

The indirect therapy of children and adolescents: treatment in the absence of the patient

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Abstract

This article deals with indirect therapy, that is when the solution of the problems presented is based not so much on the intervention on the symptomatic person (son/daughter) but on the direct treatment of the parents of whom we try to modify the attempted solutions they found on their own before applying to the expert for help. We use indirect therapy when children are too young, from our point of view, to enter therapy (they are less than 13/14 years old therefore unable to collaborate) or, if they are adolescents or adults, they do not want to come or their parents are unable to convince or push them to come.

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In 2001 it has been published *Modelli di famiglia* (Nardone, Rocchi, Giannotti) (soon in English with the title “The Evolution of Family Patterns & Therapy – Recognizing and Solving Parent-Child Problems”), in which we presented the outcomes of a research-intervention on parent-child problems. It has allowed us to shape a series of patterns of pathogenic relationship between parents and children: patterns which are not the result of mere observation but rather the outcome of specific structured strategic interventions leading to the concrete solution of the problems.

That is why this contribution might be entitled “the therapy of family interactions, that is to say when the patient is the family pattern which has produced a symptom in the weakest member and we will treat not the member but the family contest”.

Before presenting our strategy of intervention in this cases, it is necessary to state that, in our opinion, the origin of problems is not within an individual seen as a “monad” out of his environment, but in the quality of the relationships one manages to create and develops within one’s own context and by the interactions one establishes with oneself, the others and the world.

Our first assumption is that there are not fixed structures of personality.

From our point of view behaviour originates neither from biologically innate temperament, as most exponents of organistic- psychiatry sustain; nor by unchangeable imprints left by experiences in our childhood as it is maintained by psychoanalysis.

We refer to individual systems of perception and reaction to a context; to tendencies or potentialities biologically determined, which vary from an individual to another and take on different features according to the system of relationships which each subject is placed in and then these are maintained by the redundant messages given by the adults who are in charge of his/her education.

The first and most important context in which a person lives these experiences is, undoubtedly, one’s own family which we will describe as a cybernetic system governed by rules, inside which the members tend to behave in an organized and repetitive way.

Among multiple family interactions (nourishing, protecting, cuddling, educating, renouncing, self-sacrificing etc.) each family system usually tends to organize itself around the ones which will prove to be the most useful to keep family unity and create permanent relationships.

In our experience we have noticed that people tend to chose the ones which best agree with one or both parents’ beliefs.

If the rules become too strict they produce “never-ending games” the vicious circles from which people cannot get out because nobody is able to change the rules: in this way the system becomes pathologic and reminds us of a record which gets stuck, which cannot go on and produces the same sound for infinite.

These kinds of repetitive behaviour are often unknown to the people who enact them.

For the outsider or for the specialist they become real “complexity reducers”, that is reading keys of the particular pattern of family interactions which can offer the guidelines, as we will see, in building and applying a therapeutic intervention.

Besides our research has pointed out meaningful correlations between the symptoms presented by children (school desertion, phobias, obsessions, deviances, eating disorders etc.) and particular patterns of family communication.

Therefore our solution-oriented intervention has most often required to modify such patterns in order to lead, both the children with a disorder and their parents, to unblock their difficulties.

Thereby it was clear that such patterns of interaction had an essential role in explaining the persistence of the children’s and adolescents’ disorders, which we were called to treat.

It is the strategy of solution when it works, which points out the relationship between the problem and the pattern of the interaction which was feeding it.

Anyhow it is important to say that:

- None of the patterns of family interaction is pathogenic in itself.
- There are not determined conditions leading without exceptions to determined effects.
- Emotionally stressing family situation can produce either a psychologically fragile subject, at risk of pathology and a psychologically stable person, with possibility above average.

It is the hardening and repeating of interactive modalities in the relationships between subjects and between the subject and himself, which lead to the rising of the problems.

If the individuals have neither the ability nor the possibility to change the interactive modality, usually a pathogenic vicious circle is produced. All that can be very good, if excessive, can be very harmful.

We are conceptually systemic in the sense that we consider problems and the various elements of the family as units in interaction and unlike classic

family therapies and structuralists such as Minuchin, Whitaker, Hailey, who refer to a perfect family structure which requires a hierarchic subdivision into subsystems and clear rules to define boundaries and hierarchies, we think that any pattern of family relationship may be functional, it becomes dysfunctional when it is non longer able to alternate between complementary and symmetric relationships according to the difficulties it has to face and to the continuously changing contexts.

Our approach is interactional: it aims to solve the problem hic et nunc rather than aiming to take the family back to its perfect structure.

Our target are those interactions connected to the problem which maintain and feed it and that we want to eliminate.

Consequently it will be sufficient to change the behaviour of an element to trigger off a change in the whole context; it will not be necessary to see all the elements of the system, we work with those who are compliant, if one element changes his behaviour all the others are compelled to change theirs.

We are often contacted by parents, one or both, saying that the problem is not theirs, but their child's who shows a behavioural disorder. A child who is, from their point of view, either mad and therefore ill to support with a complementary position, or bad and therefore to punish and discourage with a symmetrical one.

As far as the intervention is concerned it is based on a precise logic relative to interaction patterns.

In order to change a pathologic complementarity it is necessary to introduce into the pattern symmetrical interactions, whereas in order to change a pathologic symmetry aspects of complementarity must be introduced into the interaction pattern.

They say they have tried any possible solution without any success, and what's more if he is an adolescent he/she does not want to meet any therapist.

The only possible intervention will be a direct therapy on the parents in order to change their attempted solutions.

Our first and most important target will be to relate the specific case to the type of "Family Pattern" among those described in the STC research:

- Overprotective Pattern
- Democratic-Permissive Pattern
- Self-Sacrificing Pattern
- Inconsistent Pattern
- Delegating Pattern
- Authoritarian Pattern

Through the questions of the strategic dialogue different redundant patterns will appear that can be defined in a revealing aphorism:

- *Overprotective*: I must facilitate the life to my child
- *Democratic*: I damage my child if I fix rules and sanctions
- *Self-sacrificing*: Give your children without receiving
- *Inconsistent*: I continuously change my educational strategy because I am afraid to make mistakes
- *Delegating*: As I don't feel up to it, I delegate my guiding-role to someone else
- *Authoritarian*: If you do not want to lose your power use it continuously

Getting to these diagnosis allows us to start the intervention with two fundamental steps:

- To sidestep the parents' resistance to changing
- To try to tune in with them beginning to underline the behaviours to fight against and those to encourage

In the next phase the intervention aims to change the revealing aphorisms with new premises in order to transform them into the supporting pillars of a new second-order reality. These new premises may be expressed as well under the form of new aphorisms. Consequently we will suggest to the parent who is:

- *Overprotective*: "To throw the brick to have the jade back" to create difficulties to children
- *Democratic-Permissive*: "To put planets back to their orbits (around the sun)": to re-establish hierarchies
- *Self-sacrificing*: "If you want to give learn how to receive": to heal over insane altruism
- *Inconsistent*: "You understand if a way is the right one if you go through it": avoid continuous u-turns
- *Delegating*: "We are born as children but we become parents": take the wheel and drive!
- *Authoritarian*: "Strength lies in yielding": water in nature wins over everything because it is adaptable to anything.

In the end, in order to change the parents' answers to their child's symptomatic behaviour the intervention will proceed with a brief training in effective communication and strategic problem- solving to avoid the traps of a dysfunctional communication dictated by common sense and by too much

love. We want them to be able to effect a paradoxical intervention, such as to prescribe to their child what they strictly hindered and forbade in any way.

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