

Dialog with Klaus G. Deissler

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Dear professor, colleague and friend Klaus Deissler

For twelve years now a group of therapists from the Psychiatric Service of the Joaquín Albarrán Hospital in Havana have been working in collaboration with the Family Therapy Institute in Marburg, particularly with you. During this period, we have sustained encounters and dis-encounters, yet we have prevailed despite all the red tape, language barriers and also, perhaps, cultural barriers.

We don't know if you are aware of what you represent for our Psychiatric Service. We could even say that today there is a time B.K and another A.K, with regards to our postulates as therapists before and after having attended your seminars. We are deeply grateful to you and although we are not religious, we consider your visits a blessing from God, a miracle which has made our dream come true, that of becoming family therapists with practical dialogue training, based on the theory of a The certain thing is that we don't know specific school. We believe your perseverance, honesty and personal devotion, while working with our team, your style of implied relation, imbued in a sense of passion for your work, made possible for a large group of our psychiatrists to embrace this method and will continue to honor your invitation to continue a horizontal dialogue during psychotherapies.

Perhaps we should explain what the acronyms mean:

B.K (before Klaus): we therapists were like the fortune-tellers of the oracles, both aware and proud of our power (knowledge), expected to reveal the "truth" or current and future problems, based on signs, symptoms, symbols, signals, formulations, language, conduct, emotions, relations, relations, etc., telling people what should be done and how. In our case, the oracle was the family and its narrations.

A.K (after Klaus): the starting point of therapists was one of not knowing. We do not have to boast about our technical knowledge, or reveal hidden secrets, nor do we search for an absolute truth, but rather multiple descriptions. We base ourselves on the family system to find new possible solutions; we do not make critical judgments, inquiring with a positive attitude. We also display our emotions as an element of implied relation, attempting to maintain a symmetric relation and to promote a respect of differences, based on diversity, paralogía, polyphony and multi-vocality

Due to the fact that at this very moment you are several hundreds of kilometers away, we have not other choice than to attempt a dialogue, as we have done before, through emails. For this purpose we have prepared a series of questions, which we can modify if you do not feel comfortable with them. We would like to know a bit more about you and also to be able to learn, as the conversation unfolds.

Conversation with Klaus G. Deissler

1. Why did you choose Cuba for your seminars or did Cuba choose you for this purpose?

I cannot say that I chose Cuba or that I had an agenda in mind that I wanted to realize via my seminars in Cuba. Rather I came to Cuba by chance as I have written and told you about in an earlier article (see Harlene Anderson's Book). Nevertheless I have an affinity to American, Spanish and Afro-Cuban culture. Because all these factors can be found in Cuba, so maybe this is why I «chose» Cuba.

To say that Cuba chose me would be too much of an honor – a person being chosen by a country. But I feel that the people who invited me - especially Reina, Rosario, Elsa and Magalis - are themselves connected to the international cultural experiences - so there seems to be some cultural fitting between my ideas and the way of living with that of the Cuban colleagues. - And don't forget that Reina did her doctoral Dissertation 1984 in Leipzig and Rosario went with her parents as part of the Cuban diplomatic activities to many European countries.

Finally I was very impressed by the cordiality and the nearly loving attitude Cuban colleagues show toward their clients or patients. This complements very well dialogic approaches to therapy. So from the very beginning of my visits to Cuba there were many things that fitted between what Harlene Anderson calls «philosophical stance» and which otherwise you can call «way of living».

2. Please tell us an anecdote about this encounter between two cultures, Germany (Europe) and Cuba (Latin America).

3. What bewitched you, does it have to do with your persistence to carry out your work in our country?

I don't know if I understand this question as you mean it. So maybe I have to answer in two ways.

If you mean bewitchment in the sense that Wittgenstein used it in his «philosophical investigations», I would like to answer as follows: Wittgenstein said, «Philosophy is a struggle against the bewitchment of our understanding by the means of language». – So regarding this aspect I can only reconstruct my bewitchment from hindsight: I am having one strong conviction – which maybe considered as my personal bewitchment itself – this is that most of us who are engaged in the psychosocial professional discourse are bewitched by a predominant aim - namely to find a pathological disorder within the people they about to meet as their patients. If this is true it means that we are preoccupied with pathology before we even meet their clients – it's a kind of prejudice, a runaway premise with which we are going to meet with people before we get to know them. So I am skeptical towards diagnoses because it is something that becomes a communicational hindrance between clients and therapists in their building a trustful and useful therapeutic relationship. So I advocate meeting clients as if you would not know about any psychopathological categories and you would like to struggle for understanding without being bewitched of psychopathological prejudice.

Maybe this attitude can be considered as a bewitchment of myself. So I wanted to explore this attitude in a country that I did not know before – namely Cuba: Is it possible to construct useful therapeutic relationships without psychopathological categories?

On the other hand you might mean bewitchment in the sense of enchantment. Yes, I was enchanted by many persons I met in Cuba – e.g. Reina, who allowed me to meet so many people – not being a tourist, but being a friend – meeting them in a non-hierarchical way, talking from person to person – as we like to do in the dialogical approach to therapy.

3. Please tell us an anecdote about this encounter between two cultures, Germany (Europe) and Cuba (Latin America).

First time I came to your clinic some people looked at me as if I was an exotic human being coming from another part of this planet – they looked friendly and astonished to meet someone like me. One young patient I met asked me, if I would think that he could get as tall as I was and if he could have a therapeutic conversation with me within my seminar, which indeed happened a few days later. –

What struck me most in these very early moments of our encounters was that many doctors and therapists hugged and kissed their patients when meeting them to start a conversation. In Europe, especially in Germany this way of relating can be part of a good relationship as colleagues. But concerning patients the way of relating between therapists and clients is rather reserved and hugging and kissing could be considered as the beginning of a sexual harassing relationship. Maybe this is exaggerated, but there are differences in the way colleagues relate to their patients bodily here in Europe and in Cuba. Especially regulating bodily distance and contacts between them is observed with suspicion on both sides.

On the other hand - as I mentioned earlier – Cuban cordiality and the dialogical way of doing therapy seem to support each other mutually so that one can question professional distance as being therapeutic. This is not to neglect the cases of sexual abuse in clinical contexts in Europe.

4. Do you think that in our seminars, live therapies and supervised by you, the power of therapy was totally eliminated, the expertise, for example yours, who is the most qualified person in this type of therapeutic procedure?

This is a very interesting question because it touches the question how therapy works: I do not believe in what some people call the «power of the therapist» - this means I do not think that the therapist has something like an ability that resides in her or him and if she or he executes it, it is therapeutic power.

If you prefer to think and speak in terms of power, it is implicit in the relationship between clients and therapists – nothing is possible without this relationship. More specifically – clients and therapists build a relationship around certain topics which are aimed towards more or less specific ends. The relationship realizes itself via dialogic collaboration in which everybody contributes with her or his expertise. So what happens then is a sharing of the mutual expertise (shared expertise (Harlene Anderson)). Therefore this process (of dialogic collaboration) is unpredictable and not at all sure in its outcome; but also via this process it fosters newness, new possibilities for mutual understanding, ways to describe things and new forms of action.

5. Along the line of the previous question, do you think constructionist postulates, poly-vocality and polyphony are completely met?

I prefer to use the following notions (more or less) synonymously: multi-vocality (Latin), polyphony (Greek) and multiple descriptions (English built on Latin).

I wonder if you use the notion of completeness in the sense of perfection.

Just as little as there is perfection there is completeness in any description – there can always be something new added by still another description – by another person, on another day, in other (relational) field. So this process of describing can go on endlessly. What seems important for me is rather that these descriptions are considered as equally valid, that they are in a steady flux and that they are coordinated in way that they complement each other and evoke ever new descriptions without ever being complete.

6. We have heard you say on several occasions that Constructionism and Constructivism are different yet they complement each other. Could you please elaborate?

Putting it simply: In our Western ways of 'thinking – talking – acting' Constructivism preponderates, e.g. we put the individual in the middle of the world that s/he has created. So our societies are conglomerates of (individual) ego-centers.

The disadvantage of describing the social world in this way is that you lose one important aspect of being social: the interrelatedness of our human (and animal) existence.

In terms of Constructionism an isolated individual is inexistent – it cannot live. This means that Constructionism puts the relationship in the center of description: relationships make the world go round and they create the worlds we are living (our realities). But putting the relationships at the center of descriptions does not mean that you cannot do as if isolated individuals would exist or would be able to exist. In terms of language endless forms of artificial and isolated unities – e.g. individuals – can be constructed. So playing with constructivist ideas can help us to understand our relationships better because very soon you must realize the shortcomings of constructivist ideas. In this sense constructivism complements relationalist ideas by supporting them and constructionism resembles «radical relationalism».

7. Dr. Klaus, we have read in your books, as in those of authors who practice communication dialog that the epistemological change promoted by these practices later conditions changes in the meaning of different concepts such as inter-subjectivity and empathy, among others. What is your reaction?

This is an interesting question insofar as it touches some central assumptions that are rooted in relationships or communication respectively. On the other hand the question relates to therapeutic practice, how we talk about it and how we theorize about it.

We as western thinkers tend to follow the biblical saying: «In the beginning there was the word» - and before the word there was the thinking. Thus you might say: «Think before you speak»! or «think ... before you act»!

Goethe put it upside down and said: «In the beginning there was the deed» - so what followed was the speaking or thinking respectively.

So now we could ask which was first – the thinking, the talking or the doing?

This resembles a lot the question: «Which came first, the egg or the hen»? – leading us into endless quarrels of what came first.

The constructionist way of being is relational – you would not exist without the relationship of your parents and you cannot exist without your actual relationships. In other words relationships precede (what we call in a reductionist and ir-relational (!) way) individuals. Saying it differently – individuals do not exist except in our reductionist constructions. This is what you might call the epistemological part of my answer.

The poietological part of my answer may read as follows: the classical way of doing research may be done by building hypotheses confirming, changing and/or falsifying them – you think (hypothesizing) before you act (research: testing the hypotheses). But in this way you never would have invented the «reflecting team». This way of doing therapy was created by chance – those who wanted to do classical systemic therapy with the one-way mirror ended up in making the family listen to the team reflection – by chance. At that time the team reflection was done behind the one-way mirror without the family listening to it. So a new way of practice was created after that and experimented with. This practice was not arrived at through new ways thinking e.g. constructionist ideas as the first step. Only after this new way of doing therapy was created people thought which kind of theory might fit to this way of doing therapy. So you might conclude: practice precedes theory.

The third step now is to combine both: theory and practice/practice and theory, thinking and acting and talking and collaborating. In my understanding we arrive at the new way of therapy, namely «dialogic collaboration»

8. Have you extended dialogic practices to your own personal life?

As being in dialog is a life-long endeavor that no one can escape and only ends when you die, it embraces all realms of life – personal, professional and social in general. Insofar you also could ask, if the dialogic everyday life has an influence therapeutic practice.

Maybe therapeutic dialogs tend to be more of an exceptional way to converse with and listening to one another; so the highest art of doing therapy would be a conversation that – although it fosters exceptional ways of talking with one another and listening to another – would resemble very much everyday talking. In that sense we should rather ask what we can learn from everyday dialogs than how therapeutic dialogs influence everyday dialogs. And we should ask how both are in dialog with one another – everyday dialogs and therapeutic dialogs e.g. what can therapeutic dialogs learn from everyday dialogs and vice versa.

9. Is there a difference between Klaus the therapist and Klaus the human being?

This is a question that maybe should also be answered better by those people who know how I relate to clients and how I relate in everyday life to colleagues and family members. As you as the interviewers ask this question you may have certain possible difference in mind...?

As far as I am concerned I feel very close in this respect to Harlene Anderson*s way of talking about her «philosophical stance». I understand it as an attitude, a way of relating to life in general – including personal and professional life. So this philosophical stance embraces both. For me it especially means that when you meet people – may they be clients, friends or family members at the same level – you talk with them. I think by realizing this you contribute to transformation through dialog – a process in which all partners of the dialog change (in therapy including the therapist). For me this is one of the open secrets of therapy and of life in general.

We want to thank the professor once again Deissler for their gracefulness like active and patient speaker, giving this relational and conversational space that drives us to indispensable places in therapy, through their particular observations and reflections, ready for analyze, discuss, learn, and to share, in a warm atmosphere socio-constructionist.