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Some Useful Working Assumptions with Clients and Colleagues: Build More Effective Helping Relationships

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Abstract

To minimise the risk of the professionals' assumptions turning into beliefs, we describe in this article two sets of assumptions that we developed to help ensure that the professionals maintain a comfortable and effective relationship in despite of difficulties with clients and colleagues. First we lay out some of the conceptual and theoretical landscape underpinning our line of reasoning, including the concepts related to theories of social influence and the relevant solution-focused ideas and practices. We then briefly present the two foregoing sets of solution-focused basic assumptions developed for family therapists by Insoo Kim Berg and Thérèse Steiner (2003). The case of Antoine and his youth workers coming to see Hélène at her practice is presented. Using the theory of autopoïesis and research on mirror neurons we will then reflect on the case and the use of the working assumptions. We conclude that being able to choose useful working assumptions means that the work done in the helping relationship is more constructive and it allows people who have come into therapy to do their part—namely changing their day-to-day lives—in full. Not only can the professional therefore stay within his or her role, but the whole process is more effective and can take place under positive and safe conditions for everyone.

Keywords: post-traumatic stress, PTSD, working assumptions, solution-focused, professional relationships

Working with so called challenging clients can be experienced as difficult and energy-consuming, so that it may come to an uneasy interpersonal relationship: The professional doubts the client's good faith, the person seems to fail to respect the boundaries within which they have agreed to work, the professional has the impression that the client is asking too much, and the interactions—although they remain as courteous as possible—become fundamentally strained.

This results in relationships in which the professional finds himself or herself in conflict with clients or colleagues and is based on misunderstandings and increasingly fewer constructive presuppositions. Positions harden, leaving less and less space for negotiation between professionals and their clients or colleagues. In spite of the fact that they try to do the job as well as possible, professionals can find themselves becoming increasingly demotivated and less committed as the client or collegial relationship progresses. The need for the professional to focus on self-preservation begins to take priority and if possible, the professional tries to avoid falling prey to the threat of the strain of over-work and exhaustion. At that point the need for self-preservation comes into conflict with fundamental professional values.

Mental Representation, Belief, or Assumption?

First we will examine three related concepts, namely the terms *mental representation* (in French, *Représentation mentale*), *belief* (in French, *croyance*) and *assumption* (in French, *hypothèse*). According to the Centre National de Ressources Textuelles et Lexicales (National Center for Textual and Lexical Resources), ethymologically, the term *representation* (in French, *représentation*) means, "the act of putting something in front of someone's eyes" (Représentation, n.d.). If we look in slightly more detail at the definition of the sub-term *mental representation*, the French Wikipedia site describes it as follows:

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> The image of a situation an individual creates for himself [sic]. This is derived from a combination of feelings and memory. The feelings someone experiences in a given situation will activate information he or she has in his or her memory, which in turn will prompt his or her reactions. As all human activity is organised towards a purpose, the notion of mental representation is close to that of one's mental state, and therefore to the concept of intentionality." (Représentation mentale, n.d.).

A representation is therefore imprinted with an *a priori* intention.

The term *belief* is defined by the *Dictionnaire de la Langue Française* (Dictionary of the French Language) as the "action of believing" or "relying on or trusting something" (Croyance, n.d.). The French Wikipedia site adds that it is about "holding something to be true, regardless of any evidence of its existence, reality or possibility." (Croyance, n.d.). A belief, then, is a more engaging action than a simple representation. Is it really possible, however, to separate them? When do we switch from simple representation to adopting a belief and to what extent is this a conscious process?

The term *assumption* is defined by the French Wikipedia site as a "proposal or explanation that one simply states without asserting whether or not it is true, i.e., without confirming or denying it. It is therefore a simple supposition, which belongs to the domain of the possible or probable." (Hypothèse, n.d.). But how can we be sure that our simple suppositions operate *a priori* on the basis of the neutrality required to retain their status as assumptions? Depending on our degree of discomfort or exhaustion when faced with a difficult situation, could they not become more like concepts that are closer to the definition of belief?

In this article, we will describe two sets of assumptions that we developed to help aid the professional to maintain a confortable and effective understanding of the relationship in spite of difficulties with colleagues and clients. The aim is to minimise the risk of the professional's assumptions turning into less helpful beliefs.

Social Influence as a Creator of Reality?

In a publication summarising research on the phenomenon of social influence, Mark Snyder (1984) wrote:

> It was with an eye on the dynamic interplay of social beliefs and interpersonal relationships that I began my own attempts to specify the nature of this phenomenon in which beliefs, even ones that initially are wrong, can and do create their own social reality. (p. 250)

The constructivist approach in the world of systemic theories also supports these ideas: Ernst von Glasersfeld (1981) explained that radical constructivism "develops a theory of knowledge in which knowledge does not reflect an 'objective' ontological reality but only concerns the ordering and organisation of a world constituted by our experience." Whether we are talking about the systemic world or that of social psychology, the self-fulfilling prophecy (Merton, 1948) has been widely discussed (Watzlawick, 1981, 1983) and demonstrated in a range of areas, such as schools (Harris & Rosenthal, 1985; Rosenthal, 1993; Rosenthal & Jacobson 1968), within institutions or organisations (Dvir, Eden, & Banjo, 1995; Eden, 1993) and more particularly between employers and employees (Pelletier & Vallerand, 1996) and during recruitment interviews (Dougherty, Turban, & Callender, 1994), but also in therapy (Copeland & Snyder, 1995). As far as our representations of ourselves are concerned, we tend to conform more to other people's views than our own, sometimes without even realizing that our representations have been subject to external influence (Vorauer & Miller, 1997).

The process of influence described by Snyder and Stukas (1999) operates at two different levels: Based on the assumptions we may have of the other person, we seek first a perceptual confirmation and then a behavioural confirmation of what we think of them, either consciously or not. If we work with someone who is depressed, an alcoholic, or isolated, we can easily be drawn into perceiving everything about them as dysfunctional. We may even go as far as to infer past suffering, a particular communicative style, a lack of structure, or misplaced loyalty, and imagine their effects, which we perceive in the present. We will rarely ask ourselves what efforts the other person must have made to ensure that things are no worse than they are today (i.e., how they have managed to keep their job, maintain a relationship with particular individuals, stay alive, etc.). A team of youth workers discussing a young person who, in their view, has become intolerable, will first and foremost describe the behaviours that confirm their feelings: he steals, he runs away, he hits younger children, he is rude or does not answer when you speak to him, he will not obey, he has no respect for rules. Their degree of exasperation will make them blind to any behaviour that does not confirm the rule, namely that he is intolerable. At this point, silence will be interpreted as a refusal to answer and a lack of cooperation rather than a possible state of confusion or discomfort, or even the fact that he may simply be thinking.

The interactional sequence described by Snyder and Stukas (1999) is as follows:

1. The perceiver adopts beliefs about the other person: This young man is violent.
2. The perceiver approaches the other person as if these beliefs were true: The youth worker may adopt a suspicious attitude or a firmer tone, be slightly less empathetic or become slightly more defensive.
3. The other person adjusts his behaviour in response to the perceiver's overtures: The young person may react by adopting a "shifty" attitude or look, will not necessarily confide in the perceiver at this time, and will have a tendency to justify or even defend themselves.

4. The perceiver interprets the other person's behaviour as a confirmation of his or her beliefs: This young man is really difficult to deal with. We need to keep an eye on him because there is more to come. He is completely turned in on himself and will not open up. How can anyone work with him?

It is easy to imagine the negative effects if a whole team shares these beliefs. The vicious circle ensures risks, leaving the professionals feeling incompetent and the young person feeling bad and unloved, resulting in a lack of self-confidence and indulgence on both sides. If someone who is outside the immediate relationship, for example an authority figure (e.g., a head teacher, head of department, inspector, or judge) tries to counterbalance that trend, this intervention may be seen by the involved team of professionals as excessively indulgent. They then run the risk of feeling that they are not being taken seriously, that their ideas are not valued, or even feel that they are the ones who are closest to the young person and who therefore know him the best because they "see him as he is day to day."

If, in addition, the youngster responds to the more indulgent overtures of the other professional by adapting his behaviour, he may be seen by his youth workers as manipulative, which will further strengthen their existing beliefs about him. The person in authority in turn runs the risk of developing beliefs about the subordinate professional (e.g., "they tend to be a bit over the top"), behaving as if their beliefs were true (systematically downplaying the colleague's ideas), thus leading the youth worker to conform to the beliefs of the authority figure (by echoing their views back to them with more and more emotion, staring at them intently, etc.). This confirms the authority figure's initial beliefs (e.g., "they really do go over the top") and causes him or her to act in ways that try to compensate for their colleague's behaviour. The youth workers inevitably therefore find themselves being judged, and can feel misunderstood or that their work is not valued. They will need to take a significant step back and find the energy to continue working with the young person in spite of a decision they may find difficult. In return, they may start to develop beliefs about the authority figure.

We have, in conclusion, described a symmetrical escalation, which is less about trying to take power in the relationship and more about seeking recognition at an emotional level, namely being believed on the basis of one's real motivation for doing the right thing, despite the difficulty of the situation. At this level, the more emotional one person becomes, the less emotional the other becomes, thus increasing their mutual incomprehension.

This situation is equally likely in education settings as in helping relationships, social work, or therapeutic or caring relationships. Are the professionals individually and in teams all prey to such interactional processes? Are we condemned to getting caught up in this negative circle in spite of wanting to do good quality work? This leads to the necessity in the long term of finding the right balance between the need for professional self-preservation in order to take a step back and the need to "go for it," driven by our initial motivation and our sense of ethics.

Supervision is undoubtedly an effective and powerful tool to be able to take this step back, provided that we do not feel too judged by our supervisor and that at the end of a session we feel a little lighter and have gained insights and alternative ways of addressing the situation we are finding problematic. Supervision, however, only applies to the most difficult cases. Other situations—and there are many of them—do not offer us the possibility of taking a step back and refocusing. We asked ourselves if there is another *a priori*, ready-to-use option that we could turn to immediately and that could lead us down a different interactional path. We think that the practice of a solution-focused approach can offer answers to our concerns.

Solution-Focused Approaches

Solution-focused approaches are based on the idea of focusing our efforts on "what works" (i.e., concentrating on what the person in the helping relationship does well and ignoring anything that poses a problem). This applies equally to our own perceptions, understanding, and interventions.

The approach may at first sight seem radical and shocking to rigorous professionals, who may take the view that if they are there, it is because their purpose is to deal with one or more clearly identified problems and that they have a job to do (i.e., sorting the problem out). It is therefore difficult to believe that the problems will be resolved purely by focusing on the positive. Steve de Shazer and Insoo Kim Berg (de Shazer et al., 1986) even used to say that you do not need to know what the problems are to find the solutions. The same idea had already been put forward by Watzlawick, Weakland, and Fisch (1974). Whilst the Bruges model developed by psychiatrists (Isebaert & Cabié, 1997) in Europe does not invalidate this position, it seems less radical. It sets out a series of questions that guide the professional in working with clients at their own pace. The model puts forward the assumption that the most effective and fastest help comes from working first on the client's requests, then on their capacity or willingness for putting themselves to work, and finally, the consciousness of their own resources that they develop. Guy Ausloos (1996) confirmed this when he stated that families go into therapy because they have lost confidence in their own competence.

We propose these ideas merit qualified support: Given our (biological) phylogenetic heritage, it is natural for humans to focus on what is not working. For example, if I am trying to escape from a pack of hounds that is hot on my heels, I cannot allow myself the luxury of looking at the beauty of the flowers on my way. I run, I climb, and I try to keep an eye on the danger with the aim of ensuring my survival. Fortunately, the human physiology has given us reflex systems, which, when the situation demands it, guide the behaviour, also stops our thinking and shuts down other long-term systems such as digestion and immunity. This part of the human biological system lets the individual concentrate on short-term survival. In this situation, survival

depends on the ability to gauge danger correctly and escape from it, or better still, remedy it. Given the problems all humans face, this valuable and ancient reflex is perfectly effective.

We propose further that in order to build resilience, humans have the ability and need to go beyond focusing solely on the problem. Initially, the individual may not be fully aware of this ability. Humans do all kinds of things to calm down and get their longer-term projects back on track, initially in physiological but also in psychological and behavioural terms. Nonetheless, we have seen many clients who, given their post-traumatic history, are trapped in a survival-based approach. In their work, professionals and teams can also be subject to these processes.

Solution-focused approaches do not propose to ignore whatever is causing the problem, but, rather, to focus on resources, namely the healthy part that is present in all people: whatever difficulties clients have, they still at least have resources on which to draw. If the professional does not acknowledge these resources in the client, the risk is that they remain implicit and thus not available for constructing reproducible solutions. The resources include the capacity for survival, which is proposed as being at least as great as the length of any list of problems presented.

Mark Snyder (1984) told us that professionals, who are in a high position, influence the interactional sequence insofar as they seek a confirmation of their beliefs, which they get as a result of the fact that the person seeking help wants to enter into a relationship with them. In cases where help is not actively sought, the client is constrained but no less attentive to the attitude of the supposed professional helper, and will therefore be sensitive to their overtures.

Focusing on competences requires a conscious, deliberate decision by the professional providing help. The more difficult the situation, the more the professionals are drawn to the aspect that poses a problem and the greater the risk of our being caught up in the survival-based approach (at a physiological and psychological level) that is driving the person to which we are talking.

So is there a way for the professional helper to use a shield to remain in a positive frame of mind? One that will help us to see beneath the surface and focus on the fact that what colleagues and clients have managed to do up until now is the result of whatever it is they have been able to find that is less bad? Is there a way that would apply both to clients we care for but also to our colleagues and all the individuals with whom they work? We propose the deliberate use of solution-focused working assumptions.

Useful Working Assumptions

We are suggesting that the pressure the professionals are put under by difficult situations should be addressed by choosing more useful assumptions from the outset. Professionals can use the representations they choose as working assumptions, which therefore helps to adopt and retain a solution-focused approach, in spite of the difficulties and problems faced.

We propose that, in addition to the different effects on the professional work and the people who use the services, this approach prevents workplace burn-out whilst ensuring effective interventions.

Insoo Kim Berg and Thérèse Steiner (2003) helpfully set out a series of working assumptions that are useful in working with families, using different assumptions for children and parents. The working assumptions state that, in principle, children can be assumed to want the following: their parents to be proud of them; to please their parents and other adults; to be accepted as part of a social group; to be active and involved in activities with other people; to learn new things; to be surprised and to surprise other people; to express their opinions and choices; to make choices if they are given the opportunity

Parents, whoever they are and however they behave, perhaps fundamentally want the following: to be proud of their child; to have a positive influence on their child; to hear good news about the child and the areas in which he or she is doing well; to give their child a good education and good chances of succeeding in life (however they may define this); to see their children have a better life than they did; to have a good relationship with their child; to be hopeful about their child; to feel that they are good parents.

Whilst the working assumptions for children seem to be intuitively acceptable, the ones for parents, particularly if they are seen as abusive and negligent, can be profoundly irritating for professionals. We propose, in line with the contextual therapy approach (Boszormenyi-Nagy & Krasner, 1980, 1986; Boszormenyi-Nagy & Spark, 1973), that parents do the best they can with the resources that are available to them and the context in which they live. Taking this presupposition as a starting point does not prevent one from seeing and addressing dysfunctionality but it at least opens the door to a relationship. Insoo Kim Berg used to state some of these presuppositions out loud during her therapy sessions and the emotional reactions this prompted showed that it was by no means a futile exercise (Berg & Huibers, 2007).

Working Assumptions for Colleagues and Teams

Based on the useful assumptions of Insoo Kim Berg and Thérèse Steiner (2003), we have developed two separate sets of solution-focused working assumptions. Ferdinand Wolf has extended this reflection to situations involving professionals in networking settings and school environments.

In general, professionals and primary school teachers likely want:

1. To be proud of the efforts of their clients and pupils.
2. To have a positive influence on their clients and pupils.
3. To give their clients and pupils a good service/education and good opportunities for the future (however they may define this).
4. To help and support their clients and pupils in the process of learning and socialising in life, in organisation, and in school.

5. To have a good relationship with their clients and pupils and the people close to them.
6. To strengthen the skills and abilities of their clients and pupils.
7. To be hopeful about their clients and pupils.
8. To cooperate with other professionals if they are respected as experts in their context.
9. To feel that they are good professionals and teachers.

Working Assumptions for So-Called Difficult Clients

Hélène Dellucci has developed a list of working assumptions in her work with people suffering from complex trauma and dissociative disorder, which are problems that are recognised as needing sometimes difficult, long-term therapeutic work. Her set of working assumptions may be useful throughout this process.

People who are viewed as difficult in therapy may want:

1. To be recognised for the reasons that have brought them into therapy.
2. To be accepted, even if they have difficulties in accepting themselves.
3. To express their opinions and choices.
4. To make choices if they are given the opportunity.
5. To be active and involved (either by putting themselves at work or resisting).
6. To learn new things.
7. To have a positive influence on themselves (and their dissociative parts).
8. To hear good things said about themselves and their talents (even if they have difficulties recognising them).
9. To be hopeful.
10. To be accepted as part of a whole (group, family, community, therapy setting, etc.).

How can such *a priori* assumptions be useful in situations that at first glance appear to be challenging? How can they be of use with people who do not ask anything from the professional, but for whom our professional helper colleagues are sufficiently motivated to ask for intervention as a matter of urgency? We will next present a case example to illustrate the use of both sets of working assumptions and how they can interplay and be of the best possible use in a difficult and challenging situation.

Clinical Case Example: Antoine

We will let you meet Antoine and his youth workers who came to see Hélène Dellucci with a request for therapy. Hélène, as the therapist, soon had great use of the set of solution-focused working assumptions, helping her not to get stuck in the difficultness of the situation.

Antoine was 10 years old and lived in a children's home. The professionals at the home contacted Hélène as a psychologist who specialises in psychotraumatology with training in EMDR therapy[1]. The request was accompanied by a description of Antoine's psychotraumatic past, which included sexual assaults, abuse, repeated abandonment, and foster care (although his brothers and sisters were not fostered). At the first meeting, a youth worker accompanied Antoine, and although Antoine was present, he said nothing and remained in a completely closed physical posture. The youth worker explained the institution's request: Antoine should undergo EMDR therapy since he was undoubtedly suffering from post-traumatic stress and because his caretakers experienced him as "terrible": He ignored all the rules, he stole, he hit younger children, and so forth. The youth worker pointed out that the youth team was exasperated and exhausted by the boy's behavioural difficulties.

Antoine's attitude did not change whilst this was being said about him; he looked at his hands and remained silent. The therapist felt caught between the authority of the institution, to respond to its request and steer the work towards helping Antoine to recover from his injuries and trauma which she also believed was real, and Antoine's attitude, which indicated that he was not asking for any help.

How should we interpret Antoine's attitude? The therapist reframed his presence as a decision at least to come to the session when he instead could have run away or taken other measures to avoid attending. The boy did not reply but the youth worker agreed with a smile.

The youth worker set out a summary of Antoine's post-traumatic history, to which the therapist listened, taking care not to let the youth worker give details in order to avoid possible fascination with the traumatic elements or potentially provoking strong physical or emotional reactions in Antoine. This would only have strengthened the sense of powerlessness he may have felt.

When the therapist asked in which areas Antoine coped well, the youth worker was surprised and initially said nothing. Nevertheless, politeness obliged him to think about the question and he clearly tried to come up with an appropriate response. After a couple of minutes, the youth worker said that Antoine worked well in school. The therapist reacted with surprise. How, with such a fraught past, did he manage to concentrate to the extent that he had not fallen behind in school?

When she asked Antoine how he managed to keep up with the rest of his class, he shrugged his shoulders and did not answer. The therapist turned to the youth worker, who thought it over and concluded that Antoine was an intelligent boy. Antoine remained physically closed off and appeared to be turned inward.

When asked if there was another area in which Antoine coped well, the youth worker thought for a while and said, "football." When the therapist asked for more details, the youth worker said that he played rather well and even showed the younger ones how to play. At this point, Antoine looked sideways at the youth worker but did not answer the therapist's questions. When the therapist asked him, the

[1] EMDR (Eye Movement Desensitization and Reprocessing) is a psychotherapeutic approach developed by F. Shapiro in 1987 (Shapiro, 1997) and is particularly effective for getting rid of psychological trauma.

youth worker confirmed that the boy obeyed the rules of football and that he had a constructive attitude towards younger children in this context.

At the end of the session, the adults who were present agreed explicitly with the fact that Antoine could have decided not to come to the session if he had been determined enough (he could have hidden at the last minute or run away), that he coped well enough at school to achieve average marks, and that he liked playing football. And when Antoine played football, he managed to obey the rules and even showed the younger ones how to play. The therapist indicated that she was perplexed by there being such a contradiction between the purpose of the consultation (behaviour described at the home as "terrible") and the areas in which he managed well (acceptable behaviour, which went as far as being remarkable when it came to playing football). The youth worker seemed thoughtful and agreed. Antoine was looking intently at the expression on the youth worker's face, but kept his head down.

The therapist was responsible for setting the therapy framework and explained the rules: (1) there would be individual sessions with Antoine, if he agreed; and (2) their discussions would remain confidential except for the usual rules (i.e., if information was communicated that could indicate danger or abuse) that had not yet been identified. The terms of the intervention also set out a time at each session for the professionals to talk to each other in Antoine's presence to take stock of changes and results in response to the original request. It was important for this to be clearly expressed. When the therapist asked Antoine if he was willing to come back, he muttered a barely audible, "dunno." This was understood not as, "I'm not saying no" and this was communicated back to Antoine. The therapist invited him to come back and said that he could tell the youth worker if he did not want to go. And, if he were to come to the next session, it would mean that he would not have done anything to avoid going.

The youth worker seemed satisfied. The rest of the session consisted of a 10-minute period with Antoine on his own, during which the therapist explained what EMDR therapy was and explained the basic therapy rules to him, namely that (1) he did not have to say anything if he did not want to, (2) he could say "stop" at any point, (3) they would never do anything he did not agree with, and (4) he could change his mind along the way. Apart from answering each question with "dunno," Antoine did not say anything.

At the following sessions, there was an update with the youth worker[2] in the boy's presence about the changes that had taken place. The youth worker reported positive changes and the shared time was dedicated to exploring how Antoine had implemented them successfully. The questioning took effort from the youth worker and the therapist thanked him for it. Nevertheless, the changes were confirmed session after session and the professionals seemed to be altering their view of Antoine, even if they did not really know how he had managed to engage in more appropriate behaviours. He had not stopped breaking the rules but he did so less often, seemed calmer, and had stopped behaving violently towards younger children at the home.

The 20-minute periods of individual conversation with Antoine at every session consisted of the therapist's asking questions to which the response was "dunno" or silence, or a sudden withdrawal when the therapist suggested teaching Antoine a self-soothing exercise.

After six sessions, the youth workers were really pleased with the change in Antoine's behaviour, which had been maintained, and which they attributed to therapy. Because what was discussed in the individual part of the session was confidential, a possible misunderstanding arises, namely, that the youth workers may have thought that Antoine was undergoing EMDR treatment as they had planned, and which they recognised as effective treatment of post-traumatic stress. But in fact, Antoine did not agree to any EMDR interventions during his individual sessions.

It is possible that they attributed the change in behaviour to Antoine's therapy during the individual sessions, congratulated him on the efforts he had made, and had therefore changed their view of him, giving him the benefit of the doubt, rather than endlessly finding evidence of him being dysfunctional. It is also possible that the youth workers were relieved by the fact that Antoine had obeyed the rules and had therefore allowed themselves to expect positive changes. The therapist's questions may have helped to shape their opinion of him in a positive direction. If, indeed, the youth workers' perceptions had changed so that his new behaviours had become possible, we can say that these are now part of Antoine's repertoire.

But what happened to the institution's request to help the boy to undergo EMDR therapy?

Discussion

The therapy came to an end for two reasons: (1) the requests from the youth work team had received a satisfactory response, notably in terms of the change in Antoine's behaviour, and (2) because Antoine had not made any requests for therapy. Had he therefore dealt with his traumas? Was the youth workers' initial assumption, namely that Antoine's behaviour was disturbed because he was traumatised, actually correct?

Autopoïesis

Antoine certainly worked in therapy, if not in the way the youth workers had predicted: he changed his behaviour between sessions and was sensitive and receptive, undoubtedly, to the changes in the youth workers' views of him. In the individual parts of his sessions, we initially addressed the issue of physical and psychological integrity. Maturana and Varela can be credited, based on their theory of autopoïesis (Maturana & Varela, 1980), with explaining the conditions under which a cell lives and remains living: (1) there must be a boundary between inside and outside and (2) it is important that the cell does not overlap with other cells. Robert Neuburger (1995) adapted these rules to

[2] A different youth worker accompanied Antoine to each session. The professionals had a discussion about the content of the shared part of the session.

families, describing the importance of the mythical dimension for each family. The family has a conscious or unconscious set of rules and other elements that serve to create belongingness and distinguish the family from other families. We have adapted this argument to individuals. People who have been traumatised and injured by their experience of a failure to respect their integrity are particularly sensitive to this aspect. Antoine was undoubtedly sufficiently reassured on this level to be able to come to the next session. He also clearly demonstrated his disagreement in behavioural terms when the therapist tried to come closer to him, even though it was with the aim of a self-calming exercise. His reaction of suddenly withdrawing clearly showed that he had decoded this apparently insignificant behaviour as a danger. If the therapist had not understood, there would have been a risk of triggering a physiological overreaction that could have prompted him to leave the room. Instead, he controlled himself and allowed the therapist to adjust her own behaviour and agree upon an appropriate distance and the next course of action

It is possible that the individual sessions allowed Antoine to first feel in physical terms and then to understand that the boundaries he indicated in non-verbal terms would be respected and that the therapist would keep her word that nothing would be done that he did not agree with. Survivors of multiple, complex traumas in particular, as is the case with Antoine, have an increased sensitivity to first protect their physical and psychological integrity. The simple fact of not running away at the time of the appointment, although he could have done so, was a message saying that he was at least willing to come, regardless of his motivation.

When people seek help, they do so from the position of making a request and are therefore in a low position. They need to justify for themselves their reasons for seeking help, which allows their problems to emerge at the onset entering the therapy room. Who would come to ask for help by talking first about their strong points? The opposite is true. People ask for help in a paradoxical manner: “Listen to all the problems I have, which is why I am here, but first of all accept me as I am, without judging me. Respect me and don’t try to change me before I am ready.” Entering into a relationship presupposes that both parties believe they are capable of the interaction, even if their roles are different and clearly defined: one is the helper and the other is seeking help. This is the second rule set out in the theory of autopoïesis: There should be no overlap between cells or in this case, between the person requesting help and the person offering it.

It is therefore the role of the professional, as a specialist in therapy or helping relationships in general, to define the rules of the intervention and to ensure that sessions can take place under positive conditions. The role of the person seeking help, as a specialist in his or her own life, is to contribute the content they want to address and to make changes in their day-to-day life. As a result, the professional and the user can form a team to address the request together, whether it comes from the person seeking help or a third party. To achieve this, we are of the view that it is useful to include the conditions under which the relationship will end from the outset, whether it is a therapeutic or some other kind of helping relationship. What do we mean by the conditions under which the relationship will end?

In the first place, we think it can be important and effective to set one or more goals, which are defined by the person seeking help if they are in a position to formulate them. If this is the case and the goals are workable, we already have an insight into the person’s own resources: In addition to an ability to ask for help or to submit to someone else’s request, they have the ability to know what they want, which is not negligible in itself. Someone may know what they want, however, but not necessarily be able to express it in concrete terms. It is then the professional’s job to help them. Our approach is always based on questioning and seeking confirmation from the person to which we are talking. It is a way of expressing suggestions but at the same time allowing the other person to express their own needs.

Second, and this is not an insignificant issue, given that we do not know the person in front of us but are aware of the influence we have (as described by Snyder & Stukas, 1999), it seems important to us to carefully choose the working assumptions we may have with regard to the person we are helping. We can therefore express useful assumptions without taking too much of a risk and then work to identify elements that might confirm them.

In addition to a diagnostic impression in which dysfunctionalities are identified, the professional also maps the person’s competences and resources, which in turn is helpful in the work toward achieving their goals.

As far as Antoine is concerned, we can say that he might have wanted to be accepted as part of a social group and to be active and involved in activities with other people, particularly through football. We could add that he likely wanted to be accepted as he was, even if he had difficulties in accepting himself. This last assumption will only ever be an assumption. But we can certainly say that Antoine liked to hear people saying nice things about him and his talents even if he did not tell us this himself. His non-verbal reactions (looking intently at his youth worker’s expression) and the changes he managed to make confirm this assumption. We can also say that he wanted to be active and involved in activities with other people and in therapy. His “dunnos” in therapy were in our view an attempt to maintain an appropriate distance and not address issues he did not want to address, whilst complying with the instruction to come to individual sessions. We can also say that he at least made the choice to be there and to allow the therapist to adjust to him by letting her know what he did not like.

From the professionals’ point of view, we can start from the principle that all assumptions are useful. From the outset, when Antoine’s strengths were identified, the youth worker moved from plaintive to thoughtful and then, in the second session, when he was reporting positive changes even though he could not say how Antoine had managed to make them, he was moved by the effort he had made. We can therefore say, with some certainty, that youth workers want to have a positive influence on the young people in their care and give them a good education and good opportunities for the future. This was not expressed as such

but it is how we understood the team's approach. It also seems clear that youth workers want to help the children they are caring for with the process of socialising and that they are not opposed to having a good relationship with them. The changes reported in terms of Antoine's behaviour and the workers' satisfaction with them clearly show that professionals want to strengthen the skills and abilities of their clients. We start from the principle that all professionals, whoever they are, want to cooperate with us if we ask them to, provided that they are respected as experts in their own context—in this case the relationship between the youth workers and Antoine— and what they observe about the client in an educational setting. It also seems self-evident that all professionals want to be good professionals.

Given that in general terms, the therapist's objective is to respond to the request for help from either an individual or the third party who sends him or her, and the request for help can disappear more or less quickly as soon as the person being helped has things under control.

The first meeting is also, first and foremost, about identifying the individual's resources, the courage and perspicacity they have shown in coming to a consultation, and the perseverance they have demonstrated in coping until now despite the problems. The longer the list of trauma and the more things that happened have been bad and sordid, the more sure we are of the extraordinary capacity for survival of the person in front of us. Per definition, in therapy we have the advantage of only talking to those who have proven their ability to survive whatever they went through, even if they appear in bad shape. Such strength deserves to be highlighted, examined, understood, and respected. Often we tell people that having achieved so much up till now, having survived as they have, they have already done most of the work. After this, once the person has received recognition for what is extraordinary and once the process of helping has been demystified, we can start work, focusing on the wishes of either the individual client or the third party who has sent him or her.

Mirror Neurons and Shared Feelings

Representations and their effects are not purely cognitive without any affect. They touch on the area of feelings, which can be shared among the professional and the individual or individuals with wohm they are working. Rather than invalidating this, the concept of mirror neurons could help us to go a step further than the simple explanation provided by social psychology, which focuses mainly on observable interactions.

Discovered and identified by Rizzolatti, Fadiga, Fogassi, and Gallese (1996) during neurobiological research on macaque monkeys, the concept of mirror neurons now occupies a central place in human interactions. These are motor neurons, which are activated not only when someone carries out an action but also when they watch someone else carrying out an action without moving themselves (Rizzolatti, Fabbri-Destro, & Cattaneo, 2009). The authors refer to a phenomenon of motor resonance, which means that our body understands before we perceive something consciously. Gallese (2005) suggested that "the other person's emotion is created, experienced and therefore directly understood through bodily stimuli produced by a shared body state." In other words, when you are empathetic towards other people, you feel the other person's emotion in your body through the mirror neuron system. This has been demonstrated for emotions of disgust (Wicker et al., 2003) and sadness associated with sympathy (Decety & Chaminade, 2003), but also for pain (Jackson, Meltzoff, & Decety, 2005).

The system of mirror neurons is therefore thought to play a part in learning, imitation, and empathy. Antoine could therefore not only have observed but also felt that the therapist would preserve his integrity and feel confident that he would not be retraumatised by therapy. His trauma was not directly addressed during his therapy. This would require informed consent from the person concerned. Antoine did not express a request or an agreement for this. The team of youth workers requested that Antoine change his behaviour and he complied. At the end of the therapy, the therapist congratulated Antoine for the work he had done[3] and told him that if, one day, he wanted to address the trauma he had suffered, it would be possible and that there was a therapeutic approach that could help him. She said she would be there as his therapist if he should want to enter treatment one day. We have observed that not anticipating the needs of people who seek therapy results in increased motivation for working on the elements the person has decided to address. Often, people come back later to work on aspects that have been left until that point. They do it when they feel ready. Given that a relationship of trust has already been established, the work often progresses very quickly.

Conclusion

Humans do, in fact, in many ways, co-construct their own reality. The nature of the influence of helping professionals relates to the reality they have been able to co-construct from the very earliest stages of the encounter. Being able to choose useful working assumptions means that the work done in the helping relationship is more constructive and allows people who have come into therapy to do their part, namely, changing their day-to-day lives, in full. Not only can the professional stay within his or her role, the whole process is more effective and can take place under positive and safe conditions for everyone. The solution-focused working assumptions seem effective also when faced with a person who makes no demands.

[3] It is important to say that there was nothing paradoxical about this remark. It was a real thank-you insofar as Antoine had not asked for anything but still had done his share of the work by making changes in his day-to-day life.

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