encounter

A diagnostic process becomes the capacity and the art to choose among the many elements which the client brings inscribed within her/his reality and to connect them in meaningful and dense visions.

These constructions allow for many different possible therapeutic paths (not infinite), starting from the same presented problem.

The construction of more than one contemporary hypothesis becomes a modifying ritual of the cognitive emotive and relational maps of the client, of the belonging system and inevitably of our relationship with her/him.

We are talking about the **diagnosis of the diagnosis**, the possibility to reflect on the categories we utilized to diagnose

Who am I? What do I think? What is my idea of the situation which was presented to me? But, necessarily, who is/are the others? What do they bring? What are we constructing together? Which categories did I utilize to read the situation? Did I open up spaces to evolving possibilities or did I restrain them? Which actions follow what we are saying together?

Which meanings emerge from the dance?

Responsibility of co-responsibility

Responsibility of the clinician does not deal with taking on the responsibility of knowing in a foreseen way and of acting according to predefined protocols of action.

Responsibility of the clinician implies assuming the responsibility for ones' attitude, for ones' choices of the path in a constant becoming. It implies to co-responsibilize the others and work as a team.

What are the consequences: the need to create a conversational space

- Look for the local coherence and highlight how the actual situation has emerged
- Imagine a processual future
- Collaborate and co-responsabilize
- Open up options for actions
- Deconstructing and co-constructing as complementary actions
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Intervention and cure

These concepts are inscribed in a linear logic: someone, separated from the system, who acts upon it in an instructive way.

It's more interesting to introduce the thought of an intervention on an intervention or the cure of the cure. Attention goes to the way in which the process evolves and emerges from common actions (context: cum-text: woven together)

Hypothesizing is not enough, we need to
transform

Look for a new and original sense for facts mute in
itself (new scripts)

Organize in a new way and make unheard “capta”
emerge

Enter the relationship utilizing oneself
Modify meanings modifying listening and
disposition

Do not understand too soon
Leave knowledge unsaturated

To know temporarily

Physicalize, construct visual and spatial actions as
an access to pre-verbal remembrances

Change of usual change patterns

Change emerges from a coordination of a coordination of actions among people within a common discourse. Interventions do not trigger objective processes and only at the end it will be clear and self evident what it is not foreseeable before the encounters.

Connecting with the past : Gianfranco Cecchin' systemic prejudices

- A person has value since s/he exists
- It is impossible to control others
- It is inevitable to disappoint oneself about the impossibility of influencing and manipulating others
- It is good to be useful not to cure
- Typology is a myth
- We should have temporary certainties instead of permanent truths
- Before changing the world lets try to understand how it works
- Therapy will be prosperous despite outcome research