

Solving the Moment, not the Problem*

Research by the Gottmans and others has suggested that the majority (69%) of problems are “unsolvable,” meaning that the underlying causes of the problems are rooted in some of our basic differences. People seem to have the same “fight” over and over again. Just as we have written in our work on “Whole Brain Leadership,” that our weaknesses (or limitations) are related to our strengths (often being overexpressed), our differences are sometimes related to the very qualities that made us attractive to one another. For example, a person who is charming and fun to be around, might sometimes employ that behavior in circumstances where their partner isn’t available to joking or light humor and eventually may be seen as insensitive or unable to attune. A person who has the quality of genuine caring and kindness might sometimes be seen as overly agreeable or placating and unable to “stand up for themselves.” This behavior can ultimately lead their partner to not trust them since they don’t seem to ever express what they sincerely believe and are more inclined to simply want to agree with and please others. A person who is extremely competent and is attractive because of their incredible “executive function” and attention to details, might sometimes be experienced as resistant to any influence that permits for the opinions or involvement of others, leading a partner to feel excluded and irrelevant and unable to have influence in decisions or day to day activities.

We have noticed this same dynamic in our years of working with and consulting for healthcare teams. We have yet to find a program that doesn’t have problems. All teams are comprised of people and every person brings their unique set of beliefs, rules and values to the group. When teams come together, it is typical to overlook these differences in deference to the numerous shared yearnings which many health care professionals have in common. Over time, however, these differences create opportunities if they can be understood and normalized as the “currency” of human interactions. It has been said that it is in our sameness that we connect and in our differences that we grow—if we can understand our differences from the perspective of growth challenges. Problems are a part of any team. Choosing to participate on a team means you are simply choosing what problems you will ultimately confront.

The same is true for relationships of any kind. It is intriguing to notice how the problems that CT surgeons encounter at work may sometimes mirror the types of problems they encounter in their personal relationships, and understanding these problems as opportunities for growth can be valuable. This is not surprising, however, when we begin to understand that we each bring strengths to our relationships—strengths that made us enormously attractive and exciting to our partner. Unfortunately, the recurring issues that create irritation (or worse) within our relationships are related to these strengths and so we end up creating the same fight, over and over again.

For example:

Paul married Alice and Alice gets loud at parties and Paul, who is shy, hates that. But if Paul had married Susan, he and Susan would have gotten into a fight before they even got to the party. That's because Paul is always late, and Susan hates to be kept waiting. She would feel taken for granted, which she is very sensitive about. Paul would see her complaining about this as her attempt to dominate him, which he is very sensitive about. If Paul had married Gail, they wouldn't have even gone to the party because they would still be upset about an argument they had the day before about Paul's not helping with the housework. To Gail, when Paul does not help she feels abandoned, which she is sensitive about, and to Paul, Gail's complaining is an attempt at domination, which he is sensitive about. The same is true about Alice. If she had married Steve, she would have the opposite problem, because Steve gets drunk at parties and she would get so angry at his drinking that they would get into a fight about it. If she had married Lou, she and Lou would have enjoyed the party but then when they got home the trouble would begin when Lou wanted sex because he always wants sex when he wants to feel closer, but sex is something Alice only wants when she already feels close.^[1]

There is value, when choosing a long-term partner, in realizing that you will inevitably be choosing a particular set of unsolvable problems that you'll be grappling with for the next ten, twenty, or fifty years. When you begin to understand weaknesses (or irritating behaviors) as strengths overdone and an exaggeration of the very qualities that attracted you to someone to begin with, you might find more compassion for them as well as better understanding of what the behavior emanates from.

The solution is to invite dialog. Solve the moment (because you won't likely ever solve the problem without totally changing the person—and then you'll just encounter a different set of problems).

It is important to normalize problems as opportunities to explore and understand each other, rather than as power struggles to determine who is right. Unfortunately, most healthcare professionals (in fact most of us, in general) have very little training in interpersonal or intrapersonal relationships, conflict management or innovative problem solving.

Problems and conflict arising from problems are inevitable. How the individuals manage these problems determines relationship success or failure—which can range to the impact on quality of care or to the ability to retain and grow talent, on teams. In personal relationships, the cost of inability to dialog about disagreements can lead to dissolution of relationships manifested as chronic resentment, unhappiness and often a “drifting apart” or explosive resentment and anger—either of which can often result in disintegration of the relationship.

You solve the moment by engaging in dialog. This is a difficult skill because it requires the ability to be vulnerable. We have created a link in our website to a wonderful brief article from Dan Wile on what vulnerability looks like. For most of us, until we learn more about how to dialog from vulnerability, we typically spend our energy, when we have disagreements, defending our position and doing all the things that invite our problems to be perpetual. This is exacerbated by a tendency for people in healthcare to try and judge who is right. It may be possible to change your pattern of dialog by learning from a trained coach or facilitator.

Solving the moment invites a search for collaboration and mutual understanding. Unfortunately, we typically gravitate to one of two primary “fallback positions”—attack or withdrawal. In the fallback position of attack, one member or both members see each other as the enemy (you’re always against me—I can’t win with you). In the fallback position of stranger, one or both members avoid any interaction and just do what they want (there is no point talking about this because you are just going to do what you want so I’m giving up and giving in). Over time, this becomes a predictable cycle and the members become gridlocked—it is the same thing happening over and over and over again. These fallback positions contribute to a “leading-edge” feeling. It is typical for people in these cycles of conflict to tell us that they feel a loss of voice—that their opinions aren’t regarded or that they just aren’t feeling heard and ultimately, this can create anger, sadness, disappointment, hurt, disillusionment or even fear (that a relationship or a dream, or both, might be lost).

Our goal in these situations is to create a different approach—one that supports friendship, mutual commitment and an honoring of differences. We try to help both members create a safe space where they can dialog and express their beliefs and desires, without judgment about who is right. The important part is that they both feel heard. Once they are able to speak, to regain their voice, it is more likely that small, and sometimes big, concessions can be agreed upon that move the relationship in a more positive direction.

If we can see differences as opportunities to explore and understand each other and to listen without judgment or obligation to agree, that is what we mean by solve the moment.

*This article is based on the work of Dan Wile, John and Julie Gottman, Virginia Satir, Dan Siegel and others

1. Gottman JM and Gottman JS, *The New Marriage Clinic: A Scientifically Based Marital Therapy*. 2024, New York: W. W. Norton.