

# **The dance of family medicine and family therapy**

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# SATIR INTERNATIONAL JOURNAL

*Satir Around the Globe*

## The Dance of Family Medicine and Family Therapy

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Dancing is a good metaphor that describes the dynamic between two different parties and allows our imagination to flow with the fluidity of the relationship. Virginia Satir said that we connect in our sameness and grow in our differences. The collaboration of the practice of two different disciplines, Family Medicine and Family Therapy is possible due to the sameness in them. However, there are differences that we must learn to accept and grow from. The basic trust in “change is possible,” we learn to see obstacles and differences positively for growth and improvement. Like in a dance, there are many twists and turns, yet we maintain balance in movement.

The two disciplines both adopt a systemic perspective in implementing treatment. Moreover, the mission and passion of the healers to bring healing and more efficient health care for patients have weaved and allowed the collaboration in spite of the differences. The same basic belief in the Satir Model that human beings can change is helpful in facilitating collaboration. Holding a positive and hopeful view on human potential, even if it is not showing on the outside, that the change planted in the inside will eventually manifest itself. If healers can bring forth the life energy in people and support transformation, the positive energy will resonate. The hopeful and trusting disposition is the foundation of collaboration that allows the dancing maneuver of the two different disciplines to happen and thrive.

Family Medicine is a relatively new specialty in Hong Kong. Its foci rest in four principles which include comprehensive, continuous, coordinated, and community-based health care, forming a 4C concept. By comprehensive, it includes a broad spectrum of services other than the ailments that a patient first comes in for. It is important to look at a person with a systemic perspective to be able to see how the macro-system and mesosystems are at work affecting his well-being. There are stages in life that may create hurdles that require support and certain skills to sail through. Family medicine specialty allows a circumference of protection and support provided by the practitioner to coordinate necessary care. Very often, it also means reaching out to the non-discussed population as the care is extended to the community.

Family Medicine and Family Therapy work together in the 4C ideology in terms of direction on the foundation of how the Satir Family Therapy formulates transformation; the

two work in synchronization. While one provides the direction, the other addresses the attitude like in the right-left brain coordination. Treatment is seamed together nicely in a trusting, collaborative and positively directional manner. The collaboration allows healing to happen naturally.

By emphasizing the importance of the being and respect for the life energy to manifest, our treatment has discarded the hierarchical structure in the traditional medical model and places the healer-patient relationship in an equal and congruent way. Practitioners are expected to make contact with the patients by placing healing relationships in the central focus of the healing process and the patient is allowed to take an active role in his healing.

Systemic perspective allows people to see beyond the symptoms and be able to listen to the bearers of the problem and validate the suffering that they endure. When healers can see the problem systemically, avoiding any labeling, scapegoating, over-simplification and generalization in the traditional model, they will be able to see possibilities.

There are times of frustration and halts in the system when obstacles happen in layers of holographic realms. The metaphor of a labyrinth has always given hope and shed light in these grim moments. Virginia Satir had great faith in people when she said, 'change is possible.' Little step it may seem, as we stride ahead when we trust in the positive intention of the other party, we discover new ways to tackle the problems. Holding hope has helped us see endings as new beginnings and every time we are stuck we find new discoveries. Like the true essence of dancing we find surrendering, trusting and attunement in the repertoire and the process of healing and discovery. Our team works very hard to maintain the balance in this dance and we grow as we dance along with each other.

As therapists working with the subjective impact of the clients, the treating of symptoms has given way to the intrapsychic realm of the clients thus allowing change in the interpersonal dimension. The Satir Model also fosters the collaboration of family medicine and family therapy by introducing a common language. The interwoven interactions in the linear and systemic perspective are coming together in a unique repertoire.

In order to equip and cultivate a monumental change we have set up a foundation fund to support different activities that are helpful for the development of an ideal evolution to happen.

There are five areas of collaboration. They include training both of counselors and medical practitioners, occupational therapy and support to strengthen change and transformation from therapy, community education and services in the area of prevention to bring about public awareness, placing strong emphasis on recreation and repair to tune the tempo of life, sponsoring outings, interest groups and regular exercise groups allowing clients and families to come together as a healing community volunteers are organized from this community to contribute to various good causes in a circular give-take fashion.

The 4-H motto in planting harmony, health, happiness and hope has allowed us to put forth the model of health in a proactive way to anyone or any system striving to maintain a healthier state of being.

The following is a case study which clearly illustrates our idea of health that moves in a continuum in our model.

## **A case of family with anorexia**

### **History**

#### Family Background

- Father is a construction worker.
- Mother is a full-time house wife.
- An older son suddenly left home after some financial disputes with friends to avoid responsible consequences.

I P, the Younger daughter suffers from eating disorder

- IP was first brought in for medical attention in 1996 at age 8 by mother.
- In 2005, client suffered from severe emotional disturbance, with sudden weight gain from 49-69kg and then dropped down to 39kg.
- She worried about getting fat, had poor sleep quality, and was afraid of having meals with friends.
- She had weight loss, constipation, low blood pressure, frequent regurgitation and retching.
- Serious medical treatment started in 2008 when body weight fluctuates around 40-44 kg which was below normal.
- Behavioral treatment was used but with little success.

#### **First part of treatment with collaborative approach of family medicine and family therapy**

- Family therapy started in 2013.
- Major Focus: Eating disorder of the younger daughter.

#### **Initial Assessment**

- Stress in the family system.
- Mother overburdened herself with responsibilities.
- Shut down communication: the couple did not talk about what happened after the son left home. The wife blamed the husband for overprotecting the son and encouraging irresponsible behaviors. Her blaming has extended to husband's original family, her blaming includes not recognizing her contribution to the family and not accepting her as part of the family.
- Initially, husband was not included in the treatment.

#### **Second part of treatment**

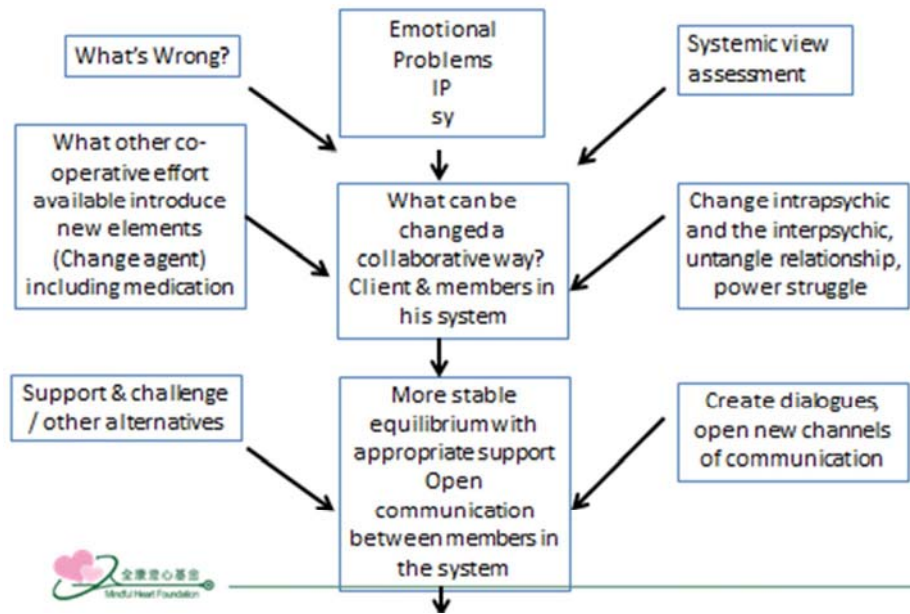
- Conjoint Family Therapy.
- Encourage father to come and join the therapy and daughter was happy to invite and include father in therapy.
- Later, the focus of therapy was shifted to couple dynamic.
- Daughter came in separate sessions to help differentiate self from mother.

#### **An Integrative Approach**

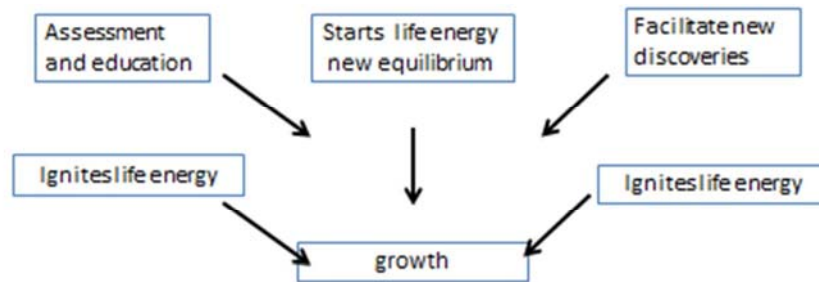
- Form alliance with client to work with his family dynamics in the system.
- Identify attachment needs and possible wounds-wife experienced rejection and has low self-esteem.

- (work from intrapsychic to inter-psyche) individual to interpersonal in the system- work with different members individually and together to change the internal state of self.
- Organize related activities for rehabilitation and support integration-mother has offered her time to work as volunteer in the foundation.

## Maps of integration



## Maps of integration



### Discussion

Our care for this case has lasted for twenty years 1996-2016. This is a good example of continuous care. The 8-year-old has become a young professional and her eating disorder has evolved over time into interpersonal problems with high expectation of self and others.

Her enmeshment with mother had been resolved quite a bit when she left home to study and work. The IP was shifted to be part of the system, from the central focus to the side as the couple was willing to come for counseling and face their own problems.

The over functioning wife and mother moved from a shrewd dynamic in her relationship with others to a more balanced and non-blaming position. Important change happened when she felt herself. By feeling tired she understood that she wanted to take a break. That is a giant step for someone with low self-esteem to ask for what she wants. In this case, rest was something she really wanted. Recently, her life energy has guided her to make a trip to visit her sister in a foreign country which she has never dreamt of being able to do. It will further facilitate her change.

In the process of treatment, a collaborative effort involving other professionals is very important. There were episodes of skin problem, drinking problems, sexual dysfunctional problems, eating disorder and communication problems in the family. With the wide arrays of services we offer, we were able to support and help this family maintain the balance.

The under functioning husband and father was included in the therapy and his voice was heard and his effort and contribution to the family system was recognized. The son who chose to cut off from stress was given a second chance to rebuild a more healthy way of coping and gradually allowed into the system again. This family is not perfect, but with all the little steps adding together, the members in the system were allowed to have their own place in the system again.

## Conclusion

There seems to be no definite time of healing for a patient in this model of treatment. It is often a continuum of life process and support. The conventional medical model would appreciate a clear-cut healing success but life itself is in fact more in line with continuous care. This model of treatment is closer to life as it is more appreciative of the humanness and changes in life.

It is difficult to encourage this practice as it is against the hierarchical and linear thinking in the left-brain problem-solving mode. But it is closer to life. The basic beliefs are rooted in The Satir Model in which humanness is honored and valued.

We see hope in the future development of this model but we also anticipate obstacles that we need to overcome.

Continuous support requires commitment and trust in the system. But like what Satir believes “change is possible”, we trust that it will happen in one fine day.

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