

Constructing pathological realities versus constructing therapeutic realities

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■ *This essay deals above all on showing how an advanced strategic psychotherapist works, using a complex knowledge to construct apparently simple solution for complicated human problems. Advanced strategic psychotherapist indeed may be seen as a sort of "scientific shaman". He is a shaman because he is able to construct realities that have the "magical" power of leading the patient to change his modes of perception and reaction. He is scientific in that many of the techniques applied have been made systematic and repeatable and their efficacy, efficiency and predictability can be measured. As Paul Watzlawick, first my master, then colleague and friend, once stated, brief strategic therapist is not a "guru" but rather a technician of solutions to human problems, a kind of mechanic who unblocks jammed mechanism. I would also like to emphasize that from this point of view all the psychiatric and psychological handbooks for the definition of different pathologies could be encapsulated into one simple definition: Persons blocked or trapped in her/his own construction of reality. As Goethe wrote, things are actually much simpler than one might think, but much more complicated than one might realize.*

Constructing pathological realities

To introduce my discussion on how human beings "construct" their own pathologies, it may be useful to start with an anecdote drawn not from clinical practice, but from real life. I believe that we, as therapists, can learn even more from ordinary human interactions than from what we observe in our offices. We need to observe how things change in nature, and the process by which they change, depending on how social and interactive phenomena are expressed; such phenomena can produce pathologies as well as solutions from pathologies. It is from such observations that we learn how to deal with the problems brought to us by our patients.

A few years ago in the United States, there was a man who had an almost obsessive fear of flying, because he thought there might be a bomb on his airplane. This man loved the art capitals of Europe, but his insurmountable fear kept him away from visiting them. After giving much thought to the matter, he decided to find out the probability of there actually being a bomb on his particular flight (he was also something of a "statistics enthusiast"). He telephoned several travel agents in the hope that they would know: "Hello. Could you please tell me the probability of there being a bomb on the flight from New York to Paris?" Of course, most of the agents he called told him quite bluntly that they didn't have time for such an absurd question, but he persisted until, one day, he happened to call an agent who shared his enthusiasm for statistics. This agent promptly answered: "One in a hundred thousand." The caller thought about this for a while; then he asked: "But what are the chances of there being two bombs on the same flight?" "Well...I'll have to do some exponential calculations. Call me back in half an hour, and I'll tell you the answer." When the man called back, after exactly thirty minutes, the agent told him: "O.K., according to my calculations, there's one chance in a hundred million that there might be two bombs on the same plane." "Good" said the man "in that case, I'd like to book a seat on next week's flight from New York to Paris." The man was arrested at the TWA check-in counter with a bomb in his luggage. He claimed that he did it for everyone's benefit, because he had considerably reduced the chances that another bomb might explode during the flight!

This bizarre anecdote illustrates a fundamental concept once expressed by the philosopher John Locke. He stated that we consider insane those persons who, starting from false premises, use a strictly correct reasoning to reach erroneous conclusions.

Using the language of modern philosophy of science, we might put it this way: individuals construct their own reality based on their own actions, which are guided by their adopted point of view as they perceive the reality with which they interact. My readers might, with some effort, assume the same point of view as the man in the anecdote, and thus understand the logical process by which he came to rationally construct such an irrational action as taking a bomb on a plane in order to avoid there being a second one.

Every reality changes according to the point of view from which we perceive it. We have different reactions depending on the different meanings that can be attributed to the same reality. The following story is an enlightening example:

On a very hot day, in a Southern Italian town, a man and his young son set out with their donkey to visit some relatives in a distant city. The father rode the donkey, while the son walked at its side. A group of people watched as they went by. The father heard them say: "Look, what a cruel father! He's riding the donkey while his little son has to walk! And on such a hot day!" The father dismounted, lifted his son up on the donkey, and they continued their journey. As they passed by another group of people, the father heard them say: "Look, the old father has to walk on such a hot

day, while his son rides in comfort. What kind of manners are these?" At that, the father decided that they should both ride the donkey. As they continued their journey, they passed yet another group of people. The father heard them say: "Look, how cruel! Those two have no pity for their poor animal, which has to carry so much weight on such a hot day." So the father dismounted and told his son to do the same. As the three of them continued on foot, they passed yet another group of people. They heard them say: "Look at those two idiots. On such a hot day, they are walking when they could be riding their donkey!"

Obviously, this story could go on forever. It demonstrates how people can have very different perceptions and opinions of the same reality, and how their reactions change accordingly.

Oscar Wilde once wrote that there is no one *true* reality, but as many realities as can be invented. Thus, we need to acknowledge that there is no true knowledge of things, only *appropriate* knowledge or, in other words, a functional knowledge that enables us to handle the realities with which we interact. This is the perspective adopted by contemporary philosophy of science. It prompts us to take distance from *deterministic or positivistic* theses which maintain that it is possible to have *scientifically true* knowledge. Instead, we choose to study the most functional modes of action toward a reality that is never conclusively true, because it is the product of our perspectives, of our tools of knowledge, and of our means of communicating. This approach is called *constructivism*. Based on the knowledge that it is impossible to reach a *definitive reality*, it aims to achieve the best *operative knowledge*; in other words, the ability to strategically handle the reality that surrounds us.

The knowledge I have just described is not exclusively a modern phenomenon. The ancient philosopher Epiktetos stated that "we are not preoccupied by things as they really are, but by our opinion of them". Kant observed, in his *Critique of Pure Reason*, that human beings very often confuse the result of their way of defining, deriving or classifying concepts with the way things actually are. According to Zen Buddhism, there are two concepts of truth: *essential truth* and *truth of error*. Essential truth can be reached only through *enlightenment*, i.e. the transcendence of concrete reality. Essence lies in the transcendence that does not belong to the earthly; *essential truth* cannot be attained during the course of a human lifetime. On the contrary, *truths of error* are those partial, instrumental truths that we construct in our relations with earthly things as we strive to improve our ability to handle them. As human beings, the best we can do is to bring our ability to invent *truths of error* as close to perfection as possible.

Modern constructivist epistemology, i.e. contemporary philosophy of science, bridges the ancient wisdom of East and West. However, this knowledge has been reached through experimental developments in applied science. It is by means of the "exact sciences" that we have reached the conclusion that it is impossible to attain absolute scientific certainties. Ever since Einstein and Heisenberg produced the scientific revolution of modern physics by introducing *relativity* and the *principle of indetermination*,

modern science has directed its research toward operative and instrumental knowledge, no longer toward a search for absolute truths. Similarly, ever since Gödel demolished the possibility of a rigorously rational logic in his *Undecidable Propositions* (Gödel, 1931), mathematical logic has aimed to develop models that include contradiction, self-deception and paradox as rigorous and predictive procedures for the construction of human beliefs and behavior.

As Von Glasersfeld (1995) observed, when facing problems today, we must adjust our knowledge of partial truths by developing strategies based on our changing objectives; we must then adjust those strategies step by step, as our situations evolve. We are thus moving away from positivist and deterministic concepts of knowledge which assume that it is possible to describe truth, toward a constructivist concept that allows us to adjust as functionally as possible to what we perceive, and to develop operative knowledge that enables us to manage reality in a functional manner.

After these theoretical diversions, which are tedious but necessary in order to demonstrate the scientific rigor of our assertions, I would like to return to the example of the man who packed a bomb in his suitcase in order to lessen the possibility that terrorists might plant a second bomb on the airplane. This example reveals another fundamental aspect of the formation and solution of human problems: the fact that pathologies are formed and maintained by the actions that people take as they attempt to solve them.

When failed attempted solutions are reapplied, not only will they not solve the problem; they will complicate it, forming a vicious circle where actions that are meant to change the situation will, instead, perpetuate what was meant to change.

This construct was first formulated by the theoreticians of the Palo Alto school (Watzlawick et al., 1974). The following example will help clarify this further. People who suffer from phobic disorders usually try to avoid those situations that unleash their fear. However, this avoidance usually increases their phobic reactions. Every time the subject avoids something, the menacing quality of the avoided situation is confirmed; this leads to further avoidance. In the end, this vicious circle tends to force the phobic subject to isolate himself to the point that his life becomes one of virtually total avoidance. At that point, the subject has literally "constructed" a generalized phobic disorder.

Moreover, the subject's personal strategy of avoidance is often reinforced by the attempted solutions of others, as when friends and family offer help and support. The problem then becomes increasingly complicated: the help received reinforces the subject's impression that he could never have managed the situation on his own (Nardone, 1996).

When repeated over time, this combination of personal and interrelational attempted solutions eventually lead to a formidable growth of the disorder that such attempts were aimed at reducing. Many readers may find it surprising that people repeat dysfunctional attitudes and behaviors, not because of a Freudian "death instinct", or a

"genetic propensity" to acquire the disorder, but because they are rigidly applying solutions which have previously worked on problems of the same type in that person's life. It's just that a good solution for the same problem can, at a different time, become a terrible solution. A behavior that is appropriate in a certain circumstance can be completely inadequate in a very similar circumstance. Thus, the problem lies in the enactment of seemingly appropriate attempted solutions, and particularly in the insistence on applying them even after they have failed.

As modern studies in the psychology of cognitive processes and the attribution of meaning have shown, human beings find it difficult to change their perspectives and behavioral scenarios, even when these turn out to be inadequate. Indeed, there is a saying that "man prefers recognition to cognition".

This reminds me of an ancient Greek metaphor.

Every morning, a mule carried wood from a farm in the valley to a hut in the mountains along the same forest path, leaving the farm in the morning and returning in the evening. But one night, during a storm, lightning struck a tree and it fell onto the path. The following morning, the mule was walking along as usual, when it saw the tree blocking its path. "This tree is not supposed to be here", the mule thought. "It's in the wrong place." So the mule walked on until its head hit against the tree. "Maybe I didn't hit it hard enough" the mule thought, and charged against the tree again. The tree still didn't move. The mule kept on insisting, and the reader can easily guess the tragic ending of this story.

This metaphor provides a good analogy for the way human beings act when they construct their own pathologies. Just think, in the case of the mule, how little it would have taken to avoid constructing the problem - just a little bit of mental flexibility.

Everyone's life is a constellation of problematic events. The difference lies in how each of us approaches such events. It is our perspective that makes us to carry out attempts that may lead to a non-solution, or even to a complication of the problem that those attempts were meant to solve. Problems are not constructed due to errors of perception and reaction as much as by a rigid persistence in our perspective and the actions that derive from it. As I stated previously, psychological pathologies are usually formed when a person uses one or several dysfunctional solutions. Often, the person realizes that these solutions are dysfunctional, but is unable to change them. This rigid system of perceptions and reactions toward a given reality maintains the problem, complicates it, and often causes the person to lose faith in the possibility of change. Thus, "attempted solutions" become the problem (Watzlawick et al., 1974).

In other words, it is human to err, but it is the inability to change one's own errors that makes a situation insoluble. As I mentioned previously, our difficulty in changing our strategies lies in the fact that our strategies have originated from prior success in dealing with similar problems. As Oscar Wilde said, the best intentions produce the worst effects.

This assumption was originally demonstrated in a famous series of experiments per-

formed on a large number of subjects by the psychologist Bavelas at Stanford University. The experimenter told the subject: "I will now read a list of pairs of numbers; please tell me if these numbers fit together."

Invariably, at the beginning of the experiment, the subjects asked for more detailed information on how the numbers were supposed to fit together. The experimenter explained that the subjects' task was precisely to discover these connections. The subjects were thus encouraged to think that this was a typical trial-and-error experiment where they could start by giving answers that would gradually become more precise, until they reached the correct one.

At the beginning, the experimenter declared all answers given by the subject to be wrong. Later, without any connection to the answer, the experimenter started declaring some answers to be right. He then casually increased the "right" answers without any real evaluation of them. Thus, the experiment proceeded in such a way as to give the subject the impression that his or her answers were increasingly correct.

The psychologist then interrupted the experiment by asking the subjects to explain how they had formed, in their minds, the logical models that had guided them within the experiment. The explanations offered by the subjects were usually very complicated and, at times, decidedly abstruse.

At that point, the psychologist revealed his trick, and explained that there was no logical connection in his declaring certain answers to be right or wrong, only a predetermined outline. There was no real connection between the questions and the answers, no mathematical, logical, figurative connection of any kind. The definition of right or wrong answers had been given independently of the answers themselves.

Significantly for the subject of this essay, at this point the great majority of subjects refused to believe what the psychologist was telling them, and showed great difficulty in abandoning the vision that they had constructed in their minds. Some subjects even tried to convince the experimenter that there actually were some logical connections that the experimenter had missed.

This experiment, like many others of the same type, demonstrates how people find it very difficult to change their convictions when these have been experienced as efficacious in the past; how they insist on applying strategies of dysfunctional solutions to some situations, even when there is concrete proof that these solutions are not working; and how problems are maintained by the unsuccessful actions by which we try to solve them.

Constructing therapeutic realities

It should be clear from our previous arguments that from the standpoint of change, it is not important to know how a problem was formed in the past, but what maintains it in the present. In order to change a situation, we must stop its persistence. We have no power over a formation process that occurred in the past.

This seemingly obvious consideration contradicts most psychological and psychi-

atric models of therapy, which are based on a deterministic or reductionist epistemology, and are concerned with the reconstruction of the past causes of present problems, with the underlying assumption that once past causes have become conscious, the problem will disappear.

In reality, there is no linear causal connection between how a problem was formed and how it persists; nor is there any logical connection between how the problem was formed and how it can be changed and solved. What we have is a "circular causality" between how a problem persists and the ways people try and fail to solve the problem. Therefore, if we wish to make a change, it is important to concentrate on the dysfunctional solutions that are being attempted. If we block or change the recursive dysfunctional solutions, we interrupt the vicious circle that nourishes the persistence of the problem, opening the way to real, alternative change. At that point, change becomes inevitable: the breaking of an equilibrium necessarily leads to the establishment of a new one, based on new perceptions of reality.

This process of change is clearly illustrated by another example from experimental psychology (Orstein, 1986). The reader can easily perform this experiment on himself.

Place three buckets in front of you. Fill one with very hot water, one with very cold water, and one with lukewarm water. Now place your right hand in the hot water and your left hand in the cold water. After a few minutes, place both hands in the lukewarm water. The experience will be quite shocking. To the right hand, the water will feel very cold, and to the left it will feel very hot. It is the same brain, but the "right hand does not know what the left hand is doing." The interesting thing here is that based on the right hand's perception, you would want to add hot water; based on the left hand's perception, you would want to add cold water.

This experiment demonstrates that we construct our behavior based on our perceptions, and that these based on what we experienced before. An intervention aimed at changing a situation must provide a different experience in the perception of the reality to be changed. This opens the way to different reactions both at the emotional and the behavioral level.

This process does not merely produce a change of behavior, as some of our critics argue, nor simply a change of emotions. Practical experiences that change a person's perception of reality produce a change at the emotional, cognitive and behavioral levels.

In the clinical field, this leads to a formulation of therapy that is decidedly different, in theory and application, from traditional formulations. From our perspective, mental disorders are products of a dysfunctional mode of perception and reaction toward reality. It is the subject's recurring attitudes and actions that have constructed this reality. As we have shown, a change in the subject's perceptions will lead to a change in his or her reactions.

The concept of strategic problem solving, which is at the basis of brief therapy, is guided by this apparently simple logic. In clinical practice, this is often expressed by using stratagems, behavioral tricks, beneficial deception and forms of refined sugges-

stion in order to guide the subject's experiences in the direction of alternative perceptions of reality. The new, corrective perceptive experiences will lead to a change in the subject's dysfunctional emotional, cognitive and behavioral tendencies.

Strategic therapy is a brief and focused therapeutic intervention that aims to end the patient's disorders. It is not a superficial, symptomatic therapy, but a radical intervention that aims to reconstruct the ways in which each of us constructs the realities with which we then interact. The basic clinical concept is that a problematic situation is maintained by a retroactive circular system between the subject and reality. The solution to the disorder requires the breakdown of this system. This first phase is followed by a redefinition, and consequent modification, of the representations of reality that forced the person to give dysfunctional responses.

Strategic therapy is conducted in very different ways from those of long-term psychotherapy. For example, instead of indoctrinating the patient with the therapist's theory and language, the therapist tries to penetrate the patient's own logic and use the language and representational modes of that logic in order to circumvent resistance to change.

Reliance on information about the past, or the so-called "clinical history" of the subject, is only a means to the end of preparing the best problem-solving strategies, not a therapeutic procedure as in classical forms of psychotherapy. The therapist focuses on:

- a) How the person and his or her family and friends have tried and failed to solve the problem (we refer to this as the attempted solutions that maintain the problem).
- b) How to change the problematic situation as fast and effectively as possible (the strategies or stratagems that may produce alternative experiences of perception and reaction).

After agreeing with the patient on the objectives of the therapy, we construct therapeutic strategies that aim to break the persistence of the problem.

The first phase of treatment has an extremely important role. This is to open new perspectives for the patient. These perspectives are soon consolidated through practical prescriptions. We use forms of suggestion that enable us to circumvent the patient's resistance to change and communicate the prescriptions that will lead the person to have concrete experiences of change.

If the intervention works, the patient usually improves quickly. In most cases, there are significant improvements within the first three or four sessions. This speedy improvement progressively leads to a change in the way the patient perceives self, others and the world. In other words, the patient's perspective on reality moves from a rigid, pathogenic position to flexible perceptions and reactions. The change is accompanied by a progressive increase of personal independence and self-esteem, thanks to the subjects' renewed faith in their personal resources.

It therefore seems absurd to uphold the common belief that when problems have persisted for a long time, they will require an equally long and painful therapeutic treat-

ment in order to be solved. As the reader will have the opportunity to observe in the following chapters, in many cases a well-conceived and well-applied strategic plan can solve problems and disorders that have persisted for years in a very short time, sometimes after a single session.

Obviously, some cases require a longer therapy than others. However, we are convinced that if a therapy is working, changes must appear quickly. If this does not happen, it means that the therapeutic strategy being used probably will not work, and must therefore be replaced with a more functional strategy.

The therapist needs to be very flexible and have a large repertory of intervention techniques to be able to change the route whenever the data shows that the therapy is off the desired track. "Ad hoc" strategies must be studied, sometimes by the creative modification of techniques that have been successful in the past. If the case is unusual, the therapist may have to invent new, original problem-solving strategies.

The first model of brief strategic therapy was formulated by a famous group of scientists at the Mental Research Institute in Palo Alto (Watzlawick et al., 1974; Weakland et al., 1974). These researchers synthesized the results of their own research on communication and family therapy with Milton Erickson's technical contributions on hypnotherapy. The result was a systematic model of brief therapy that could be applied to a wide variety of disorders, with truly surprising results.

However, the pragmatic tradition and philosophy of stratagems as a key to problem solving have a much more ancient history. Strategies that still seem modern can be found, for example, in the persuasive arts of the Sophists, in the ancient practices of Zen Buddhism, and in the Chinese Book of 36 Stratagems.

Since the 1970s, brief therapy has spread almost epidemically, despite some resistance by authors attached to traditional clinical theories and practice. Many researchers and therapists have made this approach to human problems and their solutions well-known internationally (Watzlawick, Weakland & Fisch, 1974; Weakland et al. 1974; De Shazer, 1982a, 1982b, 1984, 1985, 1988a, 1988b; Madanes, 1990, 1995; Nardone, 1991, 1996; Omer, 1992, 1994; Cade & O'Hanlon, 1993; Bloom, 1995; Nardone & Watzlawick, 2000).

Moreover, the growing demand from an increasingly well-informed public for truly effective and efficient clinical interventions has made it necessary even for the most traditional professional psychotherapists to receive training in brief strategic therapy. To stay on the market, they need to learn techniques for solving their patients' problems in a short time.

Despite the seeming extravagance of some therapeutic interventions, the results of brief strategic therapy have shown that this form of psychotherapy guarantees the best results and the lowest risks (Watzlawick et al., 1974; Haley, 1973; De Shazer, 1985, 1988, 1991; Nardone & Watzlawick, 1990; Nardone, 1991, 1996; Cade & O'Hanlon, 1993, 2000).

There is a great difference between solving a problem in two to three months and

solving it in two to three years, or five to seven years as in psychoanalysis. Those who receive the former treatment have the advantage of living a longer part of their lives free from disorders. Beyond the parochial-academic controversies between the various orthodoxies of psychotherapy, I think that is the only thing that counts.

In 1974, the MRI group worked on a test sample of 92 patients who presented various forms of mental and behavioral disorders. Two thirds of the patients had their presented problems solved in an average of 7 sessions. In 1988, Steve De Shazer and his colleagues showed that of over 500 cases, approximately 75% recovered from their disorders in an average of 5 sessions.

In 1990, Paul Watzlawick and I presented a research study on the effectiveness of an advanced model of brief therapy applied to over 100 subjects. Positive results were obtained on 84% of the subjects in an average of 10 sessions.

In 1993, I presented the results of a specific model of treatment for generalized phobic and obsessive disorders: out of 152 cases, 87% were solved in an average of 11 sessions.

Finally, in 1997, a review of the most advanced contributions of brief strategic therapy (Watzlawick & Nardone, 1997) presented even more significant and encouraging results, measured on thousands of cases treated by various authors in different countries. The review also emphasized how this approach is applicable to most psychological and psychiatric disorders.

Leaving aside any false modesty, at this point it should be clear that brief strategic therapy has proved to be the model that offers the most effective and efficient results among the over five hundred psychotherapeutic models currently on the market.

As the reader may have already realized, the strategic approach is not only a therapeutic model, but also a school of thought regarding how human beings relate to reality, or how each of us relates to self, others and the world, and how, by this process, we "construct" the reality in which we live.

Our approach is also being successfully applied to non-clinical contexts, such as, for example, management and organization, where there is a very high degree of attention to the efficiency of interventions. The literature of management has, in the past few decades, been saturated with contributions from the strategic point of view.

A less known aspect is how this model can be applied to the logic of personal self-deception, i.e. how a subject can autonomously transform his or her own dysfunctional self-deceptions into functional ones. In conclusion, I would like to illustrate the content of this chapter with a metaphor that expresses the *rigorosity*, as well as the *magic* of a good strategic intervention.

At his death, Ali Baba left his four sons 39 camels. His will provided that the inheritance be divided in the following way. The eldest son was to receive one half, the second one fourth, the third one eighth, and the youngest son one tenth of all the camels. The four brothers were baffled. While they argued about the terms, a wandering wise man happened to come by. Attracted by the discussion, he offered them an almost magical solution to their problem. He added his own camel to the 39, and

started dividing the camels, as the stunned brothers looked on. To the eldest brother, he assigned 20 camels; to the second brother, ten camels; to the third brother, five camels, and to the youngest son he assigned four camels. Then he mounted the remaining camel, considering that it was his own, and continued on his way (Eigen, 1990, p.140).

The "magic" of this type of intervention is only apparent, since it is the result of an application of principles of persistence and solution of highly rigorous problems. The application of these principles requires creative adaptation to circumstances, in order to be able to break the "spells" represented by complicated and self-perpetuating human problems (Nardone, 1996).

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