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STRATEGIC THERAPY FOCUSED ON RESOLVING NEGATIVE RELATIONSHIPS WITHIN THE FAMILY

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Summary

The aim of this paper is to describe the course of strategic therapy for modifying and improving negative relationships within the family. Drawing on the assumptions of strategic therapy and the author's own therapeutic practice, the paper presents effective techniques for creating or restoring positive relationships between family members. The specific techniques include various types of homework and interviews with the whole family, as well as positive behavioral labeling and paradoxical directives. The main conclusions of this paper indicate that during therapy aimed at improving relationships in the family, it is necessary to consider various types of triads (intergenerational, between siblings) and skills for resolving difficulties arising from the transition through the various stages of the family life cycle. It is also extremely important to involve children in therapy, as it is difficult to imagine utilizing most techniques of strategic therapy – especially homework tasks, gathering information about the family, identifying triads, and understanding the family life cycle – without the participation of all family members.

Introduction

Poor mutual interactions within the family may be a manifestation of disturbances in the family system. These disturbances can result from recurring inappropriate behavior sequences, such as difficulties in expressing emotions or tendencies to "break up" the family by creating internal coalitions (mainly triads). A therapeutic approach focused on "repairing" a malfunctioning family system is the strategic model.

The strategic therapist has many techniques at their disposal to modify the dysfunctional family system, ultimately improving poor relationships within the family. The most commonly used techniques include homework assignments, family interviews, positive behavior labeling, and paradoxical directives [1].

Homework assignments

It is hard to imagine using the first technique mentioned above, namely "homework assignments," without the involvement of the entire family. These are homework tasks recommended for the family to complete between therapy sessions. The tasks include guidelines on how specific individuals and the family as a whole should behave in various circumstances. A specific category of tasks involves instructions for the entire family to carry out complex rituals at home, which can encourage change and help shape behavior patterns that lead to maintaining the family's status quo [2]. Here is an example of such a technique: A father raising his nearly five-year-old son alone came to see the therapist, worried that he could not teach his child to care about cleanliness, especially in his room. He wanted to enroll his son in the scouts but was informed that this would not be possible for another year. The therapist suggested that the father play the roles of "group leader" and "scout" with his son every day. As the group leader, the father modeled exemplary behavior in keeping things tidy, and the son, as a subordinate scout, began to follow suit. The problems with the mess at home quickly came to an end.

Gathering knowledge

Homework assignments, in order to be properly formulated, require a great deal of knowledge on the therapist's part about the family. In strategic therapy, the process of gathering this knowledge is treated as a specific technique— a procedure that requires direct contact between the clinician and all family members. Only then can the therapist gain confidence about what needs to be changed, learn about the attempts the family has made to overcome their problems, determine which attempts were ineffective, and identify the mistakes commonly made in this regard.

Collecting information about the family, understood in a specific way as an interview, has little in common with the classic psychiatric or psychological diagnosis in strategic therapy. Strategic therapists believe that making a psychiatric or psychological diagnosis may lead to "creating" the problem. In the strategic model, the goal of gathering knowledge about the family is to define and describe the revealed problems in such a way that they can be redefined and, consequently, solved. Therefore, the classic diagnosis is replaced by a specifically structured preliminary interview, in which usually the entire family participates. This interview creates favorable conditions for the entire therapy process. Thus, as mentioned earlier, this kind of interview is considered one of the techniques in strategic therapy.

Interview with the whole family

During this interview, the aim is to distinguish: (a) repeated behavior sequences (patterns), (b) existing triads (triangles) and the prevailing family hierarchy, and (c) the family life cycle [3]. This approach to the interview necessitates working with the entire family. It is not be possible to meet these three criteria if all family members are not included.

This becomes even more impossible if we consider what an interview in strategic therapy truly is. Its therapeutic nature, understood here as a strategy for changing or modifying the "imperfections" of the family discovered during the interview, requires simultaneous contact with each individual – with the mother and father, daughter and son, or daughters and sons, as well as with other people permanently living together (such as grandparents). Only then can the therapist properly conduct the interview and continuously address the weak points in the family system. With the entire family present, the therapist is able to accurately recognize the meaning and function of symptoms (repeated behavior sequences), triads, and hierarchy within the family, as well as the stages of the family life cycle.

Omitting children

According to the assumptions of strategic therapy, identifying recurring behavior sequences based on an interview conducted without the involvement of children has little value. Limiting the work to just the parents may result in identifying behavior patterns that are too one-sided, heavily subjective, and ultimately prone to significant error. In other words, it would provide an opportunity for the parents to "whitewash" themselves, presenting themselves in the best light and, in the process, stigmatizing the behaviors of the other (absent) family members. The absence of children during therapy prevents the parents from being subjected to any criticism from their side. They may only convey content that seems to support their parental infallibility. Moreover, even if we assume that the parents are very honest and it becomes possible to identify the actual recurring behavior sequences, the absence of children excludes the possibility of influencing their change. The identified behavior patterns for which the children are responsible will not be able to be redefined [4].

Coherence of the message

Looking at this issue from yet another perspective, the very term "behavior sequences" clearly suggests that, when identifying them, one should focus equally on both verbal content and the non-verbal communication channel. Therefore, observing the overall messages conveyed through "body language" becomes extremely important, while simultaneously relating the data obtained from this observation to the information provided through spoken language. Depending on the degree of coherence and complementarity of the message conveyed through both channels, it is then possible to make some final conclusions and, if accurate, identify typical patterns of responses.

It often happens that it is only non-verbal reactions that allow for the recognition of such patterns. For example, crying can be a constant behavior aimed at obtaining certain gratifications from the child. Depending on the nature of the demands, crying can take various forms—from subdued sobbing to wailing, even hysteria. It might aim at "forcing" parental affection at times; at other times, it may be used to mark the child's presence, or as a strategy for achieving specific material or practical benefits (e.g., the purchase of an expensive toy, furniture for the child's room), or even to restore proper relationships

between the parents. In the latter case, it is significant that the crying occurs during arguments and disputes between the mother and father or during repetitive behavior sequences that destabilize the family's functioning as a cohesive system.

A therapist who is deprived of the ability to interact with all family members at the same time is unable to directly affect the flawed family structure. Without the possibility of observing a range of non-verbal behaviors (facial expressions, hand movements, interactional distancing, etc.), the therapist may make many interpretive errors [5, 6]. It also becomes difficult to plan the course of therapy, and if it is based on incorrect analyses, it may lead the therapy in the wrong direction.

Therapist's strategy

The strategic therapist must ensure the conditions necessary to consider the extent to which each family member influences the behavior sequences established in family interactions. This applies to both positive behaviors, those that are still partially correct, and those that require decisive corrective actions. Distinguishing these three behavior patterns is an essential condition for the success of the "corrective" approach, which aims, on one hand, to reinforce positive responses (well-established and practiced behaviors), and on the other, to prevent the development of inappropriate interactions. Identifying the first group (desired behaviors) is meant to convince individual family members that they can react appropriately and adapt to the different circumstances that arise in their daily lives. This is intended to promote such behaviors, showing the benefits they bring to both the individual and the family as a whole. Every instance of such a response should be highlighted by the therapist, "publicly acknowledged" within the family, emphasized and praised in front of everyone as a model behavior that is truly worth replicating.

In the case of recurring inappropriate behaviors, the therapist should seek to determine which family members are responsible for them and to what extent. It is also crucial to carefully consider how much these behaviors destabilize the family system and how much they do not pose a threat to it. For example, conflicts between the mother and father may become a form of constructive resolution of specific difficulties. A heated exchange of views or opinions on a particular issue may prove to be extremely necessary and beneficial for the partners involved. In such cases, these conflicts may help maintain balance between the spouses, but observing such heated discussions by the child can affect the child negatively. The child, unable to recognize the positive aspects of the parents' arguments and unaware that this is a strategy they use to cope with emerging problems, may begin to react with crying, anxiety, or a loss of a sense of security [7].

Therapist's directiveness

In such situations—when recurring behavior sequences both stabilize (protect) the family on the one hand but, on the other, weaken some of its components (subsystems)—therapeutic intervention is necessary. The permissible directiveness in strategic therapy, which involves interfering with the family structure, aims to transform patterns of inter-

action that have been repeatedly enacted (in this case: constructive arguments in front of the child), so that one group of people loses nothing (in this case: spouses engaging in factual disputes), while another group simultaneously gains a great deal (in this case: the child passively participating in parental arguments). The therapeutic approach in such cases should be focused on making the child aware that arguments between mom and dad have much more to do with love and care than with hostility, even in line with the saying: "Those who like each other quarrel." The parents themselves must be instructed to hold heated discussions in private, during times when the child is not present at home.

The therapist may also recommend introducing certain modifications in the way spouses conduct their dialogues, such as showing more attention to paralinguistic aspects (vocal communication): the vocal aspects of communication, stressing important words, adjusting the tempo of speech, rhythm, and volume [8]. This aims not only to improve the exchange of words—achieving compromises more quickly and finding appropriate solutions—but also to give arguments a somewhat different, more measured character, which can be perceived as intense work on family problems and thus be viewed more positively by the onlookers (in this case: the child).

Family homeostasis

In the strategic model, a child's reactions, like those of every family member, are analyzed in the context of their participation in behavior sequences that sustain and exacerbate family problems, as well as those that contribute to maintaining family homeostasis. A supportive behavior from the child could be, for example, constantly encouraging the quarreling parents to systematically attend concerts at the symphony hall, believing that "music soothes the temperament." On the other hand, parents may often remind a child prone to skipping school (truancy) of the importance of proper education and the qualifications it leads to. Helpful statements in such cases might include: "If you don't carry a briefcase now, you'll be carrying a bag later," or "Study, study, because education is the key to everything."

Interpersonal relationships in the family

Similarly, it is hard to imagine conducting an interview aimed at understanding the relationships arising from triads and family hierarchy without the participation of children. The presence of all family members during therapy, and thus the ability to observe them in various situations, helps establish the actual hierarchy. Limiting the interview to discussions with the parents or a larger portion of the family may result in an incomplete or somewhat distorted picture of the roles within the family. For example, it may turn out that it is not the parents but one of the children who holds the power in the family. A combination of circumstances—such as parents' inability to deal with complex problems (e.g., financial or health issues) or their tendency to avoid responsibility for the well-being of all or some family members—may lead to assigning a significant, even dominant, role to one of the children. For instance, if the parents are unemployed and without the right to

benefits, they may, by assuming a position of helplessness, "grant" authority to the child who has a well-paid job and high professional and social standing. Another criterion may be "life savvy," the ability to navigate the overly complicated modern world with which the parents struggle. Lacking education and showing no interest in self-education, and thus "competing" with their children, parents may be inclined to take the position of family outsiders—people who observe what happens in the family, willing only to consume what their children offer them.

The absence, during the interview, of the child who holds such power within the family may result in the "embarrassed" parents failing to disclose this information. It may be more convenient for them to remain silent about it; moreover, the child's absence may in fact serve their interests. In this way, they can preserve their public image and create the impression that the hierarchy and structure in their family conform to the traditional model. They may therefore intentionally propose meeting times with the therapist that make it impossible for the therapist to meet with that particular child.

Transfer of power

In my own clinical practice, I have encountered such cases several times. In one family, the leadership role was assumed by a sixteen-year-old son who was burdened with responsibility for the family's material well-being. The parents, both without qualifications or stable employment and prone to alcohol abuse, agreed that this teenage boy would become the head of the family. Moreover, he took on the responsibility of caring for his younger siblings—two sisters and a brother. It was due to the significant behavioral problems they caused at school, their excessive aggression, and tendencies toward fights and thefts, that I came into contact with the entire family.

At the first meeting, I had the impression that this was a relatively well-functioning family. It seemed that the parents, to the best of their ability, were trying to care for their children and maintain control over them. Although poverty was immediately evident, the cleanliness and order of the apartment and, most importantly, the way the parents treated the children, showing concern and affection, suggested that the sources of the children's pathological behaviors should be sought in external, non-family environments.

This favorable image of the family lasted until I managed to meet with the eldest son, who had been consistently absent from the meetings. At that point, everything immediately came to light. Although the family continued to try to maintain its positive image, the changes in how the members communicated and the emergence of previously non-existent relationships clearly exposed the true hierarchy. It turned out that the teenager who held power in the family was not attending school. When asked about the reasons, he gave several, such as being out of his parents' control, poor treatment by teachers, the necessity of protecting his parents and younger siblings, sacrificing himself by earning money for them, and replacing his parents for his sisters and brother. He also spoke of his strong determination, saying that he would like to live differently, but, having been mistreated by his parents—who were ignoring (rejecting) him—he was almost forced to take on the leading role in the family. All these justifications (hypotheses) sounded convincing, except

perhaps those about being a victim of a supposedly repressive school. These were the points I focused on in the therapeutic process.

At this point, it is also worth noting that understanding the family's true dynamics became largely possible due to the presence of the younger siblings, who, even during the first meetings, spoke too frequently in their accounts about the eldest brother, often attributing to him achievements far beyond those expected of one among many children in the family. When recounting events involving him, the younger children used expressions such as: "he can do everything," "if it weren't for him," "he bought this for me," or "it's only thanks to him." At the same time, there was almost a complete absence of similar statements that might suggest comparable contributions from either parent. This pattern was also reflected in nonverbal behavior: when speaking about their older brother, the children used gestures of openness (hands extended outward, held in a semi-open position on their laps or on the table, etc.), whereas gestures indicating "closure" were typically used when interacting with their parents (hands clasped together, hidden under the table, etc.). These dynamics were most clearly visible in the presence of the eldest brother, as direct interaction with him markedly intensified these reactions.

Intergenerational triads

There are also families in which the process of structuring and hierarchizing has not yet been completed and, moreover, has become their main problem. This may arise, for example, from both partners' equal desire to play a dominant role in the family; from their pursuit of an autocratic, unilateral form of power and resorting to various tricks (schemes, games, maneuvers) to take control of the family. At this point, various coalitions with individual family members may emerge, leading to the formation of so-called intergenerational triads (triangles). For instance, when one partner assumes the right to make all decisions, the other may attempt to undermine this authority by involving the children.The formation of different triads—three-person relational systems—can stem from the parents' struggle to take control and responsibility, as well as from the desire to pass on the dominant role to the children or other individuals (e.g., grandparents). It may also be the result of an inconsistent, double hierarchy within the family (e.g., when one partner's behavior counterbalances the power of the other). Triads can involve the parents and a child, or one parent, a child, and, for example, a grandparent. Their function is to compensate for (reduce, balance) the tension between two people by including a third party [9].

Pathological triads

It should not be understood that triads are inherently pathological. In fact, triads, both in families and in all interpersonal systems, can often contribute to strengthening the structure and forming cooperating or complementary coalitions. A pathological triad – which, by the way, is of particular interest to strategic therapists – can only be identified when it becomes "rigid." A typical example of a rigid triad is a triangle involving a mother who is overly involved (entangled) in the child's affairs, the child, and the father, who takes on

the role of an outsider (a person not engaged in family matters). In the strategic model, it is important to determine the mechanisms that involve (or entangle) the child in conflicts between the parents, as well as to observe how the child copes with the role imposed on them in the triad. Therefore, it is impossible to properly recognize the existence, structure, and dynamics of such a triangle when the children are not present in the session.

Child triads

The necessity of involving children in family therapy is also supported by the fact that, in almost every family, various triads can form. This is particularly true for large families, where sibling triads may also emerge. For instance, two older brothers may form a coalition against their younger sister. There are many possible variations of such dynamics. The criteria for the formation of child triads can include factors such as age (birth order), gender, physical development, the emotional and affectionate relationship parents have with each child, and mutual likes and dislikes. Often, it is jealousy over parental affection, combined with the belief (sometimes overly subjective) that one of the siblings is favored by the mother, the father, or both parents simultaneously, that becomes the final trigger for the creation of a rigid triad— a three-person relational system in which the supposed "rejected" pair of siblings forms an oppositional alliance against the third child, whom they perceive as having special privileges.

Family life cycle

The third aspect of interpersonal relationships addressed by strategic therapists, in addition to the previously discussed repetitive behavior sequences and family triads and hierarchies, is the family life cycle. Overall developmental events, such as the courtship period, marriage, the birth of children, their growing up and leaving the home (separating from children), require increasingly different ways of communication and fundamental re-evaluations in interpersonal relationships. In properly functioning families, this evolutionary process—the development of the family over time—proceeds without major disruptions and in a natural manner. However, when a family is unable to properly resolve the difficulties arising from passing through the various stages of the family life cycle, it becomes stuck. Unable to adapt to the inevitable, ongoing changes and struggling helplessly with new challenges, the family gradually loses the ability to function normally [9].

Adolescence

Among the many developmental events mentioned above, special attention is given to the adolescence phase, a period in which the character of the young person is transformed. Behavioral disorders that manifest during this time are often seen as signs of a lack of self-acceptance or an unrealistic self-esteem (either too low or too high). Typically, this con-

cerns dissatisfaction with one's external appearance (exaggerating small physical defects, attributing negative traits related to body weight, nose size, lip shape, body shape, etc.), falling into excessive self-criticism, and engaging in various conflicts (due to differences in opinions, beliefs, or religious and political convictions, etc.), both with close family members and individuals from the outside (non-family) environment [10].

Crises in the family and their overcoming

The breeding ground for the intensification of such behaviors is the improper functioning of the family, stemming from its inability to resolve crises and difficulties arising during the natural development process of the family as it passes through different stages of its life cycle [11]. While children from families that cope well with these life cycles usually emerge unscathed from the typical adolescent crisis of maturation, in dysfunctional families, pathological behaviors may develop. When children lack proper support within the family and are entangled in intergenerational conflicts, they are forced to internalize the dysfunctional family dynamics. As a result, they adopt behavior patterns that may lead to significant problems in their future lives, whether in the near or distant future. Most often, the confrontation of these negative patterns (family schemas) with those required outside the family (in the external world) is to their detriment [12].

The consequences of improper navigation through the stages of the family life cycle may become evident much earlier, typically when a child enters kindergarten, and especially when they start school. There is general agreement that this is the period of the most frequent and intense crises in the family. Growing misunderstandings can stem, on the one hand, from conflicting parenting views on how to raise the child, and on the other hand, from concerns about how well the child has been prepared for life outside the family. Parents tend to view this time, when their child is exposed to the evaluation of others, as a form of verification of the care they have provided so far. This is further exacerbated by the fact that starting school is the first symptom, or precursor, of the child's gradual separation from the family. The awareness grows that there will come a time when the child will leave home for good, and the parents will be left to live alone as a couple. Although this event is still far in the future, it can cause anxiety, particularly among those parents who have focused all their efforts on raising the child. This issue tends to concern mothers more than fathers. Spending much more time with the child, necessarily limiting social contacts and distancing themselves from professional life, the mother gradually becomes enmeshed in the child's world. A disconnect arises between her idealized view of motherhood and the reality: the offspring, seen as a form of self-realization, becomes a source of frustration. The need to constantly attend to the child, staying home with them at the expense of past activities and broader participation in adult life, may lead to the child's upbringing, fulfilling every whim, and unconditionally supporting them becoming an end in itself—a dominant imperative that shapes and focuses the mother's daily functioning. The once-present expectations and aspirations connected with professional qualifications and career plans are replaced by a desire to dedicate herself entirely to the child. A sudden realization that the child will one day leave home can provoke fear, and the mere prospect

of the child leaving can be perceived as a threat to the value system (hierarchy) that the mother has adopted.

It can also happen that the child becomes a "bargaining chip" in a game between spouses. A wife, feeling undervalued, unappreciated, and ignored by her husband, who is overly focused on his career, may intentionally try to induce disorders in the child. Wanting to emphasize her role as the primary caregiver and to remind her partner of her importance in the family, she might push the child toward emotional disturbances to demonstrate how well she can resolve (or compensate for) such problems [3].

Restoring bonds

In both cases—excessive protectiveness and the provocation of disorders—clinical intervention is necessary. The therapist should plan the course of therapy in such a way that normal bonds between the mother and child are restored, and the mother finds a more satisfying type of activity for herself. Using various strategies, the therapist should help compensate for the parents' anxiety related to their children leaving home and restore their roles as competent parents: a mother able to balance her feelings for the child with the realization of her own aspirations (rational motherhood combined with personal ambitions), and a father who becomes more engaged in child-rearing and fosters a partnership based on understanding the reasoning and expectations of the other person (his wife). In the case of the children, the goal should be to create appropriate conditions for them to cope with the difficulties of adolescence, as well as to protect them from becoming entangled in, or entangling themselves in, various triads.

Positive designation

Techniques of positive labeling of behaviors and paradoxical directives can also prove helpful. The first technique involves assigning positive connotations to negative behaviors and/or the factors that sustain them, which allows for a deeper understanding of their structure and, ultimately, reframing them into more constructive reactions.

For example, spouses' tendency to engage in heated arguments may be interpreted as a sign of ongoing feelings between them, and a child's impulsivity and aggression can be seen as an expression of their desire to have a voice in the family. By positively labeling the behaviors of family members, even those behaviors that are considered annoying or troublesome can be targeted in therapeutic interventions, because they are often viewed negatively, casting the person who frequently engages in them in an unfavorable light. This process involves a sort of "taming" or "normalizing" of socially stigmatized behaviors within the family context. A patient who is specifically challenged to confront their own weaknesses (flaws) has the opportunity to expand their awareness to the point where behavioral change becomes possible. They can attribute new, positive connotations to previously negative reactions and propose more favorable alternatives to the family. The technique of positive labeling is highly recommended in family therapy, particularly for families whose members may be reluctant to cooperate. It is an excellent method for

reducing "resistance" and simultaneously helps prepare the ground for introducing other systemic therapeutic techniques, especially paradoxical directives [2].

Paradoxical directives

Paradoxical directives are most commonly used in therapeutic work with families that exhibit significant resistance to change. However, they are not required for families that are open to change and willing to carry out tasks suggested during therapy. In this type of strategy, therapists typically recommend maintaining the symptom and supporting it. Strategic therapists provide numerous examples of rapid and clear changes in families where this method was applied. Paradoxical directives are especially recommended for working with families facing very serious problems, where other strategies have proven ineffective.

In short-term strategic therapy, three types of paradoxical instructions are used. The first—called the strategy of recommending the symptom—is characterized by the therapist encouraging a family member to continue or even intensify the behavior that is intended to be eliminated. The second therapeutic paradox—the strategy of postponement—works by the therapist questioning the possibility of change, advising against it, suggesting that family members should not make changes too quickly, and informing them about the high risk of symptom recurrence. The last paradoxical directive—the positive strategy— involves the therapist accepting the family's problems [2].

Description of the therapy process

Family background:

The therapy began with a family struggling to cope with the behavior of their 11-year-old daughter, Natalia. The girl had been performing significantly worse in school than before. She was also increasingly hostile toward her peers and her younger brother, who was clearly favored by their mother. Natalia exhibited rude and aggressive behavior, often using foul language, and had committed minor thefts in self-service stores and the school locker room. Additionally, she was caught smoking cigarettes.

Session 1

In the first session, the mother dominated the conversation. She defended her daughter, explaining her behavior as typical for teenage girls. The father appeared to be dominated by his wife (and was visibly dissatisfied), speaking very little. He seemed overwhelmed and apathetic. Toward the end of the session, the mother stated that they could handle the "alleged" problems with their daughter on their own and saw no point in continuing therapy, believing it would not bring the expected changes. The therapist employed the "positioning strategy," fully accepting the mother's statement.

Session 2

At the second session, the mother had not changed her view on her daughter's behavior. She acknowledged that frequent arguments occurred between them but believed that, with time, things would improve. The therapist used the "symptom-maintenance strategy," saying: "I think it's good for you to continue acting like an incapable father, as it allows your wife to take more responsibility for your daughter and her bad behavior. For you, it's important to keep being this kind of mother and wife, as it may prevent escalation in tensions between your daughter and your husband." The father responded defensively, citing examples of his parenting skills and stating that he set appropriate expectations for Natalia, but his statements seemed unconvincing. The therapist then applied the "strategy of withholding," saying: "I am convinced that changing your behavior toward Natalia—where you would be less strict, and you more consistent—could jeopardize your relationship. And that is more important to you. Even serious problems with your daughter are not worth risking the breakdown of your relationship." The parents agreed that, as a trial, they would switch roles for the next few days. In response, the therapist used the "withholding strategy" again, saying: "This proposal raises some concerns for me. Start with one day. Switch roles gradually, without rushing."

Session 3

By the third session, the father had noticeably changed his behavior within the family. He was more open, but also sarcastic and demanding toward his wife. The once indifferent father became excessively demanding, especially toward their troublesome daughter, which contributed to a significant improvement in her behavior at school. The therapist, using the "symptomatic behavior recommendation strategy," said to Natalia: "Natalia, you should keep misbehaving if you want your mother to continue taking care of your brother more than you." Natalia admitted that if she was not supported by her parents, she could take care of her own issues. The therapist then used the "positive labeling of behavior" strategy, saying: "Lack of care from your parents may help you become more independent and self-reliant."

Session 4

Natalia's behavior had improved significantly, but now her younger brother began causing more problems. This was evident from both the parents' observations and the therapist's observations during the family meeting. The mother appeared sadder and more withdrawn, as her favored son started behaving worse, while her previously neglected daughter was improving without any assistance. It also emerged that the father was at risk of being fired, which posed a significant threat to the family's financial security. This may explain his apathy and withdrawal observed during the first session. The therapist used the "positive labeling of behaviors" strategy with the father, saying: "Changing jobs can often be very beneficial both financially and psychologically. A new job, new opportunities, new people, new environment." The father responded with a slight smile.

Session 5

Natalia's behavior had further improved, not just at home but also in school and with her peers. The father admitted that he wasn't feeling well, complaining of stomach issues and trouble sleeping. He seemed very passive at the beginning of the session. The therapist said: "Probably, now that your wife doesn't need to take care of Natalia as much, she will start taking care of you. And this might be more humiliating and less comfortable for you than for Natalia, who has already experienced that kind of care." The therapist then used the "symptom-maintenance strategy," saying to Natalia: "If you want to bring your parents closer together, you should start causing trouble again." The father strongly opposed this suggestion. Natalia then turned to the therapist, saying: "Please make it easier for them to separate."

Session 6

In the weeks that followed, Natalia's behavior worsened considerably. The parents blamed the therapist for encouraging their daughter to behave this way during the previous session. The girl clearly stated that she wanted to do whatever it took to keep her parents together. The therapist then used the "symptomatic behavior recommendation strategy," saying: "Since you don't feel comfortable in your new roles, start living the way you did before." A heated discussion followed about whose problem was more difficult and burdensome for the family—the father's or Natalia's. Everyone agreed that the main issue was the family's deep sense of confusion and loss.

Session 7

Two weeks after the previous session, the family showed noticeable satisfaction with the changes that had occurred. The therapist then used the "withholding strategy," saying: "I'm worried that this change has happened too quickly for you." The parents praised Natalia for her exemplary behavior. The father began spending more time with the children and was more direct in expressing his parental feelings. While there were still occasional conflicts between Natalia and her mother, these interactions were more constructive. When the parents said goodbye to the therapist, they acknowledged that his suggestions often surprised them but they believed in their validity.

Conclusions

The drawback of strategic therapy is the complete disregard for the intrapsychic processes of the family members. This is explained by the belief that intrapsychic phenomena of the parents and children are not the cause of disorders and therefore do not affect the therapy outcomes. Insight is not required to overcome the problems reported by family members. Intrapsychic processes (e.g., mutual feelings) of all family members will change when the interactions between them change.

Moreover, strategic therapists ignore the family history, the past of individual members, and the causes of disruptive behavior. Regardless of what initiated the problem, it is continually sustained or intensified by current interactions within the family. Therefore, it is sufficient to identify the chain of interactions responsible for maintaining the harmful behavior.

Strategic therapists are not particularly interested in creating theories. They focus mainly on quick and effective interventions. They pay special attention to practical actions, improving strategies (interventions, instructions), and therapeutic techniques aimed at removing the symptoms of disorders reported by the family.

A characteristic feature of strategic therapy is instructing, directiveness, and advising family members on what they should do during the therapy session and/or outside of it (the "homework" technique). These instructions should involve all family members, including children. Therapeutic interventions, taking the form of instructions, are intended to change the ways in which family members relate to each other, as well as to the therapist, who adopts the family's position when defining the problem, even when the issue is linked only to one (symptomatic) family member. The therapy goals, including specific behaviors, are discussed and clearly defined with each family member, without excluding the children. Instructions can be formulated directly or delivered paradoxically, addressed to one or two individuals, or to the entire family.

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XX KONFERENCJA TRZECH SEKCJI „PSYCHOTERAPIA: NAUKA I SZTUKA”

Toruń 24-26 października 2025 r.

Choć słowo „sztuka” często przywodzi na myśl twórczość artystyczną, w tym kontekście chodzi o coś więcej: o sztukę słuchania, rozumienia, towarzyszenia w cierpieniu. O subtelną pracę w relacji, która wymyka się ścisłym algorytmom, a jednak pozostaje zakorzeniona w teorii i badaniach.

Zapraszamy na jubileuszową, dwudziestą ogólnopolską konferencję psychoterapeutów polskich, znaną powszechnie jako Trójkonferencja, która w dniach 24–26 października odbędzie się w Toruniu.

Gospodarzem tegorocznej edycji jest Sekcja Naukowa Terapii Rodzin Polskiego Towarzystwa Psychiatrycznego, a temat przewodni brzmi: **Psychoterapia: Nauka i Sztuka**.

Jednym z punktów programu będzie rozmowa z Wilhelmem Sasnalem, cenionym artystą i filmowcem. Do dialogu zaprosi go Justyna Dąbrowska, psychoterapeutka i autorka poruszających rozmów z artystami i psychoterapeutami.

Na wykład inaugurujący konferencję zaplanowane jest wystąpienie stypendystki brytyjskiej Akademii Nauk Społecznych oraz członkini nadzwyczajnej Brytyjskiego Towarzystwa Psychologicznego Arlene Vetere „What’s love got to do with it”.

W ramach konferencyjnych sesji plenarnych zostaną podjęte między innymi następujące tematy: „Kulturowe konteksty psychoterapii”, „Współczesne podejście do badań nad psychoterapią”, „Co badamy w psychoterapii”, „Psychoterapeuci nie szukają winnych - kontekst rodzinny”, „Psychoterapia w różnych kontekstach instytucjonalnych”, „Miejsce sztucznej inteligencji w psychoterapii”, „Szkolenie w psychoterapii”.

Refleksję nad powyższymi zagadnieniami podejmą między innymi pisarka i aktywistka feministyczna Agnieszka Graff, filozof i psychoterapeuta Andrzej Leder, filozof i publicysta Tomasz Stawiszyński, psycholog społeczny Konrad Maj, a także psychoterapeutki i psychoterapeuci: Szymon Chrząstowski, Krzysztof Ciepliński, Agata Cioczek, Jan Czesław Czabała, Jerzy Dmuchowski, Małgorzata Gałecka, Łukasz Gawęda, Jarosław Gliszczyński, Marta Głowacka, Bernadetta Janusz, Tomasz Jarmuż, Barbara Józefik, Bartosz Kleszcz, Iwona Kozłowska-Piwowarczyk, Anna Król-Kuczkowska, Grzegorz Mączka, Jarosław Michałowski, Łukasz Müldner-Nieckowski, Irena Namysłowska, Anna Nowak, Sylwia Nowakowska, Zofia Pierzchała, Maciej Pilecki, Hanna Pinkowska-Zielińska, Rafał Radzio, Rafał Styła, Anna Tanalska-Dulęba, Katarzyna Walewska, Anna Zajenkowska, Cezary Żechowski.

Do końca lipca obowiązuje promocyjna cena biletów.
Pełny program i rejestracja dostępne są na stronie:
https://3konferencja2025.syskonf.pl

Do zobaczenia na XX TRÓJKONFERENCJI:
Toruń 24–26 października 2025 r.