Counter-delusion stratagems

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Abstract

As the ancient philosophers said, conflict lies at the origins of all things. Conflict is the battle between opposing wills.
It abides by the logic of war. The logic of war consists of two levels: tactics and strategy. The tactical level concerns the events of each individual battle; in therapy this corresponds to what happens in each session. The strategic level concerns the events of the whole war, or rather the succession of the various battles; in therapy this corresponds to the whole development of the therapy, or rather of the succession of sessions.
The fundamental principal of the logic of war is the following: if you want A, aim at B (B is the opposite of A). We are therefore talking about an indirect approach and the logic of the stratagem.
The article discusses the use of Counter-delusion stratagems.

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There are two levels to the therapeutic stratagem. The first is the tactical stratagem, or rather the one used in the individual session (prescription). The stratagem aims to create an illusion; in fact, as Minuchin said, all the therapists are creators of world: they change the patients' illusions, putting them into an illusion that is more useful for the patients' purposes. The creation of an illusion is achieved by means of diverting the attention. Diversion of the attention is used, for example, in the prescription of the Log book for panic attacks: the patient has to write down a detailed list of his own data during the very moment of a panic attack to distract his attention from the attack itself. In order to divert the attention it is necessary:

- to focus the attention (by means of the suggestive capturing of the patient)
- to attract the attention towards an interesting target (for example, writing the Log book includes a list of details)
- to remove the attention from the critical point (for example the fact that writing the diary during a panic attack is extremely difficult)
- to distract from the distraction itself.

The second level is the strategic stratagem, or rather the construction of behavioral guidelines according to the logic of the stratagem, covering the whole period of therapy and directing the choice of the tactical stratagem for each session. The concept of the strategic stratagem arose from the development of the tactical stratagem, one that became necessary for the extension of the model of brief therapy developed for disorders other than phobic-obsessive ones such as eating behavior disorders or delusion.

Delusion is the most serious psychopathological symptom. It is also the best example for the construction of the mental reality. There are two paradoxes in delusion. The first paradox of delusion is that it is the easiest mental construction to be identified as pathological and it is therefore the mental construction that is most easily disputed or refuted by the other elements in the patient's relational network. Indeed, as a construction it is not really suited to the reality shared with others: a phobia is plausible, a panic attack has physiological correlations that can be proven and a depression very often has valid motives for existing. Phobia, panic and depression are just quantitative exaggerations of universal experiences while delusion is a qualitative change in the functioning of the mind. The second paradox of delusion is that it is precisely the fact that it can be disproved immediately (and it is the fact that it can be disproved by everyone) that makes it even more rigid. The more we disprove a delusion, the more the 'delirious' person strengthens his

delusion. This means that to deconstruct (take apart) the delusion one cannot start with the fact that it is unsuited to the reality of others, otherwise it will be reinforced even more.

The classical definition of delusion is: "a false, personal belief, based on an incorrect inference regarding external reality and firmly supported despite what nearly all the others believe and without taking into consideration what consists in indisputable and clear evidence to the contrary".

The mind of the therapist translates this diagnostic criteria into replies dictated by linear (conventional) logic.

DEFINITION	**MIND OF THE TRADITIONAL THERAPIST**
False personal conviction	our conviction is true
Incorrect inference on the external reality	we have correct inferences; an external reality exists
firmly upheld despite what to everyone else believes without taking into consideration the indisputable and clear evidence to the contrary	there is a "we" that the patient does not belong I try to show the patient the contrary

These replies are transformed into behaviours that contribute to the construction of the delusion the therapist is trying to deconstruct.

CONSTRUCTION OF THE DELUSION
your conviction is false; (the patient feels a sense of extraneousness, and anxiety that is fuel retroactively with the fear and anxiety of the "others")
your manner of thinking is (label: you are mad; increases extraneousness and fear)
isolation (contraposition "patient – ALL the others"); action of various systematic dynamics
negation (as a reply to negation, the patient sticks to his original idea even more closely; negation adds new ideas to the ideation)

According to strategic logic (indirect) we must not fight the elements of delusion as it is traditionally defined but tackle them indirectly by overturning the character of self-fulfilling prophesy (using them).

DEFINITION	TRADITIONAL MODEL	STRATEGIC MODEL
false personal conviction	ours is true	ours is not true
incorrect inference on external reality	our inferences are correct an external reality does exist	there is no independent reality other than our way of seeing it
firmly upheld despite what all the others believe	a strong difference to what almost everyone else says	we do not refute it
despite the indisputable prove and clear evidence to the contrary	the others not only do not accept it, they also try to prove the opposite.	we do not try to the opposite

We therefore have to take apart our classical mental model of delusion step by step: we have to act on our mental construction of what actually the mental construction is of what we call delusion.

CONSTRUCTION	DECONSTRUCTION
Your conviction is false (sense of extraneousness, fear fuelled retroactively by the fears of the others);	I accept your conviction (therapeutic alliance, reduction of fear)
your manner of thinking is wrong (label: you are mad; increases sense of extraneousness, fear)	good reasoning (anthropological proximity, regaining dignity, reduction of fear)
isolation (I-the others), dynamics and advantages	breaking-off of expulsive systematic dynamics
refutation (keeps even closer adds other equilibrium)	utilisation (upsetting the to original idea, elements)

The logic of the stratagem is applied to both the strategic and tactical level. At a strategic level the logic of the stratagem lays down certain guidelines:

1. the fight must always be directed against suffering and not against the delusion: "eliminate the delusion" is an ideological objective. Our reality is just as invented as that of the delirious patient; the difference lies in the different degree of usage of the metaphors we use to construct the world model (according to Nietzsche), and in the fact that the construction of the delirious patient is the source of suffering for him and others. If the aim is that of reducing or eliminating the suffering (and not the delusion), we have a high degree of freedom that would not otherwise be the case. For example, an erotomaniac delusion in a religious person may be transformed into a mystical ideation (of temptation), one that is more functional to the patient's existence. This could even be transformed into the refusal to deal with the delusion and to tackle other things, thus arriving indirectly at the delusion.
2. It is not sufficient to reduce the suffering and then leave. It is necessary to create support behind the lines and consolidate posts that have already been gained: the reduction or elimination of the suffering make sense if one can add a new equilibrium (at work, in the family, etc.).
3. The "dangers of victory" also exist: a too rapid advance can become a defeat because there is not the material time to consolidate the posts already gained. One must not give in to the haste that is dictated by our ill-ease when faced with a delusion.
4. There is always an element of risk when treating a delusion without medication. This should be evaluated carefully, taking into consideration that an element of risk cannot be eliminated and if we cannot tolerate it, it is our problem and not the patient's.

The logic of the stratagem applied to the tactical level establishes the following aims:

1. The creation of alliances (with the therapist)
2. The modification of the dynamics of the relational system
3. The modification of the degree of certainty of the conviction
4. The frustration of the advantages the symptom offers.

In practical terms, the techniques respectively consist in

1. Entering the delusion
2. Interrupting the attempted solutions (conspiracy of silence, diary of paranoic ideas, family rituals, anthropologist)
3. Insert a seed of doubt, reinforce the other aspect
4. Exacerbate the symptoms, turning the logic against itself.

This last point is the most spectacular and creative. It is based on the principle of adding before removing, that is of adding an element to the picture presented by the patient and then making it collapse. It is like saving a person from drowning by holding on to them and pushing them under even more so that it is the person himself who frees himself and comes back up to the surface.

References

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