

Introduction

When I first began studying the process of psychotherapy more than forty years ago, the landscape of the field was very different from the way it is now. The relatively few theoretical positions in existence at the time competed for loyal adherents, and therapists needed to openly declare their preferred therapy orientation if they were to be successfully passed by licensing board examiners who typically viewed “eclectic” as the equivalent of “wishy-washy.” The most basic elements of effective psychotherapy had not yet been identified and articulated, largely because therapy wasn’t yet particularly concerned with being effective in promoting change. Instead, therapy was more concerned with being theoretically sophisticated and psychologically “deep” than with producing specific therapeutic results. In fact, if you deviated from that norm by simply striving to reduce or eliminate the client’s distressing symptoms, you were likely to be regarded as “superficial” in your ignoring the “deeper issues” that presumably gave rise to the symptoms. This perspective persists to this day in many corners of the mental health profession.

In the 1970s, several very smart, openly rebellious and highly experienced clinicians rose to prominence, including Milton H. Erickson, Jay Haley, Aaron T. Beck, Albert Ellis, Paul Watzlawick, Virginia Satir, and Cloe Madanes. They provocatively questioned the prevailing orthodox approaches to psychotherapy. Their work had slowly begun years earlier, but now erupted into the greater profession's consciousness as a formidable challenge to the traditions of the field. These "mavericks" included couples and families in their treatments, not only individuals, thereby expanding the view of peoples' problems to include an interpersonal dimension not considered before. They focused on actual behavior and cognition, not just abstract and hypothetical unconscious psychodynamics, favoring action over insight. They rejected the unrealistic notion of a "non-directive therapy" and unapologetically began to proactively direct the course of treatment, implementing specific strategies to facilitate well-defined goals of therapeutic change.

During this amazing transition time in the field of psychotherapy, these brilliant pioneers and many others, too, became magnets for clinicians wanting to learn to do therapy in a briefer, more effective manner. I experienced their magnetic attraction and count myself as

having been exceptionally fortunate to have known and studied with these exceptional clinicians (except for Milton Erickson, unfortunately), and many others who also helped pave the way for a proliferation of briefer, more outcome-oriented therapies. These trailblazers altered the modern practice of psychotherapy by placing greater emphasis on being pragmatically *effective* than on being theoretically sophisticated or philosophically “*right*.” Their creativity and wisdom was - and still remains - nothing short of awe-inspiring.

My Turning Point

Jay Haley, in particular, challenged me in the nicest and most supportive of ways to question my most basic assumptions about therapy clients and the process of doing psychotherapy. I had initially been trained in a psychodynamic perspective, and I was uncertain about yet fascinated by the methods of Haley’s strategic approach. I remember one of our earliest meetings when I was still a young psychologist, relatively inexperienced and extremely eager to please this man whom I enormously admired and respected. In presenting a case to him for supervision, I hoped to impress him by employing some of my best clinical jargon to describe a woman with “dysphoric mood, ego-dystonic impulses, a pervasive unstable personality disorder

featuring mixed tendencies and inadequate ego defenses.” I naively asked Jay what he’d do in therapy with such a woman. Boy, was I barking up the wrong tree with my misguided display of labeling and psychopathologizing! Jay literally made me squirm when he paused for what seemed a very long time before he finally replied, “I wouldn’t let her have those problems!”

I smiled and nodded despite my deep confusion, pretending I understood his meaning and went home puzzled over what he was trying to tell me that apparently should have been self-evident. But, it wasn’t, at least not to me. It suddenly seemed as if everything I had previously learned through my psychodynamically-oriented training was directly interfering with my ability to absorb myself in Jay’s new and alien framework. Yet, I intuitively knew it was a more sensible perspective and more practical approach than anything I had previously accepted as therapeutic wisdom.

It took me a long time to fully grasp the profound implications of what Jay was trying to teach me in that one simple but challenging remark. Eventually, with many more lessons from him, I understood his key points: *people are much more than their diagnostic labels* and *always define problems in solvable rather than unsolvable terms*. I think I had

known - but not yet *realized* - that how a problem is defined determines one's approach to trying to solve it and thus the likelihood of a treatment's success. I didn't distinguish - *discriminate* - between what I reflexively perceived through the lens of my training and other ways of perceiving that might actually be far more helpful to the client. I came to realize I had unwittingly fallen into the trap of thinking it was more important to be theoretically right than clinically effective. I hadn't yet learned to think beyond my intuitive interpretations of peoples' problems and instead focus on what I could do to introduce meaningful changes into people's lives.

The realization transformed me. Over the span of many years, I had to unlearn and relearn even the most basic aspects of treatment, including *how* to interview clients with a focus on finding their resources, *how* to define problems in solvable terms, *how* to devise and give therapeutic directives, and *how* to follow up with clients and make positive results generalizable. Historically, psychotherapy has mostly focused on *why* people do what they do rather than *how* they do it. It was transformative for me to realize that people don't need to know "why" in order to make changes in their life. But, they definitely do need to know "*how*."

Risky Interpretations and Shifting to a Process-Oriented Discriminations Approach

Studying the works of many gifted therapists, Milton Erickson and Jay Haley in particular, has been instrumental in my acquiring a deep appreciation for how hazardous the process of interpreting the “meaning” of peoples’ symptoms can be. Therapists can too quickly get attached to their interpretations, believing them and responding to the client as if they are literally true, just as I did.

So, as a simple example, consider someone who wants to lose twenty pounds. The physician says, “Calories in and calories out. Eat less and exercise more.” The analyst says, “Fixation at the oral stage of development. Let’s examine your relationship with your mother.” The behaviorist says, “You must be getting inadvertently reinforced for overeating. Let’s examine the contingency structures in your eating behaviors.” The emotion-focused therapist says, “You’re using food to avoid feelings you don’t want to face.” The Gestalt therapist says, “You haven’t fully integrated your fat and thin selves.” The family therapist says, “Your overeating is an expression of family dysfunction. Let’s address your family of origin’s dynamics.” The recovery therapist says,

“It’s just your inner child seeking nurturance. C’mere, let me give you a hug.”

Admittedly, I’m being absurdly reductionistic and cartoonishly misrepresentative of therapeutic perspectives in these examples. But, the point I’m making is still a serious one: Each therapist sees the same exact twenty pounds differently and then builds a treatment plan based on his or her interpretation of the “meaning” of those twenty pounds.

Treating Without Interpreting?

The problem I struggled with for years concerns how to provide effective interventions without making potentially hazardous subjective interpretations. The “solution-oriented” approaches have been valuable in this regard, demonstrating the effectiveness of approaches that bypass the pitfalls of interpreting meanings and focusing instead on encouraging behavior and shaping the context in which it appears. The strategic therapies of Haley and Erickson gave rise to solution-oriented approaches and provided them with a welcome foundation of pragmatism. Through approaches such as these, the focus is on changing the *how* of the client’s *doing* of the symptom rather than interpreting its meaning.

There has been a growing positive psychology that has promoted the realization that there is far more to be gained by amplifying peoples' strengths than by only striving to fix what's wrong with them. When people are taught specific skills they're lacking and learn to recognize and better use their strengths, they improve markedly.

The Discriminating Therapist focuses on a brief and practical means for helping people reach their goals in therapy. The approaches described herein build on positive psychology as well as relevant cognitive neuroscience and cognitive therapy by focusing specifically on global cognitive style – an enduring way of processing information in an over-general way - as the primary inhibitor of making effective life choices. When we look at people through the lens of cognitive style and HOW they make choices, specifically what they failed to discriminate in their global response to some circumstance, it is easy to dismiss pathological explanations for people's behavior and, instead, focus on what's right.

*One woman I treated in a single session conducted before an audience of hundreds of clinicians, reported that she felt "stuck" in writing. She wanted to write professionally, but was forever too busy with other projects. When I asked **how she decided what projects to take on**, she became quite flustered before finally replying, "I don't know." That answer*

*spoke volumes about what I would need to target in my intervention. She couldn't answer the question because she **didn't decide** what to do with her time. She wasn't proactive in regards to time management. She was just reflexively responsive to the requests others made for her time. Her "I want to and should be able to do it all" philosophy prevented her from recognizing the need to choose much less **how** to choose. She never fully developed the realization that if she's reflexively doing "this," then she's not proactively doing "that." She would have to learn to find and protect time to write. After all, the books she wants to write won't get written by themselves! She wasn't suffering a pathological "unconscious fear of success" or other such presumed unconscious conflict. Rather, her global cognitive style in work-related decision-making precluded her from reaching her goals. She had the motivation to write, but not the "how" of skillfully managing people and time that would permit it.*

In our session, therefore, she learned how to use specific criteria for determining when to say yes or no to a request, how to tactfully say "no" to invitations and manage others' disappointment, and how to proactively mobilize her creative resources in new ways to write. She has now published seven books and is currently working on an eighth! She views that single session as a turning point in her professional life.

One good “how” question can bring into sharp focus what the person doesn’t know that is hurting him or her. Helping you learn to ask good “how” questions of your therapy clients is one of the goals of this book. Helping you identify the specific discriminations to teach them that will address their “blind spots” and lead to better decisions is another goal. It’s a big shift to realize people are lacking relevant knowledge in some area and can be educated to do better rather than being pathologized. With the emphasis in this approach on *how* people react and *how* they make choices, we can quickly identify what they don’t know that’s hurting them, what they know that isn’t accurate, and then how to use finer discrimination skills to help resolve their problems.

Countering global thinking with specific skills for decision-making and implementing them can get people moving in the right direction more quickly and efficiently than analyzing one’s childhood or venting one’s feelings ever could. After all, ultimately what defines our quality of life are the choices we make and the consequences of those choices we must then live with, for better or worse.

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