Beyond Technique in Family Therapy
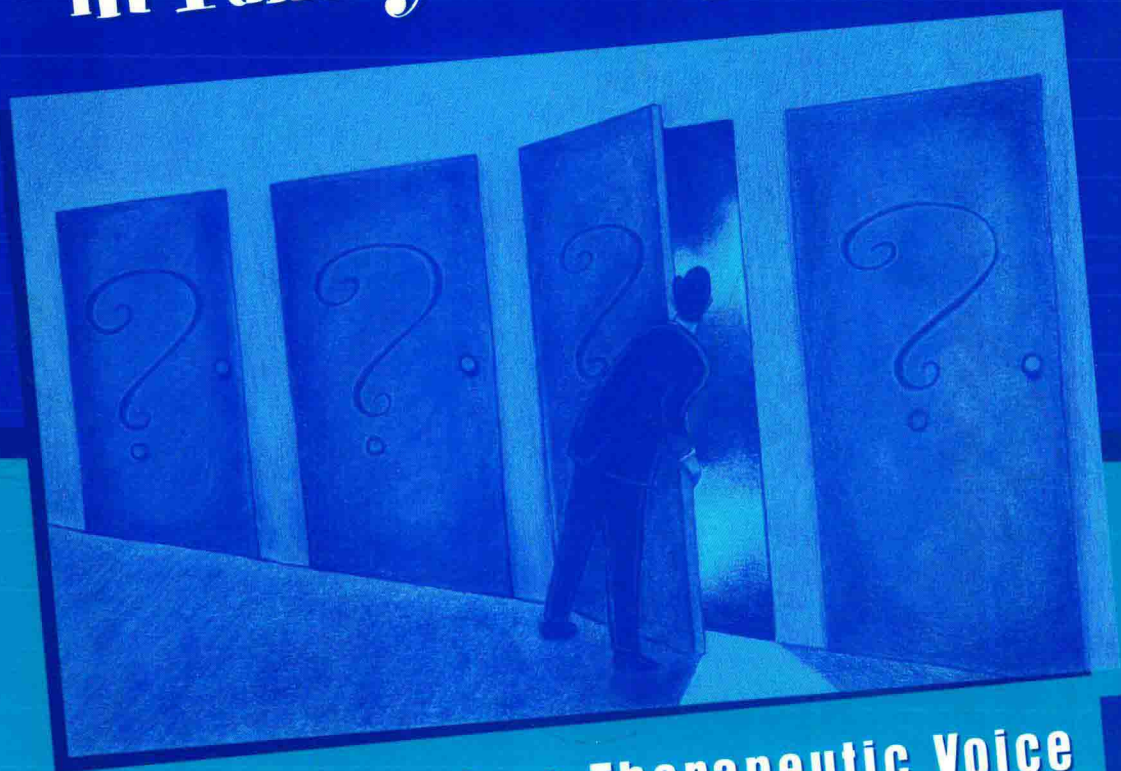
in Family Therapy

Finding Your Therapeutic Voice

George M. Simon

Beyond Technique in Family Therapy

Finding Your Therapeutic Voice

George M. Simo

The Minuchin Center for the Family
and
Hofstra University

To Gail and Gina,
whose loving voices echo in my own

———————————

For related titles and support materials, visit our online catalog at www.ablongman.com.

PREFACE

The field of family therapy has struggled mightily during the last decade or so to embrace diversity. It has labored to increase its awareness of and sensitivity to diversity associated with ethnicity, class, gender, religious affiliation, and sexual orientation.

At the same time that it has been working to celebrate diversity in the world at large, the field of family therapy has been showing a perplexing discomfort with a species of diversity within its own ranks. I am referring here to the theoretical diversity associated with the large number of therapeutic models that have currency within the field. While striving to honor diversity in its clients, family therapy has come to experience its own internal theoretical diversity as something akin to Babel (Miller, Duncan, & Hubble, 1997). Seeing only confusion in the large number of therapeutic models that are available to practitioners, teachers and scholars of family therapy have moved steadily toward an ethos of integration. It is the rare family therapy graduate program today that does not explicitly counsel its students to strive in their practice to construct some kind of systematic eclecticism.

This book sounds a dissenting note in the face of the growing chorus singing the praises of therapeutic eclecticism. To family therapists who experience the multitude of therapeutic models as a confusing chaos, this book offers a means of making sense of the field's theoretical diversity. It views the models of family therapy in the context of the broader Western philosophical tradition in which they arose. It sees the differences among the models as being rooted in differing "solutions" that Western philosophers have developed to some of the most perplexing quandaries about the human condition. While these "solutions" are discussed abstractly by philosophers, they are lived concretely by those who operate within the context of Western culture. Indeed, it is the multiplicity of these philosophical "solutions" that has given rise to the very diversity among its clients that family therapy has learned to embrace. For the same reasons that the field celebrates the latter kind of diversity, it should also celebrate the former. Rather than looking to integrate the various models of family therapy, the field should rejoice in and maintain their distinction.

The close connection that exists between the apparently abstract musings of philosophers and the concrete ways in which people live their lives provides a way for the individual family therapist to orient herself toward the numerous therapeutic models that are available to her. This book argues that each family therapist needs to search the major models of therapy to find the one that best expresses her personal worldview and values. Each therapist will find this privileged model is just about inevitable because the same cultural environment that gave rise to the models also provided the range of "solutions" from which

the therapist has chosen in the process of constructing her own worldview. The therapist need only search for the model that is based on the same philosophical/cultural "solutions" on which she herself has built her own life.

This book endeavors to help family therapists, especially those who are just beginning their clinical careers, to make this search and to find this fit. Toward this end, it seeks to expose each major therapeutic model's underlying story about the human condition. It also attempts to guide the reader through a series of reflections that will help him to become explicitly aware of his own personal story about the nature of the human world. By helping to unearth both of these sets of stories, it hopes to bring the reader to a place where he can recognize the model of family therapy that tells the same story about what it means to be human that he tells.

The book follows a very straightforward organization. An introduction makes the case for a practice of family therapy that is model-pure rather than eclectic, and it details the means proposed for individual practitioners to find the model to which to commit themselves. The first five chapters then undertake to expose the major models' underlying worldviews and to help the reader discern her own worldview and values. Each of these chapters devotes itself in turn to one of the issues that have been fundamental in Western philosophical speculation about the human condition. Chapter 6 pulls together the discussions of the previous five and offers a summary statement of how each of the therapeutic models views the human condition. Chapter 7 describes a view of clinical supervision as a means whereby practitioners, having chosen the model that best expresses their worldview, refine their ability to use themselves as instruments of change in the way that the model prescribes. The final chapter invites the reader to bring the process of self-discovery and self-commitment in which she has been engaged to a close by telling the story of how she came to hold the worldview that has led her to her chosen model of therapy.

The style of this book has been determined by its desire to serve as a practical tool for readers who might easily be put off by discussions that remain overlong in the realm of abstraction. Thus, the book attempts to maintain a conversational tone, even when it presents philosophical material. Clinical vignettes, most of them of considerable length, introduce six of the eight chapters, and the characters and situations of the vignettes reappear repeatedly throughout these chapters. Scholarly apparatus has been kept to a minimum. References to the philosophical literature have been limited almost entirely to articles contained in two encyclopedias aimed at an educated, but lay, audience. If the reader chooses to consult any of these references, he will find both an excellent presentation of the philosophical issue in question, as well as suggestions for further reading that he can pursue should he choose to delve into the issue in greater depth.

Although this book welcomes, even seeks, novice family therapists as part of its readership, it has not attempted to serve as an introductory family therapy text. Had it made this attempt, its focus on its own distinctive argument and purpose would have been compromised. Thus, while I fully expect a novice therapist

will leave this book with a deeper and more nuanced understanding of the major family therapy models than she had when she began, the book does presume in its reader at least a rudimentary knowledge of the therapeutic models. When the book is used in an academic setting for family therapy graduate students, it can well be assigned as a supplemental text in a theory course; however, it cannot serve as the primary text in such a course.

There is a very real sense in which this book has been almost fifty years in the making. Anything that has been that long in developing owes debts of gratitude to an exceedingly large number of people. Due to space constraints, I will be able to mention only a few of these people here.

To begin, I would like to acknowledge the contributions of the professors who taught me when I was studying for my master's degree in philosophy at Fordham University from 1976–1978. In a special way, I would like to single out Norris Clarke, S.J., Gerald McCool, S.J., Robert O'Connell, S.J., William Richardson, S.J., Joseph Donceel, S.J., Robert Johann, and Dominic Balestra. In addition to teaching me a lot about philosophy, these gifted teachers taught me the even more important lesson that philosophy matters mightily to the way that ordinary people live their lives.

I would also like to acknowledge two colleagues who were instrumental in helping me to crystallize some of the key ideas presented in this book. These ideas were spawned in numerous long and stimulating—to me, at least—conversations with Richard Holm, of The Minuchin Center for the Family, and Daniel Sciarra, of Hofstra University. While I do not wish to imply that either one of these men would necessarily like to be associated with any of the ideas presented in this book, I do want to attest to the role that their intelligent, thoughtful exchanges with me played in helping me to crystallize the outlook that I have presented here.

A book project is most vulnerable, I think, at its very beginning, when the inevitable vagueness of the plan for the project leaves it highly susceptible to being prematurely abandoned in the face of criticism or rejection. This particular project was fortunate to encounter Michael P. Nichols in this vulnerable early stage. With exquisite sensitivity, Mike offered just the right combination of cheerleading and constructive criticism to help bring the project to birth in the form that it has finally assumed.

The particular contours of my career as a family therapist have provided me with the opportunity of working with and/or watching several truly gifted clinicians plying their trade as therapists. All have had significant influence on the way in which I think about and conduct therapy. However, none has influenced me more than Salvador Minuchin, a man whom I have been privileged to have as a teacher, a mentor, and a colleague.

Christopher Lowney is not a family therapist. He is, however, a good friend who has done for me what all good friends do: He has helped me to respect and to believe in myself. The self-respect that he helped engender was crucial in the conception and execution of this book.

CONTENTS

INTRODUCTION

"What do I do now?"

Maria was sitting opposite the eighth family she had seen in her very brief career as a family therapist. Six months into her internship, she thought that by now she would no longer be experiencing the kind of utter confusion that was gripping her at this moment. Yet, here it was, happening all over again.

It was not anxiety that Maria was experiencing. To be sure, she had been a nervous wreck during her initial sessions with her first two or three client families. But by this point, Maria had become fairly comfortable acting in the role of therapist. She felt relatively relaxed doing an interview with a family, and her last few client families had responded well to her. When she was assigned the Tanner family, she could not wait to have her first session with them. "This first session," she thought, "will go differently from the previous ones."

The intake packet had informed Maria that the Tanner family consisted of Tanisha, a woman in her early forties, and her sixteen-year-old son, Douglas. There had been no unsettling surprises when Maria had greeted the Tanners in the clinic's waiting room. Tanisha had smiled affably when Maria introduced herself. Douglas, on the other hand, had barely mumbled a greeting. Instead, he had stared fixedly at the magazine that he was reading, clearly intending Maria to understand that the magazine was far more interesting than anything she possibly could say to him now or at any point in the future. Douglas's sullenness, however, had not thrown Maria. As she had prepared mentally for this first session, she had considered the very real possibility that a sixteen-year-old boy would not be turning somersaults at the prospect of being dragged by his mother into the presence of a therapist. And so, when Douglas had refused the handshake that Maria had proffered, she had not felt hurt or dismayed. Wearing a smile as affable as Tanisha's, she had guided the mother and son to the room where the camcorder was already running, ready to record what Maria was confident would be a smooth, focused initial session.

The session had begun well, in Maria's estimation. After a few minutes of light social banter, she had asked Tanisha to describe what it was that had led her to call the clinic for an appointment.

"Douglas hates his father," Tanisha had responded. "He's doing very poorly in school, and I just think that he needs some help."

Tanisha had gone on to explain that Douglas's father had physically abused both him and his younger brother David throughout their childhood. Feeling powerless to get the man to stop beating her children, she had developed the strategy of provoking him when he began beating one of the boys so as to divert his anger away from the boy and toward herself. Most times, the strategy succeeded. "I have the scars to prove it," she told Maria, still flashing that affable smile that Maria had first seen in the waiting room.

About a year ago, Tanisha had had enough. She had served her husband with divorce papers. To her surprise, he had accepted the prospect of divorce

without a struggle. Within days after she had served him with the papers, he had moved out and gotten an apartment across town. David visited with his father every weekend; but Douglas refused to have any contact at all.

"Six months ago," Tanisha continued, "David and I had a fight. You know, the kind of argument mothers and fourteen-year-olds have. That weekend, when David was at his father's, he called me and told me that he had decided to stay with him. So, I let him. I mean, what could I do? Go over there and kidnap him?" It was from that point on that Tanisha began to notice the deterioration in Douglas's school performance.

Tanisha had told this story with few prompts from Maria. Listening intently to the story, Maria began to ponder how she should proceed when Tanisha was finished. Not yet having heard Douglas's voice, she decided that the thing to do would be to ask him his view as to why he was sitting in a family therapist's office.

"So, Douglas, what's your opinion? Why do you think you guys need to be here?"

Douglas shrugged.

"Your mom thinks that you're having trouble at school. Do you think so?"

"Nope."

Seeing that Douglas's mood had not changed significantly since their first encounter in the waiting room, Maria quickly turned her thoughts to how she would begin intervening with the Tanners. She had been struck by the connection that Tanisha had made at the beginning of her narrative between Douglas's anger at his father and his deteriorated school performance. Tanisha had not elaborated on what she thought the connection was; to her, it was clearly obvious. It was not so obvious to Maria. And so Maria decided to begin there. "By asking her to spell out a connection that she considers obvious," Maria thought, "perhaps I can introduce some uncertainty into her story, and so open up the possibility for re-storying."

Maria asked Tanisha to give her view of the connection. Tanisha shifted in her chair. The smile that she had worn throughout the session to that point faded ever so slightly. When she began to respond to Maria's question, her answer was a bit halting, nowhere near as seamless and fluid as her initial description of the presenting problem had been.

Maria tried to listen carefully to Tanisha's response, but she was almost immediately distracted. A remarkable thing had occurred. Douglas, who up to that point in the session had mutely stared out the window as intently as he had stared at the magazine in the waiting room, had turned to look at his mother. Something in her changed posture had clearly caught his attention. As Tanisha continued to try to answer Maria's question, Douglas had begun to help her, supplying a word when she fumbled for one, gently correcting a detail that she got wrong, elaborating an idea that he apparently felt she had not adequately explained.

As Maria watched this interaction, a new interventive tack occurred to her. "Perhaps Douglas's problems at school," she thought, "are related to enmeshment between him and Tanisha." The circumstances in which they had lived would certainly have invited enmeshment. Tanisha had already described

to Maria how she had felt the need to protect both Douglas and his brother from their father's abuse. Perhaps Douglas, too, had developed a protective stance toward his mother. Each might now be hypervigilant of the other, always on the alert for possible signs of distress. Perhaps with David's departure from the household, Douglas had felt the need to devote even more energy toward being watchful of his mother, with his school performance suffering as a result.

Maria decided to test this hypothesis of disabling enmeshment between Tanisha and Douglas. Thus, when Tanisha finished responding to Maria's request that she describe the connection she saw between Douglas's anger at his father and his poor school performance, Maria elicited an enactment between the mother and son, asking them to talk together about the theory that Tanisha had just propounded.

Maria intended to watch the enactment closely, to discern whether Douglas and Tanisha were, in fact, overinvolved with each other. However, she was once again distracted. Early in the enactment, Tanisha and Douglas made passing reference to a two- or three-week period a couple of months before when Douglas's grades had briefly improved. "Aha," Maria thought, "an exception to the presenting problem! Maybe I should underline it and ask them to think about what each of them did at the time to produce the improvement. Then they'll be able to construct a solution to the problem based on the behaviors that they identify." Excited by this latest strategy, Maria looked for the first opportunity to interrupt the enactment that she herself had elicited.

"I heard the two of you refer to a period a couple of months ago when Douglas got mostly Bs and Cs instead of Ds and Fs. I think that may be significant. Could you think about anything either of you might have been doing differently at that time that might have helped bring about the improvement?"

Maria waited expectantly for their responses, but Tanisha and Douglas did not appear to share her excitement. In fact, they looked confused and distinctly put off. They had been able to discern no pattern to Maria's interventions up to that point in the session. Maria's request to Tanisha that she explain the connection that she saw between Douglas's feelings toward his father and his school performance had unsettled Tanisha, asking her to reflect on something that she simply took for granted. Yet, she had accommodated and put some effort into responding to Maria's request. After all, she assumed that Maria knew what she was doing. Moreover, she had a strong feeling that she could grow to like this therapist. But then, Maria's next intervention appeared to disregard the effort that Tanisha had put into responding to the previous one. Neither Tanisha nor Douglas could see why Maria now wanted them to talk together. Nonetheless, they accommodated her. And, as they talked together, their conversation had developed a real momentum as it drifted into an area of deep importance to both of them, namely, their relationship with each other. However, just as the conversation was developing some intensity, Maria had cut it short. Worse, her next intervention had focused on a small piece of the conversation that felt to Douglas and Tanisha insignificant compared to the turn that the conversation had taken.

As for Maria, she was unsettled by her clients' obvious consternation. She glanced at her watch; there were only five minutes remaining in the

session. It was happening again: she was approaching the end of an initial session feeling that she and her clients were not even close to being on the same wavelength. Tanisha and Douglas simply sat there, staring at her.
"What do I do now?"

Therapeutic Models

Despite her best intentions and her newfound comfort in interviewing families, Maria had once again conducted an initial session that had turned out to be unfocused and meandering. The same thing had happened in every one of her previous cases. To be sure, she had been successful in developing a therapeutic focus in each of these previous cases, but only after her supervisor had supplied her with one. Why was it that, left to her own devices, Maria interviewed in such a rambling, unfocused way, one that invariably left her feeling confused and disconnected from her clients?

The answer to this question is quite simple: Maria's interviews are unfocused because she has not committed herself to a particular model of family therapy. A therapeutic model can be thought of as a filter, such as one might affix to a camera. Such filters let only certain colors of light into the camera and reflect or absorb all the others. In the same way, a model of therapy focuses the therapist to look for certain kinds of events during a session and to disregard all others. The model then gives the therapist guidance as to how she should respond to these events that get through the filter that the model provides.

Because Maria did not have the filter that a therapeutic model would have provided, she paradoxically saw both too much and too little during her session with the Tanners. She saw too much: once she started down the postmodern path opened by her request that Tanisha describe the connection she saw between Douglas's anger toward his father and his school functioning, it was not useful for her to make the structural observation of possible enmeshment between the mother and son. In the same way, when Maria began exploring that possible enmeshment, it was not useful for her to hear, as a solution-focused therapist would, Douglas and Tanisha's passing reference to an exception to their presenting problem.

Maria saw too much. But because she was not guided by a model, she also saw too little. Distracted as she was by her thoughts of possible enmeshment, Maria did not hear Tanisha's answer to her question. She did not hear Tanisha explain that, in her experience, young African American men like her son already feel so marginalized in the school setting that the added burden of emotional agitation, such as Douglas's intense anger toward his father, is enough to propel them into failure, and, before very long, into dropping out. Had she heard this explanation, Maria could have focused the session on exploring with Tanisha and

Douglas the ways in which their lives, both past and present, have been shaped by cultural images about black men and black women.

Similarly, Maria's excitement at having identified a possible exception to the Tanners' presenting problem kept her from seeing and hearing the emotional intensity that developed during the enactment between Tanisha and Douglas, as their conversation drifted onto the topic of how constrained each feels by the other's behavior. Had Maria observed this intensity, she could have prolonged the conversation past its natural cutoff point in order to observe how the mother and son handle, or possibly avoid, conflict. She might have found herself faced with the opportunity to shape a conflictual exchange between Tanisha and Douglas in the interest of promoting a less reactive kind of emotional involvement between the two of them.

Without the filter that a commitment to a model of therapy would have provided her, Maria lacked a compass to guide her through her session with the Tanners. She was blown now in this direction, now in that, by her chance encounters with in-session events that triggered for her recollections of techniques or ideas that she had studied in her coursework. Having taken so many detours over the course of the session, she found near its end that, despite having competently delivered several technically correct interventions, she had actually wound up covering little ground. The upshot: Tanisha and Douglas were disoriented, and Maria was confused.

This book is based on the premise that family therapy is best practiced, by seasoned clinicians and even more so by novices like Maria, when it is informed by an established therapeutic model. Having stated this premise, let me immediately make clear that I am not disqualifying all eclecticism in the practice of family therapy. My own practice is informed by the model of structural family therapy. Nonetheless, I find myself with some regularity utilizing techniques that belong to other models. However, whenever I do so, it is always for good structural reasons. The *thinking* underlying my occasional use of a Bowenian or a postmodern or a solution-focused *technique* is always structural. This kind of occasional technical eclecticism is in no way at odds with a model-driven therapy, and is compatible with my premise that the practice of family therapy should be informed by an established therapeutic model.

If the practice of family therapy should be based on one of the established models, then why is it that, as many sources suggest, so many family therapists have chosen not to commit themselves to a model, preferring instead to identify themselves as eclectic (Prochaska & Norcross, 1994; Raitt, 1988)? The path to the current widespread popularity of eclectic practice most likely begins with the robust finding of outcome research, that across the broad spectrum of presenting problems and client populations, none of the established family therapy models has demonstrated superiority over the others (Shadish et al., 1993; Shadish, Ragsdale, Glaser, & Montgomery, 1995).

By and large, family therapy educators have responded to this research result by institutionalizing an encyclopedic approach to the presentation of therapeutic models to students like Maria. Theory courses tend to be organized along

the lines of, "Here's Bowen family systems theory, and now here's structural family therapy, and now here's collaborative language systems therapy, and now here's. . . ." These year-long or semester-long expositions usually end with one of two punch lines: either, "In each case, pick the model that best fits the client system," or, "Now pick the model that best fits your style." Both of these punch lines are grossly inadequate, in my estimation.

The first punch line is inadequate because it glosses over the fact that nothing even approaching a consensus has emerged among proponents of eclecticism as to how clinicians should go about the task of matching client system to therapeutic model (Held, 1995). In order to achieve such a match, therapists need a set of ideas that will allow them to scan the range of family therapy models in order to compare and contrast them. Necessarily, these ideas have to be more abstract and general than the ideas that make up the models themselves. Breunlin, Schwartz, and Mac Kune-Karrer (1992) have called such ideas "metaframeworks." Miller, Duncan, and Hubble (1997) refer to them as "common factors." Whatever they are called, these ideas are intended to help therapists "float above" the various models of family therapy. From this elevated position, it is hoped, therapists will be able to see that which is common to all of the models of family therapy and then to use these common, presumably therapeutic, practices in their work with all client systems. More to the point, a therapist can use the perspective that her elevated position gives her to find a noncommon practice, idiosyncratic to a particular model, that shows promise of being particularly suited to use with the particular client system that she is working with at that time. In this way, therapists can match clients to the model of therapy that best fits them.

This approach to constructing a systematically eclectic practice of family therapy has what researchers call "face validity." It looks as if it should work. However, difficulty has arisen when theorists have actually attempted to distill the "meta" ideas that will allow therapists to match model to clients. Different theorists, it turns out, have distilled different ideas. As a result, they have offered different, and sometimes conflicting, schemes as to how a therapist should go about the process of matching client system to therapeutic model. In their metaframeworks approach, for example, Breunlin and his colleagues counsel therapists to use feedback provided by clients in response to the therapists' hypothesizing to decide where to begin focusing therapy. Peter Fraenkel's integrative approach, which he calls The Therapeutic Palette (Fraenkel & Pinsof, 2001), also advises therapists to make use of client feedback, though in a strikingly different way than Breunlin and his colleagues do. Fraenkel's approach values brevity in treatment in a way that the metaframeworks approach does not. Thus, while the latter approach uses client feedback simply to refine the hypothesis that will guide the therapy, the former uses feedback for the much more specific purpose of determining which model of therapy will likely produce the briefest, most economical treatment with this particular client system. A third integrative approach, called Integrative Problem Centered Therapy (IPCT), devised by William Pinsof, also values brevity and cost-effectiveness (Fraenkel & Pinsof, 2001). However, it seeks to achieve economy very differently than does Fraenkel's approach. Where

The Therapeutic Palette relies on client feedback to determine which model will produce the briefest treatment with a particular client system, IPCT prescribes a fixed sequence in which techniques and ideas from various therapeutic models should be applied to a given client system. Behavioral and structural family therapy techniques should be applied first. If these fail, biologically based interventions should be delivered. If these are inappropriate or fail, experiential techniques should be used, and so on.

Thus, the family therapist who is interested in practicing a systematic eclecticism is faced with the ironic situation of having to choose among several credible, competing approaches to integrative practice. Advocates of eclecticism could, perhaps, try to address this situation by subjecting the competing approaches to research designed to compare their relative effectiveness. I have a sneaking suspicion that such research would reach the same conclusion that was reached when the various primary models of family therapy were compared. Just as the primary models have been shown to be equally effective, I would not be in the least surprised if the competing integrative approaches also proved to be about equally effective. If that were to turn out to be the case, would we then be poised to launch an effort to integrate the various integrative approaches? Parenthetically, it should be noted at this point that the outcome research that has been conducted to date has not established that any of the available integrative approaches are more effective than "purist" practice based on a single model.

The second punch line that family therapy educators typically use to draw the theory courses that they teach to a close is, "Now pick the model that best fits your style." This punch line is as inadequate as the first. The inadequacy of this second punch line flows out of its use of the word *style*. In my practice and my teaching, I have met several superb structural family therapists whose "styles" were as dramatically different as can be imagined (Minuchin, Lee, & Simon, 1996). Whatever it is that makes one a good structural family therapist, or a good narrative therapist, or a good practitioner of any one of the established models, it is not what is commonly conveyed by the word *style*.

Maria was taught family therapy theory in the encyclopedic manner described above. Like most of her fellow students, she came out of her theory courses with an adequate grasp of the various therapeutic models, but with little idea either of how to construct a systematically eclectic practice or of how to go about the task of finding the therapeutic model that best fits her. The immediate negative impact of this state of affairs was obvious in the clinical vignette that opened this discussion. Maria found herself repeatedly conducting first sessions whose meandering character hindered the development of a therapeutic alliance with her clients. Because it was her supervisor who wound up providing her with a focus in each of her cases, Maria was on the verge of becoming overly dependent on her supervisor, something to which beginners are prone anyhow.

Not immediately obvious in the vignette above is a possible long-term negative consequence of Maria's muddled relationship with the established therapeutic models. Not only do models orient therapists as they conduct sessions, they also provide criteria by which therapists can judge their performance. Without a