Street Therapy. Time and Unpredictability.

Note: The topic I will be discussing does not directly deal with violence in schools, families or institutions. Readers interested in this topic can consult the text I have writte on *Violence in and of schools*. Here I prefer to speak about a systemecological intervention technique: Street Therapy.

1. A liberating experience

I went out with my wife, Beatrice, to visit an archeological site of interest in a fore in Brittany. I was in Rennes as a visiting professor and I was also directing a docto thesis. On the way home, without really knowing what made me do it, I stopped by t side of a steep ditch and said: I think a car has gone off the road and that there is someo in the car. I went down, and sure enough, there was a man about 40 years old who was the verge of dying. After a few very cold-blooded actions on my part, which I will n share here today, I went back up the incline and tried to get some quick help. Once th help arrived and had taken the badly injured gentleman away, we got back on the roa but something had changed in me.

An enduring time of interpersonal intentionality had taken over chronological tim Its unpredictability was quite different from that of wristwatch time.

Thirty years later, the systemecological approach led me towards system interventions that were open but somewhat unpredictable in a spacial/temporal sense.

2. Beyond the walls of the doctor's office

I remember a session with a young boy of about 13 who was accompanied by t school psychologist and his grandmother. He ran away while he was waiting for h appointment by jumping through the bathroom window. They came to tell me that he h crossed the railroad tracks. The school psychologist and I ran after him immediately a we saw him running up a hill. His grandmother helped us convince him to come back the office and keep his appointment. There is no need to go into the details of th situation right now, but I would point out that he and I were alone outside. We did not into the office building, but rather sat near an outside wall, and it was in th unpredictable time and space that "therapy" took place. He also did not want to go hor in the school psychologist's car; he wanted to walk. This was not possible due to the fa that his house was very far away. He finally agreed to go in the car, without having to forced. The joint therapeutic time made inroads in his intentions and in the *roulette possible exits* for his behavior.

3. Occasional street therapy.

I began to distance myself from the narrow confines of the analytic consultation which I had begun my work in the 1960s. I remember a French psychoanalyst from ba then who wouldn't even let his clients get up from the couch to go the bathroom. And r question was, why not? The answer: acting out.

By the end of the 1980s, I began to think about the possibility of therapeu intervention being truly systeme*cological*; that is, its taking place in a time and space which the unpredictability of the situation required some *help*, since this is t etymological meaning in Greek of the word *therapy*; and *ecological* because *home* w the surrounding temporal space which determined the type of intervention. That is wh happened one day in an elevator, as I will explain later. But it could have happened any street bordering a school, for example.

Thus, the practice of *street therapy emerged* from the aforementioned "liberati experience."

Open space and time: an office is limited by its external walls. But how should v handle the unpredictability of encounters, the unpredictable spaciotemporal contexts an office which is more liberated than defined, and the speed of these encounters? Ho can we integrate a sense of ethical responsibility into this "unpredictable street therap to control this new type of therapeutic encounter?

4. Deontology and Ethics

I remember the professor who was in charge of giving some epistemological guidan to doctoral students when I was working at the University of Lovaine. He told us to spe a few afternoons in the university's main library to become familiar with t bibliographic layout of a wide array of materials and then once we had chosen ou research topic, to begin to look through the most complete encyclopedias and dictionari as a first step to understanding the concepts which interested us.

Following his indications, I chose a French encyclopedia (ed. Hachette, Pa 1980/1991) and also the Encyclopedic Dictionary of the Portuguese Language (Publ Alfa, 1992) to see how they defined deontology and ethics and to establish some comm denominators for both encyclopedias as well as the specific information from each one them, which was much more detailed in the first.

4.1 Deontology is the so-called "science of or having to do with obligations" (in Al p. 353). I was surprised by the brevity of the definition, but I also realized tha had found the conceptual common denominator that would be further develop in the aforementioned French encyclopedia.

Thus, deontology, from a philological point of view, comes from the Gre *deon-deontos*, duty, and from *logos*, which, as we all know, means the word, i. discourse on what duty or obligation is. And it is defined as a theory on mor duties or obligations. Professional morality alludes to the theory of rights an obligations in the exercise of a profession, especially the medical profession.

Both the profession of clinical psychologist and that of systemecological fam therapist have a *face-to-face proximity* to the patient, just as a physician has wh treating a *bed-ridden* patient. Thus, wouldn't the Greek root for *clinic* be th same as the one for *bed?*

4.2 I am also thinking about the research done by the Swiss team in Masson whic was reported in the article published in *Therapie Familiale*, which mak reference to the high percentage of health care professionals (I don't rememb the exact percentage, but I do know that the number, well over one-thir surprised me greatly) who "express their sexuality" in their treatment of patien

The Almodovar film “Talk to Her” shown in Lisbon, also addressed th problematic topic through the character of the male nurse who “dreamed” he h sexual relations with a comatose patient.

The obligation to treat patients, in both professions, is interrelated with th right of the patient to be respected as a person. By the way, when I had my hea attack, one morning a group of medical students and their attending physicia appeared at the end of my hospital bed. They stood at the end of the bed a began to discuss the information on my chart. I was definitely a pretext f learning. That was when I turned to the attending physician and I said “befo anything else, we should say good morning to each other,” which we did. I wo tell you here about some very serious abusive situations that I was aware (which are related to the topic of these meetings, which is the prevention violence in schools). I even considered filing charges in two of the cases. I cann stop thinking about the unending number of health care professionals th overstep the boundaries while treating a patient. I remember that one night m oldest daughter, who is a pediatrician, asked me to take home and care for a ba that had been brought in from the Azores while she was off-duty.

4.3 Knowing how to ethically maintain a proximity and a distance without distan turning into detachment or proximity into an unorderly search for affectio requires internal enrichment on the therapist’s part, a “little extra soul” (I thi this might be a term Bergson used), an affective emotional balance which creat a spontaneous-relearned osmosis between moral rights and obligations. In order achieve this, one must be sufficiently curious in his questions by using very pol answers. This is how we can determine what degree of discomfort the patient the systemecological family therapist should not exceed.

Let’s explain what systemecology means. This is a redundant term that has a to do with specific deontological forms. Let’s see if I am right. Ecology com from the Greek root *eco* (*oikos*) = *house* and *logos*. Thus, these are “homemad obligations and rights, so to speak. It is as if we were guests in a house belongi to someone else, but one in which we had to work to earn our keep and to supp others. This necessity includes, *deontologically* speaking, a moral dimension th leads to an ethical dimension which it supersedes.

4.4 Ethics comes from *ethikos = “mos, moris” customs*, and thus it is the science morality, which is based on rules, values and objectives, rather than society opinion of behaviors which can be judged to be positive or negative according whether or not they are approved of or not, and therefore, they are seen as *good bad*, *appropriate* or *inappropriate*.

5. The systemic house, which has other houses within it, is made up of several floo and rooms, just like the intergenerational floors that we usually find in differe houses. We know that nowadays, due to the scarcity of means, there are marri children who still live at home. But this is not the only problem. Let’s not forg rural families that in a very small space managed to raise a growing family who members helped with the work in a type of inheritance-based economy. Likewis today rather than “leaving home” as Haley writes, the question is “how not to l left without a family while being married and living at home?”

How can we "*cut down*" families that come to our centers for help, and how can w carry out other kinds of "*cuts*" such as limiting the topics or people we are going talk about? Should we enter into the parents' *oikos* in a therapy session for a marri couple? Should we enter the grandparents' house or the house of former spouse And how can we do that without invading their privacy or without *dysfunctior curiosity* which only reflects the therapist's *pathos*? How can we deal with the spa and time of proximity-distance-separation-death, in other words, with the quality relational space/intentional time?

Here are a few other *deonto-logical* situations or questions related to ethics.

5.1 J. Ferrater Mora, in his *Dictionary of Philosophy* (Ed. Sudamerica, Buenos Aire 1951), refers to Bentham's study "Deontology or the Science of Morality (183 however, as a science of obligations or theory of moral rules, it is not a normati science, but rather an empirical one to the extent that "obligations" allude to certa social circumstances and must be met in order to achieve the ideal of the m pleasure possible for the greatest number of people possible (ib. 216).

The idea of entelechy underlies this concept. Let me explain. Without getting in the details of this Aristotlean concept which has to do with potential and action, I w give an example about the making of a statue. The Portuguese writer Antonio Vie gives a perfect example in the metaphor of a sculptor who rents out of a piece stone a shape which combines his ideal of beauty and the characteristics of th material he is using, which also affects the work he is doing.

Hippocrates gave us a set of rules with which to regulate the physician-patie relationship which comprise a deontology. It gives us the foundation for the gestures and customs (mores), in other words, of the morality of those rules. Ethi tries to define the "best"; deontology is more pragmatic. Hippocrates' legacy is deontology. Agustine of Hippo set down the foundations for an ethic: "Love and as you like" in which obligation and the freedom of the relational being were allies.

6. I would briefly like to enumerate some criteria that I think can bring together deontology in the practice of unpredictable "street therapy" and an adequate a coherent ethic.

As I said in the case I called "a liberating experience", it is very important provide as much continuity as possible to the "therapeutic encounter in the street Not only did I go down the hill, talk and touch the person, but I also acted by calli the ambulance. Thus, in these "street therapies", I offer people the possibility coming into contact with me directly or through the free sessions that we off through the Portuguese Association of Family and Community Therapy. I also thi it is important that I had had sufficient experience as a supervising therapist because allowed me to be able to quickly perceive the overall essence of the therapeut moment I was dealing with by choosing between several theoretical and practi rechanneling options.

It is important to be able to momentarily put emotional situations that affect aside; to be able to dosify socioaffective proximity and distance and balance th preferential positive value of the situation with wisdom and prudence.

Finally, one must know how to make informed decisions, especially in negative structured contexts and in interpersonal relationships that are also qualitative negative.

7. Descriptions of some cases, including those mentioned in this presentation, and othe related to he texts “Violence and Satisfaction,” “Systemic Intervention with Catatonic Patient,” “Aggressiveness in a university context in stressful situations have been developed.

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