

Attitude dancing

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Abstract

Our title refers to that aspect of psychotherapy which involves the interaction between the client's position (their perspective, values, strongly held beliefs, as they pertain to a problem) and the clinician's therapeutic stance. We have observed that expert therapists not only execute a model of psychotherapy but also adopt "attitudes" themselves that serve to facilitate therapeutic movement in their clients. The aim is not necessarily to alter the client's position as such, but rather to weaken those aspects of the client's attitude that seem to contribute to their getting stuck. By "dancing" with the client – by emulating their steps, the clinician can find some opportune moment to introduce a variation in the steps in hopes of instigating a change. We plan to illustrate this dance by example and stories.

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Introduction

*There's a new kind of dancing
That's going to be the rage
You just leave yourself behind
Like an actor on a stage
...
Attitude Dancing
Strut around the floor in a new attitude
Attitude dancing
Any attitude is the proper attitude
Attitude dancing
Don't be afraid to change your attitude
Attitude dancing
Free up your spirit with a new attitude
...
It don't really matter
What steps you choose to do
The only thing that matters
Is your attitude
...
Find a role you like
Capture it and freeze
Then turn it around
A hundred and eighty degrees
Or if you're at a loss
Observe some natural dude
And turn into a mirror of his attitude
Attitude, attitude, attitude
Dancing*

An old Carly Simon song gave us our title, for we felt that in metaphoric terms it aptly suggests the kind of engagement that therapists could have with their clients. Much like Heinz von Foerster's view (Foerster & Broecker, 2002) that students do not learn by having knowledge inculcated in their brain, but that learning has to do more with creating, inventing knowledge, we do not think that we can inculcate upon our clients' different attitudes, different ways of thinking about and managing their situations. Rather, in what we like to view as dancing together (to borrow this metaphor from Heinz as well), a process may get facilitated, whereby the client and the therapist are enabled to construct better-working alternatives. Of course we do consider that a client may expand his/her position as a result of dancing with *us*, much like we ourselves will be transformed by this dance, even if ever so slightly, but our

aim would not necessarily be an alteration of the client's position as such, but a weakening or change of the attitudes that seem to contribute to a client's getting stuck. The dance is with these attitudes. The therapist's own "attitude" in a session is not something fixed or rigid, but rather something adjustable that becomes part of a dance that the therapist engages in with his/her client's attitude. In this dance at times the therapist emulates the client's way by dancing to the client's steps. At other times the therapist tries to introduce a variation in the steps or a different way of accommodating to the rhythm, which may result in a new dance.

There was a client, who came to therapy ostensibly because she felt depressed, attributing it in part to her parents divorcing and to the sexual abuse she had suffered as a young girl. The therapist, well into the first session, began a careful dance with her, suggesting that at least, if she wanted to become more depressed, she knew what thoughts to use to get her there. This spontaneous input, although in line with helping the client gain some control over this painful emotion, introduced the possibility of taking life less seriously, and because it was received with laughter – taken to be at least a tentative first sign of the client's willingness to dance - helped the therapist become even a little more daring with this kind of intervention. Upon being asked to think – and think only – of a first small sign of matters going in the right direction for her, the client came up with the guts to tell her father of her sexual inclination towards women, followed later by joking about her likely proclivity to seduce the nuns that she would have encountered, had she entered the convent, which she had contemplated in an effort to escape her painful life. While the therapy team (this case was seen at MRI's Latino Brief Therapy Center, and already reported about in *JST*, 23 (4), 2004) followed the steps outlined by MRI's Brief Therapy model, suggesting that she write down all her thoughts during a depressed state (in an effort to have her not avoid them, as she had been doing in the futile attempt to get away from her depression), the dance, over and above the task involved in following the brief therapy roadmap, introduced an attitude of jocosity and experimentation, which seemed ultimately to help take away the weight and drama of her depressive thoughts, making them more manageable.

As attempted with the example above, we would like to show and articulate what we mean when we speak of dancing with attitude. While therapy research has identified therapist characteristics related to effective outcome (such as empathy, cultural traits in common, etc.) - and certainly these take expression in the attitude manifested by the therapist towards the client – we mean to embark on an exploration that goes beyond such therapist

characteristics, into the realm of attitudinal stances that therapists can *choose* to adopt and dance with when encountering attitudes that reflect their client's *position*, which, we believe, will help the therapeutic effort gain some momentum and, we hope, greater effectiveness. In *Tactics of Change* (Fisch et al, 1982), John Weakland, Richard Fisch and Lynn Segal dedicate an entire chapter to "Patient Position" and how it can be used "to increase the cooperation of the patient and, therefore, the success of treatment". Patient or client "position" refers to the "strongly held beliefs, values and priorities", "an inclination within patients" which, they contend, "can be utilized to enhance the acceptance and carrying out of therapist directives" (p. 90). They speak of having to pay close attention to the specific wording, but also the tone and emphases with which clients express themselves, particularly in regard to their complaints, but also "in regard to treatment and/or the therapist"(p. 91). They point out that while traditional therapists listen to underlying meanings, the brief therapist listens to the specific wording, indicative of the client's position (p. 93). It becomes clear that the therapeutic interaction will revolve around *position* rather than inherent or underlying meanings, thus representing a clear departure from traditional therapy (perhaps not that unexpected from an approach that is systemic rather than intra-psychic). What the client attributes meaning to becomes part of his position, and we as therapists must make that position part of our own approach, whether in agreement with it or not, when beginning our dance with this client. Fisch et al (1982) furthermore state that "Determining a patient's position does not require great concentration or breathless waiting for some hidden clue to appear, since the most useful positions are those that are *strongly*[our italics] held" (p. 93). And it is with those *strongly held positions* that we choose to dance.

A very high-level manager came to therapy because she was having difficulty in getting the people reporting to her follow her directives, and she was becoming increasingly frustrated and unhappy. When talking of her staff, she repeatedly expressed frustration with their "incredible stupidity". The therapist assessed that this was an attitude worth paying attention to, and so she immediately said that she of course understood, but was so surprised that the client didn't realize that there were very few people in this world as smart as she was, and that of course most other people were incredibly stupid. The client seemed to take note and smiled. The therapy then continued with its focus on how to reverse the client's non-working solution to her presenting problem.

We do not only view *client position* as something to take into account in order to “enhance the acceptance and carrying out of therapist directives” (heading in the 180° non-intuitive direction), but would like to emphasize that since clients can only act in accord with their positions (encapsulated in their attitudes), a change in the client’s interactions would be facilitated, if these attitudes were tamed during this dance. In other words, more and more, we come to the conclusion that therapy is not so much about giving clients directives and doing our best to ensure their acceptance, but about gaining exposure to different views, new steps, other approaches, and inventing a way out in our dance together.

Perhaps this is why we increasingly rely on reframes to open up other possibilities of viewing and acting. While at times they can provide a compelling argument for change, reframes do not compel the client to take action. They only introduce the possibility of constructing the troublesome situation in a different way. It is a play or dance with meanings that we engage in, without imposing our will, our authority, or our wisdom. Like in the case of our middle-aged client, seen in the Brief Therapy Center in Palo Alto, whose complaint it was that he had never achieved a significant and binding relationship with a partner (while engaged in a work activity that had him happily active on both coasts of the American continent). Paul Watzlawick’s reframe, which he consistently passed through the treating therapist, was that people would envy him his situation and the relative freedom he had. After about 7 or 8 sessions, focused primarily on getting a handle on how he interacted with the women with whom he might want to develop a potentially meaningful relationship – and not getting very far, I might add - the client came in saying that at first he had been annoyed at the suggestion that his was a desirable, let alone enviable situation, but that the more he thought about it, the more he realized that he *was* a very sensitive person with a great capacity to enjoy life, his friends, his work, and that while he wasn’t saying no to the possibility of marriage some day, he was quite content with himself and the way things were now.

Paul’s reframe, expressed as a view almost incidental to the therapy, somehow helped erode the client’s firm belief that there was something wrong with him, and helped him construct his reality in terms now acceptable to him.

Another client had the complaint that he could not manage to ever finish a master’s thesis. He had already written two or three, always abandoning former projects after years of trying to keep them alive, while challenging himself to finish. While he was relating this problem, the client seemed rather

energized when describing the period of research design and then proceeding to the collection of his data. His procrastination set in when he had to analyze his results, and even more so, when the writing phase began. People in the team had all kinds of suggestions for him, including that of finding a person to write up his results – that would surely not interfere with the thesis authentically being his. The recommendations were received with grace but a certain lack of interest. The therapist had noticed the excitement in his voice when speaking about designing new projects. She observed that the client seemed to love this phase of the work (the client nodded in agreement), commenting that perhaps finishing the job would somehow be a detriment to his existence, even if it resulted in better pay (the client was a biologist, and already working at the university level, but in a lower position than he imagined a finished master level degree would afford him). He might be less motivated to search for new ideas and ways of putting them together into an exciting research project, thereby surely making his life less thrilling. The client seemed happy to dance like this, and noted that perhaps the search for a valid master project was what kept him motivated and excited with his activities, and that he could not think of anything more dreary than sitting at his desk, writing about something that was already cooked. This was a one-session encounter and we do not know what effect it had on his thesis writing. However, if it only resulted in his constructing his situation in a new light, a change in the state of his problem would have resulted.

Although some client characteristic may appear to be part of a diagnostic syndrome and troublesome for the client, we believe that it is worth playing, dancing with it, to see if it can be modified in some way. Such was the case of a client, who would have easily been labeled with ADHD, who spoke so fast and changed direction in his conversation so rapidly, that the therapist had a hard time keeping track. She decided to begin speaking very rapidly herself, changing course more frequently than the client. After a while the client asked her to please slow down, as he was not able to follow a thing she was saying. We would say that it was a step in slowing down their dancing together.

As to *attitude dancing*, we believe that the idea that we are dancing not only aims at freeing the client by our engaging with him/her with greater insouciance, but it frees up the therapist as well. We find that when we think of dancing with our client's attitude, we are much less likely to want to direct, to bring out our authority, to feel that we must somehow make an important change in the client's life. If we are only dancing, we bring levity to the work without seeming disrespectful, much like recognizing the hopelessness of a

situation without considering it to be so serious that we cannot engage with it. (We are grateful for Paul Watzlawick's [1983] intriguing title).

References

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