Advanced Brief Strategic Therapy for Obsessive-Compulsive Disorders

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Abstract

The present paper is primarily a brief report of the empirical-clinical research carried out at the Centro di Terapia Strategica (CTS) at Arezzo, Italy, regarding obsessive-compulsive disorders. At CTS, we have been studying this highly intimidating disorder and its treatment, for more than fifteen years. During this long-term experience we have treated successfully more than two thousand patients with persistent and complicated obsessions and compulsive rituals. Based on the research-intervention method, this study resulted to be a surprisingly good instrument for acquiring operative knowledge about obsessive-compulsive disorders and in devising specific efficacious and efficient treatment protocols.

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A major work project carried out at the Centro di Terapia Strategica during these last fifteen years has been the brief treatment of obsessive-compulsive disorders. In line with modern constructivist epistemology (Foerster 1970, 1973, 1974, 1987; Glaserfield, 1979, 1984, 1995)), we have come to know a reality by operating on it, gradually adjusting our interventions by adapting them to the new elements of knowledge that were emerging. This research-intervention study allowed us to prepare specific treatment protocols that are particularly efficacious with obsessive-compulsive disorders. Furthermore, it gave us more knowledge of the reality on which we were intervening or as we define it, of the "perceptive-reactive" system of the persons suffering of these disorders.

It has been the 'solution' process that allowed us to get to know the problem's structure and persistency. The only way to get to know a problem is through empirical and experimental results, and not through mere observations that produce hypotheses based on "a priori" knowledge. The difference is between getting to know a problem through observation and getting to know a problem through change.

If a solution process works in solving the same typology of problem with a significant number of patients, it will enable us to understand the structure of a problem and its functioning.

This kind of acquired knowledge about the problem is, of course, not related to its causes. In fact, from a Strategic perspective, what we need to describe is the operative knowledge of how the pathological balance is maintained and how it continuously feeding itself.

Getting to know a problem through change: empirical-experimental findings

The Strategic picture of obsessive-compulsive disorders gathered from the empirical data is:

A perception of reality based on a phobia that drives the patient to react, by means of compulsive thinking, formulas or actions, in attempt to reduce his fears.

The usual observed attempted solutions adopted by obsessive-compulsive patients in order to handle panic-laden circumstances are either that of avoiding such situations or that of carrying out compulsively, particular rituals. Certain situations, persons or objects are so fear-provoking that they are avoided completely. Most often in such cases, they ask help to others to control them, to make sure they do not get in contact with such situations.

The ritualistic attempted solutions can be 'repairing' or 'preventive'. This means that we were able to pin point two different types of obsessive compulsive rituals; the first is carried out to intervene and repair after a feared event has taken place, so as not to feel in danger, thus it is oriented towards the past; the second is focused on anticipating the frightening situation or event to propitiate the best outcome or to avoid the worst. However, **recent empirical-experimental results revealed that there exists 2 main variants of preventive rituals: Rational-preventive and propitiatory magical thinking rituals.** Rational-preventive rituals are specific actions put into action that arise from an irrational belief that doing so, the subject would prevent certain situations he/she fears, such as contamination, lose of control, lose of energy and so forth. The propitiatory rituals are a form of magical thinking highly linked to fatalistic religious beliefs, superstitious convictions, confidence in extraordinary powers or in faith and so forth.

Rituals are carried out in first person by the patient or else they might involve even third persons or the entire family. In certain case we see that in order to perform the compulsions in the best reassuring way or to help them avoid getting in contact with the feared situation, patients ask for help from relatives who are put in charge to check on them, to see whether they have executed the ritual in the right way or to protect them from the feared situation. In such cases we need to work with the family, which become hostage of the patient. This type of obsessive compulsive patients might become violent and threat family members of suicide or of self-harm. In such case we have to involve the family members, appoint them co-therapist and giving them the task of actively observing without intervening.

In order to be effectively reassuring, the rituals of obsessive-compulsive patients might be carried out a number of times following a particular numerical series or else it might be associated to some mental image or to a specific sensation. **In other words the structure of the ritual can be both rational and digital or magical and analogical in its connection to the underlying phobia.**

After a while, the attempted solutions put into action by the obsessive-compulsive patient, become pathological and establish a real self-feeding system, since both the rituals and the avoiding tactics confirm the belief of the underlying phobia, which further feeds the necessity of the rituals and/or of the avoiding strategies and so on. Thus the patient entraps himself in a viscous circle in continuous escalation. What might have been thought of being liberating for the subject becomes one's actual incarceration.

The patients arrive in therapy only when the escalation between the phobic perception and execution of the compulsive rituals has driven them to lead an impossible life. Before this stage, they live believing that the ritual is a good strategy to control their fears. **This is the reason why these patients are so resistant to change.**

Understanding and exploiting the underlying logic

The metaphoric image, that best represents the logic that underlies obsessive-compulsive disorders, is the anecdote told by Paul Watzlawick: a hospitalised psychiatric patient was continuously carrying out a "clap clap" ritual, by clapping his hands together. A psychiatrist tried to intervene by questioning to the patient- "Why are you doing that?" - " To make the elephants go away. " replied the patient. The doctor, using 'ordinary logic' as an instrument, tried to convince the patient to stop doing the ritual affirming " But as you can well see, there are no elephants here". "Sure, it works so well!" replied the patient, using his 'not ordinary logic' to explain what was happening while he continued clapping his hands together.

Obsessive compulsive rituals are not illogical but follow a non-ordinary logic. To be able to change their balance we need to assume the same non-ordinary logic when devising therapeutic strategies.

One cannot persuade a patient to stop having obsessions or to interrupt executing rituals through rationalistic explanation. To do so, one must ask him to do it 'better', by suggesting 'a more efficacious way' to manage his needs and reach the purpose of the rituals that is to be able to control his fear. In this way, you are entering inside the patient's perception and by following the logic underlying the obsessive-compulsive

symptomatology and by means of a counter-ritual, you can reorient it towards its self-destruction.

In other words, therapy needs to follow the seemingly crazy logic that underlies the patient's ideas and actions, by declaring to the patient that what he is thinking and doing make sense. Then the intervention proceeds in giving the patient a specific pre-set counter-ritual, which is presented in a way to fit the particular pathological obsessive compulsive ideas and actions. For example, if the compulsion is that of checking for a number of times something, so as to be sure that it was done correctly, the prescription, **using the numerical logic of the pathological control, will be that of making the patient carry out his checking exactly a prescribed number of times**, every time he feels the need to check.

"*From now to the next session, every time you perform a ritual, you must perform it five times- no more and no less. You may avoid performing the ritual at all; but if you do it, you must do it exactly five times, no less, no more. You may avoid to do it but if you do it once you must do it five times…*". The logical structure of this ostensibly simple prescription is that of an ancient stratagem: " ***lead the enemy up the attic and then remove the ladder***". The way the prescription is communicated is very important here. The communication is based on a redundantly repeated, hypnotic linguistic assonance and on a post-hypnotic message, expressed in a more marked tone of voice.

The structure of this manoeuvre reads, if you do the ritual once, you have to do it five times. The prescription inexplicitly implies, that the therapists acknowledges the need of the compulsive ritual but at the same time it is him/her who is now in control by saying how many times it has to be repeated. Furthermore the therapist gives the "injunctive" permission to avoid performing the ritual.

In this way the therapist assumes the control of the performance of the ritual. The patient was before forced by his phobia to carry out his rituals, now he is impelled by the therapy to do so. This means that the patient indirectly acquires the capability to control the symptomatology instead of being controlled by it. If we manage to achieve this by means of the prescription, the patient will start to question his perception, that of being absolutely possessed by his phobic obsession. The fact that he is now capable to control the previous pathological actions by following the therapeutic indications means that he could arrive to a point to even stop them. And usually, this is what happens. Most often, patients come back to the following session declaring to have literally stopped performing their rituals, because to do so meant having to repeat it for 5 times. They report that doing their rituals got really boring and they confess that strangely they did no longer feel the need to perform them to reduce their fear, cause the fear did never presented itself.

The rationale behind this effect is that of assuming the same logic of the persistent pathology. We have managed to drive its force against itself by means of specifically devised stratagems. In this way, we have made the patient undergo change without any efforts that go against his previous position, by simply utilizing a counter-ritual to break up the 'self-feeding dynamic' of the disorder. This technique helps the patient in regaining control over the symptom. Obsessive-compulsive patients start to perform such rituals so as to feel in control of the feared-situation, but paradoxically end up being controlled by the always-growing compulsive need to perform them. The counter-rituals that are tailored on to the specific compulsive ritual/s of the patient, steer the force of the symptoms towards self-annulment.

In the next stage of the protocol, this prescription is maintained and usually the number of repetitions to be performed is increased, while we start to guide the patient to directly confront the previously feared situations.

When the therapy works well, the person lives the concrete experience of freeing himself from both compulsions and phobias. The last stage is devoted in giving the patient a complete explanation of the work done and its process, while acknowledging that the responsibility of the therapeutic success lies in the capabilities and resources of the patient.

During our long experience in trying to put together the best possible treatment for obsessive compulsive disorders, we have devised many specific counter-rituals prescribed specifically to fit the different typologies of compulsive symptomatology. So we have now, at our disposal, a series of pre-set specific prescriptions that have proved to be effective with the different forms of obsessive compulsive disorders.

For example in the case of **ritualistic mental formulas** repeated compulsively, we have set up stratagems based on the logic of "***killing the snake with its own poison***". I remember the case of a young woman who was a victim of a series of ritualized obsessive thoughts. Several times a day, before and during certain actions, mostly ordinary daily stuff, she felt a compulsion to mentally repeat formulas made up of words or numbers. This slowed down all her activities and had the effect of mentally torturing her, since she considered herself a very rational person and could not accept the idea of being forced to do irrational things.

In cases such as this, we use a prescription that ritualizes the ritual, as described above, following a different type of non-ordinary logic. We take possession of the compulsive symptom by transforming it.

I gave the young woman the following prescription: "*From this moment until we meet again, every time you feel like repeating one of your formulas, you must repeat them in the opposite way. Say all the repetitions you usually say but do so the other way round. For example, if you feel like repeating the word "man", it becomes "nam". So you will repeat in your mind "nam, nam, nam…" as many times as necessary. If the formula is made up of more words and numbers, the exercise will be more difficult. In any case, you have such a well-trained mind, right*?"

The following session, the patient told me that the whole thing had been exhausting, but very effective, because after a few days the rituals had diminished, and the day before our session there had been only two episodes, which were immediately inhibited by her performance of the prescribed task. Again we lead the pathology towards its self-destruction.

Another stratagem used with obsessive compulsive patients who repetitively need to perform religious prayers or other specific rites, is that of creating on the lines of the patient's rite another which is more complex, elaborated and thus apparently more effective ritual.

Our latest empirical-experimental findings demonstrate that pre-set counter-rituals did not seem to work to the optimum with patients who put into action rational-preventive propitiatory rituals, with the aim of thoroughly preventing a fear-laden situation. In such cases it seemed fundamental to start acting on their underlying belief, that is, that having complete control will protect them from the feared situation. For example, patients who fear contamination of some sort, continuously wash, clean and sterilise themselves, their house and other belongings, to prevent this. But paradoxically, it is when everything is totally clean, totally sterilised that fear of contamination starts to

grow and thus arise the need to carry out the compulsive rituals. It is when everything seems "under control" that more fear arises, this because it is at this stage that the individual has to be in continuous alert and ready to keep it in this "perfect" way.

In such cases, we have to start putting forward doubts of whether total prevention, absolute control, complete cleanliness or hygiene, are actually the right answer to reduce and eventually eliminate this fear. So in such cases, by using discriminating-intervening questions we drive the patient to start questioning him/herself of whether he/she should really fear complete cleanliness rather than dirt. For example: "When does the problem eventually arises, when you are dirty or when you are totally clean? But when do you feel the compulsive need to carry out your rituals, when you a bit dirty or when everything is spotless and you have to protect and safeguard it?". So using illusion of alternative questioning and paraphrasing, we start reframing their perception and thus their reaction towards the fear-provoking situation. We introduce the idea that " ***A small disorder helps maintain order***".

" *So from now till the next time we will meet, I would like you to carry out a small experiment, following the idea that a small disorder helps maintain order... every day you have to deliberately touch with your finger something dirty, something you know is dirty and then keep your finger dirty for 5 minutes, not a minute more nor a minute less. Once the 5 minutes have passed, you are free to wash your hands the way you want, how you want to.. but for 5 minutes not a minute more nor a minute less, keep your finger dirty... 5 times for 5 minutes a day...*".

When the patient fears contamination or infections, we often make use of the analogy of how future kings, heirs to the throne who most often were subjected to traitor acts, were rendered immune to all existing poisons. From a very young age they were given small doses of poison. Every day the dose was increased until there becomes a day when the future king becomes totally immune to the poison, and no poison could kill him even if some traitor pours it down his chalice. Following the same wisdom, in order to become totally immune and in control of something, one should not avoided or prevent it, on the contrary one should start to take and endure it in small doses until there becomes a day when it will have no effect on him.

In the majority of the cases even the most obstinate of obsessions and compulsions are won over by simply redefining the situation and by setting up a series of concrete emotive corrective experiences that free the patient from his rigid self-feeding perceptive-reactive system.

It is this on-going self-correcting model with its seemingly techniques that enabled us to achieve remarkably and in some aspects, even surprisingly effective results. This might appear as some sort of magic, but it is only advanced technology. As Clarke stated " ... *really advanced technology is in its effect, indistinguishable to magic*".

References

Foerster, H. von 1972, *Notes on an epistemology for living things*, Biological Computer Laboratory, Urbana Illinois, Report 9.3, 1972

Foerster H. von 1970, *Thoughts and Notes on Cognition*, in P.L. Garvin (ed.) Cognition: A Multiple View, pp. 25-48. New York: Plenum Press.

Foerster H. von, 1973 *On Constructing a Reality*, in P. Watzlawick (ed.1984), The Invented Reality, pp. 41-61. New York: W.W. Norton & Co.

Glasersfeld, E. Von 1979, *Cybernetics, experience and the concept of self*, in M.N. Ozer (ed) A cybernetic Approach to the Assessment of Children: Towards a more Human Use of Human Beings, Westview Press, Boulder Colorado.
Glasersfeld E. von, 1984, An *Introduction to Radical Constructivism*, in P. Watzlawick (ed.) The Invented Reality. New York: W.W. Norton & Co.
Glasersfeld, E. Von 1995 *Radical Constructivism: A way of knowing and learning.* Washington D.C. Falmer Press. 1988, 1994;
Nardone, G. (1995) *Brief strategic therapy of phobic disorders: A model of therapy and evaluation research*. In: Weakland, J.H., Ray, W.A. (Eds) *op.cit.*, cap. 4.
Nardone G. (1998), *Psicosoluzioni*, Rizzoli, Milano; (Psychosolutions, Du Seuil, 1999).
Nardone G. (2000), *Oltre il limiti della paura*, Rizzoli, Milano.
Nardone G., Salvini A. (1997), "Logica matematica e logiche non ordinarie come guida per il problem-solving strategico", in P. Watzlawick, G. Nardone, (a cura di), *Terapia breve strategica*, Cortina, Milano, pp.53-61.
Nardone G., Watzlawick P. (1990), *L'Arte del Cambiamento: manuale di terapia strategica e ipnoterapia senza trance*, Ponte alle Grazie, Milano (En. Tr. *The Art of Change. Strategic Therapy and Hypnotherapy Without Trance*, Jossey-Bass, San Francisco).
Nardone G., Watzlawick P. (Eds), (In press), *Advanced Brief Therapy*. Aronson, Northvale, New Jersey.

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