Preliminary Comments on Ethics in Psychology. The Case of the Systems Paradigm

"Fears, Panics and Phobias, A Brief Therapy" by Giorgio Nardone

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The present piece is aimed at debating critically the contributions and limitations of systems psychology in the treatment of disorders relating to anxiety and phobias. The criticism is based on the book entitled "Fears, Panics and Phobias, A Brief Therapy" authored by G. Nardone (1997, Editorial Herder, Barcelona) because of two main issues: from an epistemological point, systems paradigm does not distinguish experimentalism from linear causality. Secondly, serious ethic involvements are questioned considering the ways in which therapists conduct this kind of programs.

A set of interesting forewords no less than by Marcelo Ceberio and Paul Watzlawick introduce readers to the text of Giorgio Nardone on fears, panics and phobias. I strongly believe that it is important not to lose from sight the necessity of recovering this kind of outstanding works for the development of knowledge. For further understanding, this book initially explores the concept of circularity defying the linear causality between effects and causes that characterizes modern Science.

All the way through his book, Nardone emphasizes that the reasons behind panic attacks, phobias and obsessive-compulsive disorders are polysemic and circumscribed to a lot of previous working definitions. Under such circumstances, Nardone argues that psychological structures follow complex and unabated interests. Whenever psychologists examine the patient's pathology, they access only a memoirist past which is elaborated by subjects following symbolic and emotional dynamics. This recall is no other thing than an insight on the motivational forces of

behavior irrespective of the facts as they occurred. In other contexts, by means of a professional diagnosis, patients are often involuntarily induced by the therapist to create a depiction of reality which explains the pathology but it is unable to resolve it. Following this, systems psychology sets forward to examine the circularly of pathologies focusing on the manifestation of symptoms quite aside from involving the reasons behind such a disorder.

By following the research of phobias, Nardone criticizes previous contributions of psychoanalysis that argued phobias resulted from an unresolved trauma during childhood. From 152 studied cases, Nardone said that only 3 corresponded to an earlier trauma and 2 of these 3 participants admitted to have received a psychoanalyst's treatment. The second criticism against psychiatry is leaned on supposing that the phobia lies in the excess of serotonin in the brain as well as a glitch in lobe *locus caeruleus.* Third argument questioned by Nardone seems to be that phobias and panic attacks are associated to over-protective homes or weaker social and familiar bondages during life span. From this point of view, Nardone acknowledges that from 152 persons, 91 participants (60%) demonstrated to have physical and emotional independence from their parents. Ultimately, fourth critiques are directed against the mecanisist paradigm which supports the belief that there is a bridge between phobic reaction and stimuli based on risk behavior. Nardone explains that 68% of 152 persons stated not having previous reactions or episodes before the crisis.

The fact is that, for Nardone, the constitution of phobia is not the fear as such but the fear of fear. Whenever a person assumes its own inabilities to overcome risks and threats or in controlling all variables of the environment, this feeds *a posterior* a sentiment of impotence. Of course, a growing uncertainness alternating individual shyness with a request of help addressed to relatives deteriorates the self-esteem of the subject worsening the symptomatology.

The threshold between acts and message is an interesting point of analysis in this problem. Cases of panic attacks and phobia are often characterized by friends and familiars who come to the aid of their loved one but reply with a double-bind message: "I help you because I love you but you are ill". The "fear of fear" creates in the subject a closed entropic system which does not allow breaking the bubble. Under these circumstances, patients reduce their capacity of exploration and withdraw in the core of their homes looking for a feeling of security. For this reason, anyone who is affected by the disorder of anxiety builds its reality as externally imposed when really is constructed by him or her.

Unlike other cases, obsessive-compulsive disorders are linked to the elaboration of symbolic rituals which temporarily alleviate the symptoms but reinforce the vicious circle. By means of induction, therapists should impose to the patient a new structure to perceive a safer realm. As Nardone assumes, his brief therapy opens the door for resistance towards change to be successfully broken. This process comprises four stages ranging from 1 to 12 sessions. In successive chapters of this book, Nardone describes the different steps in the protocol which should be followed for achieving the discharge. Providing several clinical cases and examples, Nardone insists in the efficacy and efficiency of his method for the total remission of pathology.

Preliminary steps to initiate this therapy consist of reversing the influence of fears by diverting the patient's attention to a curious but unimportant issue which is not perceived by the patient's cognitive structure but decisive for the therapy's success. Finally, the treatment culminates with the explanation of goals and steps accomplished during the diverse sessions. In other terms, the therapist will request from the patient to describe meticulously in a pocket diary all feelings and things he or she is reminded of whenever the crisis occurs. A task of this nature focuses on the tendency of the subject to elaborate rituals and utilize them to disrupt their beliefs. A couple of days later, when the person involved in therapy returns to the therapist's office, she or he feels better but refuses to achieve the requested tasks.

The homework task allows the patient to draw his/her attention from the object of fears and focus on other issues. In a second phase, the therapist will trivialize the patient's statement about his/her trouble, reducing that way the dramatic burden. It is clear that if the person can break the original vicious circle there is no reason to assume the problem is more serious. As Nardone puts it, on this facet, the patient should take a noisy alarm clock and put it inside a saucepan and shut itself away in a room forcing to think about all the gruesome circumstances that predispose the emergence of fears. In response to this, the patient will experience that the fright did not return as expected thanks to the disarticulation of negative thought. In general, the person is ready to play a pro-active role that will enhance its self-esteem and determination. Empathy in communication is a fundamental factor in the treatment of phobia and panic attacks depending on the characteristics of the pathology at hand.

Whatever the case may be, there exist some ethic issues which should be re-visited in the application of brief-therapy and systems psychology. At a first glance, epistemologically, we run across some contradictions between introductory chapters and further development. Secondly, Nardone insists that systems wave is not interested in explaining the origin of pathology but only the way it works in social

life. In clinical practice, the method would have higher rates of effectiveness. The question that Nardone does not intend to follow up is why remission of pathology cannot offer an explanation about the reasons behind that affliction. In order for the therapist to undo an existent tie, Nardone claims that it is not important to know further about the beginning of fears, phobia and panic attacks. By the way, such a pathology perpetuates whenever the subjects do not help from avoiding the unpleasant symptoms and looking for family contention. Of course, this is a sheer contradiction since Nardone does not solve out the issue of how a person can deploy strategies or courses of action without understanding the underlying logic of the problem.

Not only these issues are not being correctly examined by Nardone but also he recurs to his own clinical cases to test previous hypothesis. After this, immediately, another question arises: does the systems paradigm back up the roots of the experimental method unintentionally? To put this bluntly, the Italian researcher criticizes the experimental method due to a linear causality and sets forward an alternative aimed at describing the circular multi-causality with basis on self-poietic entropy. This term refers to second law of physic which puts emphasis on the energy a system needs to be neutralized. In social Sciences fields, self-poetic entropy is based on the ability of persons to construct circular-closed net of symbols. Nevertheless, Nardone confuses linearity with experimentalism. In fact, experimental method does not correspond to the search for univocal variables but the validity or testing of previous hypothesis.

For instance, let us remind our readers that *systems psychology* was born at Stanford University a couple of decades ago and made a real revolution in the world of epistemology once it adapted the second law of thermodynamics in psychology and social sciences. Some of the most prestigious exponents have been Gregory Bateson, Paul Watzlawick, Giorgio Nardone and Marcelo Ceberio. Since that day onwards, many topics on the principle of circularity have been thoroughly debated. Founding their doctrine on the idea that a system is not the sum of its parts, this stream considered homeostasis and entropy as two of main dynamics overt systems show. Their contributions in clinical therapy are oriented to stress that patients belong to a broader system such as family, that we are not able to study. From this point of view, afflicted person represents the peak of a deeper iceberg which should be examined by the therapist. In a sharp contrast with long therapies such as psychoanalysis, systems psychology presents a shorter alternative and an effective pathway. With a sample of 152 patients, Nardone experimentally tests his hypotheses with cases in treatment. The point is why Nardone attacks the experimental method?

My personal opinion is that systems psychology may be criticized because it is the based on a misunderstanding of experimentalism with positivism. It may be worth to note that clinical studies have been coined in the cradle of experimentalism, which very well compared certain stimuli, placebos and reactions in experimental and control groups. This is not the case of positivism which emphasized the univocal effects of variables in social and natural life. The epistemological differences between positivism and experimentalism once explained, let us address the second limitation of G. Nardone in regards to ethics applied to clinical treatment.

For instance, reading this insightful book we find terms such as "manipulation" or "imposition" which denote a strong ethical critique. From Nardone´s viewpoint, the vicious circle is a prerequisite for the impossibility of the patient to overcome the trouble with their own resources. This is the reason why the goals of therapy are not revealed before the end of treatment. The problem here is that Nardone experiences the same limitation he encounters when criticizing the familiar structure. To a certain extent, this thought is the product of stoic philosophy which regards the figure of the expert as the only one who can solve paradoxical situations.

Under such a context, stoicism emphasizes knowledge as a mechanism capable to solve glitches and the patient as a victim who is unable to see how pathology operates in its life. Regarding the criticism against systems therapy as being unethical, Nardone replied arguing that his method, unlike others, offers much more efficacy in results as well as a rapid remission, which saves suffering, time and money. And of course, these should be seen as academic criteria to consider a theory as ethical or unethical. Once again, under this paradigm, subjects are very well constrained to a subordinated role based on in their ignorance regarding the emotional aspects involved in shaping their life.

Such an idea works as a pretext in the binomy between the Hegelian logic of master and slave. This point leaves us in an ethical dilemma surrounding the process of control and hegemony between systems psychology and American pragmatism. In other words, the susceptibility of the patient as a sick individual is opposed to the truth of therapist who is legitimated by the legacy of the Geek tradition which originally set the boundaries between good and evil. This mythical archetype is combined with a pragmatism typical in United States which misjudges efficacy and speed with ethic. It is important to scramble with a more humanistic clinical psychology that valorizes the integrity of human beings quite aside from efficiency and utilitarianism. Of course, this seems to be a superficial expression of a much more deep-seated issue which deserves to be developed in other works.