STMA 581 Family Systems in Ministry

School of Theology and Ministry Seattle University Winter Quarter, 2013 3 credit hours Time: Mondays 9.00 – 11.50 a.m.

Classroom: HUNT 100

Faculty: Rev. Douglas Anderson, Ph.D., LMFT

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Office hours by appointment and after class

Required Texts

1. Course Reader

- 2. Nichols, Michael P. (2011) <u>The Essentials of Family Therapy</u>, 5th Ed. Boston: Allyn and Bacon
- 3. Richardson, Ronald W. (2005) <u>Becoming a Healthier Pastor</u>. Minneapolis: Fortress Press
- 4. Gilbert, Roberta (2006) Extraordinary Leadership: Thinking Systems, Making a Difference. Falls Church VA: Leading Systems Press
- 5. Richardson, Ronald W. (2010) Couples in Conflict. Fortress Press

Course Description

The field of family systems therapy has been exploring exciting ideas about how individuals and families change. This course will survey the evolution of these ideas and of major conceptual models within the field of family therapy. These ideas and models will be focused upon the person of the pastor/pastoral counselor, and students will be encouraged to integrate these approaches by reflecting upon their own development and functioning within their family systems. Further application will be made to practicing pastoral counseling with individuals, couples and families. Students will also explore applying these ideas toward enhancing the health of the local congregation, itself understood as an emotional system.

Course Objectives

- 1) Increase familiarity with the systems way of thinking.
- 2) Develop understanding of several foundational theoretical models of family therapy
- 3) Foster growth in self-understanding of one's own functioning in family and other systems
- 4) Encourage theological and spiritual reflection both upon therapeutic models and upon one's own personal and professional experiences.

- 5) Discover new ways to use one's thinking, relational abilities and personal qualities creatively in counseling persons in families.
- 6) Explore approaches for coaching and consulting with congregational leaders.
- 7) Co-create "the membership" of the class community by practicing together honest dialogue through careful listening and responding as we engage together in the pleasure of learning.

Student Learning Outcomes

- 1) Demonstrate ability, orally and in writing, to reflect from theological and systemic family therapy perspectives upon one's own family experiences and upon hypothetical family therapy encounters.
- 2) Demonstrate ability to produce written documentation for clinical practice purposes in support of client treatment and for one's own professional and personal development. This writing must adhere to APA writing guidelines.
- 3) Demonstrate through writing and participation in class discussion the ability to read and interpret clinical research and theoretical papers.

Schedule of Classes and Assigned Readings

- 1) Jan. 7 The Systems Way of Thinking The Therapist's Own Family
- 2) Jan 14 Evolution of Family Therapy; Bowen Family Systems Theory

Reading: Nichols, Foreword and chap.1, 2, 4 and 5

Appendix: "MFT Today" Richardson (2005) chap. 1-10

Gilbert, chap. 1 and 10

Richardson (2010) Preface and chap. 1-7

- Jan. 21 No class—Martin Luther King, Jr. Day
- 3) Jan. 28 – Models Influenced by Milton Erickson

Reading: Nichols, chaps. 6 and 12

Reader: articles by Damman and Leveton

Appendix: "Milton Erickson, An American Healer"

4) Feb. 4 - Structural Family Therapy and

Psychoanalytical Family Therapy

Reading: Nichols, chaps. 7 and 9

Appendix: Pamela Cooper-White, "Many Voices"

FIRST PAPER DUE

5) Feb. 11 – Experiential Family Therapy

Reading: Nichols, chap 8

Reader: articles by Satir and Napier/Whitaker

Appendix: "Quotes for Week 5"

"Emotion-Focused Therapy"

Feb. 18 – No class, Presidents' Day

6) Feb. 25–Emerging and Integrative Models

Reading: Nichols, chaps. 11, 13 and 14 Reader: articles by Hoffman and Duhl

SECOND PAPER DUE

7) Mar. 4– Applications to Pastoral Family Therapy

Richardson (2010), chap 8-18 + "Afterword"

Appendix: "Spiritual Resources in Family Therapy, A Summary"

Reading: Nichols, chap. 3 and "Spirituality" p. 220

Reader: Two articles by Anderson

8) Mar. 11– Applications to Congregational Consultation

Gilbert chaps. 1-12, Epilogue Richardson, (2005), chaps. 11-14

THIRD PAPER DUE

9) Mar. 18 – Summary and Comparisons; Closure Reading: Nichols, Chap. 15

Course Requirements

- 1) Attendance at all classes and participation in class activity.
- 2) Weekly reading of assigned texts and articles in preparation for class discussion. Reading summary sheets for each week are to be turned in that week.
- 3) Completion of three clinical reflection papers, 6-7 double-spaced pages. These papers must be turned in on these due dates <u>Feb. 4</u>, <u>Feb. 25</u>, and <u>Mar. 11</u>.
- 4) Download the Syllabus, **including the Appendix** and bring weekly to class.

First Clinical Paper:

Unlike a content-focused research paper, a clinical paper describes in narrative form a concrete application of course readings to a family therapy session. For this first paper begin by describing in a brief paragraph a conflicted scene or a moment of transition from your own family of origin. Next, choose three family

therapists we are studying to imagine how each of them might respond uniquely to your family's conflict or transition.

Include first a Bowenian therapist (such as Richardson or Gilbert), then two other therapists from the readings for weeks 3 and 4.

For each of the three therapists write:

- 1) An assessment of your family's situation from the perspective of their model
- 2) A specific description of how this therapist might intervene/respond therapeutically based on their assessment. These three narrative descriptions are to be the longest section of your paper.

Finally, choosing one of the interventions, reflect on what the therapist did from a theological or spiritual perspective, either your own or that of a theological orspiritual writer you value. Name this writer.

Second Clinical Paper: Write a family autobiography of your own family of origin. Include a three or four-generational family diagram. [See symbols in Richardson (2005) pp. 45 and 82, or 2010 pp. 237-38)] Describe in paragraph form a few of the emotional processes, central issues/themes and core values in your multigenerational family. Discuss what you believe to be your own functional role in this family system, how you have sought to modify your functioning and what next steps you might plan for your own work.

Third Clinical Paper: A hypothetical therapy case will be distributed in class. Imagine that you are the therapist responding to the case. Imagine how you might respond uniquely to this situation from each of three models, first Bowen(á la Richardson and Gilbert), second and third from two other models from the readings for weeks 5 to 7.

Include for each of the three models:

- 1. An assessment of the situation from that model's perspective.
- 2. A specific description of how you might intervene/respond using this model. (As in paper one, this is to be the longest section of your paper.) Choosing one of the three responses, write: a) what personal qualities, strengths, life experiences and values of your own could serve as resources for you as the therapist (á la Duhl, Satir and Weingarten), and b) a theological or spiritual reflection on what happened in this intervention.

Grading Criteria

25% of the final grade for class participation and 25% for each of the three papers. Class participation assumes attendance at each of the nine sessions and weekly reading of assigned readings. Not meeting this expectation will result in lowering the final grade. Completion of the three clinical reflection papers on the due dates is required. Late papers will receive a reduction of one grade level.

Academic Honesty

The School of Theology and Ministry strictly adheres to the Academic Policy concerning Academic Honesty as published in the Seattle University Student Handbook.

Students with Disabilities

If you have, or think you may have, a disability (including an "invisible disability" such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, (206) 296-5740.

Additional Recommended Readings (Optional)

- Aponte, Harry J. (1994) <u>Bread and Spirit: Therapy with the New Poor.</u> New York: Norton
- Berry, Wendell (2000) <u>Jayber Crow</u>. Washington D. C.: Counterpoint
- Berry, Wendell (2004) Hannah Coulter. Washington D.C.: Shoemaker & Hoard
- Carter, Betty and Monica McGoldrick, Eds. (2004) <u>The Expanded Family Life Cycle</u>, 3rd ed. Boston: Allyn and Bacon.
- Cooper-White, Pamela (2007) <u>Many Voices:</u> <u>Pastoral Psychotherapy in Relational</u> And Theological Perspective. Minneapolis: Fortress Press.
- Duhl, Bunny S. (1983) <u>From the Inside Out and Other Metaphors</u>. New York: Brunner/Mazel.
- Erickson, Betty Alice and Bradford Keeney, Eds. (2006) <u>Milton H. Erickson, M.D.,</u> <u>An American Healer.</u> Sedona AZ: Ringing Rocks Press.
- Fischer, Kathleen (1990.) <u>Reclaiming the Connections: A Contemporary Spirituality.</u> Kansas City, MO: Sheed & Ward
- Hart, Thomas (2002) <u>Hidden Spring: The Spiritual Dimension of Therapy</u>. Minneapolis: Fortress.
- Hoffman, Lynn (2002) Family Therapy: An Intimate History. New York: Norton.

- Jordan, Merle (1986) <u>Taking on the gods: The Task of the Pastoral Counselor</u>. Nashville: Abingdon.
- Kerr, Michael and Murray Bowen (1988) Family Evaluation. New York: Norton.
- Marty, Martin E. (2007) <u>The Mystery of the Child.</u> Grand Rapids, MI: William B. Eerdmans
- McGoldrick, Monica and Ken Hardy. (2008) <u>Re-Visioning Family Therapy:</u>
 <u>Race, Culture, and Gender in Clinical Practice.</u> Second Edition. New York:
 Guilford Press
- Muller, Wayne (1992) <u>Legacy of the Heart: The Spiritual Advantages of a Painful Childhood.</u> New York: Simon & Schuster.
- Richardson, Ronald W. (1996) <u>Creating a Healthier Church.</u> Minneapolis: Fortress Press.
- Richardson, Ronald W. (2012) Polarization and the Healthier Church. Amazon.
- Simon, George M. (2003) <u>Beyond Technique in Family Therapy: Finding Your</u> Therapeutic Voice. Boston: Allyn & Bacon
- Steere, David (1997) Spiritual Presence in Psychotherapy. New York: Brunner/Mazel
- Titelman, Peter, Ed. (2005) The Therapist's Own Family.. Jason Aronson, Inc.
- Walsh, Froma, Ed. (1999 and second ed. 2009) <u>Spiritual Resources in Family Therapy</u>. New York: Guilford.
- Walters, Kerry (2001) <u>Practicing Presence: The Spirituality of Caring in</u> Everyday Life. Franklin, WI: Sheed and Ward.

APPENDIX STMA 581 Family Systems in Ministry

Week Two

Readings for Week #2
"MFT Today" for Week #2
Outline for Week #2
Reflection on videotape for Week #2

Week Three

Readings for Week #3
"Milton Erickson, An American Healer"
Outline for Week #3
"Developing Associational Cues" – Dolan
"MRI Brief Strategic Therapy"

Week Four

Readings for Week #4
Pamela Cooper-White, "Many Voices..."

Week Five

Readings for Week #5 Quotations for Week #5 "Emotion-Focused Therapy" (EFT)

Week Six

Readings for Week #6 Michael White Bunny Duhl

Week Seven

Readings for Week #7
"Spiritual Resources in Family Therapy"
Outline for Week #7: "What is pastoral family therapy?"

Week Eight

Readings for Week #8

Week Nine

Readings for Week #9

For Week 2

MFT Today: Therapy Models and Common Factors A Summary of three articles in Journal of Marital and Family Therapy, July 2007, pp. 298-363

Family therapy emerged historically not as a unitary approach to doing therapy but as a variety of therapy models each having its distinct treatment methods. The differing models emerged from the creative work of pioneer developers and became associated with that person, such as Bowen's natural family systems theory, Whitaker's experiential family therapy, and Minuchin's structural family therapy. Adherents of the varied models believed that what made marriage and family therapy (MFT) work was practicing the unique elements (ideas and methods) of their particular approach. Debates among the models followed, humorously referred to by Peggy Papp as "the battle of the name brands."

In recent decades researchers have proposed that what makes MFT work is not the unique elements of the models but rather "common factors" or elements that are found across the various models and within the therapy process itself. Common factors that seem influential for therapeutic change include: personal qualities of the therapist, the therapeutic relationship between therapist and clients, and the motivation and resources of the clients themselves.

The result has been a debate between those who advocate therapy models and the proponents of common factors. Model advocates argue that a common factor emphasis is too vague to provide guidance for the therapy process since clients enter therapy in a state of chaos/confusion. A therapist who has a clear understanding of an effective MFT model can bring order to that chaos and guide clients through a clear operational road map of how to identify stuck interactional cycles and how to make their desired changes. Common factors advocates argue that therapy outcome research has shown that no one model is more effective than any other and that rigid application of a model blocks the flexibility that the change process requires. They view the over-emphasis upon researching the effects of treatment approaches (such as "evidence-based treatments") as an extension of the medical model, akin to trying to apply the "right pill" to a client's condition while ignoring the influence of therapists and their relationship with clients.

More recently a both/and approach is emerging in the field: models and common factors are both important. Common factors work through models, which serve as the vehicle through which common factors operate. But models are only words on paper and can only work through the person of the therapist who practices them. "Models come alive or die through the therapist."

Who does the therapy is thus of central importance. The person of the therapist is the "point of convergence" of models and common factors. The therapist needs a clear worldview/model of change and perhaps even an enthusiasm or passion for their treatment approach. But the therapist also must manifest essential personal qualities and practices. Qualities may include warmth, caring, genuineness, flexibility, and being a clearly boundaried self. Practices may include empathic listening, being positive/affirming instead of critical/judging, and the ability to be direct in order to interrupt client recursive cycles.

The "who" of the therapist also interacts with the "who" of the clients. Some researchers point out that the motivation and unique resources of the clients represent "the single-most potent contribution to outcome in psychotherapy." The therapist needs to attend carefully to the specific family and cultural context of their clients and be flexible in applying varied aspects of therapy models to match client variability. The formation of a strong therapist-client relational connection (as perceived by the client) facilitates evoking latent change resources within the client system. The therapeutic relationship can "…either make or break therapy."

The three articles conclude with implications for the training of therapists. Training needs to include both learning of clear conceptual models (how to think about therapy) and the personal development of the self of the therapist (how to be a therapist). The authors agree with a citation that "changing the emphasis in graduate training toward the development of the therapist as a person who prizes others can only make the enterprise of therapy more valuable, meaningful, and effective." Or, as leaders of our field have taught, our work is ultimately an act of love.

Name

From "MFT Today" and Nichols, Foreword and chapters 1,2,4 and 5:

Readings for week #2

- What did the pioneers of family therapy have in common and what were important differences? How has the field continued to evolve?
- How does the concept of the family life cycle help to understand family conflicts and what to do about them? How do gender and cultural factors influence this? (See especially chap 4. pp 66-70 and chap 5 pp 80-81)
- How did Bowen understand "differentiation of self"? How does it differ from fusion and cutoff? (See especially chap 5. pp. 77-79)

From the two Richardson books and Gilbert chaps. 1 and 10:

- In Bowen family systems theory, how does "the emotional system" function in families and how can change occur? How does Richardson's definition of differentiation differ from that of Nichols?
- How can a person develop "self-focus" and go about the work of differentiating a self in one's own family?
- In doing couple and family therapy, what is the importance of theory? Of triangles?

Other ideas in the reading that interested me:

Outline for Week #2 (for use in class)

Bowen Natural Systems Theory

1.	Natural Order
2.	Individuality and togetherness
3.	Triangulation
4.	Differentiation
5.	Transformation
6.	<u>Therapy</u>

Reflection on videotape, week 2 (for use in class only)

What are the central issues and emotional processes in this family?
What are the strengths/resources of the family?
What are the functional roles of key family members in the emotional process?
What are the ways Divine Grace/Love breaks in through what happens?

Readings for week #3			
Reader:	Damman article: What Erickson ideas about how change occurs differ from those of traditional therapy?		
Reader:	Leveton article: How did Erickson use reverie to stimulate change?		
Nichols:	chapter 6 According to strategic family therapists, how do problems get formed and how can they be resolved through therapy? Give examples.		
Nichols:	Chapter 12 How do solution-focused therapists use exceptions to problems to resolve difficulties clients present? Give examples.		
Append	ix: "An American Healer" What different picture does this book give to Erickson's work?		
Other id	eas in the reading that interested me:		

Milton H. Erickson, M.D., An American Healer Eds. Betty Alice Erickson and Bradford Keeney A Brief Summary

The co-editors and contributors to this book aim to convey the unique essence and originality of Erickson's work. They contrast this purpose to the many observers of his work who have attempted to break down and analyze it into various techniques, such as language patterns, directives, reframing, etc. and then built models of therapy "...based on some fragments of Erickson's thoughts and skills, leaving the vast richness of his clinical work seldom realized or conveyed." (Keeney, p. 17) Some popular examples of this reductionism would include schools of strategic therapies, solution-focused therapies, and neuro-linguistic programming (NLP). Keeney refers to Gregory Bateson's assertion that Erickson was "...the Mozart of psychotherapy" and that many who studied and applied his art only tapped into a single aspect of it, like hearing and playing a single musical scale while failing "...to discern the advanced musicality of a Mozart." (p. 14) The authors state that while these particular skills/scales are valuable, we need to view them in the context of the whole symphony of Erickson's work.

So what is the essence of Erickson's work? Three dimensions stand out to me in the book: Accessing client resources, Loving presence and a Spirituality of healing.

First, accessing client resources: By listening deeply and carefully observing what a client presented, Erickson was able to create "...a communicational climate that enables the client to access and follow his own internal strengths and resources." He believed the client has his or her own 'inner doctor' (Keeney, p. 17) Betty Alice, Erickson's daughter who grew up intimately observing her father at work, put it this way: His "...faith that the other person knows how, perhaps without even knowing that he or she knows—was part of the communicational structure for activating a person's own inner healing processes" (p. 57) She adds: "He was interested and curious and joyous in what a person had the ability to do, and he offered what they could do back to them." (p. 61) Erickson discerned clients' resources by practicing acute observation. His widow, Elizabeth Erickson, wrote: "He insisted that everything he did was a result of observing the other person carefully and responding to that person's own communications." (p.6) Betty Alice describes 'the bedrocks of his practice': "Listen, listen and observe, observe, observe: (p. 350) "Dad was a master at noticing details." (p. 41)

Second, loving presence: This practice of client observation and activation was again more than technique. It was grounded in genuine loving presence. Betty Alice describes "...the metaphor of love that was so present in his work and his presence with his patients. He was able to give incredible love and would bring this forth as people opened themselves to receive it." (p. 24) The opening was a mutual transaction. She goes on: "I think part of the 'magic' of Daddy's work was that way he opened himself to another person. If the other person subsequently opened himself or herself, then there was even more of the process of connecting. It is within this process that change occurs. He created an atmosphere in which it felt okay, really all right for you to open to

him, to change, to give more of yourself and become more of the human being you wanted to be. When that occurs, both participants find joy with each other and with the process." (p. 44) [When I had an individual therapy session with him, I wrote a note afterward that my experience of the atmosphere around him was "quiet joy."]

Rick Landis adds: "The techniques were important, but the heart was the magic. Erickson did not do therapy; he was therapy. He inspired people to activate their own inner healing and growth by his being." (p. 331)

Stephen Gilligan describes his experience of Erickson's love: "But while he had dazzling technical prowess and mesmerizing presence, at the heart of his healing capacity was his love and compassion for his patients. This is often overlooked in the published accounts of Erickson, partly because it is difficult to convey in words. But I believe that his exceptional ability to enter and gently affirm a person's deepest identity was responsible for much of his success. Patients and students trusted him and thus opened to his influence in no small part because his heart was kind and generous. This 'discerning heart of compassion' is an integral part to the healer's approach, and I think Erickson embodied it thoroughly." (p. 385)

Third, A spirituality of healing: Naming the quality of compassion opens onto spiritual dimensions of Erickson's work. Betty Alice describes it by defining 'healing.' "This is a special way of being, a way that is...in the broadest sense of the word, spiritual. In this spirituality, Dad saw what was needed inside another person and by his own connection to that deep part of them was able to help them access and bring forth that piece within themselves. That is healing—helping from within. Treatment is helping from the outside. Dad healed." (p. 26)

Betty Alice also saw a quiet and deep spirituality in her father's great respect for what he saw in nature. He often assigned clients to walk in nature, such as climbing Squaw Peak near Phoenix. She writes, "If anyone climbs any difficult trail and watches a sunrise, a sunset, changes happen. The beauty, magnificence, and wonder of the world are naturally transforming" (p. 53)

In addition to climbing trails, Erickson frequently asked clients and students to visit arboretums and areas where there was an abundance of plant life. He asked people to carefully observe individual plants, particularly trees. He, himself, planted a variety of trees in his own yard and took great delight in their unique blossoms and fruits., In Arizona he was particularly interested in the ironwood tree, a desert legume that grows in areas which have very little water but itself serves as a nurse plant for many other plants by providing shade, moisture, nitrogen and protection from the elements (p. 267) As a part of nature people share those capacities.

Betty Alice sums up how her father connected his spiritual healing to trees:

Dad liked to point out how trees adapt to virtually every place and climate on the globe. They nurture and support much of the rest of the world's

life. He wanted us all—patients, students, friends, and family to see, to understand on a deep level that different plants required different things. What worked for one might not work for another. People are a part of nature, different from, yet no different from all the other plants, animals, and living things of the earth. Over and over, he wanted us all to learn that. And this is how he treated everyone, including his patients—with total respect for their uniqueness. (p. 32)

Bradford Keeney views Erickson in the company of genuine shamans and healers like the medicine men and women of native America who wisely observed both human and outdoor nature. "Nature, rather than textbooks, was his teacher. His suffering and limitations were his resources." (p. 20)

This reference to suffering points to Erickson's understanding of human nature that he developed through his own life-long struggle with physical illness and pain. (p. 23) Another of Erickson's students, Ernest Rossi, describes this dimension of Erickson's practice elsewhere: "I believe even this short sketch of Erickson's life provides an important understanding of the source of his genius that is often overlooked by those who seek to emulate the brilliance of his technical accomplishments. Erickson's technique came from his own blood and suffering; his therapeutic originality evolved out of life and death efforts to cope with his own congenital deficiencies and crippling physical illnesses. I believe this is the true source of his effectiveness as a therapist: patients could sense on many levels that Erickson's therapeutic skill came from genuine personal experience and knowledge. He truly was the wounded physician who through healing himself had learned how to heal others. The same is true for all of us who experience a genuine calling to the healing professions. We are all wounded in one way or another. Our always partial success in healing our own wounds leads us to our calling to explore with others further means of coping and extending the possibilities of our mutually human condition." (Healing in Hypnosis, Vol. 1, p. 88)

Perhaps Milton Erickson was an ironwood tree!

Outline for Week #3 (for use in class)

Milton Erickson created a context in which people could change. He did so by:
1) Creating an atmosphere
2) Guiding attention
3) Inviting learning
4) Utilizing dormant resources
5) Directing new action
6) Being the change

For week #3 (for use in class)

Developing Associational Cues for Comfort and Security Yvonne Dolan, M. A.

- 1. The therapist should communicate a state of comfort and security by first inducing that state in self and communicating it nonverbally.
- 2. Casual conversation and pacing
- 3. Ask the client to think of an experience of relative comfort and security.
- 4. Direct the client to notice and describe all the details of that experience including sights, sounds, feelings, smells.
- 5. Invite the client to take some time to enjoy the experience, and then make any adjustments* to the details of the experience that would enhance comfort and security, letting you know when the adjustments (if any) have been made. (*Note: do not overlook this step. This detail is crucial for most sexual abuse survivors, and will make all the difference in achieving an effective association cue for comfort and security.)
- 6. When the experience is "just right," invite the client to take some time to enjoy the experience one more time and then have the client select a symbol (souvenir) to be used to recall this experience of comfort and security in the future. The symbol may be a sight, a sound, or a sensory experience that can be re-vivified.
- 7. Re-orient to external reality, identify the symbol, and then gently distract the client from the symbol.
- 8. Now have the client employ the symbol to re-access the state of comfort and security.
- 9. Re-orient with the suggestion that the client can use the symbol to re-elicit a deep state of comfort and security whenever needed. Suggest that the client will re-orient relaxed, refreshed, and alert.

For week #3 (for use in class) M.R.I. Brief Strategic Therapy

Fourfold Assessment Grid

- 1. What is the problem that brings the clients to therapy? (A concrete behavioral description)
- 2. What is their attempted solution to the problem? (The keystone maintaining the problem)
- 3. What is the goal of therapy> (Specific description of small steps toward resolving the problem.)
- 4. What is their framing/world view about the problem? (In their unique language)

PLANNING FOR CHANGE

- 1. Formulate a strategic approach (usually a 180 degree switch from the attempted solution)
- 2. Formulate specific tactics (a behavioral injunction asking clients to take the smallest action that could start a change)
- 3. Framing the intervention (selling the clients on the task by using their own frame of reference and language)

Name	
Reading for week #4 Nichols, Chapters 7 and 9	
 Contrast what the therapist chiefly looks and listens for in structural and in psychoanalytical family therapy? 	
• In Chapter 7, what is meant by "structure" and "enactment"? How does the therapist work to bring about structural change?	
 In Chapter 9, what is meant by "object relations" and how does that help one understand couple/family dynamics? How does the therapist use listening to facilitate change? 	
 Appendix, "Many Voices" What further perspective does Pamela Cooper-White bring to "object relations" and the therapist's role in facilitating change? 	

Other ideas in the reading that interested me:

For Week 4 Pamela Cooper-White, <u>Many Voices:</u> <u>Pastoral Psychotherapy in Relational and Theological Perspective</u>

The human being is composed of a conglomerate of inner voices. Each of us is <u>multiple</u>, a living web of self-states, feeling states or personalities that are in continual interaction with each other and with other people. In contrast to an older "depth" model of the human being consisting of levels of consciousness and unconsciousness, Cooper-White describes a "horizontal" model of parts that are linked together in varying levels of conscious awareness. Instead of the "depth" model's metaphor of the person as an onion whose layers need to be progressively peeled or an archeological site to be meticulously unearthed, the person is viewed more like a kaleidoscope in which any one glance through the opening of a moment in time provides a unique view of this internal world of subjectivity. (pp. 51-56)

This internal web is simultaneously linked externally to other persons with whom each of us is in relationship. The human being is not only multiple but also intrinsically <u>relational</u>. The person is driven first and foremost by an inherent desire to connect and remain connected to other human beings. So our consciousness is an experience not just of the internal subjectivity of multiple parts, but also of our participating lifelong in <u>intersubjectivity</u>. (pp. 50-51)

The human being is also <u>mutable</u>, continuously changing. "Human beings move through the medium of time more changeably than even widely accepted developmental psychologies may have suggested. To be human is to be in a continual state of flux and transition." Instead of our viewing our own person as being a unitary monolithic fixed "self," we are freed to understand our person as a "subject" capable of continual unfolding through new experiencing and interaction. (pp. 61-62)

At the same time the human being is also <u>vulnerable</u>. We are fragile, easily wounded creatures who also hurt one another. Because of our complexity, we are also easily confused. (pp. 39-41)

These perspectives on the human being lead to a reconceptualization of what psychotherapy is. Instead of a heroic journey into one's depths guided by a therapist-expert, therapy is a journey across previously separated/disassociated regions of awareness through shared reflection between therapist and client as dialogue partners. Therapy's goal: "... to help individuals come to know, accept and even appreciate all the distinctive parts—the many voices—that live within them." Instead of a goal of personality "integration," the objective is "... an increasingly harmonious awareness and constructive dialogue among all the disparate parts." (pp. viii and 63)

Theologically, Cooper-White sees this as "... an expansive and noncondemning view of the human person as messy, multiple, in process, loved (in spite of and/or because of all his or her chaos) and therefore also loving ... learning to know and love <u>all</u> the messy, conflicted and chaotic parts of ourselves, even as God has loved us from our beginnings ... and springing from that knowledge of being so deeply loved, growing in the capacity to love others." The aim of therapy, then, is "... restoring individuals, couples and families to the full potential, the fullness of life, for which they were created." She cites John 10:10: "I came that they might have life, and have it abundantly." (pp. 85-86)

The role of the therapist in this endeavor is not that of a "lofty expert" or heroic guide but that of a <u>servant</u>, who serves the client not from above but from <u>below</u> or <u>alongside</u>. (p. 10) Therapy is a shared exploration of meaning. At its center is a shared human subjectivity an <u>inter</u>subjectivity that arises in the relationship between therapist and client. Therapy is a "two-person enterprise. Both patient and therapist are thinking, feeling, experiencing, interpreting, and mutually influencing one another ... the expertise of the therapist and the experience and wisdom of the patient are brought to bear in co-constructing meaning ... through a shared flow of associations that bring healing insight not as a cathartic clap of thunder but as a gradual dawning of increasingly complex awarenesses over time." (pp. 16-18)

This "shared flow" centers in the back and forth process of client transference and therapist countertransference in which the multiple selves of both client and therapist meet—both verbally and non-verbally. "Thus, countertransference—our own thoughts, feelings, fantasies and sensations in relation to the patient and the therapeutic relationship—becomes a primary tool for understanding what is happening both in the intersubjective dynamic of the therapeutic relationship and what has not been expressed or even known by the patient from within his or her multiple inner world. The therapist's own multiply-constituted self becomes a key instrument for understanding the patient's many parts." Because of human vulnerability, the therapist aims "to create a climate of safety in which all the parts of the person are invited to speak ..." (p. 155) [This intersubjective way of working is described in detail in Chapter 5 and in Cooper-White's earlier book, Shared Wisdom.] She views countertransference not as something negative to be extricated but as an invaluable resource in which the therapist uses his/her own self as an empathic receiver of the client's emotional state and of what both of them are learning together, exploring what happens between them.

Cooper-White's final reflection is upon seeing the therapy process as an experience of "therapeutic love"—"a bond of genuine love and care that comes to exist between therapist and patient." She defines this love as not a "feeling," but a stance that "allows room for all parts of both patient and therapist to be present to one another." "Therapeutic love is also an ethic. We try as therapists to meet the patient face to face, as openly as possible ... conveying our commitment to the integrity of the process and to an attitude of honesty and curiosity ... by being willing to dive into the messiness and the chaos, sometimes without having any idea where the path through the forest is leading, but on the sheer trust that the journey is worth it, and the patient deserves our taking the risk." She adds: "... sometimes we feel tyrannized or drained by our patients, and sometimes feel that we will never be 'good enough' even to survive, much less to 'hold' all the chaos that roils in the therapeutic container. Sometimes our love is simply manifested in our sheer, dogged persistence ..." which grows as we practice over years. "Experience helps us to remember, even in the worst moments of impasse, the principle of multiplicity, which assures that things cannot but change as the therapy unfolds." (pp. 243-247)

	Name
_	for week #5 Satir Article
•	How can the therapist use congruence, vulnerability and contact to empower family members in therapy? How does Satir connect this to a therapist's spirituality?
Reader:	Napier and Whitaker article: (note especially last two pages)
•	What do the authors mean by "encounter" and being "fully a person" in a therapy session? How is this best done?
Nichols:	Chapter 8
•	How can family sculpting and family drawing be used in session? Illustrate.
•	What deepening perspectives of experiential family therapy are added by "emotionally focused" (Johnson) and "internal family systems" (Schwartz) therapies?
Other id	eas in the reading that interested me:

Quotations for Week 5

"Lately, we have been intrigued by parallels between the process of play therapy and family therapy. We agree with Winnicott": 'Psychotherapy is play. Where playing...is not possible, then work done by the therapist is directed toward bringing the patient from a state of not being able to play into a state of being able to play' (Winnicott 1971, p. 38).

"The sense of therapy as play was attractive because play and love are alike in that their definitions are elusive. Neither is simply conceptual; they are both experiences. Our goal in family therapy has always been to have an experience with the family, not simply to induce understanding."

(David Keith and Carl Whitaker "Play Therapy: A Paradigm for Work with Families" <u>Journal of Marital and Family Therapy</u>. July, 1981, p. 244)

I believe the greatest gift I can conceive of having from anyone is to be seen by them, heard by them, to be understood and touched by them.

The greatest gift I can give is to see, hear, understand and to touch another person.

When this is done I feel contact has been made."

(Virginia Satir, Making Contact, 1976 Millbrae, CA: Celestial Arts

"So my overriding goal in therapy with couples became to help them regain (and sometimes gain for the first time, a secure attachment bond with each other..."

"In a sense, this is the fundamental story of our lives—we all need someone to really see us, to hear us, and to be there for us when it really matters. When we can't make sense of our experience, we desperately want somebody who can make sense of it for us. In good, secure relationships, we get all this from our mates, or some other beloved figure, and it saves our lives. But when we've lost those connections, the power of a therapist to offer validation—to be the eyes and ears and receptive heart for the deepest emotional yearning of each partner—can help them learn how to do the same for each other. To be seen and affirmed, by the therapist and by one's partner, is often a life-transforming event. It's the corrective emotional experience that we were all once taught was the heart and soul of change in psychotherapy."

(Susan Johnson, "Are You There for Me?" <u>Psychotherapy Networker</u>, September/October 2006, pp. 45 and 70. (Emotion Focused Therapy)

EMOTION-FOCUSED THERAPY (EFT) (For Week 5 Use in class) Susan Johnson

Emotion—a key organizer and mover of both inner experiences <u>and</u> interactions between partners. The therapist:

I	T
1.	Creates a safe, equal relationship between the therapist and each partner by validating each of their emotions.
2.	Tracks and explores how emotions drive a cycle of interaction that both partners are caught in.
3.	Evokes and expands emotional responses to include primary emotions and basic attachment needs/longings
4.	Facilitates a "softening" moment in which the partners reveal these emotions and longings to each other in face-to-face conversation. EFT is a therapy of such key moments.
5.	Helps the partners create/restructure a new cycle based on this quality of interaction that restores secure emotional bonds between them.
See: 1.	Susan Johnson, <u>Creating Connection: The Practice of Emotionally Focused</u> <u>Couple Therapy.</u>
Susa	n Johnson, <u>Becoming an Emotionally focused couple Therapist—The Workbook</u> Name

	Name		
Readings for Week #6			
Reader:	Duhl article		
•	In her integrated contextual model, how does Bunny Duhl use her own self, including physically?		
Reader:	Hoffman article		
•	What is "reflection-in-action" and how does Hoffman see it in emerging therapy models?		
Nichols:	Chapters 11 and 13		
•	How did narrative therapy develop and how is it conducted?		
Nichols:	Chapter 14		
•	What are the advantages and disadvantages of integrating family therapy models?		
Other id	eas in the reading that interested me:		

For Week # 6 MICHAEL WHITE Use in class People live by stories. Stories are caught from culture, constructed and negotiated in communities. Dominant stories <u>dominate/oppress</u> persons, shaping their view of themselves. Therapist helps externalize stories as external objects, separate from the persons themselves, that affects their lives. In the space created by this separation, therapist actively guides persons to notice unique outcomes/alternative stories. Goal: to help persons re-story/re-author their lives and recruit audiences/communities of support Therapist acts as non-neutral <u>participant-observer</u> enabling persons to play active role in shaping their own lives.

Therapist exhibits and encourages <u>curiosity</u>, akin to unraveling mysteries, stimulating storytelling and meaning-making.

For Week #6 (for use in class) **Bunny Duhl: How do people learn?** Through "metaphoring." From the inside out, proceeding from internal metaphors, assumptions learned from their life experiences to new connections outside. Play and humor open our minds to new information/ideas and connect people together. <u>Safety</u> is essential for people to shift assumptions/try new behaviors so a first goal is to make therapy a safe place. Metaphor connects inside perceptions/feelings with external systems, and what is familiar with what is new/strange. Learning is "metaphoring." Metaphors can be verbal but also aural, visual, spatial and kinesthetic. Forming spatial metaphors is sculpting, or "theater of the mind" in which internal images are sculpted in external space. Sculpting helps clarify how the core vulnerabilities and core defenses of individuals interact with those of others in couples and families in patterns of interaction. Change results from the introduction of novelty/new information, interrupting automatic patterns and making the familiar strange.

One needs to respect how hard it is for people to change, to learn and do something new

when the old has been long practiced.

Name
Reading for week #7
Nichols Chap 3 and "spirituality" on p. 220
• What are the main considerations in forming hypotheses about a family's presenting difficulties?

Gilbert, Chapter 10

• What are the most important activities of the counselor, including "thinking"?

Walsh. Ed. Spiritual Resources

• What spiritual practices do the authors believe deepen the experience of family therapy?

Richardson (2010) Chapters 8-16

- What is the basic stance a counselor should take in working with a couple? How is couple therapy conducted? Illustrate with examples from therapy with George and Martha.
- From the "Afterword" What is your opinion about the importance of character as a goal of this work?

Anderson articles

• What does Anderson listen for in interviewing clients? How does this incorporate spirituality within the counseling process?

Other ideas in the reading that interested me:

Week #7 Outline (for use in class) What is pastoral family therapy? The distinctiveness of a "pastoral" approach is that it is consciously rooted in a tradition going back to the beginning of time, the <u>cura animarum</u> or "care of souls." 1. The focus of this tradition over the centuries goes beyond providing for the health of body and mind to the well-being of the soul, the whole person. By attending to issues of life meaning/purpose, a pastoral approach can reflect critically upon underlying assumptions of other therapy approaches offering a "perspective upon perspectives." (See John T. McNeill, A History of the Care of Souls. 2. Qualifications for the providers of care of soul historically are primarily personal rather than technical, most centrally being spiritual maturity. (See David G. Benner, Care of Souls.) In pastoral family therapy the integration of the spiritual and the therapeutic lies within the person of the pastoral counselor. 3. The provider of soul care is embedded in and undergirded by a community and serves as a representative of a faith community. (See William Clebsch and Charles Jaekle, Pastoral Care in Historical Perspective.) 4. Providers of soul care and their communities are in turn held by a Greater Presence/Eternal Other, God, who is the Initiator and Source of all healing. Providers are then able to let go of self-efforts to make things happen and relax into the utter

simplicity of allowing "the Mystery of Grace" to move through them and the persons

they serve. (See Thomas A. Kelly, A Testament of Devotion, Tilden Edwards,

Spiritual Friend, and Gerald May, Will and Spirit.

For week 7

Spiritual Resources in Family Therapy, A Summary A book edited by Froma Walsh, MSW, Ph. D. 2nd ed. 2009

Walsh declares that family therapy can be a profoundly spiritual experience for both clients and therapists. "The very essence of the therapeutic relationship and meaningful change is ultimately spiritual in nature, fostering transformation, wholeness, and relational connection." (p. 4)

Clients bring their experiences of family difficulties, suffering and even trauma, but they are seeking more than problem solving or symptom reduction. They desire deeper meaning and connections in their lives and relationships. These outcomes can come about by a strength-based therapy process that taps a key resource within families: resilience.

Walsh describes "resilience" as an innate capacity for bouncing back/rebounding from adversity or crisis. Family resilience is enhanced by the family's spirituality, including sharing spiritual beliefs, values, practices and participation in their supportive religious communities. The family crisis can not only be transcended but can also lead to growth in unforeseen new directions. Resilience becomes not only a bouncing back but a springing forward to face future challenges with increased strength and deeper bonds within the family and with others in community.

Walsh makes a distinction between 'treatment' and 'healing.' Treatment involves techniques administered by experts to reduce family dysfunction. By contrast, healing involves a collaborative relationship between therapists and the family that elicits psychosocial-spiritual resources within the family and the community. Healing is seen as a natural process in response to loss, injury or trauma. Therapists release this process not by expressing their own spiritual values but by showing active interest in exploring and understanding the spiritual beliefs, values and practices of family members.

"At its best, the very process of psychotherapy becomes a spiritual wellspring for healing and resilience in the deeper level of work is not only transformative for our clients but can also be restorative for therapists." For herself, Walsh adds personally that "as I've come to work less from my head and more from my spiritual core, I know less that I used to, but I trust more my leap of faith, with conviction in my clients' potential." (pp. 51-2)

In the chapters of the book that follow, other family therapists share their experience of this resource-based, spiritual approach to doing therapy. In Chapter 5, pastoral counselor Wayne Muller encourages therapists to make their therapeutic alliance not with a DSM-IV diagnosis of what is wrong with a person but instead with the "unbroken spark of fundamental spirit" within the persons who come to us, their

resilient capacity that is "capable of transcending unspeakable levels of pain and sorrow." (p. 107)

In chapter 10, another pastoral counselor, Herbert Anderson, stresses the communal nature of spirituality and the importance of approaching the family as a "communal soul" with its own unique spirituality. The family, in turn, is called to practice justice and compassion toward all peoples of the earth, "for we are all one family."

Perhaps the best chapter in the book is by Kaethe Weingarten, chapter 18. Kaethe describes specific spiritual practices that emerged in her own family-life experience of facing intense suffering and in sitting with clients over the years. Those practices have stretched her to grow not only in her therapy practice, but also for living hew own life: "they permeate my life, whether in my home, the classroom, or my clinical office."

Her own life suffering includes caring for her mother for $2 \frac{1}{2}$ years after a diagnosis of terminal cancer, raising two children born with severe birth defects resulting in chronic illness, and her own struggle with three bouts of breast cancer and an ongoing incurable lung infection. Through the years of struggling with this personal suffering, she simultaneously maintained a counseling practice with deeply suffering persons.

Included among her spiritual practices are seven I will summarize: listening with love, attending to present experience, tending to her relationship with aloneness, practicing connection, relating to others intimately and collaboratively, witnessing, and doing hope.

First, listening. Sitting listening to her dying mother with deep love taught her to still her own opinions and agenda in favor of letting her mother be her own expert on her life and her dying. "This kind of listening brought me in touch with a spacious calm, I could tap for myself and offer to others ... I know that the hours I spent loving and listening to my mother, opening myself to sorrow and finding connection in loss, have stood me in better stead as a clinician and a person than any professional training I have ever had." (p 342)

Second, practicing attention to present experience. From her long journey with her severely ill daughter, she learned simply to be with her daughter and to face with her openly what they both experienced: great fear and irresolvable uncertainty. She learned to accept fear and to embrace humility about what she couldn't change.

Third, tending to my relationship with aloneness. She learned to face the inevitability of her own death and that you die alone. This has enabled her to sit steadily with clients in the midst of the void of their own darkness and experience of aloneness.

Fourth, connecting. In her own fear and aloneness, she learned to reach out for connection, phoning and writing people. "The relational matrix within which I did the rituals of daily life and ceremonial life mostly held terror at bay."

Fifth, relating intimately and collaboratively. With her struggling daughter she learned to step out of an 'expert' role and to take a 'side-by-side position' that carried over to client relationships. "I suggest that intimate interaction between clients and therapists is therapeutic." Even though there are inevitable lapses and disconnection, there is still "opportunity for discussing even that in a profoundly meaningful collaboration." She illustrates this with a vivid clinical example.

Sixth, witnessing. This practice involves being an aware and empowered witness to violence and violation in the world. To do so necessitates rejecting indifference and results in taking action. One form of action Kaethe has practiced is to write letters to people who are working to confront violence, witnessing and encouraging their efforts. Some of the writing she did while receiving radiation treatment for cancer, transforming her isolating personal pain by connecting herself to persons and causes that oppose violence.

Seventh, doing hope. Kaethe views hope not as a noun but a verb. Hope, deeper than a feeling, involves taking action. We do hope together in a community. "Hope is resisting indifference to the plight of those who are sick and diminished" by helping people who feel isolated to experience connection and support. Such taking action provides 'realistic hope,' a hope that takes doubt and despair seriously and seeks to identify concrete pathways for suffering persons through the very real obstacles they confront. Realistic hope doesn't guarantee a straight line to an ideal outcome but brings interpersonal support for continually seeking new goals and adaptive paths toward them

Kaethe concludes her chapter by naming two further practices: a willingness to feel gratitude for the intimate connections others have given her and to open herself "to feel unimpeded love in all my relationships." These have sustained her life and her work.

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Reading for Week 8

Gilbert	(2006)	, chaps.	1-12
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• How do congregations resemble family systems? How best can leaders working with congregations manifest high level leadership?

From Richardson (2005) Chapters 11-14

• Describe key characteristics and activities of a "good" pastoral "coach."

Other ideas in the reading that interested me

Reading for Week 9
Nichols, Chapter 15 What do the major models of family therapy most have in common and what are key differences?
What is your opinion of the author's conclusion at the end of the chapter? How would you answer question 6 in his closing "Questions to consider"?
What ideas in this class were most interesting/significant to you? Which were most difficult/challenging?

At the end of this course, what question(s) do you have of the class content or of the instructor?