Fred Kanfer interviewed by Serge Sulz in July 2000
(Fred Kanfer died 18th october 2002 in the age of 77)

Past, Present and Future of Self Management Therapy

Serge Sulz: Professor Kanfer, I am glad that you are prepared to give me an interview on your therapy approach. And I like to ask you straight away to tell me how Self Management Therapy developed in the course of time, to what it is today.

Fred Kanfer: Well, that was coincidence. I was a 'graduate student' and a doctoral candidate at a university where the famous Skinner was working and preaching his Behaviour Theory and application for therapeutic use. I liked the model itself very much. Because it was scientific, based on experiments and I like that a great part of human behaviour can be learned and unlearned. What I found difficult was that Mr Skinner assumed – in an extreme way in his book 'Walden Two' - that human behaviour, indeed even the whole of society, is **totally influenced by environment.** Meaning, that a human being has little freedom to direct himself, that he is directed from the **outside** to a much greater part. And that he thinks that, for example we have not much choice because reinforcements given by environment and society steer us into certain directions. Somehow I could not accept that, until it became clear to me that the principals of learning, which he presented can also be applied to the human being directing himself, reinforcing himself, steer his attention and set goals for himself in order to direct his behaviour and reinforce or punish himself accordingly afterwards. Because of that the Self Management Therapy is the application of Behaviour Therapy, but with the additional assumption that human behaviour does not depend on the environment only but can be directed by the human being himself.

Serge Sulz: What exactly is Self Management Therapy?

Fred Kanfer: Self Management Therapy actually means that in working together in the session as a therapist I help the patient firstly to get clear about the fact that he has power over himself, and that he has power to change – not in all situations, but in a lot of them, meaning that things do not have to stay as they are. He can do something to bring about change. Secondly that as a therapist I support him in these changes, sometimes as a model, sometimes simply by making him aware of several things. And thirdly by guiding him through the

whole therapeutic process in which he primarily learns new behaviour. But that is only possible when he is clear about which goals are important to him and we talk that through. And it has to be clear to him, too, that change leads to something better. That is to say that he expects to improve the situation by admitting the therapeutic process. And finally that, at the end of the therapy, the impact of the therapy does not stop with the last session. Instead it is to be hoped that the therapist has helped the patient to take over many of the functions himself, for example to set goals for himself, to direct himself towards these goals and approach them, that he has learned to watch himself, be attentive of the direction he is going into; in one word that the patient has learned to become his own therapist.

Serge Sulz: What is the basic assumption for human behaviour in your system model? You talk about a biopsychosocial approach?

Fred Kanfer: There is often the assumption of the detachment of body and soul in our society, the western society, so that some diseases have physical symptoms for example although their origin is to be found in the soul and that the human being can be divided into these two areas. We think that that is wrong. One of the basic assumptions of Self Management Therapy – however, other schools like the systemic psychotherapy do so too – is that the human being is a unity, which is composed of three different systems: the biological one, the psychological one and the social one. We think that these three systems continually exert influence, in our mindfulness, what we observe, the way we act, which consequences happen. Furthermore we believe that these three systems interact totally. In addition to that we assume that any changes and any influences in **one** of the systems influence the others not only **now** but also in the future. For example, if a patient has been very ill physically after an infection his behaviour may change in various situations, as may his attitude towards bacteria and dirt. And his wellbeing is influenced from then on by the feeling of what is safe and what is not. On the other hand psychological events and experiences can also change us in other areas, e.g. social influences like environment, culture, society, and social net. Also sociocultural norms have an impact on our behaviour: in different cultures the way you behave towards a partner is very dissimilar. There are also biological norms, for example the kind of food which is accepted; each society, each culture has its own favourite dishes. This again can have an effect on the body, e.g. in the question of which body weight is socially acceptable. Being slim is seen positively in some cultures, while in other cultures it is seen negatively. Thus looks can be a sign of poverty or seen as the result of sportive activities and abilities. What I would like to emphasize is that there are always several of such influences, which interact and do not only influence the present but also the future.

Serge Sulz: The terms of self regulation, self control and self management are not so easy to keep apart. Could you perhaps help us a little here?

Fred Kanfer: Well, the **general** concept of self regulation means that I – as well as my patients – have the ability to direct myself. This however presupposes that I have developed goals so I know which direction I am going. And secondly this concept means that I have the ability to direct my cognitive, verbal and physical behaviour – within limits – in a certain direction, so that I approach my goals more and more. That would be self directing.

Serge Sulz: Does that already imply what you mean by self control?

Fred Kanfer: Self control implies a **conflict**. It is necessary in difficulties which can for example arise when biologically predisposed behaviour cannot be carried out, but must be recognised, interrupted and replaced by different behaviour. Thus in our society we must teach our children from an early age on that even if you are very hungry and there is nothing to eat you cannot simply take the roll out of the pocket of some woman in the street. That e.g. would be self control. You also need self control in other social interactions. It just does not always do to tell your aggressive boss what you think of him. That is why you have to learn behaviour, e.g. how to react to the aggressiveness of your boss. This then is the task of Self Management Therapy.

Serge Sulz: And then what is self management in comparison with these two?

Fred Kanfer: Self Management simply describes the whole thing at once: Self regulation, self evaluation and firstly of course conscious self observation. So it is in fact cognitive and concerns behaviour. Sometimes thinking may indeed be automatic, but you cannot steer yourself, or regulate yourself **without** these components.

Serge Sulz: You also call self management dynamic problem solving.

Fred Kanfer: I think that it is the wrong idea in therapy to assume that a human being has always experienced something – either in his childhood or later - that is **traumatic**, something that influences his whole life and leads into difficulties. We try to solve problems. By that I mean that e.g. in situations of crises – and every crisis is different – the patient is helped, firstly to differentiate between a complaint and a problem. He comes with a complaint. Complaint means: something has happened. He often explains it to himself by saying, 'oh, that goes back into my childhood and I cannot do anything about it. You do something, please.'

We say: a complaint is just a hint **that** something is wrong, not **what** is wrong. We then help him to work himself out of this complaint, from the actual state as which the complaint is described, to: what should it be like instead. Therapy is problem solving if I have helped the

patient to recognize what should be different, how it could be different and what does he want different from the actual state. Then I can help him to get nearer the desired condition – in many situations at least, not always. Problem solving simply means: now there is a **problem**, it consists of the discrepancy between the actual and the desired state. Solving this problem means helping the patient to do something to get closer to the desired condition. Unfortunately there are situations in which I not only have to change my behaviour, but also my attitude, cognition, emotional reaction. What e.g. does the desired condition mean for somebody, who suffered great damage in an accident and lost a leg. I must help him to accept that he cannot change things. So problem solving does not always mean that you can bring about what the patient hopes for.

Serge Sulz: Is that what you mean, when you talk about a Utopia Syndrome?

Fred Kanfer: Well, of course, in everyday life you often find that the environment unfortunately has a wrong image of the therapist. They expect us to be able to read the mind. They expect us to be able to achieve anything, that we have some tricks for changing behaviour. It is utopian, if an **unrealistic** future situation is expected instead of a realistic desired condition. First you have to work with the patient to find out what the realistic desired condition is. He probably has not spent any time thinking about that so far. I must help him to imagine a **realistic** situation as his desired condition, not a utopian one. 'Please do something to make all my pains and fears go away.' Unfortunately patients often have expectations like that. So you always have to question what is possible for **this** patient and then you have to work at getting nearer to this goal.

Serge Sulz: What part does the relationship between therapist and client play in Self Management Therapy?

Fred Kanfer: It plays an important part. Self Management Therapy is all about there being two human beings and one helping the other to change something in personal, emotional, intimate fields. For this you need a relationship in which the therapist can understand the patient's points of view, his opinions about his problems, himself and the world. And you need a patient, who trusts that the therapist can understand him and endeavours to help him. You need a relationship that is open and honest in the sense that no tricks are used, but that you openly speak to each other and that you both aim at the same goal. Sometimes it takes time before you can do that. The relationship is necessary however. The patient will only be prepared to accept the therapist's proposals for to learn something new, if he trusts him. Changing oneself is difficult **anyhow**. You certainly will not do that, if you do not trust the person, who tells you, how to set about it.

Serge Sulz: You place an outstanding emphasis on therapy motivation – in what way?

Fred Kanfer: That is another difficult subject. I have often asked beginners of therapist work, if they have already worked with unmotivated patients. Usually they say 'yes, yes' and are then very surprised about me telling them there are no unmotivated people. The question in fact is not: Is the patient motivated? But: **What** is he motivated **for**?
My task is not just working with the patients, who are motivated to change, but to ask myself before I start, what he is motivated for. It is my task to help him to see the correlation between his goal and the things he is motivated for and that it is the accordance of these two that decides on whether he can reach his goal. That is to say to achieve all this he has to be prepared to cooperate. Unfortunately there are patients, who cannot imagine that they could improve their situation or who are not prepared to give up what is necessary for a change. For such patients, who are not motivated to change, it is not always possible to find something that correlates with things they are motivated for.

Serge Sulz: That means the therapist does not change the patient's basic goals, but he uses the patient's basic goals to make progress in his therapy?

Fred Kanfer: Exactly. There are, of course, exceptions. And in these cases the relationship also matters a lot. There are patients, whose goals are criminal, unethical or immoral. Or maybe I as a private person cannot accept their goals. And of course in such a case I would not be able to – and should not for ethical reasons either – work with the patient.

Serge Sulz: You say the Self Management Therapist is a scientist and practitioner at the same time. What do you mean by that?

Fred Kanfer: I see it like this: Scientific work and practical clinical work are two sides of a river – two shores. I believe that it is important that the scientist as well as the practitioner continually cross the bridge. Although they live on **one** side of the river they should cross over from time to time and look at what there is on the other side that might help. By this I mean they cannot be both scientist and practitioner **at the same time**, I.e. in the same moment. But they have to ask themselves the question, whether what they are practically doing as therapists is is based on something that is scientifically grounded or if it is at least consistent with our scientific data and experiments. They must make sure they are not simply doing what they are doing because it seems a good idea or because they have read it somewhere. On the other hand I am **not** a scientist when I am doing clinical work. That is to say: I cannot do experiments in order to collect data. The scientist has a goal, he has set himself a goal, which he would like to reach by carrying out an experiment. As a therapist of Self Management, however, I set this goal by working together with the patient. This would not

be possible in science. You could not ask the patients, the test persons, 'Tell me, what shall we do today?' or 'What is important to you or interesting?'

Serge Sulz: You take a 7-Phase-Model of diagnostic and therapeutic processes as a basis for Self Management Therapy. Without going into detail, could you say a little bit about that, so we may get some idea of it?

Fred Kanfer: A lot has to do with the fact that the course of a therapy should be well organized. For years and decades, almost for a century, people have unfortunately had a lot of wrong ideas in respect to the role of a therapist. It was e.g. believed that a therapist proceeded spontaneously and intuitively, because he has a good idea. But therapy has to be well organized, so that there are different steps, different topics. And it is important that the topics build on one another. It is like a pyramid: Building up one thing on the other starting from the basis – e.g. the relationship. Little happens, if there is no good relationship between therapist and patient, if e.g. the patient does not trust the therapist.
Apart from that I have to gather information about the patient and be sure I know him well enough. I also have to think about how I can help him to find something positive, so he can be hopeful things are happening here, so he can consequently feel motivated to change. Only then can I help him to learn new behaviour, to think over attitudes and maybe change them and thus progress. And finally when he has achieved all that, when not only his symptoms have gone, but he also feels better, so that he can deal with many of these problems himself in future – then I must still help him to not just say to himself: 'o.k., now the therapy is over, now I feel well and I can carry on like I did in the past.' That would be the same as if an alcoholic said, 'I have already been dry for 6 weeks, now I can go back to drinking.' We must do relapse prevention, we must help the patient to become aware of situations of danger and to avoid them. He must learn how to do that. That is the last phase. The phase model means I cannot just spontaneously work at what the patient happens to bring to the session. Instead it means he comes once a week, and what he brings into next week's session is to be seen in context with last week's topic or that of the week after next. There needs to be continuity within this model.

Serge Sulz: One phase was the opening one. You have already said that it is very important to establish the therapeutic relationship, to create favourable conditions and gather information, while the last phase is about relapse prevention. So it is a well planned process, which – as you said – does not simply proceed linearly, but in looping time and again.

Fred Kanfer: Exactly, it is not a linear process. It can happen that I am in phase three, when I notice that I have not really got rapport yet. Then I have to ask myself, whether I have not used methods of discourse sufficiently to improve the therapeutic relationship, to build trust. Or I may

also ask myself as the therapist whether the patient can **really** imagine that he will feel better if he changes or if he is only here because he **has to be** here and only works at his problems superficially and not because he wants to change. In this case I would have to go back again.

Serge Sulz: One aspect is clarity about goals and values. Could you say something about this?

Fred Kanfer: What we are doing here is really what a lot of other therapy schools do, too – something which in everyday life most people do not have time or reason for doing, that is to ask themselves: What is important to me in my life? What would I like to achieve? Who am I? In everyday life we do this once in a while. But I cannot help the patient if I cannot sometimes show her a direction, in which she might like to change. Getting clear about goals and values means finding out – from experience and contemplation, but also simply by visualizing – what is especially important to me in my life, what do I need? What part does e.g. health or family play? Or about acknowledgement – what does it mean? What would I like to achieve? In which way does that go hand in hand with the therapy? In reverse clearness of goals and values means I cannot help a patient, if I expect him to change in a way that contradicts his values. If e.g. self-assurance is important to me and I would like to help my very modest patient to prevail – a patient who does not want to be conspicuous and tends to withdraw – it is unlikely that he can accept my suggestions. But usually patients have not yet gathered enough information or have not realized what is important to them.

Serge Sulz: You strengthen abilities for self-management in the patient. How do we understand that?

Fred Kanfer: There are quite a number of methods, described in our book and in others, too, to help patients to learn new behaviour and new methods of thinking. To mention just one example: A lot of things in our everyday life happen as 'automatic processing'. We do what we have always done. And we do it without spending much thought on it. So it is one of the necessities in therapy to start early on – especially on subjects that are connected with the patient's complaint – to interrupt automatic patterns and get the patient to say 'stop' and reflect, 'What am I doing just now? How could one do it differently? How can I experiment with it?' In other words, the patient should learn to **reflect**, to do 'controlled processing' and not just act automatically. And, of course, one does not do that forever. When he has changed his behaviour and he is happy with the new state, he goes back to automatic behaviour. – That is one example.

Serge Sulz: Talking about getting clear about goals and values you said of course, values are difficult to change. Would you say that is the limit for Behaviour Therapy altogether or could you imagine a case in which you would also aim at changing the values?

Fred Kanfer: No. For professional and ethical reasons I think itchanging the patient's values in any subtle way is not my task. I certainly cannot do that without talking about it with my patient first. I can point out to him the consequences. I cannot accept if he sees his value in being physically stronger than everybody else and he demonstrates this by brawling or using weapons or other things like that. I cannot support him, if his contentment, his subjective wellbeing is based on violence.

Serge Sulz: But wouldn't that be a reason for changing his values, if he agrees?

Fred Kanfer: Well, that is a difficult task. Very often – also in the example mentioned – the question is: Probably he has not come voluntarily. Has he been sent by somebody? Then the primary question is, if we can help him at all. Sometimes it is possible, but not often, for him to realize that he can profit by therapy and improve his future. This is, however, often not the case from his point of view.

Serge Sulz: One last question. One might say that Self Management Therapy is a form of **Behaviour Therapy.** At present there are a lot of discussions whether to include **emotions** into the therapy. You might, however, say that entering emotions is really something which is already included in your approach. Could you go into that a bit?

Fred Kanfer: You are referring to the different level of science and practice. Unfortunately science has in the field of emotions not yet reached a high enough level to be able to transfer some light from there into clinical work. I think we are gradually gaining more and more understanding for this naturally given process which connects both systems - the biological and the psychological one. In addition it is influenced by sociocultural norms, whether or not and under what conditions it is acceptable to show emotions. Each emotion is a highly complicated reaction, whose function is often described by authors who do not always agree and where a lot is not clearly understood. Yes, in therapy we do indeed **work** with emotional reactions, but there are limits, alas. I am not content yet. We do not yet understand well enough, how we can best help people to integrate their emotions in such a way that they don't do any damage, but have positive effects instead.

Serge Sulz: In this context, here is my last question. Self Management Therapy is a live system. So it is a system that **develops**. In which direction is the Self Management System developing at the moment and in longer terms?

Fred Kanfer (looking amused): If we were having this interview in 5 years time I could answer your question better than I can today. I think you have already mentioned some important points: integrating e.g. the understanding of emotions. Apart from that I believe that with

respect to the contribution of sociocultural environmental conditions we are only just beginning to recognize the impact of them and of how they influence our development. That is why we will have to integrate all that, too, as well as goals and values into our understanding of conditions and triggers for various problematic forms of behaviour. It is becoming increasingly clear, as already said above, that body-soul-detachment does not work well but that we are now getting an ever clearer understanding of the fact that both psychological and biological events influence **each other.** I think that for the first time some colleagues from neurophysiological science have succeeded in building a bridge between both of them and to use them to work into the other direction. Pharmacology is of course, an extreme example. On the other hand, we know that we can psychologically change physiobiological behaviour. We know e.g. that fitness training improves memory with older people. So it was shown that various psychological behaviour patterns influence our body, too. So do emotions, of course. But we still have to learn a lot about this subject.

Serge Sulz: Thank you for the interview.

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