

The Change Resistance in Families with Problematic Behaviour Child

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In the beginning I would like to share a process scheme, which is constantly going in families and also in deeper interpersonal relationships: Dependence ---- Independent fight ---- Independent self-realisation ---- Partnership; Coworking (symbiosis) ---- Self-awareness ---- Independent self-realization etc. ---- Balance, Equality etc.

Due to the 'magic' (pre-psychotic) reception of children psyche exists these relationships in the form of disruption of the above scheme. Stagnation in one phase of the process and in dependence on time, with a constant and permanent model of life relationships of two dependent persons. Pathological is the change resistance in the relationship not only by itself, but also in personal orientation of individual persons of the relationship, which suits this homeostasis (to stay in the current situation). The most energy in the field is consumed for process, it means keeping existing roles and positions. Nevertheless, there is help calling in form as identification of sick child and continuing the search for expert help. We can often meet with the kind impediments of avoiding the difficulty from the Paradox Logic Applied in these families: When such a family asked for help, it also tried to avoid any help from outside. It gives the impression that the family here is a Challenging behavior to test the other's ability to get in touch with their pain without exposing the family to further failure. Then there is a rather serious question, how can the therapist break through the defensive barrier family and provoke a real change of the 'identification' child, as well as other family members?

The therapeutic help searches for family with children having visible problems in crisis time, i.e. in a time when the family as and system realize threat of homeostasis disruption. The fear of uncontrollable changes in the status quo continues alongside the constant change desire. And yet, although the family wants a real change, everyone is at the same time, because they seem too dangerous. There is no will to meaning, power of decision and sacrifice of existing norms and historical patterns of behavior in the family.

Family coming into a therapy with expectation, that therapist can help find its lost balance.

"In essence, the family wants the therapist to play an impossible task: to help her change the situation while she remains on the same rules in the relationship, the rules that have served her to maintain the current situation" [1].

Clinical experience shows that these contradictory demands create such a climate, in which the therapist tries to cure family society, whose members are united to demonstrate that it is impossible and to prove the futility of such efforts. "The result is the formation of a rigid therapeutic system where the interaction between family and therapist aims to create more and more static and predictable roles and functions" [2].

All disagreements and conflicts between members of these families are masked by a single thesis that everyone agrees: the sick member of the family - the child is the only one who needs the cure; This patient, considered to be confused, does not have the right to make decisions, nor does he claim such a decision, which leaves him in a symbiotic, dependent relationship. the three basic characteristics of all the actions of the respective family, Andolfi says:

- 1) Child symptomatology has central meaning in family system, the family seems to fill the whole world, forming a common center of interest for the whole family; I would like to compare it to the meaning of the Sun for our solar system;
- 2) All child communication (even wholly reasonable) is denied any validity; in fact, it could be said that this is the attitude of the formulation and the opinion of the rest of the family: 'when you are reasonable, worthy ...' etc.;
- 3) All the efforts of the family or people coming out of somehow modification child behavior, and therefore doomed to failure, not just because of the change in behavior of all the family and its inner relations.

The family requirement, based on these characteristics, can be formulated: 'Help us to cure the child by telling us what to do to make it normal'. If the therapist does not see the gap between this requirement and the more or less obvious conviction of child incurability, any attempts are ineffective. The therapist will inevitably fall into the trap of homeostatic mechanisms, which so efficiently kept the child in the passive, but central, decisive role of the confused family member.

Then there is another question: How can a child be treated unanimously incurable? If the therapist passes the paradox of the message, communicated by the family system, and openly accepts its therapeutic role, the family will eventually encounter the issue of child healing. On the one hand, the therapist tries to get the family system to make a real change; on the other hand, family members actively engage in a joint campaign in which they intend to demonstrate their good intentions and therapist's failure. It is important to be aware that a child is sick and with it is a sick all family. Identified little patient is totally excluded from the whole process and its inadequacy is so once again confirmed.

An approach developed by Andolfi of the Family Therapy Institute in Roma was that he considered the aforementioned family message as a provocation and tried to formulate a therapeutic strategy that constitutes the answer to this message.

In each of the two components, the balance between the tendency to advocate homeostasis, to stay in the current situation, and the ability or tendency to transform, i.e. changing, and even to change. The therapist directs the extent to which he advocates or promotes homeostatic family behavior; in dependence on a) the homeostatic affection of the family at that moment, and b) the stage that therapy has reached" (Stanton, 1981).

On the message family 'Help us, even if it is impossible' therapist responds with provocations 'Yes, I will help you by not helping you'. In the first stage, the cure therapist attacks the system by taking the identified patient's power to control family relations with its 'crazy' behavior and control it. By reassessing this behavior on logic and deliberate and supporting the role identified by little patient to be a recognized, indispensable and unmistakable leader of the family, (no other family member could do this task well), therapist destroys the family's intellectual principle, which consists of a transactional game of growing up the sacrificial lamb so that family members avoid open conflict.

Therapist's counter protection serves a dual purpose: it relieves the identified child from being able to control the family and uses it as a person capable of autonomous behavior. In other words, the therapist attacks the role of children in family, but at the same time supports his 'ego'. Child is able to accept this provocation if it is given the courage and is supported in its desire to present itself in family in a more authentic way, i.e. become independent and complete the interrupted phases of development.

By rethinking the 'crazy' child behavior, therapist warns family before any modification of the current situation that could put a hard-won balance in the family system. Therapist by his position denies the benefits of therapy (and implicitly denies his role as a factor of change), thus challenging the system, as his investment in homeostasis seems greater than the family's investment. Therapist becomes more and more rigid and allows the family to become more flexible.

When behavior by an identified child in sessions improves, therapy enters a 'strategically unremarkable improvement' stage. We have learned from experience that strongly dysfunctional families cannot simply accept individualization by the child, as they also have to change their own individualization and therefore deny this improvement. Therapist's aim is to deny positive change before the family does it, with the intention of strengthening and stabilizing these changes. The therapist thus remains on the provocation strategy by teaching the family how to maintain the status quo - just as the change is beginning to emerge. The therapist justifies his position by emphasizing the potential risks arising from these changes. The second time the therapist attacks the system through the child, this time the issue of change for the better becomes the target of the attack.

The treatment strategy consists of three consecutive steps:

- 1) **Refusing to recognize any improvement:** Therapist behaves as if he was not even aware of the first signs of improvement and thus to deter fear (anxiety) from change
- 2) **New definitions of improvements as dangerous:** Therapist warns family against the risks that involves a change and thus activates the worst fears and fears in the family. The family doesn't realize that something is happening anymore, allowing the process to be slow and spontaneous, which is very hopeful, even desirable, for the overall process of change. When a family member is allowed to come face to face with system modifications, change becomes less threatening and therefore has a better chance of being accepted and maintained as a change permanent. This really supports the process of change that has begun;
- 3) **Change warning:** Therapist prescribes family behavior in a way that highlights the malfunction of family behavior as a system [3-6], in fact, to be very careful to avoid any changes will preserve the family's character and the stability of the change. Family believes that the process that is happening is not dangerous because there is actually no change from the attitude of conscious perception of all parts of the family. In this way, paradoxically, there is an improvement and a new sense of coherence is created between family members. The family must now do its best to demonstrate that the system is capable of changing.

In a 'restructuring' stage, the family begins to disagree with the therapist, starting to realize that things are actually changing. therapist provokes it when it causes stress by repeatedly emphasizing that the family has not changed or should not change. He claims that the family does not trust, prompts her with words and attitudes to 'show me', warns her with 'be careful' or claims to be 'insane'. then the family may be happy that the therapist is wrong; this reinforces the whole family's self-confidence as a system and individual members of the system; What members can become active in the work against the therapist, and thus actually closes together a common family-coalition and experiences collaboration as a whole, and by doing so, it grows and strengthens.

In other words, the therapist forces the family to show that the change they claim to have actually led to verifiable results and is constant, and that the power and trust of the family in itself assumes itself and stands behind it. These changes are first verified in sessions and then in the home environment. In this way, moving towards change will be strengthened and the therapeutic process will exceed the horizon of each session. family gains strength and responsibility as a whole by empowering individual members of the whole.

Once the family has become more flexible, we can use a typically structural approach, establishing new relationships between and within multiple subsystems. At the end of the stage, the child identified is the less central figure, and the rest of the family find that they may want to want to be within the family, that they have the right to fulfill their personal needs and not to deal with the central character. Family members are beginning to behave as individuals and not as a mass-reactive system and are starting to work as partners, the fourth stage of the process whose scheme has been introduced at the beginning.

The final stage is 'schizma therapeutic system'. It is a balance between homeostasis and the tendency to transform within the family and between the family and the therapist. family notes that change and that have occurred in terms of lifetime, constant change, and that

it is able to continue in the process that is started, that it is strong enough to act for itself like any single family member. He claims that he will be able to do so on his own, as these processes are still ongoing and hard to complete in terms of overall development. The therapist now asks her to show him how he will do it, so that it is not an illusion and the process is secured for future cohabitation.

By forcing the family to become independent, becoming self-sufficient, the therapist family can now free itself of its role because it is no longer needed, perhaps unnecessary, and could become very dangerous for the next stages of the family process over time [7,8].

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