Systemic Consultation and Interdisciplinary Cooperation – Appeal for an Ecosystemic Model of Action in the Human Sciences

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Abstract

Based on ecosystemic (Keeney) or experimental epistemology (Ceruti), the situation of families in which children and youths display conspicuous behaviour should be understood and changed. The question yet to be clarified is how development support in reference to health and competence or development support having a non-individual-fixated, non-deficit-fixated basis or rather based on the system and the environment respectively should be conceived. Our concept of systemic consultation stands for an orientation which strives to realize – over a wide range of professions – development support within the families' environmental context.

Whilst the knowledge of being tied to a system or rather the core of systemtherapeutic or systempedagogical thinking is being influenced by the yet to be fulfilled task of re-contextualizing the individual systems, one can hardly perceive a corresponding awareness of the perception and support of the integrated helping system(s) seen on its part as a component of the entire system context. In order to contemplate mankind in its environment as being bound to systems, it is necessary at the present time to re-integrate on the level of action the helping systems which were previously subdivided into various specific and semi-specific disciplines. Systemic consultation offers an appropriate orientation for an environment-oriented development support by which means a rash and extensively additive intervention or long-term therapies of medical, psychological and/or pedagogical nature are or can be avoided.

Introduction

It is most likely unusual for an educationalist and family therapist to enthusiastically take up the contribution of a midwife, and then to want to offer a model of action based on the discernible mutual model of understanding. This young, interdisciplinarily structured magazine must surely be given a vast amount of credit for this article! (see the self-stated objective of the editor Fedor-Freybergh, 1/1989). S. Kühnel's (1989) emphasized accentuation of being tied to the system, of competence and of health is largely identical to the model we developed which is a non-individual-fixated, non-deficit-fixated form of development support of families having conspicuous children and youths. For nearly 3 years now we as an interdisciplinary team (a child and youth psychiatrist, a psychologist, a special educationalist for the handicapped and a teacher) have been realizing systemic consultation in the family sector. This type of systemic consultation makes an orientation for action possible with the help of which, if need be, it is probably easier to draw a line between birth aid and birth medicine (aid vs. intervention). Furthermore, systemic consultation makes it possible for a "difficult" family situation not to have to go hand in hand with therapeutical aid. Possible complications that make an intervention of birth medicine seem necessary become superfluous, if need be. Whether or to which extent systemic consultation can be relevant for the context of birth aid and birth medicine must, however, be decided upon by the persons concerned, the families, the birth assistants, midwives, dieticians, psychologists, pediatricians, nurses and social workers in a co-creative way.

The Inherent Context

These comments are based on critical works concerning the progressing medicalization of children and youths displaying conspicuous behaviour. Besides the discussion concerning necessary theoretical alternatives, the establishment and accompaniment of parental self-help groups and the acquisition/testing of a system-related supervisionary (intervisionary) concept, the core of current work is the reflection and realization of interdisciplinary support concepts based on environment and competence for systems having conspicuous children and youths (see also Voß 1987, 1989a).

In the Centre for Bildung and Health e.V., Dortmund, which was established in consideration of the aforesaid criteria, we have been offering support programmes related to the environmental circumstances to families and other systems in which children and youths display conspicuous behaviour (school, home, kindergarten, self-help groups, etc.) since 1988. In this field of work, our concentration is focused on "systemic consultation", which is carried through by an interdisciplinary team. A psychologist, a child and youth psychiatrist, a special educationalist for the handicapped and a school teacher belong to this team. In addition to their specific professional degrees, all team members have obtained a further degree in system (family) therapy. If counselling, therapeutic or special educational support programmes (marriage and relationship counselling; individual or family therapy; speech therapy; kinetotherapy) prove to be neces-

sary after the consultation stage, such programmes will be partly realized in the Centre or they will be coordinated and delegated within the range of support programmes offered by the community or the district respectively. A detailed description of this work has been given elsewhere (see Voß 1989c).

Supporting the Conspicuous Child Within Its Environmental Context

Turning away from the theoretical standpoint which sees the conspicuous child as the "victim" of physical or rather stigmatizing processes (Gleiss 1978), and turning to an understanding of the (active, mood-producing) signalling function of conspicuous behaviour (Wolff 1978, Voß 1987, Hurrelmann 1988) has led to far-reaching consequences for the approach to conspicuous children/youths. The one-sided occupation with the child, the fixation on the "defect", the "deficit", the "illness" (see Milani-Comparetti 1986, Roser 1982) no longer forms the core of thought and action of the human sciences. On the contrary, the analysis of the child's (socio-affective-logical) unit in the context of its holistic living circumstances is at the heart of a "topological perspective". Regarding an extensive theory of conspicuous behaviour, this considers the level of environment (family, school, peer-group, community), the level of life history (individual, family, socio-historic history) and the level of mythology (myths, symbols, dreams, fairy tales) and their relationships (!) as a systemic unit. Therefore, the topological perspective aims at a theoretical model attempting to describe and support in an interdisciplinary and co-creative way the "applied individuation" (see also Stierlin 1977), or the "individual development seen in context" (Bronfenbrenner 1979, see in detail Voß 1989b).

Families (systems) looking for professional aid because of their conspicuous children do not have (sufficient) possibilities of using their own personal, family-connected or social potentials to solve conflicts. The reason for this is the specific and time-limited environmental situation in which the family acts as a "system at a standstill" (Andersen 1987a). This means that no alternative possibilities of thought and action or rather conflict solving strategies are to be found, offered or made use of either within the family (system) or within the extended social network (Bronfenbrenner 1981).

Derived from an "ecosystemic" or also "experimental" epistemology (see Keeney 1973, Ceruti 1989), the child's situation, and therefore the child's future as an adult as well, should be understood and changed along the lines of this outlook on life and on mankind as deduced from practical experience. The question remains how this (non-individual-fixated, non-deficit-fixated) development support, applied to the system or to the environment respectively, should be conceived. An observation oriented towards the environment of families (systems) having conspicuous children/youths must take into account the fact that the family is tied up in a social and cultural system context, also regarded as a dynamic network of social interrelations (see Speck, Attneave 1976, Hobbs 1978, Salzinger 1988, Garbarino 1986). The family influences this network as well as being influenced by the network. Therapeutic (system-therapeutic) experiences, multi-professional or rather self-help or network-oriented advancement
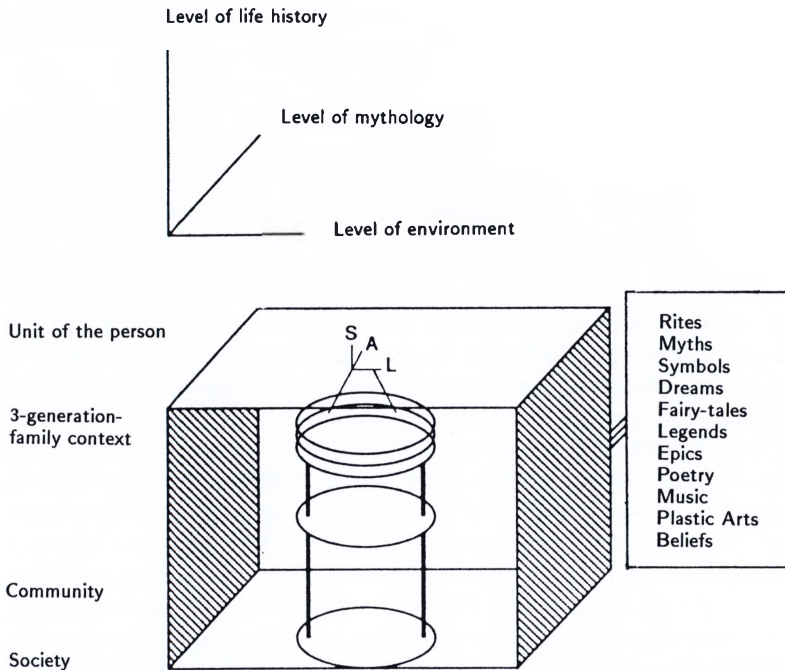
Level of life history

Level of mythology

Level of environment

Unit of the person

3-generation-
family context

Community

Society

Rites
Myths
Symbols
Dreams
Fairy-tales
Legends
Epics
Poetry
Music
Plastic Arts
Beliefs

Fig. 1. Conspicuous behaviour of children seen in context. A topological perspective.

concepts and corresponding institutional embodiments in district or community schools demonstrate the first realizations of an environment related development support of conspicuous children and youths.

In a situation in which the crisis of existing therapy and counselling institutions becomes clear (see Kardorff, Koenen 1981, Zygowski 1984, Körner, Zygowski 1985) and in which the growing helplessness of those giving aid is obvious, a definitely perceptible development can be shown analogously. This development might also be called the renaissance of acceptance, application and advancement of social networks or of self-help resources (see Gottlieb 1981, Keupp, Röhrle 1987, Nestmann 1988, Sarason, Sarason 1985).

Even though this development, which is oriented towards the context of living circumstances and self-help competences and is derived from a systemic pedagogy (see Huschke-Rhein 1986, 1989), is of importance, we must nevertheless be aware of the danger of a transfiguration of the social support systems' efficiency (see Keupp 1987). By doing so, it could easily lead to an extended "psychiatrization of everyday life" (see Castel 1979). This hypothesis is based on the following background: it stands to question why these families (systems) in particular should suddenly be capable of such "empowerment" activities (see Rappaport 1985), although their functions and competences have been continually weakended by social development over decades? Furthermore, attention must be drawn to a characteristic of conflicting situations. Only too often do conflicting situations involve not only the family or system itself, but an extended, problem related communication system – "problem determined system" – as well (see

also Anderson 1986). This might include system contexts such as family/relatives and family/neighbours, but also family/professional helpers. In such a situation, not only the family finds itself at a "standstill" phase, but quite often the extended support system as well. In this case and in those in which families (systems) are not sufficiently tied up in a social network, professional aid becomes necessary at the present state of social development. It is necessary to point out the danger here: the possible overstrain of social support systems and the hereto closely connected potential "failure" of these systems could be used as a justification of new, reinforced forms of governmental social control policies.

It remains to be explained in the given social situation how an alternative system-oriented form of professional aid should be structured and how the individual branches of social, paraprofessional support should be structured (see Collins, Pancoast 1981), so that the various levels of environment-oriented development support can be applied optimally.

Systemic Consultation

Constitutively, a different way of acting and thinking forms the basic approach to an environment-oriented form of professional support. This way of thinking has been strongly influenced by the epistemological works of Bateson (1972, 1979) and Maturana (1975, Maturana, Varela 1980) and by the constructivist ideas of v. Förster (1973) and v. Glasersfeld (1985). Furthermore, it is closely connected to the findings made in clinical practical operation by Andersen (1987a, b), Anderson, Goolishian (1988), Keeney (1987) and Dell (1983). In this context Maturana's understanding of the structural determination of living systems is of importance. Every living system decides according to its structure what is to be integrated within its system, and how and when it is ready to change its structure. This excludes the possibility of "instructing" living systems externally, of inducing and of changing them. It is only possible to "perturb" them, to stimulate and to disrupt them. In regard to human communication, this means that only a limited interchange can take place which determines the given repertoire of the individual enabling him to relate. For this reason, human communication must be carried by the integrity of others as each message is a result of the individual construction of reality specific of each person. Moreover, Maturana's understanding is of fundamental importance – every living thing acts as an autopoietic system, i.e. as a self-organizing system. Framed by its structural determination, this information (idea) processing system possesses the capability of acting autonomously and self-defining. The seeming contradiction of the underlined interdependence and structural determination of living systems is renounced by the "cybernetic complementarity." "It is important to keep in mind that a cybernetic complementarity includes various levels of recursion, which show how pairs (poles, extremes, modalities, sides) are related to one another and yet remain separate (Varela)" (Keeney 1987, 117).

In the situation where information (ideas) comes together with the (individual) structure of the system, living systems display the capability or the competence ("competere" (Latin): to come together, to coincide) of constantly co-

creating in new ways according to the situation. If this process of "related individ-
uation" (Stierlin 1977) comes to a "standstill", the system becomes "ill" (dies).

Taken from this background, the idea and the concept of systemic consul-
tation signify an orientation which strives to realize professional development
support in the environmental context of families (systems) in which children and
youths show conspicuous behaviour. Consultation represents an interactive pro-
cess between the "consultant(s)" and one or more "consultees". The aim of con-
sultation is to develop new possibilities of perception and action for a situation
that was experienced unsatisfactorily. Consultation (Latin: consultare) means to
deliberate together and to think things over carefully. It describes a "co-creative
process" (see Bateson 1984) that analyzes a situation or a "problem-determined
system" (see also Anderson 1986) with the aim of encouraging an expansion of
the individual and/or collective possibilities of action within the consultees. The
systemic orientation of consultation accentuates in particular the perception and
the consideration of relationship structures and processes of as many problem-
relevant factors and levels as well as their connections to one another as possible.
Neither the diagnosis of a "defect" nor the aim of "curing" one are prerequisites
for systemic consultation. Its main concern consists of an expansion of individual
and/or collective possibilities of perception, thought and action of the consultees
by means of perturbation. This is presently achieved by appropriate methods of
"circulating" surveys (Milan group), of "reframing" (Palo Alto group) or of pro-
ducing ecstasies (Keeney, Tromsö Team). H. v. Förster summed it up this way:
"My diagnosis of a family in need – however complex their situation may seem
– is a crippled approach to their potential complexity. This means that they are
captured by their own behaviour which is too narrow and stable, and they are
desperately searching for a way out; they are suffering from a psychic claustro-
phobia." (Förster v. 1988, 33). Therefore, not a reduction but an expansion of
the complexity makes up the core of systemic consultation.

To begin with, the process of systemic consultation aims at a mutual, co-
creative "reconstruction" of a given situation out of the environmental context,
one that is felt by the consultees to be problematic, onerous or sickening in some
way. This is done by keeping the premise in mind that complex environmental
situations can be better understood, if seen from more than one angle. "On the
contrary, different points of view allow different perspectives of the same com-
plex issue, and it is exactly the variety of perspectives that allows an issue to be
reconstructed adequately" (Kriz 1985, 298). The consultation's intended sugges-
tions, seen as processes of expanding the consultees' possibilities of perception,
ways of thinking and acting, can then influence changes in the structure of social
system (e.g. family) as well as changes in the assignment of importance to phe-
nomena, relations or structures (see Simon, Stierlin 1984; also Watzlawick 1974).
Accordingly, the most different (mainly mixed) forms of personal, social (self-
help) and professional support are mutually reorganizable/organizable for each
(unique) conflicting situation (see the corresponding comments about "Inter-
disciplinary Cooperation"). Committed enthusiasm, curiosity and creativity of
the consultants characterize this process of encouragement by which the com-
petences and resources of the consultees are to be supported in order to expand

the possibilities of action within the environmental context. To distinguish it from forms of traditional counselling and therapy, systemic consultation can be said to have the following features (see also Wynne 1986):

– *Systemic consultation avoids defining problems at an early stage*

If people go to a so-called expert because of a problem situation, they have already defined the assumed dimension of the problem by deciding to see him. By consulting a doctor they assume that the cause of the problem is of a somatic nature. By consulting a psychotherapist the problem is seen as one most likely in the psychological field. Because of the expert's perspectives and "treatment" specific of his profession, the assumption of these people is usually confirmed and supported. Systemic consultation wants to avoid such an early pinpointing of the problem. In the process of consultation, one of the first steps is to find out the various dimensions the problem comprises and then to consider who is able to give appropriate aid.

– *Systemic consultation makes it possible for the consultants to observe from a metaposition from which they can see systemic relations and patterns*

Because of the fact that the perspective of systemic consultation is not focused on isolated persons and phenomena but instead on relation structures and patterns with all their diverse interactions, the consultant is enabled not to restrict his perception to the problem brought forth by the family (system) or to the "index patient". On the contrary, he has the possibility of observing the families' situation in a context of their relevant relation structures and processes from a higher perspective in regard to the environment and life history. By doing so, the consultant decides against a perception of the problem that is profession-specific (medical/psychological/pedagogical) and at the same time against the adoption of an established and profession-linked role as a therapist/counsellor/consultant. The consultant's systemic perspective often makes another reconstruction of the situation possible, one that has not been realized before; this can lead to an expansion of the consultee's ability to act and they help to avoid long, symptom-oriented therapies.

– *Systemic consultation stresses the competences and resources of the consultees*

Traditional diagnostic and therapeutic activities of the "helping" professions concentrate on the disorder. They try to localize, identify and classify the disorder as exactly as possible in order to treat it directly. This leads to a state in which the other dimensions of the person, of the family or of the social environment, in particular their competences and resources, are not only to gain knowledge of the problem zones but also of the competent zones of the persons affected. The following form of (stimulating) support is believed to be more effective for the further development of the consultees.

- *Systemic consultation is conducive to an equality of the consultants and the consultees*

Because of the deliberation and search for new possibilities done together, the consultant does not hold a superior position. He is no longer the "healer" or the "advisor" but a "fellow searcher" instead. Through the extended interactive range during the process of consultation a dissolution of hierarchical relation structures is made possible – such structures can be very easily built up in therapeutic and counselling situations. The negative effects linked to these situations, such as dependence on the experts and an "incapacitation by the experts" (Illich 1979), lead to a decrease in or a negation of the potentials and resources of development – this refers to both the personal as well as the existing social potentials within an environmental context and resources of development. The conviction consultation is based on – the person/family possesses the highest competence for his/its own surroundings – requires an equal relation structure of the consultants and consultees.

- *Systemic consultation permits the consultants to be flexible in the design of their roles*

A consultant should not be as much tied to a fixed role pattern as a traditional doctor or teacher is, for example. In this way he has the possibility to analyze the problem with the consultees from a stronger, professionally unspecified base and from a higher perspective. He can then actualize profession-specific role patterns depending on the situation. A change in the role definition appropriate to the complexity of the consultation process is then more likely. The question whether pedagogical, psychological, medical or other aspects of the role dimension will precedently be necessary first becomes evident in the further course of consultation.

Interdisciplinary Cooperation

Although the knowledge of the constraint of systems or rather the knowledge of the yet to be fulfilled task of recontextualizing the individual systems has influenced the core of systemtherapeutic or systempedagogical beliefs and actions respectively, an equivalent consciousness in consideration of the perception and support of the integrated helping system(s) – again as a part of support of the whole system context – can hardly be found. The specialization of the various sciences (professions) which deal with the human being and the extensive subdivision into disciplinary branches were justified from a historical point of view. "Today we know ever so many details about the various disciplines. The disadvantage is that this way of thinking makes reality out of artificial dichotomies which were created to make working easier and as such destroys the complex entirety of the world" (Schlippe v., 1985, 17). A more intensive reflection of man's unity in his environment at the present time, however, calls for a re-integration of that which was subdivided beforehand. The various human scientific disciplines, each in itself, cannot give any explanation for the phenomenon "man

in context of his environment". Each only creates a class of explanations but not *the* explanation (see Whitehead, Russel 1910). From this viewpoint the class of explanations (medicine, psychology, pedagogy . . .) should be transformed in medium-term time into interdisciplinary, co-creative methods of working (see Melvin 1980) which take into account the unit of the person, the unit of the environment, the unit of professional development support and the unit of human scientific research within their systemic linkage. In this way the specific border-lines of the disciplines will become more and more permeable. "This effort requires the skills necessary for effective group interaction and the knowledge of how to transfer integrated group activities into a result which is greater than the simple sum of the activities of each individual discipline. The group activity of an interdisciplinary programme is synergistic, individually and separately" (Melvin 1980, 379 cont.). Only the synergistic integration of the various perspectives of the individual professions in the context of a metatheoretical paradigm creates a form of cooperation which can be described as interdisciplinary. This form of interdisciplinary cooperation can be realized in different settings:

- interdisciplinary cooperation as the field of activity of a team that is bound to one institute and whose members are of different occupational groups (see for example Centro di Educazione Motoria "Anna Torrigiani", Florenz, Fantini 1989);
- interdisciplinary cooperation of experts coming from different institutions who meet because of a particular problem situation (see for example "Individualized Educational Program", USA; see Apter, Conoley 1984).

In both of these settings, interdisciplinary cooperation is found to be in a state of tension: on the one hand it makes use of the observation methods and orientations in action which are particular of the disciplines and, simultaneously, on the other hand it tries to achieve their integrative connection on a metadisciplinary level. The consideration of the following conditions in the realization has proved successful:

1. The teamwork must be based on a definite conception concerning the tasks to be fulfilled (see Petrie 1976). Furthermore, the implicit and explicit aims of the activity should have been revealed to and accepted by all team members (see Lecca, McNeil 1985; Golin, Ducanis 1981).
2. The team members must not only possess a professional identity but must also be able to accept crossings of profession-specific limits and responsibilities (see Golin, Ducanis 1981). The far-reaching openness of interdisciplinary dialogues ends at the point when the individual team member becomes conscious of the profession-specific limits.
3. It is moreover necessary for effective teamwork to define the mutual perception of roles and persons, the implicit and explicit responsibilities, hierarchies and relationships of status as well as the communicative structures (see Golin, Ducanis 1981).

As a result of the experience made at the Centre of Bildung and Health e.V., Dortmund, there appear to be two aspects of great importance in connection

with the success of interdisciplinary cooperation: first of all, the integration of professional identity and acting competence on a metadisciplinary level, and secondly, the acquisition of a mutual paradigm. Every team member comes from a particular profession-specific and/or education-specific background as well as from a special personal background. Because of this "screen" of perception and interpretation, he or she develops scientific observation methods for the problem situation. These individual and profession-specific observations provide important data for the interdisciplinary teamwork to begin with. An extensive, multi-perspective analysis of the problem situation is made possible by the different accentuations placed while perceiving the problem situation, (these accentuations arising out of the different profession-specific modes of access). Only after the observations of each team member have been presented in a group discussion does the integrative and metadisciplinary linkage of the various opinions and ideas formed by the team members take place. Gidoni (1986, 26) described this process to the point. "It is about (...) the creation of a 'collective spirit' as the fundamental development of a mutual mental picture which can be confronted on its part with that of the family." The purpose of this team process it not to put the individual observations in an "either-this-or-that" position (i.e. competitive position), but instead to make an attempt at connecting them. In this way a more extensive, co-creative picture of the problem situation and of the family's competence in the context of their social and material environment is developed. This requires a high degree of flexibility, of aloofness concerning the roles played and of willingness to communicate.

A few Comments in the Context of Our Experiences Gained up to Now

It must be pointed out that for us the presented concept of systemic consultation stands for an orientation to be aimed at when dealing with families (systems) in which children and youths display conspicuous behaviour. We have noticed that the existing ideas of counselling and therapy in professional everyday life often get a hold of us. The confidence emerging from the therapist or counsellor role and the professional socialization as a member of the "helping professions" lead time and again to the consequence of accepting psychopathological ideas. Turning away from a deficit perspective, which the concept of consultation hopes to achieve, is a constant duty and challenge for us and it is by no means a fully realized truth as of yet. In the social situation of today, consultation will not render counselling or therapeutic activities superfluous. Also, the settings we have been testing for interdisciplinary cooperation are still in a trial stage. It remains to be said that: systemic consultation offers an adequate orientation for an environment-oriented development support, through which rash, mainly additive interventions or long-term therapies of medical, psychological and/or pedagogical origin are (or can be) avoided. Systemic consultation offers the opportunity to fight the progressing medicalization and therapeuticalization of the environment (not only of the child) and to advance new strategies of a "re-pedagogicalization" ("re-politicalization") of the various system contexts.

A Case

In that which follows we would like to put our theoretical considerations in concrete terms by describing one process of consultation that was realized in the Centre. Because of the required brevity here, we shall only describe one session in detail. The chosen case refers to the systemic consultation of a mother, her mentally disabled daughter and the daughter's teacher.

The Initial Telephone Contact

We came into contact with this case through the psychologist of a special educational advice centre. She asked, if she could delegate a family with a mentally disabled daughter showing conspicuous behaviour to the Centre because she saw the need for consultation for the whole family. After we had confirmed our consent, Monika's teacher, Mrs. M. (all names have been changed), phoned up at the Centre to make an appointment. In her opinion the problem was to be found in her pupil's restless behaviour: she talks constantly, asks unmotivated questions and displays an autoaggressive behaviour (she bites her own hands and hits herself on the head). The teacher and Monika's mother wanted to come together to the first meeting.

Preparation of the First Meeting

The information derived from the mode of access showed that the special educational advice centre first confronted with the case supposed it was not a "special educational" problem but a relationship problem instead. The following contact set up by the teacher led to the assumption that she accepted this definition of the problem. A further important aspect was her evident commitment: she got in touch with us and organized the problem of when to meet with Monika's mother. Therefore, an existent, good relationship between these two women was taken for granted. Besides that, the teacher told us on the phone that Monika had been neurologically examined; yet the examination had taken place a number of years before.

In the phase of preparation the team members attempted to formulate relevant aspects, questions and hypotheses based on the provided information up to that time from their specific professional perspectives.

From a psychological point of view, Monika's development of identity is a relevant factor. Does she see herself more as a child or more as a woman? How far is her sexual identity developed? One possible problem zone is assumed to be Monika's separation from the family or from school. The following questions are important from a special educational perspective: which measures were taken at school, and possibly at home, in order to influence Monika's behaviour? And: what were the consequences of these attempts? Furthermore, Monika's development in regard to the cognitive, emotional and social facets had to be explored. Since autoaggressive and self-stimulated behaviour of mentally disabled persons is not seldomly seen, it remained to be explained why the teacher had developed a particular interest in this pupil and was looking for advice. Therefore, one important point of exploration was the school situation in which Monika found

herself. From a medical perspective we also had to keep the results of the neurological examination in mind. We had to find out whether the teacher or the parents were in favour of a second neurological examination and if such an examination seemed necessary. Pedagogically, it was also important to find out, if Monika felt understrained or overstrained by classroom work and to take a look at the classroom situation.

Out of all the individual, profession-specific perspectives the team developed one common, wide-range and hypothetical point of view, also referring to the problem system. The orientation for the first session was derived from this point of view. We considered the hypothesis that it was most likely a problem of detachment or rather of transition. The conspicuousness was seen in connection with an unsettled, possibly even a threatening life situation: Monika is 21 years old. What will happen, if she has to leave school? Which development of identity will then be called for? A further hypothesis suggested that the autoaggressive behaviour could be defined as a signal for aggressions within Monika's environment (school/family). As an orientation for the first meeting the following fields to be explored were drafted by the team:

(a) Clarification of Monika's living situation at school and at home.
(b) Which changes have taken place in the time before and since the appearance of her conspicuous behaviour?
(c) What has been done so far to solve the problem?
(d) Which objectives do the teacher and the mother have and what do they expect of us?

The First Session

During the first session it was plain to see that the teacher is a very enthusiastic educationalist with a sense of responsibility. The mother seemed to be under a lot of pressure because of the situation at that time. She made quite a frightened impression. The description of the situation at home clearly showed the difficult living conditions of the family. They were living in a rented apartment and the other people living in the apartment building were putting pressure on them because of the daughter's sometimes very loud behaviour. The mother, who spends most of the day with Monika, had to take care that she wasn't too loud and didn't get out of control. As a further aggravation the father is a shift-worker and often requires peace and quiet and a nap during the day.

In the course of conversation the team's hypothesis was confirmed: at the time there was a process of detachment and of radical change going on for Monika both at school and in her family. The teacher gave a brief report on the decision made in September, 1987 to close the school for educationally subnormal children. For Monika this meant the end of school and a transfer to a workshop for the disabled. It became known, however, that not all pupils of the school will be admitted but that a choice will first be made after a probationary period. The mother made it clear that she has her doubts as to whether her daughter will be admitted there or not because of her conspicuous behaviour. She was not able to see possible consequences for the family in this case as of yet. She

was nevertheless quite worried about this indefinite perspective. Therefore, it is evident that Monika was in a very uncertain position marked by radical change at home as well as at school which could have an effect on her behaviour. After inquiry this assumption was confirmed: Monika's behaviour had changed since September, 1987, exactly at the time when the decision about the school closure was being made. The teacher was amazed at this connection which she hadn't thought of before, as the pupils hadn't been officially informed of the decision. Up till this time both the teacher and the mother had believed that Monika does not perceive such "turbulences" in her environment. It is obvious that especially Monika's mother is very unsure about her daughter's possibilities to perceive and experience. "How do these children feel?" she asked in the conversation.

The difficult living conditions which were an enormous burden for the mother and the uncertainties about Monika's accommodation following the school closure were two major aspects uncovered during the first part of the session. The team interrupted the session at this point in order to discuss the following procedure and to give Monika's mother and teacher some time to think about the conversation up to that point. Afterwards methods of support were to be discussed together.

Team Discussion

During the interim discussion the team constructed the following 'mutual picture' of the problem: Monika's conspicuous behaviour, especially her stereotype "senseless" questioning, is regarded as signalling behaviour for her uncertain living circumstances. She asks "senseless questions" because the questions bothering her are taboo in her family and at school or they frighten her. In this way the mother's worries about Monika's future are "repressed" by the present worry about her conspicuous behaviour. Another important component of the mutual picture is the evident demand of the mother which is too much for her. She is heavily burdened with Monika's uncertain transition period and with the living conditions. She needs support. The good relationship between herself and Monika's teacher is a positive initial step for the following procedure.

The team developed the following guidelines: the teacher was advised to bring up the topics "school closure", "what happens after the school closure?" and "working in a workshop" in class. By breaking this taboo it might be possible for Monika to reveal her fears and insecurities and to cope with them. By doing so the emotional tensity can be reduced which would have a calming effect on this young woman's behaviour.

Furthermore, the team suggested having another session to Mrs. L. together with her husband and her daughter. Besides the exact clarification of ideas, perspectives and fears concerning the future the team planned to include Mr. L. in particular in the family session. Mrs. L. needs support within her family in her present situation marked by radical change.

Interchange with the Family

After the break, both women but especially the teacher told how surprised she as an educationalist was at the fact that she hadn't taken into consideration the problematic aspect of the "school closure" which had become clear in the first discussion. It was plausible, she said, that she possibly unconsciously had transmitted certain anxieties concerning her professional future to the pupils. The teacher agreed to our suggestion to introduce the topic "school closure and the change to a workshop" in class. Mrs. L. accepted the offer for a family session and an appointment was made for a discussion after a period of 4 weeks.

Prospects

At the beginning of the second session, at which Mr. and Mrs. L. as well as Monika showed up, Mrs. L. reported that Monika's behaviour had definitely improved in the last few weeks. The parents both stated they were satisfied with the situation for the time being. Mrs. L., however, had her doubts concerning the constancy of the improvement. After the second talk, during which mainly possibilities of support within the family for the mother were discussed, consultation was completed. The family's situation had been stabilized and clarified for the most part so that a further advancement did not seem necessary at this point.

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