

THIRD EUROPEAN CONFERENCE OF BRIEF STRATEGIC AND SYSTEMIC THERAPY

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FIRST DAY

PRESENTATION: **“OBSERVING THE MOST IMPORTANT LOOPS PRESENT BETWEEN PROBLEMS AND TENTATIVE SOLUTIONS”**

Prof. Teresa Garcia

(2:58)

I will talk about the way in which you will find your resolute path in very difficult and complex situations and how to find an easy solution. I will present examples of different methodologies and empiric models that work in different situations.

Since 1975, when talking about cybernetics was already common, Rosh Ashby wrote a book in this regard and spoke of the possibility to formalize the transformation through formal systems with mathematical formulas or simulation. In our research center, I was very impressed by the impact of cybernetics on my activities, all of which reminds us of the simplicity, the simplicity of cybernetics.

Persons come to us complaining about a difficult reality. The research institute where I worked speaks precisely of the attempted solutions and then we talk about a system that provides a positive feedback. Therefore, the bigger the problem is, the more attempted solutions are needed and vice versa, it's a vicious circle. John Weakland would add that all this takes place within a context. It's amazing to note that these key elements are so important and that they have their own way of achieving change. On one hand, we must try to block the attempted solutions to prevent people from doing what doesn't work, on the other change the context, and introducing a new loop, which substitutes the old dysfunctional one. We tried to work in a group and in other more complex situations in order to contextualize and enter into this loop and we tried to understand which is the most important loop, especially in situations of extreme difficulty.

Nadine Shachar has cooperated with us and is a kind of Sherlock Holmes. She has sought below epidemic level, gone underneath the tissues. This revealed the most amazing thing, that is, there is no need to be surprised of what happens when we block the attempted solutions. Although the problem is not yet resolved, however, we proceed to explain the research. Another distinguished colleague, who has worked in situations where the patient is completely blocked by a very rigid system, has also found ways that work with various subjects and he will share his models with us. It may seem a complex system but it is actually easier than what you think. He will give us his presentation on the organizations so you will be able to see that, his methodology is not only useful in companys and organizations, but that it's also applicable within schools or other situations. So we must find very well defined and established methods for solving problems. There are different types of problems, different solutions and we must try to find a way to combine them all together. His coach, Gregory Bateson, said (3:02:27)

“I would like to share with you some of my experience in Brief Strategic Therapy. Sometimes there are failures and these occur when ineffective solutions are used. You try

to check the reality of the patient's problems such as bulimia or alcohol abuse, but sometimes there are no positive results compared to the problem. These failures force us to analyze in a systematic manner the life of the patient because the present problem requires all this, the attempted solutions are not enough and then we have to try to identify the loop, even if –sometimes- it doesn't come in a spontaneous way from the patient”.

In the case of bulimia, for example, we have done studies and observed the loops of the attempted solutions. There was an excess of control with punishments.

For example, there was the case of a patient that ate a lot every day and he couldn't control himself. He would go home after work and every time would act in a very compulsive way towards food and the problem in his family. We discovered that during the last couple of years, a relative of this patient has attempted suicide and another family member had actually committed suicide. Even though he had accepted this experience, he had never shared his emotions and his pain. He was afraid that something really difficult could happen to another family member could no handle the situation in the same way. So he himself couldn't manage it and food was a way to calm down, calm the anxiety to avoid fear and he could do so only by eating convulsively.

We tried to help this person, therefore one family member had to talk with the other family members, assuming that who had the problem could be helped and sustained by others. For example, we tried to work with the wife of this person and we saw that there was a feeling of fear and an inability to fully express certain feelings and sensations. After a few sessions, we saw that we were able to turn everything into a kind of courage, and bulimia passed after going through a kind of indirect intervention.

Another example is the case of a woman who did not want to eat anymore, but was afraid of having to return to the hospital because of this problem. In fact, she had a very long history of anorexia and had suffered of abuse and violence. When she first came to me, she was obsessed by the idea of becoming thinner, wanted to avoid hospitalization and the recovery that came after it, so she needed to power up because her father was dying of cancer and needed to be with him for the last week of his life. She expressed a strong anxiety when I spoke to her, anxiety that was also linked to reality, to her father's problem, and she thought she wouldn't be able to survive all this. So she thought that an empty stomach was a solution to solve a distressing reality and was an attempted solution to avoid the fear of the death of her father. We proposed in the first place, to focus on this problem and then to return to the anorexia problem. There were three sessions about her fears, and she managed to ask her father if he loved her. She spoke with her father and you could feel her less anxious when he died. She also asked for help in another area: she wanted to tell her husband that she didn't want to give him any more money and she was able to do this and face this fear. At the end of the therapeutic sessions, she began to cook and to eat some more without any interventions in terms of a nutritionist.

So initially the problem came to us because the patient complained about it and it was manifested due to her avoiding it because of her fear. So bulimia, anorexia, alcoholism, drug addiction or depression may be forms of avoidance of fear; anyway, avoidance. And in this case, to work on this type of loop allows people to face their fears, take a distance

from them and therefore, the patient assumes a different type of behavior, so other symptoms manifest and they allow the patient to react in a different way. Regarding the specific case related to food, we must search within the familiar context, if there is a second loop and if there is one, we must be able to find it and use it to solve the problem. So, as therapists, we need to find a clear and obvious loop regarding the attempted solutions and try to create a relation and a communication that will be strong enough so that the patient will be able to follow them and because, frequently, the patient revolves around this reality.

(3:12)

Another example, Mr. E. (the manager) has to do a presentation and requires from his employee MR N, a concise and precise presentation. Since I was asked to present this submission and all this seems logical, but Mr. N prepares the presentation and does big efforts to limit the number of words and pages, he says to himself: in this way my manager won't lose time. Mr N. prepares a large number of slides and also explains its use after 10 minutes of presentation, but Mr. E., replies that he feels that the document is too long and he would like it to be more concise.

At this point, Mr. N feels really lonely because Mr. E's point of view is not satisfied, which means: you're not listening to me, probably I am giving you too much information, too many details, or I'm missing some information. Then Mr. N meets Mr. E. in his office and explains to him why it is important to develop several points of view in order to give a satisfactory explanation. Mr. E replies: I understand what you mean but I do not know for what reason you have come here to justify yourself in such an insolent manner.

During the following meeting, Mr. N. does his best to be more concisely and again Mr. N asks him to justify his assertions. Therefore same phenomenon is confirmed, which creates a vicious circle. Mr. N. doesn't dare speak about the subject with his manager because of the fear of having to justify himself. After a few months, Mr. N. feels more and more nervous and stressed because of these meetings, which increases the lack of appreciation from his manager's side. We are probably faced by two contradictory orders: if we try to change Mr. N. in order to change Mr. E, perhaps we would become part of his attempted solutions. We can imagine the type of context, but presenting a very long and not satisfying work, would increase the symmetric relationship between Mr. M and Mr. E. Mr. N. continuous to complain with his colleagues about Mr. E's behavior, believing he is more confident and feels less lonely when he talks to others. But he's still desperate. After several months, he begins to feel angry, not respected and begins to blame himself: I've been wrong, I am too stupid, I can't manage the manager, I feel I'm a victim of the incongruence's and then (3:17:54), what does he think? That if this continues to happen and if he doesn't behave in the right way, he will probably get fired. After a couple of months, Mr. N. doesn't want to go back to his job nevertheless to continue meeting with the manager. He loses the motivation to go to work, he's depressed. Mr. E. thinks his employee is a person who has difficulties in relating well with others also in terms of responsibility, because he no longer follows the guidelines or does always less in what he should do. These are the loops that repeat continuously and thus create injunction and paradoxical situations as previously explained. Then there are these loops of interaction that open a difficult reality and therefore it's necessary to use an intervention strategy. The intervention makes it impossible to create a loop reflexive

change. Analyzing the interactions of Mr. N. and his thoughts allows us to understand better how to organize his professional life. This approach opens up a whole range of possibilities and helps us to intervene and restructure the immediacy of the client, patient, in the company. (3:19:00)