

Precursors of Brief Strategic and Systemic Therapy: Franz Alexander Revisited

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Abstract

Franz Alexander (1891-1964) has been a controversial psychoanalyst; excommunicated by orthodox therapists; glorified by independent thinkers. His contributions to the development of psychoanalysis are classically related to psychosomatics and brief analysis, and to the concept of “corrective emotional experience,” which has been recognized as one of the most important factors acting in efficacious therapeutic processes (e.g. Nardone and Watzlawick, 2005).

However, his work has been interpreted by most of the authors only in the light of a “generic” psychotherapy integration, as an “unspecific” contribution to the evolution of modern techniques and constructs of psychotherapy.

The present paper challenges this classical viewpoint and supports the idea of a specific leading line present in all his work that docks directly to the modern ways of theorizing and practicing brief strategic and systemic therapy. By critically reviewing one of his last and most important papers, *The Dynamics of Psychotherapy in the light of Learning Theory* (1963), we highlight his embryonic ideas of cybernetics and systems, present-focused and problem-oriented therapy, independence promotion, active intervention, complementary/symmetrical communication, interactional processes, follow-up technique, and other technical issues that found the contemporary practice of Brief Strategic and Systemic Therapy.

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Introduction

We know well the risk of trying to fit an author's theory into a different conceptual framework. However, we believe that Franz Alexander's contribution to psychotherapy has been highly underestimated, mostly because his voice has been smoothly quenched by the psychoanalytic community until recent years.

On the one hand, his work has been interpreted by most authors only as a "generic" integration, an "unspecified" contribution to the evolution of modern psychotherapeutic techniques and constructs (Carpenter, 2004). On the other, his ideas have been recognized as belonging mainly to the psychoanalytic field, with the exception of his most celebrated contribution to psychotherapy: the "corrective emotional experience." This idea of the corrective emotional experience (Alexander and French, 1946) has been remarked as one of the most important therapeutic factors by therapists of different orientations (Nardone and Watzlawick, 1993).

Conversely, in a critical reviewing one of his latest papers, we assert the belief that Alexander's work docks directly to the modern practice and theory of Brief Strategic and Systemic Psychotherapy.

The article is dated in 1963, one year before Alexander's death (1891-1964), and is entitled *The Dynamics of Psychotherapy in the light of Learning Theory*. It has been recently reprinted on *Journal of Psychotherapy Integration* (2004).

Present corrective emotional experiences to solve the problem

The basic idea of the "corrective emotional experience" is that the patient's emotional interpersonal experiences occurring during the sessions with the therapist act as corrective phenomena for experiencing new more adequate patterns of adaptation to reality.

Alexander believed that "whether this corrective experience takes place during treatment in the transference relationship, or parallel with the treatment in the daily life of the patient" was of secondary importance (Alexander and French, 1946). In the Brief Strategic and Systemic model the therapist provokes "planned casual events" that lead to corrective emotional experiences inside and outside the therapeutic setting. (Nardone and Watzlawick, 1993, 2005).

However, Alexander's theorizing of corrective emotional experience hides a revolutionary concept for the therapy of that time: the idea of a *present*

problem, and of the *problem* itself, in strong opposition with the common assumptions of early psychoanalysis:

Therapy is not the same as genetic research (p. 352).

To him, one of the pernicious effects of Freudian era was

the therapist neglect of the actual present life situation ... This is based on the tenet that the present life circumstances are merely a precipitating factor (p. 351).

On the contrary, Alexander outlines this conceptual frame without reticence:

...the therapist should never allow the patient to forget that he came to him to resolve his present problem. The understanding of the past should always be subordinated to the problem of the present” (p. 352),

and also explains the reason of “Freud’s early emphasis upon the reconstruction of past history”:

It was the result of his primary interest in research. At first he felt he must know the nature of the disease he proposes to cure. The interest in past history at the expense of the present is the residue of the historical period when research in personality dynamics of necessity was a prerequisite to develop a rational treatment method (p. 352).

The present-focused and problem-oriented intervention is now widely accepted in psychotherapy and – as mentioned – represents the first characterization of modern Brief Strategic and Systemic Therapy (BSST) since its seminal formulation by Bateson, Erickson and Watzlawick (Bateson et al., 1956; Watzlawick et al., 1967; Erickson, 1980). In Erickson’s words: “therapy should always be designed to fit the patient and not the patient to fit the therapy.”

We might wonder when reading Alexander’s ideas on therapeutic flexibility, observing how similar his point of view is to that of Erickson in:

... attempting to adjust the technical details to the individual nature of the patient and his problems (p. 352).

We have to bear in mind how heretical this issue was when psychotherapy was an archeological endeavor, not a technological feat.

From overtreatment to brief therapy

The therapeutic bias toward overtreatment has become a major controversy in the history of psychoanalysis leading to the idea of psychotherapy itself as a *never-ending* process (e.g. Bartoletti, 2005).

(The)... natural recuperative powers of the human personality ... are largely underestimated by many psychoanalysts. There is an almost general trend toward overtreatment (p. 350-351).

On the other hand Alexander points out that

The traditional belief is that the longer an analysis lasts, the greater is the probability of recovery. Experienced analysts more and more came to doubt the validity of this generalization. ... very long treatments lasting over many years do not seem to be the most successful ones ... many so called transference cures after very brief contact have been observed to be lasting (p. 350).

Accelerating the positive outcome should be the main therapeutic objective and therefore the therapist should act as

a continuous pressure on the patient ... to make him ready to take over his management as soon as possible (p. 351).

As indeed Erickson affirmed (Nardone and Portelli, 2005), every person possesses unique and unrepeatable features, such as his interaction with himself, others, and the world; and even more important: he owns all the abilities necessary to solve his problems. This parallels Alexander's idea of pushing toward solution to promote individual independence.

I made still other controversial technical suggestions aimed at intensifying the emotional experiences of the patient. One of them was changing the

number of interviews in appropriate phases of the treatment in order to make the patient more vividly conscious of his dependency needs by frustrating them (p. 350).

Changing the number of interviews as the therapy slowly proceeds is a common technical tool used in Brief Strategic and Systemic Therapy in order to increase step by step the sense of autonomy of the patient. It communicates that he can rely on his own capabilities to cope with his life. Of course this maneuver must parallel the actual progress made by the patient during the therapy, and gradually makes possible to pass from a therapeutic session to a *follow-up* session (Nardone, 1993, 1996; Nardone and Watzlawick, 2005).

... it is imperative for the therapist to correctly estimate the time when his guidance becomes not only unnecessary but detrimental... ; ... the goal ... is the same: to minimize the danger implicit in the psychotherapeutic situation ... (p.355).

Natural active intervention versus artificial non-participating attitude

One of the first definitions of a strategic approach was provided by Haley (1973) in his book *Uncommon Therapy: The Psychiatric Techniques Of Milton H. Erickson MD*: “Strategic therapy isn't a particular approach or theory, but a name for the types of therapy where the therapist takes responsibility for directly influencing people” (p. 17). We now realized that every communicative act is “manipulative:” so far as *it is impossible not to communicate* (Watzlawick, Beavin, Jackson, 1967), *it is impossible not to influence*.

This is of course strongly in disagreement with one of the classical axioms of psychoanalysis, the idea of emotional imperturbability of the therapist. Active intervention of the therapist is (still) charged to be a manipulative, dishonest, and deceiving behavior.

It is now generally recognized that in reality the analyst does not remain a blank screen, an uninvolved intellect, but is perceived by the patient as a concrete person. ... So far as the therapist's involvement is concerned, it is considered by most authors as an unwanted impurity. The therapist should have only one reaction to the patient ... The prevailing view is that the analyst's own emotional reactions should be considered as disturbing factors of the treatment (p. 353).

Alexander was “manipulative” so far as he tried to increase the effectiveness of his intervention. He used to act as a “disturbing factor.” Let us see an example:

The therapist in order to increase the effectiveness of the corrective experiences should attempt to create an interpersonal climate which is suited to highlight the discrepancy between the patient’s transference attitude and the actual situation as it exists between patient and therapist. For example, if the original childhood situation which the patient repeats in the transference was between a strict punitive father and a frightened son, the therapist should behave in a calculatedly permissive manner. If the father had a doting, all-forgiving attitude toward his son, the therapist should take a more impersonal and reserved attitude (p. 350); I recommend therefore that the therapist should be keenly aware of his own spontaneous—no matter how slight—feelings to the patient and should try to replace them by an interpersonal climate which is suited to correct the original neurotic patterns (p. 354).

Apart from being an excellent example of symmetrical/complementary interaction, this shows his attitude to behave in order to reach a goal ... actively.

Of course this was not easily accepted:

This suggestion was criticized by some authors, that these consciously and purposefully adopted attitudes are artificial and will be recognized as such by the patient. I maintained, however, that the therapist’s objective, emotionally not participating attitude is itself artificial inasmuch as it does not exist between human beings in actual life. Neither is it as complete as has been assumed (p. 350); ... therapist is a “participant and observer” who is called upon constantly to make decisions on the spot (p. 349).

The inevitability of a “natural” active intervention is made clear by the inner nature of the therapist-patient interaction:

The patient reacts to the therapist as to a concrete person and not only as a representative of parental figures. The therapist’s reactions also far exceed what is usually called counter-transference. They include, in addition to this, interventions based on conscious deliberations and also his spontaneous idiosyncratic attitudes. Moreover, his own values are conveyed to the patient even if he consistently tries to protect his incognito. The patient reacts to the

therapist's overt but also to his nonverbal hidden intentions and the therapist reacts to the patient's reaction to him. It is a truly transactional process (p. 356).

Embryonic Strategic and Systemic concepts ...

In the mentioned article Alexander tried to interpret the dynamics of psychotherapy in the light of Learning Theory. A particular passage of this interpretation gained our attention. This is when he tries to understand the process of therapeutic *change*.

Rewarding responses are repeated until they become automatic and their repetition no longer requires effort and further experimentation. This is identical with the feedback mechanisms described in cybernetics. Every change of the total situation requires learning new adequate responses. Old learned patterns which were adequate in a previous situation must be unlearned. They are impediments to acquiring new adequate patterns (p. 356-357).

We believe that Alexander's "old patterns that are impediments to acquiring new adequate patterns" is a brilliant intuition of the concept of *attempted solution* (Watzlawick, Weakland, Fish, 1974). Modern ways of Brief Strategic and Systemic Therapy start up from "cybernetic-constructivist description of the modalities of persistence of the problem;" "The strategic intervention then proceeds to interrupt the auto-poetic mechanism that has established itself between *attempted solutions* and the persistence of a dysfunctional equilibrium; indeed the problem feeds itself through a complex network of perceptive and reactive retroactions between the subject and his or her personal and interpersonal reality" (Nardone and Portelli, 2005). The ultimate goal is therefore to lead the patients to reorganize their perceptive-reactive system toward a more functional balance ... such as "every change of the total situation requires learning new adequate responses."

... and technologies in Alexander's theory

In view of these controversies the need for a careful study of the therapeutic process became more and more recognized. ... At Mount Sinai Hospital in Los Angeles, under my direction, we undertook a study of the therapeutic process, in which a number of psychoanalysts observed the therapeutic interaction

between therapist and patient in several treatment cases. All interviews were sound-recorded and both the participant observer—that is the therapist—and nonparticipant observers recorded their evaluation of the process immediately after each interview. Our assumption was that the therapist, being an active participant in the interactional process, is not capable of recognizing and describing his own involvements with the same objectivity as those who observed him. His attention is necessarily focused on the patient's material and, being himself involved in this complex interaction, cannot fully appreciate his own part in it (p. 355-356).

Since the Bateson's group introduced video and audio recording from anthropological research into clinical practice, this support has become an indispensable tool of research in Brief Strategic and Systemic Therapy. Video/audio-taped sessions are studied in detail in order to constantly improve and to self-correct the therapeutic work (Nardone and Watzlawick, 1993). "Close examination of everyday practice led us to a better understanding of the studied disorders and to identify specific strategies related to the therapeutic technique, communication, and relationship that led to more efficient and efficacious outcomes" (Nardone and Portelli, 2005).

This seemed to be also Alexander's method:

This gradually evolving dynamic process can be followed and described step by step in studies made by nonparticipant observers. Current studies give encouragement and hope that we shall eventually be able to understand more adequately this intricate interpersonal process and to account for therapeutic successes and failures (p. 358).

Finding efficient and efficacious techniques to help those who need it is possible only through empirical and experimental results, and not through mere observation that produces hypotheses based on *a priori* knowledge.

As in every field of science, general assumptions gradually yield to more specific ones which are obtained by meticulous controlled observations. The history of sciences teaches us that new and more adequate technical devices of observation and reasoning are responsible for advancements. In the field of psychotherapy the long overdue observation of the therapeutic process by nonparticipant observers is turning out to be the required methodological tool. This in itself, however, is not sufficient. The evaluation of the rich and new observational material calls for new theoretical perspective (p. 358-359).

In 1963, Alexander identified in the Learning Theory this “new theoretical perspective,” but we believe that he would had been closer to a Systemic and Strategic approach if it had existed at that time.

Conclusions

Many criticisms might be raised toward the interpretation proposed here. And maybe it is correct to refuse such attempt as a mere miscellaneous of logical levels. Purists of psychotherapy might think that concepts belonging to so different research traditions are so far each other, and that any attempt to joint them is just a distortion.

However, with the benefit of hindsight, it is impressive to observe how Alexander tried to evolve toward ideas that are so far from the theoretical system of Psychoanalysis, but are conversely closer to an embryonic theorization of Systemic and Strategic Therapy – at least at a phenomenological level. Whether his ideas had been the effect of the *Zeitgeist* or the product of a genial thinker, we do not know and maybe will never know.

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