

The Preservation of Dignity: Directive but not Controlling

Presented by Dan Short, M.S.
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One of the most disturbing insults to individual integrity is a loss of personal choice coupled with the loss of ability to trust one's own judgement. The preservation of dignity is dependent upon the protection of these fundamental aspects of self-determination. This point is powerfully illustrated in Viktor Frankl's (1984) description of how he survived imprisonment at Auschwitz and Dachau. Frankl argues that the ability to maintain a sense of self-determination enabled him to persevere exceedingly dehumanizing conditions. Although it is common, within a hierarchical society, for a person in a weaker position to be subjugated to the will of the more powerful, those who are in a fragile state of mind are likely to suffer from this dynamic. That is why it is important to examine the social roles that occur within the context of therapy. Though the injustice is sometimes very subtle, the preservation of dignity demands an ongoing examination of the therapeutic objective to ensure that therapy does not turn into an attempt to *make people change*.

There is an ethical charge for practitioners to conduct therapy with the dignity of the person as a primary concern. It is not necessary to resort to examples of ethnic cleansing or Nazi Eugenics to understand the importance of this imperative. There are equally horrific practices that have occurred within the modern practice of mental care. The use of lobotomies on institutionalized individuals is a perfect example of what happens when personal dignity is not taken into consideration. However, even the most benevolent attempts to control another person can lead to disastrous outcomes. While training hospital staff to provide support for victims of domestic violence, Ellen Taliaferro, M.D., has shared the story of a colleague who felt he must convince a patient to leave her abusive partner. This well-meaning physician cancelled all of his appointments and spent the rest of the day convincing her to get out of the dangerous relationship. Shortly after leaving the home, she was found, and brutally murdered by the estranged partner. The attempt to *make others do the right thing* will always be plagued by the fact that no one can know with absolute certainty what outcomes will follow. However, one can be certain that in most cases the client, rather than the therapist, will have a better understanding of his or her unique needs and limitations.

One of the first steps toward protecting the dignity of the individual is to refrain from using negative labels as a means of identification. Categorical labels, such as Emotionally Disturbed, subtly undermine a person's trust in his or her own judgement. More importantly, when we are able to shift our focus from labeling behavior to understanding behavior, we do less blaming of the individual for the problems that he or she has encountered. The need to pathologize certain behaviors should be abandoned in favor of a social perspective that places the locus of change within the environment. This approach allows the practitioner to collaborate with the client in designing effective support.

By assuming a collaborative role there is less chance that the therapist will become ensnared in an attempt to control the client. Building on the client's goals and values is an important factor that distinguishes therapeutic change from the type of change that occurs as a result of joining a cult. The preservation of dignity requires the therapist to refrain from telling the client what to think, how to feel, or what to do. However, therapeutic planing and direction is still important. Research gathered on the differential effects of various psychotherapies, provides convincing evidence that directive therapies, such as hypnotherapy and cognitive therapy, are more effective than nondirective therapies, such as client-centered therapy or undifferentiated counseling (Kirsch, 1990, p. 48). In order to be directive but not controlling it is necessary to shift the locus of change from inside the mind to matters of daily living. The practice of convincing a client that the therapist knows more about the workings of his mind than he does, severely discounts the client's ability to be autonomous and self-aware. When we focus on the experiences of daily life, rather than intrapsychic issues, we are able to identify patterns of behavior that are unique to the individual and to some degree dependent on situational factors.

There are many reasons why this shift in the locus of change is important, treatment efficacy being perhaps the most significant. The assumption that problem behavior is primarily a function of a problematic mental disposition forms the cornerstone of mainstream psychotherapy. However, the field of social psychology has produced nearly four decades of research illustrating the readiness of the individual to yield to environmental influences. The mistaken practice of over attributing behavior to disposition rather than situational demands, has been referred to as the fundamental attribution error (Ross, 1977). This does not mean that all behavior is determined by situational factors but rather highlights the significance of one's surroundings. A good example of the powerful influence of situational demands is Asch's (1952) classic study in which subjects ignored their own perceptions in order to conform to the group's false statements regarding the length of lines that have been drawn on a card. Ironically, Asch designed the experiment to prove that well educated individuals would not conform to social influence when reality was clear. This experiment changed his mind. Another convincing reason for considering the importance of situational factors is the tremendous success of practitioners such as Carl Wtaker, Virginia Satir, and Milton Erickson, who were able to achieve problem resolution by manipulating social-situational factors. It might even be said that these individuals are better described as sociotherapists rather than psychotherapists.

Learning about the relationship between the identified problem and situational aspects of the person's daily experience provides a powerful means of altering the pattern of problem behaviors without discounting personal identity. In collaboration with the client, the therapist looks for factors that may be "setting them up." Examples of factors that deserve consideration include the schedule of activities or daily routine, the physical setting, contact with people, involvement in particular activities, and exposure to new experiences. A good example of how a schedule can be related to the problem behavior comes from one of Erickson's case reports in which a man, who is in trouble with his wife for not taking charge of the family business, is instructed by Erickson to arrive at the restaurant one-half hour ahead of his wife. This head start enabled him to set important activities into motion and thereafter take charge (Haley, 1985, Vol. II, pp. 44-48). An

example of how contact with other people can alter problem behavior is illustrated in the case in which Erickson introduced a man, who believed he was Jesus Christ, to another individual who also believed he was Jesus Christ. After arguing over who was really Jesus Christ, the delusion gradually lost its appeal for one of the two (Haley, 1985, Vol. I, pp. 299-230). Erickson frequently involved clients in particular activities such as having a man with a social phobia out to dinner with a female companion (Haley, 1985, Vol. I, pp. 154-158), and sending a boy who was bored and socially withdrawn to the library to meet people (Haley, 1985, Vol. I, pp. 286-287).

Any given behavior can be influenced by countless factors. Many life-defining situations occur regardless of our intentions (e.g., growing old, the unexpected loss of a dear friend, etc.). However, there are many situational factors that can be controlled and thus provide a context for therapy. Rather than seeking to control the client, plans of therapeutic intervention should define what the therapist will do. One approach that has been described in the behavioral literature (O'Neill et. al., 1997) is to make the problem behavior irrelevant. This is done by identifying situations that set the occasion for the identified problem and then organizing the environment to reduce the likelihood that those conditions will be encountered. A similar approach is to make the problem behavior inefficient or inconvenient. For instance, Erickson was able to help a man recover from insomnia after instructing him to stand and read a book until he was able to sleep (Haley, 1985, Vol. I, p. 59). When designing interventions such as these, it is useful to think in terms of skill development. Ideally, problematic behaviors are replaced with an alternate, socially appropriate, and more efficient means of obtaining the same reward (O'Neill et. al., 1997).

In summary, attempting to control people can be dangerous, whereas controlling relevant situational factors can provide powerful therapy. When problem solving is approached from this perspective, the responsibility for the implementation of therapy remains with the practitioner while the responsibility for self-determination remains with the client. This issue of responsibility is highly significant because it will ultimately determine how much effort is put forward and the extent to which the outcome is valued. In the same way that it is wrong to tell a client *the problem is all your fault*, it is equally incorrect to for the practitioner to work under the assumption that *I must fix the client*. Besides being overly reductionistic, these statements place an impossible burden on both individuals.

References

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