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The Mental Research Institute Approach as Applied to School Settings

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THE MENTAL RESEARCH INSTITUTE APPROACH

AS APPLIED TO SCHOOL SETTINGS

by

Paul E. O'Malley

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TABLE OF CONTENTS

INTRODUCTION

In 1959, the Mental Research Institute (MRI) was
founded in Palo Alto, California. Its primary purpose is
"to conduct and encourage scientific investigation research
and discovery in relation to human behavior for the benefit
of the community at large" (Moran, 1992). MRI has promoted
various projects that have addressed a broad spectrum of
issues including identifying and measuring differences in
family behavior patterns and developing and evaluating
innovative therapy techniques.

In January 1967, the Brief Therapy Center (BTC)
became one of the projects of the Mental Research Institute.
The researchers at BTC have set forth a general view of the
nature of human problems and their effective resolution.
Their conceptualization of human problems is an outgrowth of
more than twenty-five years of clinical research in
resolving problems in family therapy. This view is
discontinuous with the traditional models of psychology
which generally state that problems originate within an
individual's personality, family background or some past
experience. The BTC's theory focuses on communication and
interaction within the family which leads to more emphasis

on actual behaviors that are observable and taking place in the present.

Doing therapy briefly can be perceived as "brief psychotherapy," a reduction of treatment time, or a brevity of treatment for acute problems. However, brevity is not the goal of the Brief Therapy Center. Brief Therapy includes in its brevity, setting time limits because of the positive influence it has on both therapists and patients.

The results of studies conducted in clinical settings provide considerable evidence about the broader significance of the BTC's theory on human problems and their practical handling. Such problems may occur not only with individuals and families but also at every wider level of social organization and functioning.

This thesis presents the BTC's approach as it applies to school systems. Chapter I reviews the history and development of MRI and the Brief Therapy Center. Chapter II presents an outline of the conceptual framework that underlies the model of change developed and practiced at the Institute. Chapters III, IV, and V examine selected techniques which have ongoing practical application to school systems in the area of counseling, teaching, and administration. Case studies are provided at the end of these chapters to represent effective examples of the various techniques. The final chapter summarizes the content and discusses the relevance of this approach in

school systems and makes recommendations for further research.

CHAPTER I

BACKGROUND TO THE MENTAL RESEARCH

INSTITUTE: A HISTORY

Don D. Jackson delivered a lecture on "family
homeostasis" in January 1954, at the Palo Alto Veterans
Administration Hospital and one of those attending the
lecture was Gregory Bateson, the renown anthropologist.
Afterwards Bateson approached Jackson and described how
closely Jackson's subject matter related to a project that
he together with Jay Haley, William Fry, and John Weakland
had just recently undertaken (Jackson, 1968).

The Bateson group had previously received a grant
from the Rockefeller Foundation. The subject of their
research was "strange communications" and the "nonsensical"
language of schizophrenics from inside the VA Hospital in
Menlo Park, California. Within the framework of this
research, Bateson began to replace the concept of linear
causality of classical psychotherapy with an
anthropologist's circular point of view (Watzlawick, 1990).
During this time Jackson's interests changed from medical
psychiatry to the social sciences and he wrote several
theoretically-oriented papers based on observation of

specific types of clinical phenomena, namely schizophrenia.
These papers include: "The Question of Family Homeostasis"
(Jackson, 1957), "Guilt and the Control of Pleasure in
Schizoid Personalities" (Jackson, 1958), and "A Note on the
Importance of Trauma in the Genesis of Schizophrenia"
(Jackson, 1957). A new concept emerged from these
manuscripts which received international recognition and at
the same time complemented the work of the Bateson group.
What distinguished Jackson's approach from prevailing
theories was the work he had begun with relationship
systems, couples and families, instead of individual
patients. His ability not only to recognize problem-causing
interaction patterns in the here-and-now but also to
influence them by direct, specific, active therapeutic
interventions, distanced Jackson from classical analysis.
This encounter between the Bateson project and Jackson
marked the beginning of a working relationship which led to
a number of pioneering publications, especially the first
formulation of the Double-Bind Theory (Jackson, 1968) . This
theory provided the basis for new forms of therapeutic
interventions, particularly family therapy, because it
emphasized the influence of human systems in creating and
maintaining problem behavior (Bodin, 1981). In summary,
Jackson's and Bateson's research resulted in a significant
departure from the monadic, intrapsychic treatment methods
that were practiced at the time.

Their new position on human behavior incorporated and formalized concepts from the fields of cybernetics and systems theory. The former is the study of self-regulation as it occurs in both natural systems (e.g., homeostatic regulation of the body) and manufactured systems (e.g., the heating system in one's home) (Segal, 1991).

The systems concept postulates that there is a constant action and reaction between associated objects. Jackson articulated a format of human problems that initially focused on the dynamics of interchange between individuals (Greenberg, 1977). The Jackson and the Bateson group utilized the cybernetic concepts, especially feedback, as well as system theory as the basis of their new perspectives of psychotherapy.

With the assistance of private financial backing Jackson established the Mental Research Institute (MRI) in November, 1959, operating as a division of the Palo Alto Medical Research Foundation. His staff consisted of Jules Riskin, M.D., Virginia Satir, A.C.S.W., and a secretary. The next year MRI received their first, of what would be several, grants awarded by the National Institute of Mental Health (NIMH). Subsequently, by 1963 MRI became large enough to be an independent organization with its own administrative staff and Board of Directors.

During these formative years, the Bateson project maintained its autonomy while Jackson served as a consultant

because of his experience in treating schizophrenics and
their families. In addition to the contribution by the
members of the Bateson group, the prominent staff of MRI
were also making notable advances in the field of human
communication. Stemming from the growing interest in
conjoint therapy, Satir, in 1960, received a grant from the
Hill Foundation of Minneapolis for a two-year family
training project. Then in 1962, the NIMH awarded a sizable
grant, its first ever for the formal training in family
therapy, to cover five more years of the training project.
With these grants Satir helped launch MRI's training program
(Bodin, 1981).

In 1961, Paul Watzlawick, an Austrian who had spent
several years teaching psychology in San Salvador's National
University, became intrigued by the work in Palo Alto
(Bodin, 1981). He began working along with Janet Beavin on
a recorded anthology of verbal communication taken from
tapes of conjoint family therapy sessions.

Also in the early 1960s Haley and Weakland joined
MRI as full time principal investigators. They embarked on a
study of innovative ways of measuring communication in the
family. Riskin was also working on quantifying family
interactions, and he began to develop a methodology for
studying family interaction. This project was funded by
NIMH and, eventually, with the help of Elaine Faunce,

produced the Family Interaction Scale (FIS) (Riskin and Faunce, 1970).

It should be highlighted that one of the major technical aspects of these early works was the recording of the therapy sessions and research interviews. MRI and the Bateson project broke from the traditional use of notes and memory to record what took place during therapy. The more reliable methods included audio taping, direct observing, filming and later videotaping sessions. This practice created something totally new, family interactional data, which could be studied directly.

Throughout the 1960s the research continued and the staff at MRI were expanding beyond the focus of schizophrenia to examining interactions within the family and other systems. Thus many articles and books contributing to the literature on interactional therapy were written by MRI staff members. Haley (1962, 1963) was making contributions to the family research and family therapy literature. Satir's first book was published (1967); Jackson was writing his significant theoretical papers on family rules and the marital quid pro quo (1965); and Watzlawick, Beavin and Jackson (1967) were writing about the pragmatics of human communication. The MRI in conjunction with the Family Institute of New York, now known as the Ackerman Institute for Family Therapy, started the journal, Family Process, in 1962 with Jay Haley as editor. Family Process

remains the foremost Journal on Family Therapy.

Another study contributing to the interdisciplinary nature of the MRI staff was pursued by Weakland, who was originally trained to be a chemist and chemical engineer at Cornell University, receiving his degrees in 1939 and 1940, respectively. He returned to graduate school for work in anthropology and sociology at the New School for Social Research at Columbia University, from 1947 to 1952; his research centered on culture and personality and on the Chinese family and culture.

In 1967, one of the MRI staff, Richard Fisch established the Brief Therapy Center (BTC) of the Mental Research Institute in Palo Alto. His association with MRI began in 1962 when he served as a member of the Family Training Committee. Through the years he has pursued his interest in family therapy and beginning in 1967 in researching methods of shortening treatments (Fisch, Weakland & Segal, 1982). Under his direction members of the BTC began to investigate the phenomena of human systems in creating and maintaining problem behavior. The duration of treatment was limited to ten sessions, with very active intervention and a primary focus on the main presenting problem (Green, 1989). It was soon found that this approach was effective and that successful resolution of the presenting problem often lead to changes in other problem areas as well. Fisch and Weakland remain to the present

(1992) as co-directors of the Brief Therapy Center.

Shortly after this time, Arthur Bodin, an original member of BTC, became interested in working with police who were called to deal with families in crisis. Consequently, he developed a 24-hour crisis intervention geared toward victims of family violence. This project soon became established as the Emergency Treatment Center, funded by Santa Clara County.

The activities of MRI include 53 research projects completed, resulting in the publication of 40 books, over 400 other publications and 8 international conferences during its first quarter century. These activities reflect MRI's pioneering work in research. This has ushered in a revolution in the mental health fields, through such work as the development of family therapy, brief therapy and emergency treatment. Far reaching scientific advances have resulted from fundamental conceptual shifts achieved by MRI staff in comprehending family systems and their communication (MRI handout, 1991).

CHAPTER II

DEVELOPMENT OF THEORY IN THE BRIEF

THERAPY CENTER

An investigation of family therapy treatment
employing innovative techniques for change and focusing on
the main presenting complaint compelled the Mental Research
Institute researchers to initiate the Brief Therapy Project
(Fisch, Weakland & Segal, 1982). The techniques employed
rest on a conceptualization of the nature of human
interactions that is discontinuous with traditional models.
This new way of looking at human problems is fully described
by Watzlawick, Weakland and Fisch (1974). In their text
they describe how problems arise and how they are maintained
and resolved. In addition, they examine how, paradoxically,
common sense and "logical" behavior often fail to resolve a
problem while actions which by some are considered
"illogical" and "unreasonable" succeed in producing change.
The authors contend for example that, if a person is feeling
anxious and nervous, it is both humane and logical to offer
support that may somehow reduce the anxiety such as, "Don't
worry"; "Be happy"; "Put it out of your mind"; and "Tomorrow
is a new day." Sometimes this may be adequate to relieve

the person's anxiety, but most frequently, and for many

reasons, these attempts to solve the problem fail. For

instance, the anxious person may disqualify this by saying

to himself, "They're only saying that to make me feel

better" or worse, "They don't understand how I really feel"

and as a result become more anxious. According to

Watzlawick, Weakland and Fisch (1974),

> Under certain circumstances problems will arise purely
> as a result of wrong attempts at changing an existing
> difficulty; this kind of problem formation can arise at
> any level of human functioning including individual,
> dyadic, familial or socio political. (p. 36)

The Brief Therapy Center (BTC) researchers explored

alternative approaches in which they sought to produce

desired changes.

Some underlying body of implicit assumptions were

understood to lie behind the BTC researcher's interventions.

These assumptions, however, were undefined at the time.

This research team wrote that they were embarrassed as

people in family therapy work and others outside the field

became familiar with and interested in their way of

operating through lectures, demonstrations and training

courses (Watzlawick, Weakland & Fisch, 1974). They were

forced to examine the implicit theoretical components

underlying their approach (Greenberg, 1977). This

reflection gradually led to the development of a focused

treatment format and an interactional view of psychotherapy.

The original members of the Brief Therapy

Center,included Richard Fisch the director, Arthur Bodin,
Jay Haley, Paul Watzlawick and John Weakland, They came from
multidisciplinary backgrounds and began to investigate the
phenomena of human change (Segal, 1991). Like other
therapists with orthodox training and many years of
practical experience, they found themselves increasingly
frustrated by the uncertainty of their methods, the length
of treatment and the paucity of results (Watzlawick,
Weakland & Fisch, 1974). The BTC was initiated to combat
these frustrations and therefore their goal was to provide
therapy in a maximum timeframe of ten one-hour sessions.
These sessions targeted the main presenting complaint,
maximally utilizing any active techniques for promoting
change that they knew or could borrow from others, such as
Milton Erickson, Don Jackson and Jay Haley.

The strategy they applied differed greatly from the
traditional theory of mental illness. Traditional theory
focuses on the individual especially on intrapsychic
structures and processes. This adds up to an emphasis of
what is beneath and behind, long ago and far away, instead
of here and now (Fisch, Weakland & Segal, 1982).
Traditional theory presents the past in terms of linear
chains of cause and effect. In addition, this view tends
strongly, though often implicitly, toward viewing problems
as the result of deficits in the individual's makeup.

Classical psychoanalysis remained primarily a theory

of intrapsychic processes (Watzlawick, Weakland & Fisch, 1974). On the whole, the interdependence between the individual and his environment remained a neglected field of psychoanalytic pursuit. (Watzlawick, Beavin & Jackson, 1967). There is a crucial difference between the psychodynamic model on the one hand and any conceptualization of organism-environment interaction on the other. This difference is clearly articulated by Capra (1982). According to Capra, the system's view looks at the world in terms of relationships and emphasizes relationships rather than isolated entities. This is crucial in understanding that problems must be viewed within the context of relationships. If a person, for example, who is exhibiting disturbed behavior is studied in isolation, the inquiry must be concerned with the nature of the condition and, in a wider sense, with the nature of the human mind. However, if the limits of inquiry are extended to include the effects of this behavior on others, reaction to the behavior, and the context in which the behavior takes place, the focus shifts from the artificially isolated monad to the relationship between the parts of a wider system (Watzlawick, Beavin & Jackson, 1967). The observer of human behavior then turns from an inferential study of the mind to the study of observable manifestation of relationships.

The Brief Therapy Center began its work based on assumptions and views that ran counter to the trends in

psychotherapy previously discussed. The model of Brief Therapy is neither intrapsychic nor intrapersonal, but is interactional based on viewing the behavior and communication between people within a system (Green, 1989). This model was derived from concepts of feedback and interaction born out of the formulation of cybernetics and systems theory respectively. After several years of experience in therapy, the BTC researchers developed not only a theory of problem formation and resolution but also innovative ideas on promoting change.

According to BTC, the behavior of the identified patient is understood and explained in terms of the family system, involving feedback and reciprocal reinforcement. In practice, this view proposes that the therapist's task is not just to understand the family system and the place of the problem within it but also to take action to change the malfunctioning system in order to resolve the problem (Fisch, Weakland & Segal, 1982). A fundamental activity of the therapist is to identify the presenting problem with the help of the client. This includes discerning the redundant behavior patterns which are problem-maintaining (Greenberg, 1977).

The brief strategic view is that people persist in actions that maintain problems inadvertently and often with the best intentions (Fisch, Weakland & Segal, 1982). Problems are formed or generated when people apply what they

seriously consider to be the proper solution and, when this solution does not immediately succeed, they apply more of the same. Through their persistence they believe they will succeed in acquiring the desired change. One example that demonstrates the way behaviors, by the patient or others concerned, provoke and, by repetition, maintain the problem behavior is given by Justin, a ten year old, who was misbehaving in class, speaking out of turn, moving around and knocking over his and other students' books. Every possible sanction was applied by his teachers and his parents, but his problem continued to get worse. When all disciplinary activity ceased, Justin behaved as other children in class. This was a situation where all the attempted solutions became a problem. If the responses to problem behavior are not changing the problem situation, they are helping to maintain it (Watzlawick, Weakland & Fisch, 1974).

Molnar and Lindquist (1989) posit that a person's prior learning, social support and environment and the influence of cause-effect reasoning are some of the reasons individuals remain persistent in the meanings they assign to behavior. In a problem situation people often go about attempting to deal with a problem in a manner consistent with their view of reality and what they believe to be the right way to behave (Watzlawick, 1990). As a result, individuals hold true to one course of action despite its

ineffectiveness to bring about the desired change. The attempted solution is maintained because it is considered the only logical, necessary or appropriate thing to do (Watzlawick, 1983).

Problems develop and persist through the mishandling of normal life difficulties that arise in most people's lives (Segal, 1991). These difficulties may stem from an unusual fortuitous events. More often these difficulties begin from a common difficulty associated with one of the transitions regularly experienced in the course of life--marriage, the birth of a child, going to school for the first time or going to college. When these difficulties are not resolved adequately or repeatedly mishandled by applying more of the same ineffective "solutions," they escalate. These vicious-circles will be perpetuated if change in the attempted solutions are not modified. Therefore, change within BTC's framework occurs by applying less attempted solutions or doing something different.

As we have seen, brief therapists at MRI view problems differently than many other psychotherapists. They focus on the interaction between individuals, not on the individuals themselves. Any specific problem is primarily shaped and maintained by current interaction in the person's social context. They see one person's behavior instigating and structuring another person's behavior and vice-versa. For example, as a marital relationship develops, repetitive

patterns of behavior or interaction arise. This interaction is seen as created and maintained in a circular feedback fashion between individuals within a system.

Before starting therapy, it is essential to know and fully understand the client's complaint. A therapist's failure to expedite change may be the result of a poorly defined problem based on inadequate information or faulty formulations and assumptions.

How a problem is defined helps to determine the treatment and outcome of therapy. Fisch, Weakland and Segal (1982) present the four criteria the brief therapist uses to define a problem. First, it must be an expressed concern about some behavior a person has about himself/herself or another with whom he/she is significantly involved. Second, this behavior must be defined as distressing either by the person demonstrating the problem behavior or with others with whom that person is involved. Third, repeated efforts made to alter this behavior have been unsuccessful. Fourth, due to the lack of success in changing the problem behavior, outside help is sought either by the person having the problem or by others with whom the person is involved. Unless the therapist can make a brief and clear statement covering all the elements in the presenting complaint (who, what, to whom, and how), he either does not have adequate information on the complaint or he has not digested the information sufficiently. To proceed further, without

clearly formulating the problem, will lead to trouble. A poorly defined problem leads to no solution. Therefore, when the BTC observes a family enmeshed in a problem in a persistent and repetitive way despite a desire to alter the situation, two questions arise. How does this undesirable situation persist and what is required to change it (Watzlawick, Weakland & Fisch, 1974)?

Once the client's initial problem is stated clearly in behavioral terms, the brief therapist needs to decide the best way to persuade the client to give up his problem-solving attempts and adopt the therapist's strategy. BTC therapists have found that direct advice or intervention seldom work. More helpful are indirect interventions that sometimes appear complex, illogical, and even paradoxical. These may seem strange, if not bizarre. But when one considers that someone coming to a therapist has already heard plenty of sound advice and to no avail applied the most logical solutions, then some other strategy should be implemented. Furthermore, Fisch, Weakland and Segal (1982) state,

> There is always the possibility that an initially small change in the vicious-circle interaction appropriately and strategically directed, may initiate a beneficent circle in which less of the solution leads to less of the problem, leading to less of the solution and so on. (p. 19)

Finding a way to get the client to view the problem differently so behavior can change rests primarily on the innovative interventions the therapist employs.

The persistence of problems is based on a vicious circle of reciprocal reinforcement between the problem behavior on the one hand and the behavior involved in attempted solutions on the other. Developed from this theory are planned interventions that the therapist utilizes to alter the client's views or interdict the problem maintaining behavior.

This chapter has outlined the conceptual framework that underlies the model of change developed and practiced at the Mental Research Institute's Brief Therapy Center in Palo Alto, California. The following chapters will examine its actual and ongoing practical application to school systems in the area of counseling, teaching and administration.

CHAPTER III

REFRAMING: OFFERING AN ALTERNATIVE

VIEW OF A PROBLEM

Definition

In the previous chapter it was shown that clients maintain problem behavior because they regard their attempted solutions as the only secure, sane or reasonable course of action (Watzlawick, Beavin & Jackson, 1967). If the change agent were simply to tell the client to stop what he was doing and take a different action, the client would, in all probability, resist strongly and drop out of treatment (Fisch, Weakland & Segal, 1982). Therefore, clients need help with carrying out directives that appear counter-intuitive (Segal, 1991). One technique for changing the client's view is termed reframing. To reframe means

> to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the facts of the same situation equally well or even better, and thereby changes its entire meaning. (Watzlawick, Weakland & Fisch, 1974, p. 95)

Fisch, Weakland and Segal (1982) suggest that reframing plays a significant role in treatment since it is commonly, although not exclusively, a means of getting the client to adopt a course of action he/she would otherwise

21

refuse to take. These authors present the following example as an illustration. Therapy is provided to the parents of a "schizophrenic" son, who is taking advantage of them. Should the change agent recommend that the parents set certain behavioral limits using the frame, "You need to get tough with him," they might comply. However, if the same directive is framed as "filling a need to supply structure to his otherwise disorganized life," the change agent introduces the parents to view the situation in a new light. The reframing employed in this situation helps to attribute a meaning to their son's behavior that is agreeable to the parents and which in turn compels them to set the necessary limits they may have been reluctant to establish previously.

Rationale

The reframing technique emanates out of the basic view of MRI's approach to problem solving. MRI researchers concur that reality is a manifestation of the outside world determined by each individual's perspective or outlook. A glass of water filled halfway, for example, can be viewed as either half full or half empty. In other words, two images were attributed to the same glass and the same quantity of water. From the standpoint that reality itself is not dealt with but rather its images suggest that the meaning we attribute to events in their lives is subjective and therefore changeable.

In our previous example, the change agent learned

that the parents attributed their son's manipulative behavior as a symptom of his schizophrenia in which he had no control. The parents abandoned the get tough approach because it opposed their view that their son has an illness and cannot therefore be held responsible for his actions. As a result, the change agent offers a new perceptual frame, which compliments the parents, and suggests that they help instill structure by making requests that would improve the son's health. This new reframe compelled them to employ the recommended strategies. In addition to illustrating the importance of working from the complainant's point of view, this example also illustrates how the meanings we attribute to events influence or instruct our actions in response. We were shown that the parents could not make demands of an ill son plagued with schizophrenia but could make requests of their son in order to supply structure to his otherwise disorganized life, thus arriving at the therapeutic objective.

Reframing does not change the identified problem behavior itself, but does change the meaning which the person attributed to the situation and therefore its consequences. According to Weakland, Fisch, Watzlawick and Bodin (1974), clients often interpret their own behavior, or that of others, in ways that sustain their difficulties. These authors further argue that, if we can only redefine the meaning or implications attributed to the behavior, this

in itself may have a powerful effect on attitudes, responses and relationships. Fisch, Weakland and Segal (1982) support this view stating that some views may be more useful or effective than others in accomplishing one's chosen end. Redefining behavior labeled "disruptive" as "concerned interest," for example, may be therapeutically useful depending on one's outlook. The task in reframing therefore requires that the change agent provide alternative interpretations that will help the client accomplish his/her chosen end.

While the number of potentially possible interpretations is very large, our image usually permits us to see only one, and this one therefore appears to be the only possible, reasonable and permitted view (Watzlawick, 1978). The MRI researchers have learned that showing alternatives to clients makes it difficult for them to return to seeing the one image they had previously attached to that situation (Fisch, Weakland & Segal, 1982). Furthermore, the alternatives offered should fit the facts of the situation and should be plausible to the people involved. Their options have been increased and the possibility of an alternative is theirs. Occasionally a simple change from "never" to "sometimes" may create a major shift in how clients view their problem. Reframing blocks out old frames of reference and allows only the new one to be highlighted for some time. This allows the client to

experience control of their own problem. This new point of view empowers the client to see the problem as solvable. By pointing out different aspects of a problem situation, reframing helps the client to see what was once considered as a liability can now be considered an asset (Watzlawick, Weakland & Fisch, 1974).

When and With Whom to Use Reframe

L'Abate (1986) identified problem situations in which reframing is most useful. They include: clients whose thinking is black or white; clients who have a very limited world view; clients who only view the negatives and never comment upon positives; clients who place responsibility unilaterally on one person and fail to see their part in the interaction; and clients who resist performing a task which the change agent sees as helpful in a possible resolution of a problem.

Watzlawick (1978) comments that, "Reframing need not be positive or even acceptable to the client." He asserts that reframing may appear in a form that is unacceptable, wrong and so incompatible with the client's world view that it actually challenges them into proving its falsehood. Herr and Weakland (1979) call this presentation of reframe "complex reframing." Watzlawick (1978) presents an example of this type of reframe: Parents of a rebellious teenager persisted with more of the same useless solutions including increases in sanctions and nagging to persuade their child

to complete homework and maintain a clean room. During therapy the change agent commented, with the child present, that he is not insolent, but is reacting to a deep-seated fear of growing up and of loosing his comfortable safety of being a child. This statement mobilized the teenage to reject the idea that he is fearful of growing up, and becoming insolent. Secondly, it brought about a change in the parents' attempted solution. They now saw their son as fearful not insolent. This particular reframing challenged the client to resist the therapist's viewpoint. He had been challenged to accept responsibility for completing his homework and to maintain a clean room, thereby proving the change agent wrong.

Implementing Reframing

In this approach the change agent needs to acquire the client's language instead of having the client learn the therapist's language. The main task in therapy is to persuade clients to deal differently with the problem situation. Knowing a client's point of view allows the change agent to formulate guidelines on how to frame a suggestion so that the client is most likely to accept. To reframe effectively then requires the change agent to become very active and alert when listening. Effective listening includes being attentive to the specific words the client use, the tone in which the client expresses him or herself and the images or metaphors the client uses to describe the

problem situation (Fisch, Weakland & Segal, 1982). A major factor contributing to success in therapy, particularly in reframing, is to take cognizance of the client's world view. This consists of the client's strong beliefs, values and priorities, which determines their behavior. Knowing the client's point of view allows the change agent to formulate guidelines for framing a suggestion which the client is most likely to accept. As mentioned earlier and in the literature of the Mental Research Institute, problem behavior is seen to persist only when it is repeatedly reinforced in the course of social interaction between the client and other significant people. Usually it is just what the client and these others are doing in their efforts to solve the problem that maintains or exacerbates it. These attempts at help continued to be employed by the client because they appear unquestionably right or most "logical" (Weakland, Fisch, Watzlawick, & Bodin, 1974). These authors point out that this interactional perspective on problem formation, maintenance and resolution exist, not only in marital family problems, but also in various other organizational conflicts within larger social systems. Some of these systems include business, government, churches and, as this thesis will attempt to demonstrate, in schools.

Case Examples in School Systems

Application by a Teacher

An example of a teacher employing the reframe technique is presented by Molnar and Lindquist (1989). In this situation a teacher regards a student's repeated blurting out of answers during class as an unreasonable and inappropriate attempt to get attention; the student considers it necessary to blurt out answers because he believes that the teacher tends to ignore him. The authors point out that the teacher and the student each have their perceptions reinforced when the student blurts out to get the teacher's attention and the teacher determinedly ignores the student in an attempt to discourage the behavior. By introducing a new positive perceptual "frame" of the student's problem behavior, a new way of responding or acting to the situation presents itself. The authors suggested to the teacher that he or she should interpret the student's blurting out answers as "intense involvement and interest in the lessons" instead of inappropriate attempts to get attention. Subsequently, responses other than ignoring would emanate. With this new perspective, the teacher approached her student and suggested that he withhold his insightful remarks until the end of the lesson. He appeared pleasantly surprised that the teacher complimented his efforts and was happy to comply with her request.

Application by a Principal

Another example of reframing is demonstrated from a principal in Mobile, Alabama, which involved David, an 11-year-old sixth grader who was afraid to go to school (Moran, 1991). According to David's mother, when it was time for him to go to school in the morning, he would pace around his room and cry and seemed extremely worried about what would happen in school. The mother further explained that she would receive calls at work from David, complaining about his worries. David's teachers, however, were not aware of any problem and described David as a good student who was socially mature. The principal called David in to learn whether he was experiencing any difficulties at home or in school. David appeared and expressed that he felt very competent in a world of warm and reasonable people. In addition, David disclosed that he maintains a close relationship with his mother and comes from a very warm and supportive family. The next morning the principal met with both David and his mother. Through the course of the discussion it was apparent that David was not afraid of school but causes his mother to constantly worry and think about him, even when he is not around her. The principal therefore offered an interpretation so David felt his relationship with Mom was preserved without having to make the disruptive phone calls. The principal suggested that David's concern for Mom was preventing her from the

independence that he enjoys. After he calls his mother, she can only think and worry about him, while he is playing and having a good time. His anxiety and phone calls stopped because David did not want to prevent Mom from enjoying herself or jeopardize the love he received from her.

Application by a Counselor

Another case example is cited from a school counselor in California (Moran, 1991). The counselor was made aware of a ten year old boy, Daniel, who had been teased and ostracized by his classmates for a few years. The counselor learned that Daniel felt alienated by his classmates because they were more "macho." The classmates who teased Daniel stated, "We don't play with him because we fear others will razz us if caught interacting with him."

After listening to the classmates' concerns, the counselor offered an interpretation she thought related to their outlooks, namely, that they were socially concerned and wanted to be popular. She suggested that they could enhance their popularity if they formed a special club to help Daniel find his place socially. Three of them were urged to start playing secretly with Daniel. If they heard anyone calling Daniel a name, they were to stop and ask the name caller how it would feel to be called that name. In addition, they briefly met with the counselor to learn strategies that would entice more of the class leaders to join their club. Also, once a month, a recreational session

with Daniel was arranged at the counselor's office to reward
them for their efforts. After several months, Daniel's
teacher and parents reported that his peer relations had
improved and that he was interacting appropriately with all
his peers. Daniel himself reported to his parents that he
was not having any difficulties at school.

Summary

The most basic element in reframing is to accept
what the client offers and work within his/her framework.
Reframing is successful when it introduces a new meaning to
a given situation. This new meaning must be acceptable to
the client's world view. Therefore, the counselor in
reframing must communicate in the language familiar to and
exemplary of the client. Successful reframing provides a
kind of mirror which can help people see the situation
differently and thus behave differently. Reframing does not
necessarily have to be presented in an affirming positive
light. It may be presented so contrary to a client's world
view that it actually challenges the client to prove its
falseness and, when a client succeeds, he/she is actually
achieving the goal of counseling.

Current Applications in School Settings

Data collected from recent presentations of the MRI
approach to school principals and other personnel have shown
reframing and other intervention to be applicable and

beneficial in solving problems in educational settings. These presentations have been conducted in Singapore and in the United States and with equally beneficial applications reported.

An evaluation of the workshop delivered in Singapore to secondary school principals, reflects the growing appeal of the MRI approach in the school setting. The data obtained from final evaluations showed that reframing was the most widely accepted of the techniques presented. Ninety-seven percent of the participants favored its usefulness and relevance in school settings. In one section of the evaluation participants were asked to comment on the potential benefits of the reframing technique as applied to their particular school setting. Some of the remarks include:

> Reframing is a powerful tool to change other person's world view and then his/her behavior.

> Reframing provides a workable technique in the resolution of a problem if carefully thought through as lectured.

> Reframing is a good method to resolve problems more effectively and efficiently.

> The techniques and skills provided by the speaker are very useful to me; I would like to try some of them when I return to school.

> The reframing example shows that it is very effective; however, it is doubtful that I can implement reframing.

A small fraction of the participants, namely three percent, reported unfavorably about reframing, and their comments focused on their inability and/or lack of

experience in applying the technique. Their fear was that reframing may be misconstrued leading to potential negative effects. Overall, the reframing technique received significant endorsement by the participants suggesting that its application would be helpful in problem resolution.

CHAPTER IV

ONE DOWN: AVOIDING CONFRONTATION

IN A SCHOOL SYSTEM

Definition

Success in problem resolution depends greatly on the ability of the change agent to obtain strategic information from the client and to elicit his or her compliance in carrying out suggestions or tasks (Fisch, Weakland & Segal, 1982). In order to achieve this, the change agent may need to move away from a position which the client may see as authoritative, and apply a particular technique which the MRI calls the one-down position. This technique is a simple declaration of the impotence of the change agent at a certain point in an interaction when a client is blocking, deliberately or otherwise, the change agent's best effort to facilitate change in the impasse (Watzlawick, 1974).

Rationale

The change agent-client relationship inherently implies a position of presumed power (Fisch, Weakland & Segal, 1982; Segal, 1991). These authors state that this authority position intimidates many clients who may already be embarrassed by their problems and, as a result, it may

inhibit them from disclosing information that, in their own view, will demean them even further. Segal (1991) recognizes that the bond between the change agent and client can be strengthened if the change agent avoids confrontation when there is a need for greater clarification. For instance, when a change agent needs more clarification with a client whose tone implies, "I have told you everything I can at least twice," the change agent may obtain the pertinent information by saying, "Please bear with me; I'm not myself today. Would you mind going over that again?" Or, "In all fairness to you, I must let you know in all my years as a therapist, I have never worked with your kind of problem. So I will need to go over this very carefully" (Fisch, et al., 1982).

These authors contend that clients accept and follow advice more readily when the change agent avoids coming on strong. Their research shows that some clients appear inclined toward defeating change agents, despite their request for help. This is indicated by clients who have repeatedly failed to understand explanations, or carry out the directives of the change agent. The importance of the one-down position is therefore stressed for two reasons. First, research rarely indicates that clients are responsive to authority. Secondly, although the cooperation of some clients is enhanced by a change agent's position of authority, researchers recognize that such a determination

cannot be discerned at the outset of therapy. Subsequently, they suggest taking a one-down position because they discovered that it was easier to go from a one-down to a one-up than the converse (Fisch, et al., 1982). Overall, these findings strongly suggest that the one-down position enables the change agent to be more maneuverable in finding solutions to problems.

The one-down technique, like reframing in Chapter III and symptom prescription in Chapter V, have been researched and developed in resolving problems in family therapy. Through observation and research, school personnel have come to understand the one-down position as an effective tool in resolving problems in school settings. When applied in school settings, certain elements of the techniques have been modified and applied from the way they are used with family relationships in clinical settings.

Principals, in their efforts to resolve problems, have discovered that parents and teachers would often respond to their suggestions for a short period of time and later return as entrenched or even more so in their old ways of reacting to their problem situations. Other disqualifications of principals' interventions occur when the parents or teachers say that they tried the suggested strategies but obtained unsuccessful results. At this stage principals come to recognize that they are at an impasse and have exhausted their repertoire of suggestions and are

becoming frustrated or angry at the clients' unwillingness to change. In reaction to having been disqualified by a teacher, parent or student, an earnest principal may try even more powerful interventions while his teacher, parent or student continues to disqualify these suggestions.

It is at this juncture that principals have come to understand the possible benefit of the own-down approach. The definition of the one-down approach has been operationally expanded as a result of its effective use in school settings (Moran, 1992).

When and With Whom to Use One-Down

The one-down approach is best used with uncooperative clients who disregard the change agent's recommended interventions. When the change agent allows this to occur, he/she allows clients to disqualify them. In response, the change agent may become more zealous and attempt to find more effective interventions, while clients continue to disqualify these best efforts.

Should this pattern persist, the change agent then becomes an active participant of the problem and will ultimately find it impossible to decide whether it was the client or his own efforts that started this escalation (Fisch et al., 1982). This cycle can be altered when the change agent recognizes his position or role in the relationship. By adopting a one-down position, the change

agent withdraws from the potential clash of ideas and avoids opposition to his/her suggestions.

Implementing One-Down

Appropriate timing of this intervention is of maximum importance. A strong indicator is when the change agent recognizes that he/she has begun to push or impose his/her suggestions for resolving the problem on a client in therapy, parents or teachers who repeatedly ignore or disqualify by noncompliance the best suggestions of the change agent.

Once the change agent employs the one-down position, he/she must avoid blaming the client. The following example illustrates how a change agent might utilize the one-down position when interacting with an angry client who is repeatedly opposing the change agent during the session. The change agent's response may include the following remarks,

> The truth is that you scare the hell out of me when you stare at me, snort or suddenly get out of your chair and pace aimlessly; I can't think straight when I'm scared and, if I can't think straight, I can't be of any help to you. (Fisch, Weakland and Segal, 1982, p. 619).

Taking the one-down position allows the change agent to regain control and reestablishes the client/change agent relationship, thereby eliciting compliance to implement recommended suggestions.

Case Examples in School Systems

Application by a Teacher

Amatea (1989) describes the following impasse in which a teacher utilizing a one-down stance is able to persuade a disruptive student to act more appropriately. The teacher regards this student as aggravating and difficult to control. Given this set of beliefs, the teacher constantly corrects the student, largely by demanding that the student follow his rules. He realizes, however, that his response triggers more acting out from the student rather than less. Consequently, the teacher becomes more aggravated by the student which leads to more control type of reactions.

In order to interrupt this cycle, the teacher implements a one-down by reversing his stance. Instead of demanding that his student respect him by issuing stern threats and punishment, the teacher elects to present himself as if he does not care whether this student attends class. He tells the student that he obviously, judging from his behavior, does not want to attend class and that it was all right if he left the class. Fully expecting to serve three days of detention after school for leaving class without permission, the student returns to class amazed that he was not "written up." Given the teacher's current position, the student no longer felt criticized and was, therefore, willing to comply with the teacher's requests.

Application by a Principal

This example comes from Singapore. The Principal of
Nanyang Girls Secondary High School was confronted by an
angry mother who could not locate her daughter's painting
after the school's art exhibition. The pupils, according to
the director, were required to collect their own art pieces,
after the exhibition. When the exhibition was over, a
painting belonging to Lily Phang, was missing and could not
be located despite several searches. When her mother, Mrs.
Phang, heard that her daughter's painting was missing, she
demanded that the school return the painting.

Mrs. Phang was very fond of this painting and
thought it was her daughter's best. She also believed that
since the art piece was loaned to the school for its
exhibition, it was the school's duty to protect and
safeguard the piece. In this mother's opinion, therefore,
it was the responsibility of the school to return the
painting to her daughter.

The Principal listened carefully to Mrs. Phang's
concerns and discerned early in the interaction that neither
Mrs. Phang or her daughter would be willing to share any
responsibility for the lost art work. It also appeared that
she would persist with unreasonable demands, namely that her
painting be returned even though its location was unknown.
Continued attempts by the Principal to resolve the problem
situation included offering compensation for the artwork and

promising to continue to search for the lost painting all of
which were of no avail. The mother rejected these attempts,
maintaining the position that she could not be deterred from
continuing to make her unreasonable demands. At this
juncture the Principal decided there was nothing more she
could do and decided to take the one-down position hoping,
to reduce or diminish what appeared to be a mounting attack
against the school and herself. The Principal apologized
for the negligence on behalf of the school and stated that
their actions were unintentional and admitted that she did
not know what more she could suggest. Upon hearing this,
Mrs. Phang immediately simmered down and accepted the
school's apology without making any demands (Moran, 1992).

Application by a Counselor

Another demonstration of this technique is utilized
by a school counselor with a single parent mother who was
concerned about her only son's recent change in behavior.
During the first interview, the mother complained about her
son's recent irresponsibility since dating a new girlfriend.
This irresponsibility has demonstrated in his defiant
actions when his mother made curfew requests, questioned his
whereabouts, and suggested he was overspending. Tim was
refusing to help out with any of the household chores; he
arrived home late and never left notes of where he was
going. The mother viewed the son's unacceptable behavior as
the result of time, energy, and money spent on the new

girlfriend. She explained to the counselor that she had attempted to curtail his behavior by discussing his actions with him, denying him his allowance, forbidding him to see his girlfriend, and finally, by calling the girlfriend's parents in an effort to persuade their daughter from dating her son. After meeting with the mother, the counselor then met with the son to obtain his perceptions of the situation. The son perceived his mother's constant inquiry into his personal life as an attempt to sabotage his relationship with his girlfriend and undermine his ability to make decisions regarding his own life.

After meeting with the mother and then the son, the counselor determined that the mother strongly desired an effective approach to reconciling their relationship. The counselor identified that the mother's attempted solutions maintained the problem she wanted to rectify. She perceived that her role has been undermined and she had been ignored, and therefore tried harder to get Tim to comply with her requests. The more she demanded that he fulfill his responsibilities, the further he withdrew. She then tried more zealously to impose authority. The counselor elected to meet individually with the mother in subsequent sessions to instruct her in alternative methods in dealing with her son. The counselor gradually persuaded her to take the one-down approach in order to interdict in this cycle and bring about the desired change.

Noticing how enraged the mother was with her son, the counselor suggested that she implement the one-down position. Reframing was utilized to persuade the mother to implement this approach. By reframing the one-down position as "getting back at him," the counselor persuaded the mother to implement this intervention. He suggested the following statements would convey this new position. "I would like for you to be home at midnight but, if you are not, there is nothing I can do," or "I love you so much and I want the best for you but there is nothing I can do to make you arrive home on time."

After several weeks of taking this defenseless and "permissive" stance, the mother noticed that the arguing diminished and that her son was fulfilling his responsibilities without having to be told. The mother continues to attend the monthly family sessions as required by the school. However, she attends to review his academic performance not because of problems with responsibility (O'Malley, 1992).

Summary

Taking the one-down position declares the impotency of the change agent during an exchange when the client is blocking the change agent's effort to elicit information from clients as well as gain their compliance in caring out directives. While this approach has been proven effective for a long time in clinical settings, it is being well received by school administrators who have operationally

expanded it through practice in school settings. This technique allows the change agent to gain control in a cycle of interaction whereby the change agent continues in their earnest efforts to expedite change with a client who repeatedly disqualifies these efforts. By defining themselves in a one-down position by virtue of their incapacity to effect a change, rather than any fault of the client, the change agent withdraws from the potential clash of ideas and avoids the repeated opposition to his/her suggestions. In fact, the change agent is paradoxically back in control by stopping the "game" or escalation of an argument (Watzlawick, 1974).

Current Applications in School Settings

As in reframing, data was collected from secondary school principals in Singapore to obtain participants' responses to the one-down approach. This technique received an approval rating of ninety percent indicating its potential benefit in school settings. Feedback on the evaluation affirms the rather significant approval rating of this technique.

Participants' comments include:

I think we use this technique frequently in varying degrees but did not recognize it. It is useful now to know that it is a recognized technique and how it fits into the systemic approach.

By declaring incapacity to effect change, one is actual one-up.

The surprise element that passes the responsibility back to the complainant helps the person to reflect on his/her own action and to see possible consequences in future interaction?

It enables the client to calm down and to review his own behavior . . . the client is more willing to listen when you are not superior to him.

Less favorable remarks include:

The client may interpret the change agent as soft and take the upper hand.

It would have been great if we had simulated situations for us to experience the process. This would increase our confidence in handling this strategy to some extent.

Others may see it as a weakness in you.

There were only a small number of participants who commented unfavorably about the one-down intervention. The overwhelming majority of school personnel indicated that the one down would be beneficial in resolving conflicts in school.

CHAPTER V

SYMPTOM PRESCRIPTION: BREAKING REDUNDANT

CYCLES OF INTERACTION

Definition

The third intervention to be discussed is called

symptom prescription. In essence, symptom prescription

involves asking that the problem behavior continue, but with

a change in time, duration, location and intensity

(Watzlawick, Weakland & Fisch, 1974).

Watzlawick et al. (1974) in the same text described

a person who fears public speaking. The authors outline the

technique of symptom prescription. The situation they

illustrates involves a client who fears that his

overwhelming tension of public speaking will become obvious

to the audience. The client's problem solving behavior had

been oriented primarily toward control and concealment,

which consisted in the shaking of his hands, the keeping of

his voice firm and appearing to be relaxed. The harder he

tries, the tenser he becomes; the tenser he becomes, the

harder he tries and the vicious cycle continues. In this

situation the change agent instructs the client to preface

his speech with a statement to the audience that expresses

how his extreme nervousness and anxiety will probably overwhelm him. This behavior prescription provides a complete reversal of the solution so far attempted. Instead of trying to conceal his symptoms, he is made to advertise them. The client's various attempts to conceal his tension only heightens his awareness of it and perpetuates his conflict. When the client had advertised his problems, he abandoned his attempted solutions, including trying to conceal that his hands were shaking, that his voice was cracking and tried to appear calm. Watzlawick (1978) suggests that the conscious effort to produce a reaction that only occur spontaneously either makes impossible its occurrence or produces unplanned and unwanted reactions. This author also states that symptom prescription is a deliberate use of a problem rather than its passive endurance.

Rationale

This intervention is devised for clients who attempt to force something that can only occur spontaneously. These problems generally encompass bodily functions or performances (Segal, 1991). Some common complaints registered by clients include sleep disorders, sexual difficulties, substance abuse, writing blocks and inabilities to be creative. Clients suffering from these symptoms view the problem as being outside their control (Watzlawick, Beavin & Jackson, 1967) and (Watzlawick et

al., 1974). Traditionally, clients continuously struggle by forcing a desired behavior that can only occur spontaneously. This reaction only intensifies the clients' awareness and creates a further continuation of the problem. When the client implements symptom prescription, he modifies the undesired behavior so as to impact its spontaneous nature. Another example that demonstrates this intervention is given by Watzlawick et al. (1974). The authors state,

> The mistake most insomniacs make is to try to force themselves to sleep by an act of will power only to find that they stay wide awake. Sleep by its very nature is a phenomenon which can occur only spontaneously. It cannot occur spontaneously when it is willed. But the insomniac who is increasingly desperate with the ticking away of time is doing just this, and his attempted cure prolongs the problem. By trying to force himself to sleep, he is placing himself in a "be spontaneous" paradox and we suggested that his symptom is therefore best approached in an equally paradoxical way, namely by forcing himself to stay awake. This is merely a more complicated way of saying that we thereby prescribed his symptom. That is, we have made him actively do it rather than fight it. (p. 35)

In another text it is stated that there are basically only two ways for one person to influence another person's behavior (Watzlawick, Beavin & Jackson, 1967). These authors suggest that the first consists of trying to make the other behave differently. This approach, as we have just seen, fails with symptoms because the client claims he/she has no deliberate control over his behavior. The second way consists in making the client behave as he/she is already behaving. If clients are directed to behave or act out their problem behavior which is seen as

spontaneous, then they cannot be spontaneous anymore, because the demand makes spontaneity impossible. By the same token, if a change agent instructs clients to perform their symptoms, he/she is demanding spontaneous behavior and by this paradoxical injunction imposes on their patients a behavioral change.

When and With Whom to Use Symptom Prescription

Some people experience their problem behavior as impulses that exist beyond their control. They experience them as spontaneous. These experiences may be described as an inability to do what they want to do or an inability to prevent what they do not wish to happen to them. Some examples that fit this description include: those who suffer depression without any physiological reason for it; people who suffer insomnia; children seen as hyperactive; people suffering unwanted thoughts that flood their minds and which prevent them from carrying out their work; individuals broken-hearted after the collapse of a love relationship and who are unable to move.

The traditional way to resolve these issues is to struggle against their spontaneous nature in order to overcome them. Prescribing the undesired behavior aims at using the undesired impulses to deprive them of their spontaneous nature (Watlawick et al., 1974).

Implementing Symptom Prescription

Prescribing what the client is trying to overcome, can cause such a necessary amount of confusion that the person abandons the problem. Straightforward suggestions which have become the standard response of the change agent to the client's problems may be anticipated by the client. As a result of constant repetition, the change agent's suggestions may be listened to politely and then discarded. For a change agent to suddenly disrupt a client's fixed behavior by gently suggesting he or she could continue it, has all the benefit of a surprise attack or shock. Haley (1963) sees prescribing the undesired behavior as a benevolent ordeal which decreases in the client the attractiveness of the problem behavior, while at the same time, increasing the desirability of change.

Since the change agent had previously attempted to effect change without much success, it is necessary to help the client accept the logic of this new injunction or directive. We have seen that reframing is implicit, where as symptom prescription is explicit. Reframing helps set the stage for the acceptance of symptom prescription (Watzlawick et al., 1974).

This intervention has been found to be particularly helpful in school settings. Often a teacher, principal or counselor is faced with a student or colleague who will occasionally struggle with a problem over which they think

they have no control. Some complaints a change agent may
encounter in school settings include memory blocks,
stuttering or hyperactivity.

Case Examples in School Systems

Application by a Teacher

Symptom prescription was implemented by a school
teacher, in an effort to gain the cooperation of Justin, a
10-year-old student who repeatedly exhibited disruptive
behavior in her classroom. Every school day Justins's
teacher confronted him for misbehaving and for interrupting
classroom activities. The teacher was becoming more annoyed
and short tempered by his repeated misconduct such as
banging on the desk, speaking out of turn, moving around,
and by him knocking his books and those of other students
over onto the floor. Every possible sanction had been
applied by the teacher and then the principal, but Justin's
problem behavior continued to get worse. The teacher and
the principal tried to talk with him; the parents were
spoken to repeatedly and suspension was threatened unless
his behavior improved. The teacher became increasingly
discouraged after observing that the attempts to influence
Justin's behavior failed. Every conventional technique that
the teacher and principal employed could not persuade Justin
to behave in an age-appropriate non-disruptive manner. It
was only when it was suggested to the teacher by an outside
consultant to prescribe the undesired behavior that

noticeable and rapid change occurred with Justin. Symptom prescription was implemented with the teacher saying to Justin,

> For the past year I've been trying to control your behavior in class before I realized that I have been depriving you of your time to freely express yourself. I have decided that I'm going to allow you five minutes each day at the beginning of class to bang on your desk, walk around, shout and knock books over, while your classmates stay quiet. You in return will stay quiet when they are performing their classroom activities.

Justin was delighted and took his full five minutes to do all the things he had been forbidden to do for the past year and a half. The next day he took only three minutes of his time and on the third day, two minutes. On the fourth day he requested that his teacher not ask him to perform. Five months later Justin was the recipient of the perfect conduct award (Moran, 1991).

Application by a Principal

A principal in Mobile, Alabama utilizes symptom prescription with Dawn and Clinton, two sixth graders who are constantly teasing each other (Moran, 1991). Often the teasing would escalate to such a degree that one or the other students became insulted by the name-calling and subsequently reported it to the teacher.

The teacher had spoken to both students on several occasions about the unkind way they relate with each other. When this failed to change their behavior privileges such as field trips, study hall and recess were revoked. However,

none of the teacher's attempts deterred the students from calling each other names. One day when the name-calling began, the teacher sent both students to the office, because neither would stop at the teacher's request.

When they arrived at the principal's office, he asked them, "What happened that was so terribly bad that caused the two of you to call each other names?" He then told them that inasmuch as they felt the need to call each other ugly names that he thought that they should continue the name-calling right there in his office until the name-calling subsided. When they finished, they were to let the principal know. Meanwhile he returneed to his desk and continued his work allowing them the opportunity to finish calling each other names. As the principal resumed his work, silence prevailed. Intermittently, he would encourage them to continue the name-calling. After approximately fifteen minutes of this, he asked them if they were absolutely sure there were no other names they wished to call one another. The students replied that they were finished. He then informed that in the future, if they felt the need to call each a name, that they would have to come into his office; they were not allowed to do it anywhere else. He also relayed to the students that he would appreciate if they would use the beautiful names their parents gave them instead. According to the teacher, there

were no further reports of name-calling between the two students.

Application by a Counselor

Molnar and Lindquist (1989) present an example of a counselor implementing symptom prescription with Cavan, a sixth grade student, who had a history of not completing his homework. Cavan's teacher reported to the counselor that Cavan generally wasted time in school and refused to do school work at home. The teacher also reported that Cavan had started a habit of chronic lying to both his parents and his teachers regarding his homework. When his parents told him to do his homework, he would say he did not have any. When any of his teachers asked him why he had not done his homework, Cavan would reply that he had no time because his parents made him do chores or required that he go shopping. Cavan's parents and teachers responded to the lies with further probing, nagging and punishment, which seemed to make Cavan very anxious and his lying would escalate in response. Apparently a vicious cycle of interactions had been established.

In the past, an assignment notebook system had been used, but it was unsuccessful because Cavan continuously "forgot" it or forged his parents' signatures on it. Cavan's teacher had weekly telephone contacts with his parents, but these were considered unproductive, because both the parents and the teachers were frustrated and very

emotionally involved. His only involvement consisted of keeping the cycle going by doing nothing. He repeatedly stated that he did not like to do school work at home.

The counselor used symptom prescription, and then reframing, to help Cavan reconceptualize the concept of homework. His teacher and parents agreed to the following plan: first, telling him that it was understandable that he did not like doing schoolwork at home. After all, schoolwork was schoolwork, and why should it be done at home? Second, Cavan was told that the assignment notebook system was abandoned. Third, Cavan was instructed that the last hour of every school day was his study period. It was agreed that Cavan would do his assignments during that period and stay at school each day until all of his work was completed. Cavan was not to be allowed to take work home--after all, it was schoolwork, not homework.

The plan worked well for the first six days. Cavan completed all work in school, but usually he had to stay after school up to one-half hour in order to complete it. On the seventh day, Cavan was in a hurry to get home, because the weather was nice and he wanted to play soccer with his friends. He asked for permission to take a short assignment home to complete it. His teacher stated, "Schoolwork is for school, not home," and insisted that he finish it at school. The next day Cavan was absent. When he returned the following day, he asked if he could make up

his missing assignments at home over the weekend. The teacher stated, "Schoolwork is for school, not home." Cavan became angry and asked to see the counselor as he was the one who had set up this plan. When the counselor saw him, he complained bitterly about how stupid the plan was--how he was having to spend more time at school, and why could he not take work home like everyone else did? The counselor replied that maybe he deserved the privilege of doing his work at home and the counselor would check with his teacher and parents to see if they agreed. Cavan was subsequently allowed to take his work home. Seven school days have since elapsed, and Cavan has consistently completed his work, doing most of it in school and the remainder at home.

<div align="center">Summary</div>

Symptom Prescription is a technique whereby the change agent prescribes the problem behavior to the client but with a change in the intensity, duration, location or timing of the particular behavior. Watzlawick (1974) calls this change "the most elegant form of problem resolution known to us." This technique is the deliberate use of a symptom instead of its passive endurance. Generally, it is not the first suggestion or intervention a change agent will make, but at times, when all other avenues are blocked, it may well be the only effective intervention available. Clients at times, even with the help from change agents, are people unable to effect meaningful change in their lives.

When a change agent prescribes the undesired behavior, it is not necessary to spell out how it will bring a change about.

Symptom prescription especially benefits the kind of client who suffers from the inability to do something he/she would like to do, or someone who suffers a compulsion to do something he/she would like to avoid. In brief, someone who has a symptom. They experience their problem as outside their control and which occurs spontaneously. The traditional solution is to struggle against these spontaneous impulses in order to overcome them. This technique aims at the opposite, that is the deliberate performance of these seemingly uncontrollable behavior so as to deprive them of their so called spontaneity. Symptom prescription attempts to interdict the cycle of unsuccessful attempted solutions, and with it, its consequences and the symptom.

Current Applications in School Settings

Although symptom prescription received the lowest rating of the three techniques, it was still considered by 81% of the school principals in Singapore to have had substantial benefit to them in their school setting. Comments of those who applied symptom prescription and found it beneficial include:

It stopped the undesired behavior immediately.

Should be used only as a last resort . . . however is an effective tool to control the undesired behavior of students.

Using behavior that is a problem to arrive at a
solution.

I liked the technique of responding to repeated failures
and changing behavior by concentration on the undesired
behavior and prescribing it.

A useful technique for me and empowering teachers to
manage classroom behavior which has not responded to
other interventions.

The number of positive responses given reflects that most of
these school principals consider symptom prescription to be
a beneficial tool in the resolution of school problems.

CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS

This study has reviewed the practice of family
therapy as developed and researched at the Brief Therapy
Center of the Mental Research Institute. It has concluded
that the methods have potential application to systems other
than families. The MRI approach to problem formation and
resolution is an outgrowth of research on problems
ordinarily defined as clinical. However, MRI views problems
mainly as variations of everyday human interactional
problems (Fisch, Weakland & Segal, 1982; Watzlawick,
Weakland & Fisch, 1974; Weakland, Fisch, Watzlawick & Bodin,
1974). These authors suggest that the MRI approach is
potentially applicable to any kind of persistent problem
involving human behavior, occurring in any social-
organizational context, immediately applicable in principle,
and potentially applicable in practice. This present thesis
has attempted to examine the literature and convey to the
reader how this approach applies to school situations,
particularly teaching, counseling and administration.

The systems view and the techniques of reframing,

one down and symptom prescription which were presented in previous chapters have been researched and developed at the MRI, for twenty-five years to resolve problems in families. In recent years, several authors, namely Molnar and Lindquist (1989), Amatea (1989) and Moran (1991) and (1992) have applied and written about the development of these concepts in school administration and counseling. The case examples of these authors demonstrate that systems theory and MRI applications are proving to be beneficial at various levels in education.

The literature obtained for the purpose of this thesis has shown that the theory and techniques of MRI have broader applications. According to Watzlawick, Weakland and Fisch (1974), the only reliable basis for judging the value of a method is that which results from its practice and/or application. There appears to be good reason to continue what has already shown itself to be beneficial in a substantial number of experiments on a wider basis.

As previously explained, school administrators, psychologists and counselors have received training in the MRI approach. Favorable results were obtained from these school professionals indicating the potential effectiveness within their work settings.

In the effort to pursue a more comprehensive study of systems theory and the MRI techniques, the University of Loyola, Chicago, is applying systems thinking and the MRI

interventions to problem solving for the first time in an academic setting. There appears to be continued need for professionals in educational settings to receive training of this approach. Traditionally, most administrators, counselors and teachers have received their training in theories predominantly whose focus is the individual client, especially on intrapsychic structures and processes. These educational professionals then are expected to employ this training in multiple systems. There seems to be a great theoretical difference between the academic training these professionals had received and the actual circumstance in which they are expected to function. Systems theory and the techniques developed at the MRI focus on interaction and communication patterns not on intrapsychic phenomena. By removing the site of a problem from the individual to the interaction of two or more individuals and the context in which that problem occurs seems to offer a more effective approach for educators who are constantly interacting in various situations.

Research to further validate BTC's theoretical framework, techniques and its applications to systems such as schools is recommended. Systems psychologists (Amatea, 1989; Molnar & Lindquist, 1989; Moran, 1992) have not discounted assessing their own knowledge and practices. Studies have been replicated, follow-up questionnaires have been responded to and video tapes of participants who have

attended MRI workshops show the practicality of its application exist in school settings (Moran, 1992).

For this unique and radical approach to be better known and of benefit to a wider audience of school personnel existing (and future) research would need to be published and tested in the schools. When this occurs a beneficial dialogue between researchers and practitioners would be underway.

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