Decision Aiding and Psychotherapy

by

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1 Introduction

This note is a provocation. Operational Researchers and Decision Analysts intuitively feel to belong to a culture which completely different from the one of Psychotherapists and vice-versa. Why this provocation?

Despite this (more or less) apparent distance, the two professions share more than a first glance may allow to think. There is somebody (a client or a patient) who has a "problem". She or he thinks that (s)he is not able to handle this problem alone. Moreover, (s)he considers (or a third person suggests) that it is necessary a support of somebody with precise skills and knowledge (an adviser, not just your best friend). The client/patient expects that such an adviser (a decision analyst or a therapist) is able to formulate a recommendation and to convince him/her to follow it. The situation just described fits both for a decision aiding setting and for a psychotherapeutic one. Nevertheless practitioners and researchers in both fields still feel to do different jobs. It might be interesting therefore to better explore where similarities end, and what the common grounds of these two disciplines can teach us.

Indeed the two authors come from these two distinct areas, the first being a psychologist (working for the Italian National Health Service), practicing psychotherapy

and the second being a decision analyst working for the CNRS (the french national science foundation), mainly doing theoretical research. We had the opportunity to discuss several times our respective experiences and theoretical backgrounds. Although we still feel to belong to two different cultures and professions we also discovered to share several common theoretical concerns and, what is more important, several common practical concerns. In this note we try to summarise part of these discussions, hoping this will be interested to the reader. The note is organised as follows. The next two sections briefly describe the settings of a decision aiding activity and of a psychotherapy (possibly independently from the

approach followed). In section 4 we discuss the common characteristics, but we also emphasise the differences, while in the conclusion we present our ideas for the future.

2 Decision Aiding

An important characteristic of decision aiding, at least the one conceived by decision analysts, is the use of an abstract and formal language, aiming to reduce the ambiguity structured in human communication. Decision aiding aims, among others, to clarify, to allow to better understand, to improve communication, hence reduction of ambiguity is essential. Decision aiding is an activity concerning at least two actors: a client who, involved in a decision process, has at least a concern for which (s)he feels that (her)his resources are not sufficient to handle, and an analyst who is invited by the client to enter the decision process and provide some help in order to establish a behaviour towards the above mentioned concern (for more details see [4, 18, 19, 20, 22, 23]).

These two actors, possibly with the implication of others, engage themselves in a decision aiding process aimed to produce a shared representation of the client's concern, a representation which is expected to be useful in order to undertake an action (including waiting and doing nothing) with respect to the concern and the reference decision process. The decision aiding process is characterised by the emergence and establishment of the following cognitive artifacts:

- a representation of the problem situation;

- a problem formulation;

- an evaluation model;

- a final recommendation.

As already shown in [5, 22] this is a very general descriptive model of the decision aiding activities and allows to include any type of decision aiding approach, from normative methods and optimisation techniques to constructive and soft approaches.

What we want to focus upon in this note are the resources used by the two actors. The client has a domain knowledge concerning the decision process in which (s)he is involved and the precise concern for which the decision aiding has been requested. The analyst has a methodological knowledge, independent from any application domain, which is expected to be instantiated on the client's concern through the domain knowledge.

A "successful" decision aiding process (cfr. [13, 14, 15]) is expected to produce a final recommendation which is:

- meaningful from a theoretical point of view (thanks to the methodological knowledge of the analyst);

- meaningful for the client and (her)his concern (thanks to the client's domain knowledge);

- legitimate with respect to the organisational context and the decision process (thanks to the craft and skills of the client and the analyst).

3 Psychotherapy

In a psychotherapeutic setting we can also recognise two actors: the client (here called patient) carrying an uneasiness, possibly expressed through one or more symptoms of mental trouble and the psychotherapist who is expected to work with the patient in order to establish the origin, nature and structure of the patient's psychic pain and allow (the patient) to confront (her)himself with such a pain, take posses of it and face it. There are at least two cognitive artifacts established during a psychotherapy:

- a diagnosis;

- the therapy itself.

An informal contract is generally established between the patient and the therapist. In such a "contract" the timing of the therapy is settled as well as the final objectives of the therapy (estimated by the therapist and accepted by the patient). Such a contract may evolve during the therapy, but there is always one such agreement

holding during the process. It should be noted that generally the patient recognises to the psychotherapist a competence and a leading role within the process. At the same time the psychotherapist is expected to fix a-priori:

- the timing of the therapy (how many sittings and how much time per sitting);

- the space of the therapy (which is usually precisely structured depending on the type of therapy adopted);

- the rules which will be followed (how sittings are payed, what type of relations are allowed between the two actors, if any etc., cfr. [21]).

What resources do the two actors use within the process? The patient will carry (her)his personality, (her)his relations, (her)his culture and possibly (her)his commitment to the therapy. The psychotherapist will carry also a personality and a culture (possible to a precise level of awareness due to a precise training), a specific training in at least one particular type of psychotherapy, the possibility to obtain a supervision by other peers or tutors and a finally a set of rules: practical (depending on the type of therapy conducted, see for instance [17]) and ethical ones (often precisely coded, cfr. [2]).

When does a therapy can be considered successful? Usually is the patient who ends a therapy for reasons going from simple regression of the symptom to a deeper management of the (her)his psychical pain. The therapist may also decide to end a therapy usually because it appears as leading to no where. In both cases is a subjective evaluation that establishes that the therapy does not apport any further improvement to the patient and that possibly the objectives fixed at the informal contract at the "beginning" of the therapy have been reached. That said, a third person is usually able to assess independently whether the therapy has fulfilled the contract or not.

4 Discussion

"The sponsor normally identifies a set of symptoms that have resulted from inadequate decision making in the past. Our first problem is to diagnose the situation; ...." (quoted from [1]). Obviously, we are not the first to notice the similarities between the two professions. A first common characteristic of the two settings is the existence of two actors, the first carrying a "problem" (for which no intuitive, ready made or immediately available solution exists) and the second carrying a knowledge which is recognized and accepted to be useful for this particular "problem". A set of interactions, a process, is then established between the two actors and in both cases such a process is aimed to produce some cognitive artifacts which are expected to allow the client or patient to understand the "problem" and to establish a behaviour towards such a "problem".

At the same time a big difference between decision aiding and psychotherapy concerns the vehicle of the interaction between the two actors. In decision aiding the vehicle is a formal and abstract language (mathematics, logic, abstract models), while in psychotherapy the vehicle is human language and communication (see [24]). In some cases the language is THE TOOL of the therapy (see [11, 12]). On the one hand decision aiding tries to reduce the ambiguity of human communication and ultimately to reduce the complexity of the problem situation. For this purpose decision aiding has to use models of rationality. On the other hand psychotherapy uses the ambiguity of human communication as a resource, while the complexity of human personality and behaviour is treated as a whole. Under such a perspective psychotherapy might induce further complexity since it focus on what the patient does not show (see for instance [3]). This should not be understood as absence of any a-priori model of human personality (each approach in psychotherapy do use such models). However, psychotherapy does not use models of rationality this concept being irrelevant.

A second common characteristic in both activities is their process dimension. Both decision analysts and psychotherapists engage themselves in interactions with their clients/patients under the hypothesis that the cognitive artifacts they produce ought to be shared (owned) by both (if any success is to be expected). Under such a perspective very little information is considered as given and invariant. The information used during the process is co-constructed by the actors during the process itself. Of course different approaches in decision aiding and psychotherapy will start with different hypotheses about their clients and will focus the interactions on different aspects (for instance a psycho-dynamic approach will focus on the patient's personality and intra-psychical processes, while a family therapist will focus on the patient's relationships; in decision aiding a normative approach will impose a model of rationality, while a prescriptive approach will try to derive such a model from the client).

However, the way such a process is conducted is totally different. In decision aiding there is no established procedures on how to conduct the process. It is left on the craft and the skills of the analyst. The influence of the analyst on the client is usually underestimated as well as the biases such an influence may introduce in the process. It is expected that the use of a model of rationality will prevent such drawbacks, but there is no guarantee that in practice this will not occur. Indeed is rare that an analyst will submit a decision aiding case to a supervisor in order to obtain advice and an external point of view on the whole process. In the rare cases where this happens it occurs on a very informal basis. On the other hand therapies are conducted following precise rules and operational settings, depending on the approach used. Quite often such rules are coded in manuals and in any case they are part of the informal contract established between the patient and the therapist (cfr. [7], [8], [10]). The influence of the therapist on the patient's behaviour is a crucial issue for the therapy and in several cases therapists are trained to situate themselves with respect to their personality and the therapy (see [16]) . Last, but not least, psychotherapists regularly submit their cases to supervision sittings and this is expected to be part of their life-long training if not a help for the precise therapy.

5 Conclusions

Decision aiding and psychotherapy, although apparently grounded on different approaches and purposes share several common characteristics. These mainly concern the help that somebody (the analyst, the therapist) can provide to somebody else (the client, the patient) facing an apparently difficult to handle situation of uneasiness.

The brief discussion introduced in this note shows that, from a practical point of view and despite the high complexity of human personality troubles and psychical pains, psychotherapists have a much more structured approach as far as the conduction of the aiding process is concerned. Decision analysts, despite the use of models of rationality which are expected to simplify interaction, pay little attention to the conduction of the process although they know this is not neutral.

A first conclusion to establish is that a decision aiding methodology should pay more attention on the decision aiding process conduction and try to develop a "doctrine" about it and more general about the profession of decision aiding. A second conclusion could be that decision analysis might dedicate more research efforts in better understanding how precise approaches in psychotherapy handle issues such as establishing a contract with a client, formulating a problem, inducing a change in a person's behaviour etc. (see for instance [6], [9], [25]). We consider

that there is still several things to learn from this "sister discipline" which also aids in deciding.

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