

Interdisciplinary Cooperation in Critical Conflict Situations: Understanding and Use of Emotional Dynamics

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Résumé : Les situations conflictuelles critiques exposent les intervenants à la question de la complexité. Montrant un point de vue nouveau sur le rôle des dynamiques chaotiques émotionnelles en reliant de façon cohérente stress, émotions et interactions sociales, les sciences de la complexité nous ont permis d'élaborer un modèle d'intervention en période de crise. Notre coopération interdisciplinaire intègre les émotions comme un vecteur de changement produisant du sens. Mots clés: PEARC, conflit, interdisciplinarité, dialogue.

Abstract: Professionals are exposed to complexity when they face critical conflict situations. Linking stress, emotions and social interactions in a coherent way, we hope to bring a new perspective concerning the role of emotional chaotic dynamics. The sciences of complexity enable us to develop a model of intervention in times of crisis. Our interdisciplinary cooperation incorporates emotions as a vector of change bringing about meaning. Key words: PEARC, conflict, interdisciplinary cooperation, dialog.

Introduction

A human system can be in crisis for various reasons. Crises block positions and create tensions. People involved in a conflict may choose to consult a physician and/or a psychotherapist. They can also approach a lawyer or a mediator through the Judge's recommendation, their lawyer's advice or due to a contract clause. The traditional function of the physician is to take care of symptoms and diseases, the psychologist helps patients to solve internal and relational conflicts, the lawyer advises his clients to choose the best legal-judicial strategy, the mediator assists the parties to restore dialogue and find a satisfying solution to their dispute. While many researchers have demonstrated the reciprocal influence of (physical and mental) health and the relational quality between members in a group, these professional activities remain very compartmentalized. We are interested in conflict crises: interests, relationships, values, patterns, and data. Our collaborative work allows individuals to go beyond their emotions and their tensions thanks to tools built on a plural and consistent vision of the complex dynamics between emotion and conflict¹. Communication in a conflict system carries emotions, psychosomatic events that the individual organism develops to survive and protect itself against stress due to the sensation of danger, chronic anger and losses that accompany any change.

1- Non-linear dynamics of stress and emotions

¹ This phenomenon integrates internal and external parts of individual systems, using perception (our five senses) as the interface

Living systems and their social organization are complex²: their interactions are numerous, simultaneous and unpredictable.

The concept of homeostasis refers to a dynamic balance of regulation mechanisms based on the coupling and the redundancy of molecular and cellular functions. Since Claude Bernard and Walter Cannon, the mechanics of life seemed unchangeably linear. Then Hans Selye defined stress as a *non-specific* organic response to an environmental stressor, opening the way towards new concepts of regulation in biology. Indeed, if life stabilizes through the coupling of biological functions³ we know now that homeostasis is not stable and turns by the decoupling of these functions⁴ that propels the body to a critical state: behavior becomes unpredictable - although deterministic⁵ and chaotic-. New properties emerge from the chaos along *meta-organizing* transition phases. Non-linearity produces change and adaptation⁶. Life, even if it has not yet found a formal biological definition is characterized by rhythms providing its unity when adapting to the environment: this oscillating behavior is a systemic peculiar quality that supplies not only stability and memory, but also *de-synchronization* and non-linear dynamics in episodes of *perception* when something is changing in the context. Though, perception, emotion, action, relationship, cognition cannot be considered separately from the living organization: an emotional episode modifies the degrees of coupling in organic subsystems, resulting in the emergence of a new biological organization and a change in the *representation* of the event environmental trigger.

Lazarus et al. had developed their behavioral and cognitive model of adaptation strategies; Holmes and Rahe were the first to establish a scale of highly stressful life events. We postulate that non-linear processes correlate biological stress and emotions: emotions introduce instability and re-organize biological rhythms around limit cycles⁷, potential antechambers to a chaotic bifurcation. They are characterized by two main factors: intensity and duration/repetition⁸.

Any life event, a fortiori interpersonal conflict, involves the emotions of individuals in all their dimensions. By dimensions of emotion⁹ we mean all the process appraisal of an event in terms of significance for the survival and well-being. Thus emotion is seen as a process involving all systems of perception - conscious and non-conscious - including organic activations, cognitive processes of comparison with the previous history of individuals, their motivations, their beliefs and their features of personalities; such many subsystems which prepare for behavioral and cognitive response to an event. Emotional appraisal adjusts the importance given to a situation according to the purposes (plans and strategies in the medium term) and the needs (physiological and social accomplishments); in order to adapt the behavioral and cognitive response in terms of solving the problems of survival and well-being of the individual and his group according to their adjustment capabilities.

2- Perception, emotion, action, relationship, cognition...change

From a systemic point of view, emotion is an emerging quality of perception, as a fundamental activity of life it organizes its sensations in a significant whole, by comparison with its history in a

² Complexus: what is weaving together. Rules of complexity are emergence, circularity, and auto-organization. On this particular point, see Altan Henri (janvier 2011): *Le Vivant post-génomique*, Odile Jacob, Paris

³ For example, Stress and DHEA/Cortisol. Mas Sylvie (Mai 2002) : *DHEA et Vieillesse*, Thèse de médecine, Université René Descartes, Académie de Paris

⁴ Couple protein /enzyme, very redundant, produces fragments that have an amplifying action of biosynthesis on themselves. It is precisely the decoupling driving force

⁵ Sensitive to initial conditions

⁶ Well-known today : non-linear heart beats, non-linear electric waves in brain

⁷ Goldbeter, Albert. (Novembre 2010) : *La vie oscillatoire*, Odile Jacob, Paris

⁸ As we demonstrated through the Mas curve of depression and burn-out: Mas Sylvie and Garcia Teresa (septembre 2010) : *la dépression comme signal de changement nécessaire à l'adaptation*. Circé, Paris.

⁹ Sander David and Scherer Klaus R. (2009) : *Traité de psychologie des émotions*, Dunod, Paris

new environmental event. Emotion occurs between perception and cognitive-behavioral response: it represents latency, a time of decoupling of activating functions in order to prepare for an adaptive response to environmental changes.

The synchronization of changes in various components allows a double integration: period and frequency (information). Bateson defines the concept of information as a difference that makes a difference. Relevant information generates meaning in the system. It is necessary for the system to perceive the difference (example: deaf language expressed in the dark). When this difference is seen, it triggers a difference in the body, and emotion accompanies this movement of differences in cascade. In this case, verbal information is contradicted by other data (emotions, motivations, intentions, preverbal behavior). Therefore the conflict becomes a process of adaptation through emergence of learning, resolution or blocking behavior. Our role is to allow the passage at a meta-organizational level.

Let's see how we can make sense of the information processing that will become an experience. We need to define two pathways. The first path concerns our client's/patient's view of the situation, that we will call **PEARC**: **P**erception that involves **E**motion(s), the **A**ction(s) taken (in accordance with the emotion and perception of the situation), the **R**elationship induced by the action(s) and semi closure¹⁰ through the creation of a **C**ognitive pattern that makes sense of what's happening. This cognitive pattern will frame and filter subsequent perceptions, reinforcing certain emotions and so forth. This "sense-generating pattern" is highly homeostatic. It gets sealed at some point and uses the feedback from the world's interaction with self to validate its own "reality". The second path **PEARC'** relates to how other(s) perceive the client's action and relationship proposal, triggering emotions that bring on complementary or symmetrical behaviors that will "seal" a cognitive pattern of its own. For a path to be a PEARC or a PEARC' is only a matter of punctuation, each person usually seeing himself as simply reacting to the other's behavior. Both loops are intertwined.

The systemic practitioner will have to detect his own pathway leading to a "therapeutic" cognitive schema (PEARCS). This schema has to include both interactive pathways (PEARC and PEARC') in order to determine where to intervene. Needless to say that the therapist's pathway with his cognitive schema is not a perfect match, not an objective reality reading of what is going on for the client(s). It has to be refined and changed (through interaction with the clients and supervisors) until it fits the situation's structure enough to enable the team (clients plus therapist) to devise leverages for change.

3- Emotional dynamics and conflict-ridden systems

Rather than considering conflict as an obstacle to return to balance¹¹, our systemic and strategic approach will tend to link internal dynamics in order to take advantage of the so-called "blocked" situation and use it as an evolution's springboard for the parties. Indeed, the essence of critical situations in non-linear dynamics is the presence of bifurcation moments of change. By focusing on intensity and duration, two relevant factors already associated with the emotional dynamics, we have found different phases associated with stress and emotion in a conflict situation. Let us define them.

3-1 Historically an unexpected element occurs, the individual copes as follows:

- Perception of new information - emotional reaction and autonomous nervous system reaction

¹⁰ We use the concept semi closure to describe how the cognitive aspect of an experience at the « end » of the PEARC model is not closing the loop in the sense of a circle but as a spiral. The cognitive aspect of the experience becomes an emergent lesson that will frame the next experience, a new PEARC.

¹¹ Here balance must be understood not as balance before conflict but after conflict, adding learning, adaptation and meaning

- Drawing up a strategy
- Behavioral choice
- Modified (or not) interaction with the other elements of human system
- Development of cognition and therefore comparison between processes and feedback to perception

3-2 *Hic et nunc*

In mediation, we are dealing with the conflict in the here and now. People come to mediation in quest for justice and filled with hopes of all kinds. They come in and tell their confrontational history, often in a linear way, and let all current emotions merge.

Through a strategic and neutral questioning, the mediator will block the redundancy loop that feeds the conflict, bringing the parties to perceive what they have done and not done within the conflict dynamics. When exceptions to the conflict do exist, the mediator will highlight them, and make people appreciate their value (e.a. how they worked together, found a solution for the children's holidays); they can now make sense and explain how they managed to cooperate in order to function well together. The mediator emphasizes the disputant's capabilities to find solutions on their own. A kind of collective intelligence will emerge through genuine dialogue and "putting into words"¹², experience sharing and verbalizing emotions that accompany it. Mediation is engaged when the dispute takes a new form that suits all well, shared by all, making each one perceive the situation and the other disputant in a different way. Disputants will never see each other in the same way again.

psychotherapist, mediator and physician deepen emotional social sharing. In their respective consultations they address conflict through observing intentions, goals, needs, beliefs, values involving the emotions and their succession of mind-body events. It appears that the emotional dimension, by its nature, its intensity and its duration will modulate the conflict process and its resolution. In our study¹³, we had shown a strong correlation between conflict and health modification. In addition, we had corroborated the importance of the emotional social sharing that Bernard Rimé¹⁴ describes: social support occurs in emotional, informational and instrumental areas and allows emotional resorption if cognitive and pragmatic conditions are combined.

Nevertheless, beyond the current emotions, strategies "chosen" in a conflicting situation — avoidance, escape, appeasement, submission, confrontation, domination, dialogue, meta-communication — largely depend on the nature of interaction and issues such as perceived¹⁵ by the system.

Critical conflict situations are complex and need a conjoint interdisciplinary cooperation.

4- Steps towards our intervention model

Whereas the two main factors - duration and intensity – are found in the different phases associated with stress and emotion, a conflicting system brings in a lasting stress for which distinct periods can be identified:

¹² Buber Martin (1938), *Je et Tu*, Aubier-Montaigne, Paris

¹³ Thieullent Françoise and Mas Sylvie (2010) : *Etude Thilmas* on www.thilmas.org

¹⁴ Rimé Bernard (2005) : *Le Partage social des émotions*, PUF, Paris

¹⁵ Perception depends also on the psycho-physical learning at the history of the individual/system that define its redundancies...

- When the problem is solved, either by the individual himself, during social interactions of emotional sharing (within the scope of B. Rimé's work) or by chance, the subject then is in a situation of homeostatic comfort: confrontation, dialogue, or even submission can contribute to its resolution.
- The problem persists, emotion intensifies, becomes redundant: the whole body enters limit cycle (set by Hans Selye as the resistance phase). Minor somatic disorders can occur, the individual attempts repetitive and inefficient solutions in behavioral and cognitive terms: avoidance, escape, domination, victimization, critical censure, and symmetrical escalation.
- If a non-satisfying solution is found, the system will decompensate: victimization arouses pushing the other party into the aggressor role, escalation by blaming and criticism or on the other side withdrawal, somatic illness.
- Next stage is overcompensation, through attacks, judgments, illegal acts, which are common signs of aggressive behavior in situations of confrontation and domination; there can also be avoidance.
- The system will find a solution or collapse at a chaotic bifurcation: meta-communication, dialogue, humor, and reversal...

Systemic and strategic intervention in a conflict goes beyond the intent of problem solving: the position of the consultant uses the own properties of the conflict to bring about change. But based upon what?

From the psychologist point of view, his task is to help people learn a way or ways in which to solve, meaning to perceive, feel and act differently within a conflicting situation. People consult at the point in time when they consider that they can't solve nor handle the problem by their own. The conflict may stand between their desire for resolution and the frustrating reality and/or it may concern the emotions they are fighting against and/or has to do with handling a person they haven't been able to convince into changing his attitude (change it's mind, change it's judgment, change its behavior).

In mediation, the idea of a collective brain, a collective intelligence is perceptible. Firms as well as families are not termite hills, all partners communicate in every relationship, sometimes in an unsatisfactory manner (avoidance, flight, silence, retreat, aggression). But, "when a system is incapable of dealing with its vital problems, it either disintegrates or, it transforms itself into a meta-system capable of dealing with its problems¹⁶". We intervene keeping in mind metamorphosis and "dialogic" (trust/mistrust, separated/united parents, alliance/competition...), deep and non-trivial truths¹⁷. People in conflict perceive directly auto-destructive process and cannot detect creative ones: they will see what is putting them apart instead of that which can unite them. What drives us apart, connects us.

The Medical Doctor has a particular position; he has access to the body by touch and sight, which may contradict the patient's postures or declarations (solar plexus, autonomous system, sweating, eczema hidden by clothes, digestive spasms...). Medical Doctors have usually access to only one party of the conflict system: he only knows what his patient tells him and brings in through his body and the symptoms he presents.

Clients come to the psychotherapist at a loss of ways to win, control and master the situation. This position is most of the time an essential part of the problem, the need to fix the normal evolution of a relationship, the need to get back to the way things were before chaos arrived, the need to see that our old solutions work independently of the results. This is the main reason why the systemic

¹⁶ Morin Edgar (2008) : *La Méthode*, p 2398, Opus Seuil, Paris

¹⁷ Meaning «truthful truths» for which their opposites are «truthful truths».

psychologist uses paradoxes: as the problem is the solution¹⁸. Theoretically we can even state that the fact of the client identifying a difficulty as a problem is the first step into creating an unsolvable problem on its own.

A request for mediation can come from judges, lawyers, or a single party (team, individual, trade union). They have to agree on the specific task of the mediator who will assist the disputants to reach their own settlement. The mediator doesn't give any advice, and will never say who is "right" or "wrong". Some parties may feel caught up in a double bind when they came to the Court asking the judge for a judicial solution and the judge proposed them to go to mediation, as he thinks they can reach an agreement on their own. So they have, with their personal biases, to decide and calculate if they can expect a better outcome from mediation or wait for the judgment.¹⁹ It is easy to perceive why and how the different ways in which people arrive to mediation impact the level of cooperation between the parties.

In mediation we are looking for a structural relationship change level 2²⁰, this can be noticed in the party's behavior: participating to and in sessions, abiding to the process' rules, holding a dialog, coming back, building or rebuilding links, listening to each other, bargaining, reaching a positive settlement range, executing it, being able to imagine "and what if" new difficulties appear, stick to what they said. If the mediator perceives that the parties are stuck to their emotions, repeating their story and focused on the past, he can support them by strategic information delivery.

The mediator may ask, "Do you know what the most stressful critical life events are for people?" (Holmes and Rahe's scale). Motivating dialogue as the mediator explains how people cope differently with stress (fight, flight, stay) depending on context and that stress impacts the way they evaluate the dispute and the way they think. So the mediator helps them to change the way they evaluate their own acts, and the other party's acts, and, by the way, the script of their conflict; if the other disputant did something aggravating, maybe it was not only because he wanted to disturb or hurt me. The fact that I wanted to do something positive but I didn't achieve my goal and my assumptions are not always optimal can be defined as stress related. That's the reason why, reviewing the past is not a problem as long as it gives the parties the opportunities to reconsider their present views and then improve their recognition of each other. So, data, explanations, can circulate between the disputants and have a positive effect. The mediator can work on cognitive biases and their effects on the dispute, by asking questions to the parties and helping them to share their experiences and visions. 'What about a litigious alternative, do they hope to win more if they go to the court? Do they have past experiences that make them think this will be the case? What did their lawyer tell them? Where did they find this information?'

At times of conflict, people come to see the doctor complaining about insomnia, eating disorders, digestive disorders, pain, exhaustion, organic sickness and recurrent infections. They expect to outlive the conflict or at least to reduce its impact on their bodies. Some are oblivious to the relationship between the stressor and their health problems.

Systemic physicians have to understand how the body-mind system is reacting to the perception-emotion system. Systemic therapists take into account the different levels of experience between self and self and, between self and others. In order to do this, they need to progress through the two main pathways stated above (PEARC and PEARC'), studying how these "systems" interact one with the other. And mediators have to ask to the disputants what have they tried to do in order to resolve their quarrel? Did they reach their goal? How did they miss their goal? How did they feel?

¹⁸ Paul Watzlawick's well-known aphorism.

¹⁹ Deffains Bruno (1997) *L'analyse économique de la résolution des conflits juridiques*. In: *Revue française d'économie*. Volume 12 N°3, pp. 57-99.

²⁰ Gregory Bateson' definition

Did they perceive how the other tried to find a solution when doing that action? Could the dispute be different if he did? Circular questions emphasize trust and genuine negotiations.

Each strategic systemic expert will have to support his intervention with the fundamentals, the Perception – Emotion system, in order to be able to appraise the critical aspects of the conflict issue.

But, how do this functions and dysfunctions?

Psychotherapist and client(s) begin by concentrating their efforts in understanding what is the client's main complaint²¹, by that we mean «what is the client perceiving that makes him want to change the situation». Lets take an example, a client arrives in therapy quite distressed by his incapacity to deal with the amount of work he is asked to complete each day at work. One of the main tasks of the systemic therapist is to understand who is asking him to do what work, on what basis, how has he been asked to do it and so forth, is this a new situation or a chronic/evolving one, have things become heavier lately? The main purpose of this process is to permit therapist and client to know what information is triggering what emotion(s) and behavior. By the answers to these questions we will also begin to see some of the action(s), from self or others that are perpetuating the conflicting situation. This is the basis of the engagement in therapy, what is it that we are here to solve? Determining a cybernetic loop concerning the interaction between the “problem stated” (perception + emotion) and the type of action triggered (that perpetuates the perception – emotion) helps therapist and client to concentrate on a core circular positive²² feedback.

It is important to realize that emotions are coupled to perception; this Perception-Emotion system determines the behavior that will take place. In our example, our client could decide that his incapacity is due to a personal defect. He is incapable of organizing his work well enough as to finish it on time. He feels guilty and so he will exclude interactional behaviors as clarifying his bosses' demands, negotiating delays, negotiating resources, asking for training, asking for straight help or evaluation of his tasks. On the other side, he will favor actions that are embedded in guilt and shame: depreciative self-talk and putting pressure on himself to perform better, working endless hours, even hiding his underperformance and/or lying. This way of reacting will result in a relationship proposal to his boss and his coworker's team. People around this client will react in ways that fit his actions: withdrawal, stinginess, and disapproval, in the best of cases or behavior showing pity “poor guy, he can't cope”. From the team's point of view: He's not minding neither his work nor the relationship to his co-workers, putting them down as he takes a one-down position while overlooking their capability to help him. From his point of view he is hiding an intolerable and shameful secret, “his incapability”. Stress is obviously one of the corporeal heritages of this stance: fear of other's and of losing his job, chronic anger towards himself and others for not being more empathic and sadness for the severe losses as are self-esteem, positive relationships and benevolent guidance from the boss.

Many times the basic vicious circle will deteriorate other areas of life: biological, social, and affective. Spouse, children, family and friends can feel put back by angry bursts, depression, withdrawal, overworking. The person feeling stress will probably be run-down by lack of sleep and perpetual tension and lack of tenderness and fun. He will compensate by over-eating, over-drinking, or other stressors. The depressive mood will help build a tight, close and rigid cognitive construction.

It could very well be that this person consults a physician instead of a psychotherapist. If the physician is interested in perception – emotion mechanism he will take some time to explore the systemic dimension of the physical or psychological symptoms. What is the person doing other than sleeping while staying awake all night? How is his wife reacting to his sleeplessness, his over-

²¹ We willfully omit to use here the word “problem”

²² “Positive” from a cybernetic & mathematical point of view, that brings the system away from its “limits”

drinking? When does he drink excessively? What is all this stress about? How is he coping? As well as using medical skills to cure or prevent further disease.

How about the person consulting a mediator? The mediation process can be complex for at least three reasons:

- We would be working with people living systemic problems that involve humans themselves of the organization. Conflicts have been lived and felt by disputants for a long time, sometimes for more than 10 or 20 years and when they decide get rid of the conflict, none can predict what exactly they will be removing.
- We would have to deal with uncertainty and try to enhance trust between disputants. But, how do they feel within uncertainty and lack of trust?
- When the disputants don't trust their own abilities in mediation, after a few sessions, the mediator might guide them to another intervention (psychotherapy) since a satisfied agreement can only be reached if people cooperate, take in charge the process and trust their abilities to do so.

Emotional flooding and non-emotional expressions are difficult to handle; as sometimes, it is easier to safely respond to rage than to a frosty silence against attacks or threats.

The mediator could be called to intervene in team meetings, after mergers in order to share and build a common field, culture, vision. They can be called in to prevent tension at work (mass redundancies, unfair dismissal) and when the employer has to deal with moral or sexual harassment, managerial or coworker dispute, etc. He can be called in by employers, trade union members, employees, and on request of labor practitioners (labor physicians, social administrators, lawyers).

In every case, the frame of the intervention has to be very clear.

What maneuvers do we use to help our clients?

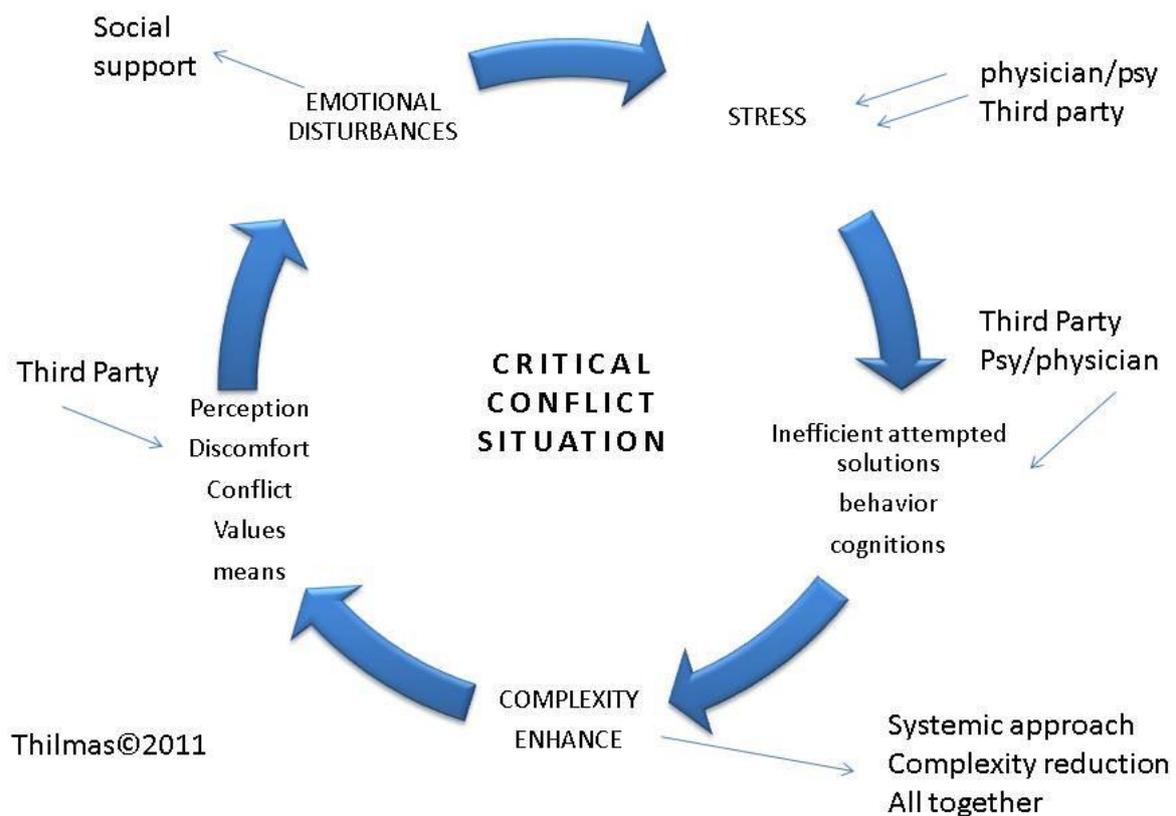
All systemic agents have to work at different levels simultaneously. On the one side, they will have to create a trusting relationship. Trust is one of the "complexity simplifiers"²³ since a trustful client will deliver pertinent information. One of the most difficult aspects in a therapeutic relationship is to get the patient(s) / or client(s) to explain their PEARC without shame and guilt but with a profound human respect and understanding of who "he is" and "what he did" given the circumstances. As each practitioner investigates, intervenes and prescribes, trust enables the client / patient to interact creatively to construct a collaborative solution: questioning, redirecting, refining, following prescriptions, changing them, in order to adopt a new position concerning the conflicting situation.

Using specific questions, aphorisms, metaphors, reframes and through the use of embedded relationship patterns each systemic practitioner will help their clients to perceive subtle differences that will impact their emotions, reactions, relationships and the meaning he has attributed to his perceptions. Inducing optimism and change at each and all stages of the PEARC process will enable their client / patient to bring a sustainable²⁴ second order change.

5- Modeling: So when can clients benefit most from a plural conjoint care?

²³ BEER Stafford (1994) *Beyond Dispute: The Invention of Team Syntegrity*, Chichester, New York ; GAILLARD Jean-Paul (2003) *Modélisation des systèmes complexes et techniques en thérapie systémique individuelle*, Thérapie Familiale n° 1, p. 1 Editions Médecine et Hygiène, Paris.

²⁴ A new set of redundancy



Psychologists will be more efficient by contacting physicians whenever they detect physical exhaustion or psychological collapse. They should watch out for important cognitive distortions if these impede the patient to analyze the problem and work on it, due to psychosomatics²⁵ redundancies. For example, we have conjointly helped a woman solve serious relationship problems by psychotherapy and also by treating her systemic yeast condition. In this case, severe physical factors had filtered her perception of other's intentions and supported a persecution narrative of her past and present life.

Psychologists will think about mediation when the patient is heading to a level (or type) of conflict that might head him to Court. Mediation then might benefit the patient, (specially if this is done quite early) as it will help him save the links with his partner or the other disputant, spent less money and energy, diminish his stress and add more satisfaction working towards a negotiated solution in a short time span.

The physician will be interested to contact his systemic partners when he feels that his medical capability is hindered because of cognitive and/or behavioral features of the situation. For example a depressive patient who suffered from violent stomach and intestinal pain disclosed (full of shame) a situation of moral harassment at work. The physician needs to get into contact with the labor physician, together they can protect the employee and set up for him a full range of possibilities like employees protection program, psychotherapy and mediation (which can be legally asked by an employee suffering from harassment), he can also be addressed to specialized instances in the Company or to a lawyer.

²⁵ Meaning the psyche and the body.

Mediators can always propose caucuses (separate meetings) with the parties; they can then talk directly about their health, medical care and, if necessary, they can encourage them to consult their doctor, or other professionals. The mediator is aware that mediation process achievement will only take place if the parties are in full possession of their own physiological and cognitive faculties.

It is important to notice that the difficulty of interdisciplinary work is related to different goal definition in each discipline, different perception angles for looking at the situation, different frames and type of relationship induced by each profession and the problem of sharing information while respecting professional confidentiality. Even though each of these aspects has to be carefully addressed and negotiated almost case by case, we believe that there is an enormous value to work with an interdisciplinary position and collaboration. It is an efficient and effective, preventive, less expensive method than single care and provides adequate personally crafted help for people suffering from conflicting situations. Clients having the possibility of choosing the type of contact they need and the most comfortable opening door in order to become health vectors for themselves and their own environment.

All professionals involved in this systemic transversal work need openness, the desire to learn from each other's discipline and skills, an important investment in putting egos aside, and strong ethics centered on clients and systems interests and needs.

We call partners to build a think tank based on this ethical and pragmatic experiences and skills.
