

POLICIES FOR PRAGMATIC PSYCHOTHERAPY

Richard Driscoll

ABSTRACT

Policies are presented as procedural guidelines for therapy from a common language orientation, termed pragmatic therapy. The policies cover therapist stance, affirmation of a client's already existing characteristics, assessment, and means to increase a client's ability to see and act. They have been synthesized from Descriptive Psychology.

Policies regarding a social practice are guidelines for action based on general considerations of the nature of the social practice, the desired objectives, and the means by which the desired objectives are best achieved. Since a policy is intended to apply across cases, it is ordinarily to be implemented without the need for further rationale specific to individual circumstances. Circumstances, however, do sometimes provide reasons against following the policy. Thus, one implements a policy unless specific circumstances provide better reasons for doing otherwise.

Advances in Descriptive Psychology, Volume 1, pages 273-277

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ISBN: 0-89232-179-2

The adoption of policies, where they are adequate and reasonable, generally gives one a good chance of attaining a desired outcome from any specific intervention.

I have synthesized the following psychotherapy policies from Descriptive Psychology (see especially Ossorio, 1976). These are important, but do not constitute a final or exhaustive list of psychotherapy policies.

1. *Be on the client's side.* Therapy is done for the benefit of the client, not the therapist, society, etc.
2. *Be the client's ally.* Don't be an adversary. Maintain your own status through non-competitive ways of being. Avoid one-upmanship and status contests. Active involvement is needed—neutrality and passivity are insufficient.
3. *Affirm the client's strengths.* Clients often underestimate and misunderstand their positive characteristics. As much as possible, treat the client as someone who already makes sense, has strengths and abilities, and is of good character. Being authentically treated in these ways gives the client that status, and is an important step in his seeing himself that way and acting accordingly.
 - a. *Legitimize.* Show the client the sense that he does make. Actions based on misunderstandings make sense in the light of such misunderstandings; unusual personal experiences or conceptual limitations may account for reaching misunderstandings; circumstances may account for otherwise confusing intentions and actions. Legitimizing contrasts with making excuses, causal interpretations, or merely telling the client he makes sense.
 - b. *Decriminalize.* Interpret client actions and characteristics in ways which may be accepted by the client. A client's view of himself as simply immoral or despicable should be challenged. Where good intentions are present despite failures, emphasize the intentions. Where a client allows others to undermine or degrade him, outline and challenge such influences.
 - c. *Choose in-charge interpretations.* See the client as someone already in control of his actions, who is successful in some important ways.
 - d. *Choose anger interpretations.* Anger involves strength, self-affirmation, and satisfactions, and is more amenable to conscious control. Fear involves weakness and victimization, especially where the danger is not substantial and realistic. Therefore, choose anger over fear interpretations in ambiguous situations where you have a choice.

- e. *Challenge the victim ideology.* A client may present himself as a victim to avoid responsibility or gain sympathy as an underdog. Deal instead with the client's reasons for the act.
 - f. *Treat the client as a person.* Use person concepts familiar in ordinary language terms, such as intentions, reasons, wants, understanding, know-how, satisfaction, and so on. Avoid using theoretical terminologies, and treating the client merely as a neurophysiological entity or a theoretical construct.
4. *Assess what matters.* Focus on what may be put to practical use, including personal limitations, troublesome personal characteristics and relationships, as well as areas of strength.
 5. *Begin with simple interpretations.* Move to elaborations and further complexities as additional leverage is needed.
 6. *Begin by affirming the client.* Avoid pejorative or unfavorable character assessments as primary accounts of personal difficulties. Present unfavorable interpretations of personal characteristics later, as possibilities or as completions of the whole picture.
 7. *Don't make things up.* Assessments should concern what actually is the case. Emphasize the particulars of the individual, rather than speculations and theory.
 8. *Don't expect the client to be somebody else.* Realize that the client's restrictions are often stubborn and may survive your initial or most obvious solutions. Use failure to progress as a means to further understand the problem. Elaborate or alter conceptualization and treatment strategies as necessary. Avoid or correct unproductive feelings of frustration or inadequacy as a therapist. Avoid angry, accusatory, and pejorative stances with your client. Avoid abdicating responsibility for client progress.
 9. *Provide.* The therapist actively shares responsibility for client improvement. Provide help for the client to overcome limitations due to particular inabilities to act, involving errors or deficits in the client's knowledge, concepts, values, and skills. Address such deficits, as outlined below.
 - a. *Convey information.* Correct errors and encourage fuller understanding of the real world. Emphasize practical knowledge, such as actual and potential circumstances, relationships, status, and ways of being. Illustrate, support, restate, and deal with objections, so that the client may understand the information fully, rather than merely hear it.
 - b. *Clarify concepts.* It is important the client has the ability to see an issue directly, rather than merely taking your own or others' word for it. Introduce and apply distinctions which the client

can see and use himself. Use common language; illustrate; refer to the familiar. Legitimize misperceptions, so the client sees where he is going wrong. Distinguish what is and is not relevant. Resolve paradox and confusion.

- c. *Use what is important to the client.* Assess the client's major motivations and values, and present what he needs to see or do in ways that make use of, rather than contradict, what counts. Generally, values change slowly; motivational changes in particular circumstances are made by appealing to what already matters to a person.
10. *Deal with the reality basis of emotions.* Fear and anxiety are related to perceived real-world threat or danger; anger, to provocation; guilt, to wrongdoing. The client needs to deal constructively with the circumstances generating the emotion. It is important for the therapist to understand that this does not require that the client express or necessarily even be able to acknowledge the feeling.
11. *Avoid coercion.* Coercion elicits resistance; a client's resistance means that he sees the therapist as coercive. Client resistance undermines the therapeutic alliance and interferes with common (non-paradoxical) means of attaining progress. When resistance does appear, assess what you are saying or doing which could be seen as coercive. Redescribe interpretations in non-coercive ways, bypass defenses, or leave the issue until later. When intentions are unacceptable to the client, use activity descriptions (which specifically omit intentions). Negotiate differences of opinion with the client, *unless* you choose to use resistance as a paradoxical strategy to impel the client to constructive action.
12. *If it works, don't fix it.* Do not introduce uncertainties into areas which are already appropriate and functional.

The above policies frequently overlap. They cover: affirming the client as he already is, assessing problems, and increasing abilities to see and act. Together, they suggest a general way of being with clients, which is fundamental to pragmatic therapy. Some of these policies may feel natural and obvious; others may require attention and supervised experience. In my judgment, therapy proceeds faster and with better results when such policies become naturally a part of one's approach to therapy.

ACKNOWLEDGMENT

I wish to express my appreciation to Peter Ossorio for his comments and assistance in the preparation of this manuscript.

This paper is substantially revised and reprinted from: "Outline of Policies for Pragmatic Psychotherapy," *The Bulletin of Descriptive Psychology*, 1, 1979, p. 7. Address: 612 Forest View Road, Knoxville, TN. 37919.

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