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SOME REFLECTIONS ON THE COMUNICATIVE-APPROACH

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I would like to briefly describe my present method of work using the communicative approach. I will not list the enormous advantages I got by meeting Langs and his work; I believe that, from a professional point of view, it has been the most important encounter in my life. Instead, I would like to speak of the problems arisen from the communicative approach, which have "forced" me to begin the research that I wish to share with you.

There were two main types of problems I encountered when applying the communicative approach. The first problem has been to change my "psychoanalytic mentality" into a "communicative mentality"; in other words from considering the patient's free associations as distorted products of his own fantasies, to considering them, instead, as vehicles of unconscious adequate perceptions on my behaviour. I believe this is a common problem for all therapists when they begin to work with this approach. During many years of listening to patients I've thought: "this time it can't be true, this time his perceptions are wrong." Unfortunately, this never happened. But I will not linger over this problem, as I believe the reader knows what I'm talking about.

The other type of problem encountered is the one I wish to develop in this paper. It is my opinion that the problem, better still the two interwoven problems are of a methodological nature. I'll try to develop this issue adhering strictly to my clinical experience.

When I first started using the communicative approach, while listening to a patient I began to understand the involutive dimension of my speaking every time my counter transference (seen as an adequate instrument, i.e. as Melanie Klein sees it) suggested me to do so. My interpretations always concerned the patient's transferral time, transference that unfolded spontaneously through an inner process.

At the beginning of my change in almost every session I could find in the patient's dialogue the three elements which, according to Langs, indicate that his unconscious system has generated such a situation as to require my communicative verbal intervention ("I have said/done this, you communicate that you have unconsciously perceived these implications in what I have said/done and these are the possible reactions unconsciously generated by such perceptions").

It cost me a great deal of effort and discipline to keep silent when I felt like speaking. During several years when I felt the impulse of interrupting, I would open my mouth wide and hope that the patient wouldn't turn and see his therapist's odd expression. I would remain with my mouth wide open without uttering a sound until the urge to speak disappeared.

In time, other mistakes in the frame were corrected, thanks to the modifications introduced according to the procedures of the communicative approach. The results of my changes, which made the frame more adequate and safe, was that in more and more sessions the three elements indicated by Langs didn't show up and consequently I would keep silent more and more often.

In some sessions, only two of the three elements showed up and I would then make "partial communicative interventions"; however, the patients, through their free associations, would give negative/destructive valuations of such intervention. This meant to me that some of my mistakes could be "metabolised" by the patient; my intervention then didn't respect his unconscious

indications but was generated, instead, by my need to intervene (gradually I realised that for the communicative approach the principle could be that "all that the patient can do by himself he must do by himself; should the therapist not allow it he will generate in the patient an unnecessary dependence which is destructive for the autonomy level he has reached).

In addition to my personal difficulty to remain silent, there was a methodological difficulty: Langs says that the patient is cured thanks to the insights offered by the therapist through the communicative interventions. This meant to me that while I was silent - as I had made no mistake, the three elements indicating the need of intervention didn't show up - I wasn't curing the patient.

Surely, the safe frame moments were considered strongly bounded and positive but not specifically healing. The real cure was still in the therapist's words. Then, what was I doing during the therapy when I kept silent?

The issue of my silence became more and more pressing because in time I almost never made a mistake. I had to my advantage the fact that I was working alone, in a silent and adequate office, the psychoanalytic technique had taught me to respect the setting, the patients were addressed to me by colleagues (which they stopped doing when they knew I was working with Langs' approach). Many therapy sessions were very clean from the beginning.....and I was silent.

Some patients said they couldn't bear my silence while others didn't seem to suffer. Every now and then, I tried to intervene with the patients who couldn't bear my silence. I didn't make any psychoanalytical interpretation, but I would speak of the conscious/unconscious moment of the process they were experiencing. One of them, after I had spoken about such a moment, showed through a free association that he agreed with my reading of the adequacy of his process - he agreed through his unconscious system. But then he said that since the previous session he hadn't been able to think because something had given him a mental block. At present, I believe that such interventions attacked the patients' autonomy and thus "blocked" it. Moreover, the patients who began the therapy in those years interrupted it unexpectedly without my being able to realise what had happened.

Those were very hard years but I couldn't go back because the patients who had started when I worked with the psychoanalytical model improved in a way I had never experienced before. The communicative approach worked very well with them, but I was missing something and I couldn't offer this something to the new patients who were not aware of my improvements. My opinion was that while the "old" patients could benefit from my changes, these were still insufficient for the "new" ones.
I began to think that the cure couldn't be centred on the insights offered by the therapist because between my patients and myself something was happening that I couldn't understand and which maybe I didn't even notice but which seemed to be the basis of their changes. I remember a patient who was really transformed by therapy where I never said anything and he spoke very little too. In this and other cases, it was evident that the cure wasn't in the words.

Consequently the main hypothesis in those years regarding the patients' healing mechanisms, was that their transformations generated beyond the words, whether mine or theirs. Then it appeared to me what I believe is the second methodological problem in Langs' approach. The first problem can be summarised as follows: if as a therapist I can only speak when I've made a mistake and if, at the same time, it is my communicative interventions that heal the patient we may deduce that in order to heal I have to make a mistake first so that I can speak.

This paradoxical situation led me to think that basing the cure in the therapist's words was still too conditioned by the psychoanalytical therapeutic models, no matter if Freudian, Kleinian, Lacanian etc. I thought then that Langs, like Columbus, had discovered a new continent but while for many aspects he was aware of this new land he was discovering, for others he thought it was The Indies. The cure being based in the therapist's words could be like Columbus' Indies, i.e. a well-known idea that had prevented him from understanding that he had not discovered The Indies he was looking for but a completely unknown continent.

If Langs had discovered a new relational continent, as I believed and still believe, it was possible that the healing took place through unknown modalities. Following the metaphor of the Indies', I also thought that the relationship between the patient and the therapist could present characteristics, which were still unidentified. Characteristics, which might also be obscured by known ideas that also concealed the discovery of the unknown.

Using this hypothesis I considered the relationship patient/therapist as the second methodological problem of the communicative approach: if the first was the healing mechanism, the second was the psychotherapeutic relationship. I tried then to reconsider what Langs asserts in this regard: he considers the therapeutic interaction as a communicative spiral in which each participant reacts to the other.

This didn't seem to happen between my patients and me. At a conscious level, at least, I didn't react and they seemed completely concentrated in the transformation process, which was self-generating. If I made a mistake this process would block immediately and parasitical elements would show up. The "parasites" were the three elements indicating the need of a communicative intervention. After such intervention had been made, the patient would go back to the existential issues he was elaborating before my mistake (the communicative intervention didn't generate further considerations but closed the block generated by my mistake).

What I noticed in many patients (not many at this point because after numerous interruptions and lacking new ones, I was left with a few) was that they changed by themselves through self-generated processes, which didn't seem, however, to take place without psychotherapy.

In other words, the patients changed by themselves but not in isolation. It was as if they could change only if I (a therapist) was there, completely present in the relationship. What was then this relationship class? A relationship in which I was absolutely necessary so that the patient could set his transformation capacities in motion? Motion that, however, could start only if I didn't directly intervene in this process?

When I was in New York to participate in a meeting, Langs accompanied me to buy some books. I remember when, in the evening at his home, I opened *Evolution* by Erwin Laszlo and immediately sensed that the way to deal with my problems with the communicative approach was to use: the evolution and the complex-evolutive systems. So much so that I named my working method "communicative-evolutive model".

In the following years, I was very busy studying and trying to understand the class of therapeutic relationship and its transformation mechanisms of the patients in the light of the complexity/evolution theories.

What was initially clear to me was that the patients' transformations were due to the beginning of an evolutive process and that such processes were mainly self-organised. Then my silence,

accompanied by my being present in the relationship, changed from a source of conflict to being a necessary condition to the patient's evolution.

The complexity-evolution theories allowed me to risk a new change and I began to mention in the therapeutic contract the sentence: "you may say whatever comes to your mind, if something comes to your mind and you wish to say it; usually, I will speak if you ask me something". I always say "usually" because a mistake of mine may lead the patient to produce the three elements, which show the necessity of my communicative intervention: I believe that these elements unconsciously indicate that my verbal intervention is needed. In other words, I speak when the patient - consciously or unconsciously - asks me to.

I said "to risk" because only my study on evolution has allowed me to go beyond some of my own Indies: in this case the opinion that because of the patients' dependence, I would constantly be asked to speak if I only offered them this opportunity.

But all evolutive systems have, instead, a natural tendency to autonomy and this begins to spread out as soon as the system is included in the evolutive relational conditions. The only risk for persistence dependence doesn't lie with the patient but with the therapist because he may unconsciously need to keep (or increase) the patient's dependence as it was at the beginning of the therapy.

At present I speak when the patient asks me to; some ask more often, others less and others don't ask me at all. When I speak I use the complexity principles, I assemble the material produced by the patient in that session and on that subject, I put together the narrative passages on the subject of the issue, keeping the complexity level the patient has reached in that given moment and on that given theme.
The patients can ask any question they wish but I cannot answer some: advice, opinions on other people, questions regarding my person, changes in the frame. In all these cases, my reply is that I cannot answer, but for the demand of changes to the frame I propose to work on what comes into their mind, thus following the communicative approach procedures.

Now, if the patients' changes were due to the starting of evolutive processes, why should these begin during therapy? What was I providing the patients to allow such start? How did I supply the elements that made this start of the evolutive processes possible?

In order to answer these questions I had to go away from the therapeutic relationship and see how in general the evolution processes started.

Therefore, I ask you to go with me on this short journey in the evolutive systems so that we can then go back to the therapeutic situation with the elements, which will help us to reply to the questions above.

Complex-evolutive systems have various names because they have been simultaneously studied in various fields. They can be identified as: self-organising systems, chaotic systems, systems far from balance, non-linear systems etc. Another name is: "systems depending on initial conditions", meaning that the conditions in which these systems are included strongly influence the choices of their possible paths.

I can better explain using the following example. At the beginning of life on Earth, the micro-organisms were anaerobic because there was no oxygen in earthly atmosphere; these micro-organisms produced oxygen as a rejected material. When the production of such an element reached

a critical threshold almost all anaerobic organisms died and aerobic organisms began to generate. We depend on the oxygen in the atmosphere (initial condition) and it is not said that polluting it as we are presently doing, anaerobic organisms shouldn't become again the planet's most important species.

Even if depending on initial conditions, the inner organisation of anaerobic or aerobic organisms depends on their own genetic code. Certainly, such a code is subject to fortuitous mutations, some of which increase or diminish the extinction or expansion chances of individuals or of the species.

The above scenario is an example of chemical dependence: the atmosphere in which the organisms live makes the expansion possible for some species and impossible for others. During life evolution more classes of dependence are generated (for example the biological one) but I would like to dwell upon the one I call "relational dependence". When was such a dependence born during species evolution and what class of dependence is it?

In many species, the eggs are laid in more or less safe sites and their hatching takes place in isolation. Each hatchling has in its genetic code all organisational principles of his present and future behaviours. But this doesn't happen in other species. When the little one is born, he finds an expert of his own species, which will accompany it for a given period. Why was this relationship created? Usually we think that it was created to take care of the offspring and in fact this is how it is named: "species which take care of their little ones"; but as we know very well not all little ones are looked after and therefore the care is not the universal bond of all little one/expert relationships.

I believe it was Konrad Lorenz who identified the universal bond defining the needs of the little ones of such species: the learning. Lorenz says that Nature has created the relationship child/mother to make it possible for the species to rid themselves of a genetic fixity through an after-birth acquirement of some behavioural schemes. In fact, Lorenz defines the mother "the natural teacher".

The little ones of the species, which provide for the relationship child/mother, i.e. inexpert/expert, haven't inscribed in their genetic code all organisational principles of their behaviours and therefore they must acquire them through a learning process. I will not speak of patterns but of, following complex systems theories, I'll speak of behavioural organisational principles.

The organisational principles are less static than the schemes; they are not models but behaviour organisers. This is how, in my opinion, a new dependence of the systems on their initial conditions has generated: the relational dependence.

I consider this dependence class as the necessity for the systems to acquire in the relations those organisational principles, which will make it possible for them to generate a part of their own inner and relational organisation. In the little ones of the species, which learn from their experts how to become experts themselves, part of their inner organisation depends on the relational world they are born in (i.e. on the natural teacher expert).

As acquiring organisational principles is a necessity for all offspring of these species, Nature has generated in them a very strong attachment to the expert. The little one cannot be distracted because to learn means to survive, he is "magnetised", subdued by the expert's behaviour. When he becomes an expert in his turn, such a "magnetism" will extinguish because it is no longer necessary.

Taking now a "jump in time" to the species, which learn, we can undoubtedly say that the human being's offspring needs a considerable relational dependence in order to develop so much of his

inner organisation. His organisation is so very connected with relations that some people, like Oliver Sachs say, that we are not born human beings we become human beings.

I wish to linger over the acquisition process of organisational principles, which make possible the self-organisation of the system itself. By self-organisation, I mean the articulation of behavioural organisational principles (acquired) into a new organisation, which is, precisely, a new system (self-organised). The expert teaches by showing his behaviours to the inexpert who takes possession of the organisational principles underlying the concrete behaviours and organises his own inner structure, which, in its turn, will be realised in various behaviours.

Looking at species evolution, it is obvious that the relational inscription strategy of organisational principles has permitted the creation of species with a high and growing degree of complexity. The more incomplete the little ones are born (the more necessary is the learning), and therefore the more complex the relationship becomes with the experts and the more organisationally complex become the behavioural possibilities of the species. In other words, from a relational point of view a chick is less dependent on its expert/hen for becoming itself a cock or a hen than a human child on his experts for becoming himself mentally and socially a man or a woman.

In the human being all his inner and relational organisation is connected with the organisational principles acquired in the relationship with his experts. We human beings must learn the upright position, the walk, the language, the human use of the hands, how and what to think, how and what to feel, and how to establish relationships. All the organisational principles of our being in the world are tied with the world we were born in. In the human species, the organisational complexity is such that evolution is realised not only in the species but in each particular individual too. Every human individual can - and needs to - become a complex-evolutive system. The complexity has taken a jump and in humans both the species and every individual virtually possess the divine spark of evolution.

Nevertheless, the relational inscription strategy of the organisational principles of one's own organisational structure presents risks that may not have been envisaged by Nature. Risks that are very evident in the human species. If the expert gives inadequate organisational principles, the inexpert's organisational structure will not be that of the complex-evolutive systems. Their characteristics will not emerge, the system's organisation will become more or less involutive and will be realised in behaviours, which will be more or less involutive too.

All human beings who were not allowed to become complex systems remain highly dependent on their experts. Some characteristics of such dependence are evolutive whereas others are involutive because the system is malformed. A system that has not become complex and evolutive is mentally and socially at risk to remain still "magnetised" (i.e. hitherto organised) by adequate or inadequate experts: relational, social, political, religious etc risks.

Before finishing this journey into the origins of relational dependence (very simplified in its course) I believe it useful to point out a fundamental aspect of the acquisition of organisational principles: it is an unconscious process. The organisational principles are unconscious both in their relational structure and in the participants' individual structure; the organisational principles of behaviours are unconscious just as is unconscious the appropriation of such organisational principles. Also the inexpert's state of dependence on the expert (be it evolutive or involutive) has basically unconscious roots.

The relational inscription originated when the conscious system didn't exist at all; in fact it is an emerging product of the organisation made possible by this non-genetic inscription class. In the

human being, once the inner organisation of the conscious and unconscious "under-systems" has begun (around three years of age), the appropriation of new competences will mainly be realised through the unconscious acquisition of their own organisational principles.

Now let's go back to the clinical situation. I'll repeat the questions I asked before this short journey into the evolution of species. My supposition was that the patients changed because evolutive processes started and I asked myself: why do they begin in therapy? What was I giving to the patients to make this start possible? How did I furnish the elements, which made it possible for this evolutive process to begin?

I believe the reader will now be able to answer these questions.

At the beginning of therapy, the patient hasn't been able, at a higher or lower degree, to develop the characteristics of the complex-evolutive systems. His inner organisation is that of a system mutilated in its complex virtual nature and therefore the behaviours realised by its organising structure present involutive characteristics (symptoms, blocks, cognitive-emotional-relational malformations). When therapy is started all patients present a state of dependence, in part evolutive and in part involutive. Such dependence will extinguish if the expert will not make further autonomy impossible, i.e. if the expert gives organisational principles, which will allow the patient to build a complex-evolutive organisation.

During the first telephone conversation to make an appointment I offer the possible patient through my spoken and unspoken behaviour, a huge quantity of organisational principles. How I receive him, how is my office, what I tell him, the fact that I don't ask any question except "how can I help you?". All my behaviours are "full" of organisational principles. The therapeutic contract in itself is an explicit declaration of both inner and relational organisational principles.

The therapeutic relationship belongs to the relational class inexpert/expert. Its aim is to replace the organisational principles, which form the inexpert's inadequate inner structure (inadequate in terms of evolutionary possibilities). In other words the therapeutic relationship implies a new relational inscription through which will be replaced the organising principles which prevent the patient from becoming an evolutive-complex system. From the beginning until the end of the therapy the patient maintains a "magnetised dependence" on the therapist's behaviours of which he is able to unconsciously catch every least detail. While the dependence is extinguishing, the patient looses interest in the therapy, his interest turns to other things..

The appropriation procedures - the learning - are the same, which in the past led the patient to the acquisition of inadequate principles supplied by his first experts. That is, the expert offers the organising principles through his behaviours - by example - and the inexpert unconsciously takes possession and develops them in a new inner organising structure, which realises in cognitive, emotional, relational behaviours which now have complex-evolutive characteristics.

All these processes occur mainly at an unconscious level both for the therapist (because the behaviours organising principles are at an unconscious level of his inner organisation) and for the patient (because the acquisition of organising principles takes place mainly at an unconscious level) as well as for the relationship (which has a conscious and an unconscious organisation).
The patient's new inner organisation begins to show the characteristics of complex systems: self-organisation, self-disorganisation, self-regulation, self-correction, self-coherence, a tendency to generating new and more complex organisations of its own structure, the generation of evolutive emerging properties, a relative autonomy/synchrony in the various "under-systems", an organising autonomy in regard to the relationships. The patient becomes a complex-evolutive system.

At the same time, the patient's artificial organisations - above all the removed unconscious - extinguish until they loose part of their unconscious activity, which produced symptoms and blocks. It is very exciting to accompany the patient in his evolutive transformations that, I repeat, are self-organised. My words can be of some help; however, the process of synchronising the various components of the system so that they follow one-way and are coherent doesn't belong either to my verbal level or the patient's. The transformations are in the patient's global organisation.

One of my patients has slept during most sessions but the replacement of organisational principles has begun with him as well. Another patient who was seriously anorexic at the beginning of therapy, during the second session asked me: "what can I ask you?". I answered, "You can ask what you wish but I'll not be able to reply to some questions". "Ah!" she said laughing and didn't ask anything more. After one year of therapy with one session a week, her organisation had become evolutive and the news I have now is that after four years her organisation has not gone back to anorexia.

Nevertheless if I, as a therapist, make a mistake (i.e. if I offer organisational principles which are inadequate for the patient's evolutive organisation, for example speaking when I feel like and not when the patient asks me) the evolutionary process stops. The inadequate principles I offer (for example: "I know when you need for me to speak") reactivate the patient's removed unconscious system. They are trauma for the evolution, which increase the removed unconscious system.

I believe such reactivation/increase of one of the most artificial structures of the inner organisation (the removed unconscious of traumatic origin) is what generates in the patient the unconscious need of the therapist's communicative intervention. The very organisation of the communicative intervention deactivates what the therapist's mistake has activated and shows the patient - it shows at an unconscious level, naturally unconscious as all learning/evolution processes - that, in the therapeutic relationship it is not necessary to remove the relational inadequacies because the therapist can bear them and put them into words, thus making them conscious. The communicative intervention helps to break the patient's state of "magnetised dependence" because the therapist proves he doesn't need to keep an omnipotent image of himself.

Through the communicative intervention the need decays to keep also in the therapeutic relationship an artificial organisation like the removed unconscious, which was built in the past so that the patient couldn't be aware of his expert's relational inadequacies. These inadequacies could never be borne by the expert and therefore had to be ignored also by the inexpert.

Thanks to the communicative intervention the adequate conditions to the patient's evolution re-establish and he can start again from the issues, which in that moment realise the new principles of his inner organisation. The communicative intervention themes don't lead to a further reflection just because they only clean the field but are not strictly transforming. The transformation, I repeat, is connected with the acquisition of a new inner and relational organisation.

When the patient has become an organisation, which can evolve without the therapy, it means that he has developed an inner organisation capable of maintaining and increasing the evolution also in other classes of relationship (for example the even ones, where there is not an expert and an inexpert but two experts which build an evolutive relationship). In that moment the patient begins the end of therapy. He has become a complex system with possible evolutive courses, whereas at the beginning he was a system whose evolutive courses were made impossible by their organisation.

I feel very well when I am in my office even if my evolution is not the existential aim of the therapeutic relationship. The very fact to be included in evolutive relations has a beneficial side effect for me too. Besides, other routes have emerged: learning groups for parents, for teachers, for sport trainers, for managers, and I dedicate part of my professional time teaching the communicative-evolutive system. What do I teach? I teach that if the expert makes a mistakes a whole series of parasitic reactions is activated in the inexperts whereas if the expert offers good relational organisations the inexperts evolve and they evolve “inevitably” as Laszlo says because our virtual nature as human beings is to evolve from the beginning until the end of life.