

PHENOMENOLOGY OF NON-ORDINARY LOGICS IN BRIEF STRATEGIC THERAPY

Luis A. Centeno-Gándara, Ana Lucila Vales-Rodríguez & Erasmo Saucedo-Uribe

Department of Psychiatry, Faculty of Medicine and University Hospital "Dr. José Eleuterio González",
Autonomous University of Nuevo Leon, Nuevo Leon, Mexico

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SUMMARY

Brief Strategic Therapy (BST) is a psychosocial treatment for mental disorders based on a unique theory of psychological dysfunction that differs from major psychotherapy approaches in that psychological dysfunction follows non-ordinary logics rather than classic logical principles. BST contends that there are three different kinds of non-ordinary logics that underpin psychological dysfunction: the logic of contradiction, the logic of paradox, and the logic of belief. BST therapeutic strategies are based on these non-ordinary logics processes. Unfortunately, descriptions and case examples of these non-ordinary logics are scattered among a myriad of books so that it is difficult for the clinician to get acquainted with them. Additionally, BST literature has described these non-ordinary logics with a somewhat obscure and metaphorical language that might be difficult for the clinician to grasp. Herein, we condensate descriptions and case examples of the three non-ordinary logics, clarify the phenomenological processes of each of the classes of non-ordinary logics, and highlight research findings from different theoretical orientations that are coherent and consistent with our phenomenological accounts of non-ordinary logics. Based on our clinical observations, non-ordinary logics can be distinguished by three variables: (a) the immediate effect of the dysfunctional attempted solution (DAS), (b) the long-term effect of the DAS, and (c) the most salient mental phenomenon associated with the DAS that maintains a psychological problem. This advancement could foster clinicians' ability to identify non-ordinary logics and their ability to devise appropriate strategies to solve psychological problems.

Key words: mental processes - non-ordinary logics – phenomenology – psychopathology - strategic therapy

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INTRODUCTION

Recently, Brief Strategic Therapy (BST) has accrued evidence of its efficacy and effectiveness as a psychosocial treatment for mental disorders (Caniato & Skorjanec 2002, Castelnuovo et al. 2011, Jackson et al. 2018, Pietrabissa et al. 2017, Rakowska 2011, 2015). BST is based on a unique theory of psychological dysfunction (Nardone & Salvini 2019) that differs from major psychotherapy approaches in that psychological dysfunction follows non-ordinary logics rather than classic logical principles (Nardone & Watzlawick 2005). BST contends that there are three different kinds of non-ordinary logics that underpin psychological dysfunction: the logic of contradiction, the logic of paradox, and the logic of belief (Nardone & Balbi 2018).

In practice, it is of utmost importance to correctly identify these kinds of non-ordinary logics because BST interventions are based on them (Nardone & Balbi 2018, Nardone & Watzlawick 2005). The therapist identifies the kind of non-ordinary logic that underlies certain psychological problem by diagnosing the perceptive-reactive system (PRS) - i.e., the set of perceptions, cognitions, affects and behaviors (Milanese & Mordazzi 2008) - associated with it. The behavioral component of the PRS is called dysfunctional attempted solution (DAS) and refers to repetitive and unsuccessful behaviors performed to solve a problem that actually perpetuate it (Vitry et al. 2021). BST assumes that if the patient stops performing the DAS, the psychological problem will be resolved;

therefore, the therapist devises the appropriate therapeutic strategies to override the DAS by matching these strategies with the non-ordinary logic underlying the PRS (Nardone & Balbi 2018, Nardone & Watzlawick 2005).

Unfortunately, descriptions and case examples of these non-ordinary logics are scattered among a myriad of books so that it is difficult for the clinician to get acquainted with them. Additionally, non-ordinary logics have been described in the BST literature with a somewhat obscure and metaphorical language that might be difficult for the clinician to grasp. For example, the logic of paradox is described as "...an ambivalence expressed in unison: two contradictory messages are present at the same time within a communicational structure. An example is the famous liar paradox: 'This sentence is false'..." (Nardone & Balbi 2018). Notoriously, this description refers to a language phenomenon, but says little about the phenomenology - i.e., cognition, affect, motivation, and behavior (Centeno-Gándara 2021, Hilgard 1980) - of the logic of paradox.

In this paper we aim to condensate descriptions and case examples of the three non-ordinary logics so that clinicians could more easily get acquainted with them. Additionally, we aim to clarify the phenomenological processes of each of the classes of non-ordinary logics to foster clinician's ability to identify them. Finally, we highlight research findings from different theoretical orientations that are coherent and consistent with our phenomenological accounts of these non-ordinary logics processes.

PHENOMENOLOGY OF NON-ORDINARY LOGICS

Logic of contradiction

In the BST literature, the logic of contradiction is described as "...imagine a person who is afraid and who continually asks those around him to reassure him; he receives reassurance and, in the moment feels safe, but reassurance after reassurance, he feels less able to cope alone. Thus, the more one reassures him the more he feels insecure" (Nardone & Balbi 2018). A good example of the phenomenological process of the logic of contradiction is the common DAS of avoidance - and its associated PRS - present in specific phobias (American Psychiatric Association 2013):

- A patient with phobia to elevators works at the 10th floor of a building. Daily, he faces the situation to take the elevator to get to his office. Because of fear to take the elevator, he avoids it and uses the stairs - the DAS. Every time he avoids the elevator, the *immediate* consequence is a relief of the distress associated with the situation, but in the *long-term* avoidance behavior reinforces and distress rises because the negative consequences of avoidance accrue.

Here is another example from our clinical practice:

- A patient with agoraphobia faces the situation to go out for food, but because of fear to go outside her house alone, she asks her mother to go along with her - the DAS. Every time she asks her mother to accompany her out of the house, the *immediate* consequence is a relief of the distress associated with the situation, but in the *long-term* asking for help reinforces and distress rises because the negative consequences of asking for help accrue.

Therefore, the phenomenological process of the logic of contradiction could be summarized as follows: there occurs a distressing perception that subsequently drives the individual to perform a certain DAS which *immediate* consequence is to diminish distress but in the *long-term* enhances dysfunction. This phenomenological description is coherent and consistent with cognitive and behavioral psychology, and neurobiological research findings concerning avoidance phenomena (for a review see Arnaudova et al. 2017).

Logic of paradox

As stated above, the logic of paradox is described as "...an ambivalence expressed in unison: two contradictory messages are present at the same time within a communicational structure. An example is the famous liar paradox: 'This sentence is false'... if these two contradictory messages are in sequential succession, we no longer speak of a paradox, but of a contradiction" (Nardone & Balbi 2018). This statement could be construed as if the psychopathological process occurs at the same time, but it does not. Then, what is the phenomenology of the logic of paradox? A good example is the common DAS of trying to control somatic symp-

toms - and its associated PRS - present in panic disorder (Iengo 2020):

- A patient with panic attacks starts to perceive "out of the blue" her heart pounding. *Subsequently*, she develops the fear of dying. *Subsequently*, motivated by her instinct of survival, she tries to consciously control her heart rate - the DAS. *Subsequently*, her heart rate increases - the paradoxical phenomenon. *Subsequently*, her fear of dying increases - paradoxically too. *Subsequently*, she tries harder to control her heart rate - again the DAS. *Subsequently*, her heart rate increases, and so on. The cycle goes on until the distress reaches a peak and then extinguishes.

Here is another example from our clinical practice:

- An internist with somatic symptom disorder perceives "out of the blue" difficulty breathing. *Subsequently*, he fears having a deadly disease. *Subsequently*, he tries to assure himself that he is healthy by focusing all his attention on his corporal sensations - the DAS. *Subsequently*, he perceives palpitations. *Subsequently*, his fear rises. *Subsequently*, he uses his pulse oximeter to assure himself he is not sick - again a DAS - but the device indicates he has tachycardia. *Subsequently*, his fear rises, and so on. The cycle goes on until the distress reaches a peak and then extinguishes. His profession was a real torture for him.

Therefore, the phenomenology of the logic of paradox could be summarized as follows: there occurs a distressing perception that subsequently drives the individual to perform a certain DAS which *immediate* consequence is to booster distress creating a circular causality until the distress reaches a peak and then extinguishes. This phenomenological description is coherent and consistent with cognitive psychology research findings concerning catastrophic misinterpretation of events (Ohst & Tuschen-Caffier 2018).

Logic of belief

The logic of belief is described as "... the logical criterion that refers to all that we can structure as something in which we believe, which does not necessarily correspond to a thought or a cognition" (Nardone & Balbi 2018). Again, this description says little about the phenomenology of the logic of belief. A good example of the phenomenology of the logic of belief is the common DAS of renouncement - and its associated PRS - present in major depressive disorder (Muriana et al. 2004):

- A woman with major depressive disorder holds the belief that she has no agency over life situations. She perceives a difficulty in an everyday event (say to perform a particular job activity) and feels hopelessness. *Subsequently*, she renounces to perform this activity - the DAS. *Subsequently*, she interprets this behavioral failure as a consequence of her lack of agency (not as a consequence of her belief and behavior based on that belief) and the belief that she has no agency over life situations gets entrenched and dysfunction accrues.

Table 1. Differentiation of non-ordinary logics based on their phenomenology

| Non-ordinary Logic | Immediate effect of the DAS | Long-term effect of the DAS | Most salient mental phenomenon associated with the DAS |
|------------------------|-----------------------------|-----------------------------|--|
| Logic of contradiction | Diminish distress | Enhances dysfunction | Avoidance* |
| Logic of paradox | Booster distress | n/a | Failure of interference control** |
| Logic of belief | Diminish distress | Enhances dysfunction | Belief motivated behavior |

Note. DAS = dysfunctional attempted solution; n/a = not applicable; *Avoidance refers to any covert or overt action that functions to create, increase or maintain physical or psychological distance between a person and a perceived or actual threat. For example, asking for help is a kind of psychological avoidance (Arnaudova et al. 2017); **Interference control refers to the ability to control selective attention, thoughts, or emotions to override a strong stimulus (Diamond 2013)

Here is another example from our clinical practice:

- A patient with obsessive-compulsive disorder holds the belief that his rituals protect him from dangerous situations. Every morning, he wakes up and gets dressed before leaving to his job. He decides to use black socks. Once inside his car and before leaving home, the thought “If I drive my car wearing black socks, then I will have a car crash” comes to his mind. Subsequently, he experiences fear and motivated by the desire of safety, he returns inside the house, takes off the black socks, and puts on white socks. The process is repeated several times, alternating between black and white socks, until he feels confident enough to drive his car - this ritual is the DAS (Pietrabissa et al. 2016). Subsequently, while commuting to work, he does not suffer a car crash (as dictated by probability) and interprets this as a consequence of his rituals (not as mere chance) and the belief that rituals protect him from dangerous situations gets entrenched and dysfunction accrues. He is always late for work.

Therefore, the phenomenology of the logic of belief could be summarized as follows: there occurs a distressing perception that subsequently drives the individual to perform a certain DAS based on a belief. The event following the DAS - whether or not caused by it - is interpreted as evidence of the truthfulness of the belief, reinforcing the strength of the belief. This description is coherent and consistent with cognitive, evolutionary, and social psychology research findings concerning confirmation bias and self-fulfilling prophecies (for a review see Peters 2020).

Heretofore, the phenomenological processes of each of the classes of non-ordinary logics present in clinical practice have been described. Taking into account our descriptions, non-ordinary logics can be clinically differentiated based on the immediate effect, long-term effect, and most salient mental phenomenon associated with the DAS (see Table 1).

DISCUSSION

Our account of the logic of paradox is somewhat different from the account of Dr. Nardone’s group. In the same vein as the cognitive approach (Clark 1986), we believe that the logic of paradox - indeed any psychological phenomenon - is a process, and therefore it cannot be construed as occurring “at the same time” (Nardone & Balbi 2018). Nevertheless, it is yet uncertain whether cognitions form part of the causal process that leads to

paroxysmal psychological distresses such as those associated with the logic of paradox (Ohst & Tuschen-Caffier 2018). If cognitions were only an epiphenomenon instead of part of the causal process, then, to treat psychological problems based on the logic of paradox, it would be more appropriate to use exposure-based techniques - such as the Worst Fantasy (Jengo 2020) - than techniques aimed at shifting the focus of attention - such as the Board Diary (Jengo 2020). Both, Cognitive Behavioral Therapy (CBT) and BST try to create corrective experiences - e.g., exposure - to improve psychological functioning (Barlow et al. 2018, Hayes et al. 2012, Nardone & Watzlawick 2005). However, the main difference between CBT and BST lies in the type of language used by the therapist. In CBT, the language is explanatory to produce conscious learning so that the patient effortfully undergoes corrective experiences (Barlow et al. 2018) whereas in BST, the language is ethically persuasive (Nardone & Salvini 2011, Shaw & Elger 2013) to produce an unconscious change of distressing perceptions so that the patient unwittingly undergoes the corrective experiences. In theory, this ethically persuasive language overrides resistance to change (Nardone & Salvini 2011, Nardone & Watzlawick 2005).

CONCLUSION

We believe our paper advances BST literature by clarifying the phenomenology of the so-called “non-ordinary logics”. Specifically, we clearly described the phenomenological processes associated with the different classes of non-ordinary logics that underly psychological dysfunction according to BST theory. Based on our clinical observations, non-ordinary logics can be distinguished by three variables: (a) the immediate effect of the DAS, (b) the long-term effect of the DAS, and (c) the most salient mental phenomenon associated with the DAS. This advancement could foster clinicians’ ability to identify non-ordinary logics and therefore their ability to devise appropriate strategies to solve psychological problems.

Additionally, we found that the phenomenological processes of the logic of contradiction, the logic of paradox, and the logic of belief, are coherent and consistent with modern research findings concerning avoidance phenomena, catastrophic misinterpretation of events, and confirmation bias and self-fulfilling prophecies, respectively.

This paper is an attempted solution to clarify foundational concepts of BST. Only time would say whether our attempt was functional or dysfunctional.

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Contribution of individual authors:

Luis A. Centeno-Gándara: developed the idea of and drafted the manuscript, critically revised, reviewed.

Ana Lucila Vales-Rodríguez & Erasmo Saucedo-Urbe: critically revised, reviewed.

All authors approved the final manuscript.

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Correspondence:

Assistant Professor Luis A. Centeno-Gándara, MD, PhD
Department of Psychiatry, Faculty of Medicine and University Hospital "Dr. José Eleuterio González",
Autonomous University of Nuevo Leon
Av. Madero y Gonzalitos S/N, Mitras Centro, 64460, Monterrey, Nuevo León, México
E-mail: luis.centenogn@uanl.edu.mx