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DEFINITION

The main characteristic of this therapy is that the therapist plans a strategy for solving the client's problems. The goals are clearly set and always coincide with solving the presenting problem. That is, instead of emphasizing the growth and development of the person, the goal of this therapy is to solve the problem that the client offers, and the therapy is considered to have failed if this problem is not solved, no matter what other changes have taken place. Problems are conceptualized in terms of at least two people; the therapeutic unit is usually the family or the couple. Interventions take the form of directives and the emphasis is on communication in the present.

HISTORY

Strategic Therapy has its origins in communication theory, which developed around mid-century. In 1948 Norbert Wiener published Cybernetics and through the next decade all the sciences began to emphasize homeostatic systems with feedback processes that caused the system to be self-corrective. This theory appeared in the field of therapy in the 1950s as

part of the development of family theory.

Although the ideas became evident in a number of therapies, the communication approach became most well known through Gregory Bateson's research project on communication, which existed from 1952 to 1962 (Bateson, 1972). The idea of the double bind was published in 1956 (Bateson, et al.) and influenced many therapists to begin to think from a communication point of view. The approach suggested that the interchange of messages between people defined relationships, and these relationships were stabilized by homeostatic processes in the form of actions of family members within the family. The minimum unit was two people, since there was a sender and a receiver of messages. The therapy developing out of this view emphasized changing a family system by rearranging how family members behave, or communicate, to one another. It was not a therapy related to lifting repression or bringing about self-understanding, nor was it based upon a theory of conditioning. The past was dropped as a central issue because it was how people were communicating at the moment that was the focus of attention. In the 1950s the unit shifted from two people to three or more people as the family began to be conceived of as having an organization and structure. The unit became more and more a child in relationship to two adults, or an adult in relation to another adult and grandparent, and so on. The emphasis was upon analogies in one part of a system for another part, so analogical communication was emphasized more than digital (although these

terms themselves were introduced by Bateson as a way of classifying any communication).

In the early family therapy, with this approach, awareness was still thought to bring about change and so interpretations were used because other therapy techniques had not developed to fit the new ways of thinking. By the 1960s therapists using the communication approach were not making interpretations and were not educating the family. It was assumed that new experiences, in the sense of new behavior that provoked changes in the family system, brought about change. Directives were used in the interview to change communication pathways, such as requiring people to talk together who had habitually not done so. There were also directives used outside the interview, particularly with the influence of Milton Erickson's directive therapy on the communication therapists (Haley, 1973). The tendency in the early days was to be growth oriented because of a concern with encouraging a wider range of communicative behavior in the family system. Some adherents, influenced by Milton Erickson, focused more on the presenting problem, but even then it was a way of increasing complexity in the system. However, the presenting problem was never dismissed as "only a symptom" because symptomatic behavior was considered a necessary and appropriate response to the communicative behavior that provoked it. There was little emphasis upon hierarchy in the early stages; family members were encouraged to communicate as equals. Later there was a developing concern

with status in the family organization. Jackson emphasized the structural aspect of parental authority when young people were defined as psychotic. Parents and young people were not interviewed as peers as they would be in a therapy based on free association or individual self-expression. The Strategic Therapy that developed out of the communication approach emphasized organizational structure and focused on the repeating sequences on which structures are based.

TECHNIQUE

In this therapy every problem is defined as involving at least two and often three people. The therapeutic unit is usually the family or the couple, but the issue is not how many people are actually seen in the interview; it is how many people are involved in the therapist's way of thinking about the problem. A psychiatric problem is understood in terms of a contract between at least two people. For example, if a woman is depressed, the therapist with a unit of one person will try to understand her and help her in terms of her feelings, perceptions, and behavior. The therapist with a unit of two will assume that her depression is related to her husband. His unit will be husband and wife, since he will assume that the problem is part of a marital contract. With a unit of three, it is possible to think in terms of coalitions and in terms of hierarchical structure of an organization. For example, a wife who is depressed might be thought of as caught in a conflict between her husband

and her mother.

The therapy is planned in steps or stages to achieve the goals. The therapist must first decide who is involved in the presenting problem and in what way. Next, the therapist must decide on an intervention that will shift the family organization so that the presenting problem is not necessary. This intervention usually takes the form of a directive about something that the family is to do both in and out of the interview. Directives may be straightforward or paradoxical, simple and involving one or two people, or complex and involving the whole family. These directives have the purpose of changing the ways people relate to each other and to the therapist.

It is assumed that a problem or a symptom in a person are ways people communicate with one another and protect one another. For example, a child may develop a problem that will keep his mother at home to take care of him and in this way the mother may not have to face the issue of looking for a job or of confronting her husband who does not wish her to work. It is assumed that a symptom analogically, or metaphorically, expresses a problem and is also a solution, although usually an unsatisfactory one for the people involved.

Since this therapy focuses on solving the presenting problem, it is neither growth oriented–nor concerned with the past. The emphasis is on

communication in the present. People go through new experiences as they follow the therapist's directives, but the experience is not a goal in itself. Nor is there an emphasis on working through something or insight or being aware of how communication takes place; if the people involved can get over the problem without knowing how or why, that is satisfactory. The goal of the therapy is primarily to prevent the repetition of sequences and introduce more complexity and alternatives. For example, a typical sequence is one where the child develops problems when the parents threaten to separate. The parents stay together to deal with their problem child, and as the child behaves more normally, the parents threaten separation again, which leads to the child developing problems. The task of the therapist is to change this sequence so that improvement of the child is unrelated to whether the parents separate or not.

There is a concern with hierarchy in this approach. Parents are expected to be in charge of their children, and cross-generation coalitions, such as one parent siding with a child against another parent, are blocked. There is also a cautious concern about where the therapist is in the hierarchy so that he does not inadvertently form coalitions with members low in the hierarchy against those who are higher. It is assumed that therapy must occur in stages and the presenting problem cannot be solved in one step. Similar presenting problems can require different therapeutic plans that must be designed for each particular one.

APPLICATIONS

Strategic Therapy has been used for a variety of problems: symptomatic and misbehaving children, adolescent problems; lonely single young adults, marital difficulties, and problems of old age. It does not necessarily entail interviewing a whole family; it is an interpersonal approach that is used also with single persons. It is used with neurotics, psychotics, psychosomatic problems, delinquents, addicts, etc. There are no contraindications since specific therapeutic strategies are designed for each particular problem.