Systems Theory

Marriage & Family Therapy | Theory Summaries

Founding Figures

Ludwig von Bertalanffy | Niklas Luhmann

Primary Texts:

1969 | *General System Theory: Foundations, Development, Applications* | von Bertalanffy
2012 | *Introduction to Systems Theory* | Niklas Luhmann
2017 | *Systems Theory and Family Therapy* | Becvar & Becvar

Role of the Therapist:

Systemic therapists treat the system rather than the individual in order to promote orientation toward ***process rather than content***. Systemic therapists believe that ***each element of the system is interdependent and if you change one part, the whole system will change to accomodate the first change.***

Foundational Premises:

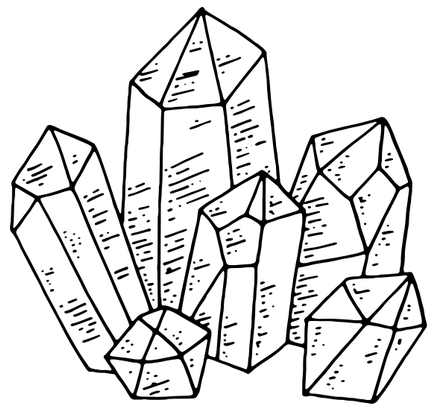
Each family is viewed as a ***system of moving parts.*** The most essential properties of a system are ***manifested by the relationship between each of the parts***. In other words, *the whole is greater than the sum of its parts*. Systems theory is heavily influenced by the field of biology, and Bertalanffy strived to create a universal theory of living systems ranging from the individual to the larger ecosphere. However, with this in mind, ***Bertalanffy and others treated the client system while largely ignoring the systems of culture and community the families were connected to***. While the metaphor of systems can seem mechanical, Bertalanffy's goal was to view the families as ecological organisms.

Primary Techniques / Interventions:

Homeostasis: the mechanisms within each relationship strive to stabilize the system.
Equifinality: all roads lead to Rome; or in other words, the destination never changes depending on the treatment you take.

Process for Change:

Because systems theory is so grounded in equifinality, these therapists believed that change would naturally occur and each family would reach their goals no matter which course of treatment they took. This theory is more vague than others on primary techniques and the process for change.



Colby N. Bruner | T-LMFT

Communictions Theory

Marriage & Family Therapy | Theory Summaries

Founding Figures

Palo Alto Group: Gregory Bateson | Don Jackson | Jay Haley | John Weakland | Janet Bavelas | Paul Watzlawick

Primary Texts:

1972 | *Steps to an Ecology of the Mind* | Bateson
1979 | *Mind and Nature- A Necessary Unity* | Bateson
1987 | *Angels Fear: Towards an Epistemology of the Sacred* | Bateson

Role of the Therapist:

Because many in the Palo Alto group were researchers trying to understand the cause of schizophrenia, ***therapists following this modality take an expert position*** in which the therapist operates as an ***observer*** and ***corrects behavior to facilitate change***.

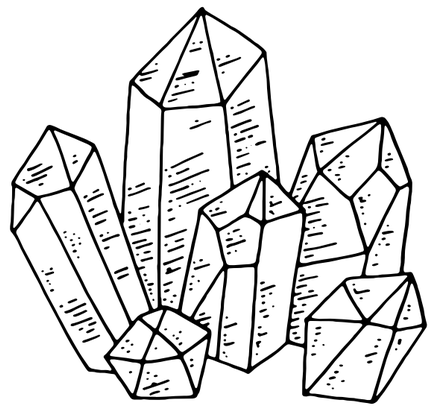
Foundational Premises:

Communications therapists believe that ***if one part of the system is dysfunctional*** in how it transmits messages (confusing or unclear) ***then another part of the system will begin to experience symptoms of dysfunction as well.*** “Normal” or “healthy” families are able to transmit clear messages consistently.

- **Congruent/Incongruent and Double-binds**: During their research on schizophrenia, the Palo Alto group observed that when the mothers of the patients would come to visit, they would incongruently tell the patients to come give them a hug. ***The mother’s words and her actions were transmitting confusing and unclear messages to the patient which made the patients symptoms worse.*** If the patient gave her a hug, they wouldn’t feel the mother’s warmth; if they refused, they would be admonished by the mother. Either way, the patient was unable to win and their symptoms became worse.
- **Metacommunication:** We are always communicating even when we aren’t communicating verbally | Non-verbal communication.
- **Report and Command**

Primary Techniques / Process for Change:

This theory is more vague in the interventions it takes to help clients. Because Palo Alto were observing and researching to identify the causes of schizophrenia, there is less information about what they did to interrupt these patterns.



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Object Relations

Marriage & Family Therapy | Theory Summaries

Founding Figures

Melanie Klein | Jill Scharff | W.R.D. Fairbairn | James Framo

Primary Texts:

1984 | *Object Relations: A Dynamic Bridge Between Individual and Family Treatment* | Slipp
1989 | *Foundations of Object Relations Family Therapy* | Scharff

Role of the Therapist:

Object-Relations (O-R) branches off Freudian Psychoanalytic theory, thus the therapist assumes ***an accommodating, knowledge sharing analyst position***. The therapist remains ***non-directive and allows the client to lead therapy***. The therapist allows for associations and themes to emerge on their own. O-R Therapists will often focus on the intrapsychic experience of the client with an emphasis on early childhood subjective space.

Foundational Premises:

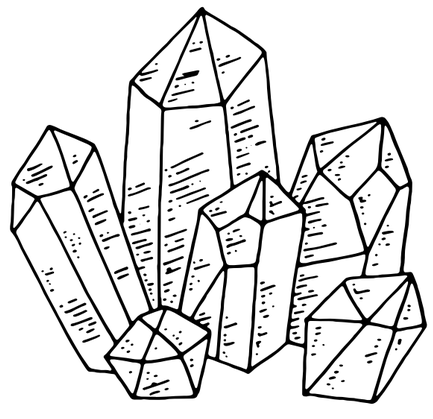
As infants and children, ***we form*** internal objects or ***mental images of ourselves and others based on our experience. These mental images then become the foundation for how we relate to others for the rest of our lives***; ***however, these mental images can mature and develop as we do.*** When we encounter people in our youth who are both good and bad, a survival mechanism called ***splitting*** occurs where we split off the good memories of that person from the bad because our young egos cannot process the both/and complications of what it means to be human.

Primary Techniques / Interventions:

Talk therapy & Psychoanalysis: By identifying the internal objects we learned at a young age, we can rewrite them as adults through an analyst and find new ways of helping our mental images mature and have a better understanding of the reality around us.

Process for Change:

Clients need to rewrite their internal objects and find ways of helping these be more aware of reality.



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Contextual Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Ivan Boszormenyi-Nagy

Primary Texts:

1986 | *Between Give and Take: A Clinical Guide to Contextual Therapy* | Nagy and Krasner
1987 | *Foundations of Contextual Therapy* | Nagy
1987 | *Balance in Motion* | van Heusden and van den Eerenbeemt
2003 | *The New Contextual Therapy: Guiding the Power of Give & Take* | Hargrave & Pfitzer

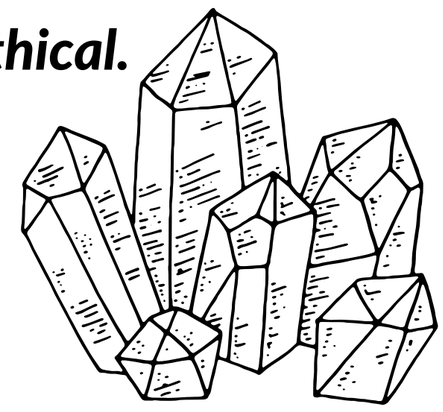
Role of the Therapist:

The ***therapist works from outside the system*** in order to maintain a ***curious neutrality*** towards each member of the client system (ie. ***Multidirected partiality***). The therapist operates from ***an expert position and provides the client system directives***. However, the therapist must have examined their own history of relationships in order to understand how they are influenced by their own ledger of merits and entitlements.

Foundational Premises:

All families are normal in context, but ***the goal for families is to be trustworthy*** and have a balanced ledger. ***Problems and symptoms develop because of intergenerational emotional debts and destructive entitlement.***

- **Relational Bank Accounts (ledger of merit):** Each person starts off with a relational bank account when they are born. Because of the influence of older generations, the bank account an individual starts off with may be overdrafted early in childhood. When parents start having children when they are already in emotional debt, the child is more likely to experience emotional theft from their accounts by their parents in order to protect the parent's relational account.
- **Destructive Entitlement:** When we start off with a ledger in the negatives, we assume an attitude that life isn't fair, believing it's okay to treat others the way you were treated (often negatively). This destructive behavior often is conceptualized as acting out or neglecting others who are important to you).
- **Dimensions:** Nagy identified four dimensions which were the drives for behaviors and relationships: ***Facts, Psychological, Relational, and Ethical.***



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Contextual Therapy

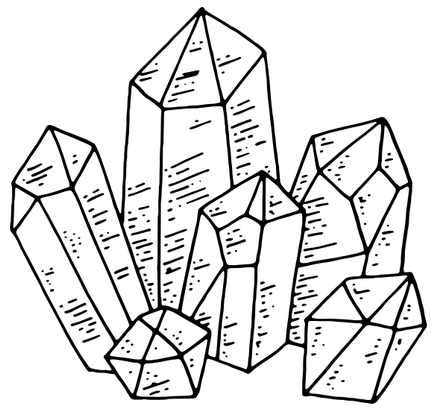
Marriage & Family Therapy | Theory Summaries

Primary Techniques / Interventions:

- **Multidirected Partiality:** A stance of ***neutrality and curiosity*** taken by the therapist which ***allows every member of the system to feel heard*** and feel special, but not more special than another member in the system. This stance of curiosity ***treats all members of the system fairly and equitably.***
- **Exoneration:** This intervention examines who has harmed the client or who the client has harmed and ***asks the client to examine the multigenerational influences*** which have taught these harmful learned behaviors as a way to understand. ***The goal is not to forgive the person who has wronged them, but to understand how they became the person they did who acted out harmful behaviors.*** In other words, it asks the client to challenge their concept of a meritless monster.
- **Process and relational questions**

Process for Change:

Change occurs when an individual or family is able to exonerate those who have harmed them by exploring the intergenerational influence on the person doing the harmful behaviors. Individuals or families who are able to ***understand how their ledger of merits were overdrafted and can find ways to invest in their own accounts without robbing from the next generation are able to adopt what Nagy calls, posterity.*** Termination is up to the client in this model.



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Bowenian Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Murray Bowen | Michael Kerr | Edwin Friedman

Primary Texts:

1978 | *Family Therapy in Clinical Practice* | Bowen
1987 | *Generation to Generation: Family Process in Church and Synagogue* | Friedman
1988 | *Family Evaluation: An Approach Based on Bowen Theory* | Kerr and Bowen

Role of the Therapist:

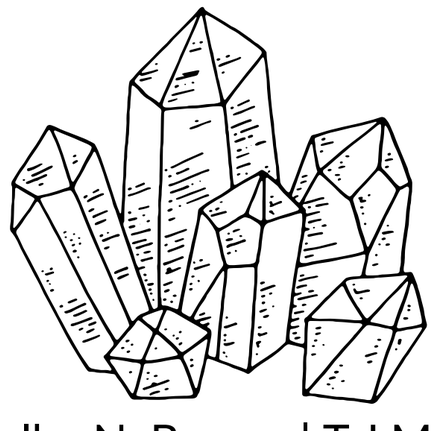
A Bowenian therapist first and foremost is a ***non-anxious presence in an anxious environment.*** In other words, the therapist must find ways of managing their own anxiety and be as differentiated as possible in order to work as a ***coach or educator***. The therapist works as a part of the system in a ***traditionally more expert role***. Bowenian therapists also traditionally believe that ***our clients can only become as differentiated as we are, ourselves.***

Foundational Premises:

Bowen's ideal family is able to ***balance individuality and togetherness***; in other words, "normal" or "healthy" families are those that are well-differentiated. ***Differentiation is a life-long process and has also been viewed similarly to maturity.*** Well-differentiated families are better equipped to ***reflect and think before acting on emotions*** and can more easily identify what "stuff" belongs to whom in the family/relationship.

Heavily influenced by the theory of evolution, Bowen viewed the function of the family system as similar to the emotional processes of all living beings (including, even, the first cell with a nucleus which was able to differentiate its role from other cells).

When families experience crisis or conflict, individuals within the system will experience anxiety or reactivity as a mechanism of survival (for both the individual and for the system as a whole). ***When families experience patterns of severe emotional problems, the next generation will likely experience a lower level of differentiation or the ability to be level-headed when faced with a crisis.*** Because much of our own abilities to regulate anxiety are learned behaviors from our parents, Bowne attributed the development of problems to the multigenerational transmission process.



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Bowenian Therapy

Marriage & Family Therapy | Theory Summaries

Key Terms:

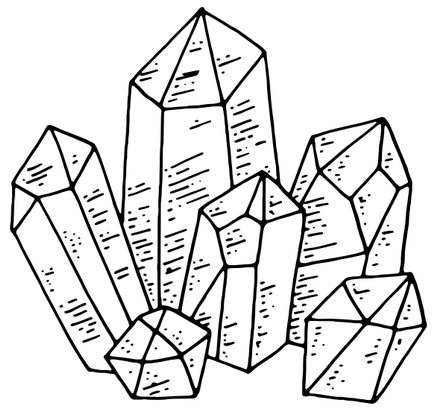
- **Differentiation:** The ability to balance individuality and togetherness in order to reflect rather than react when anxious.
- **Triangles:** the smallest, most stable unit within relationships has three members. People in relationship will often seek out a third person to rely on in order to stabilize the relationship.
- **Emotional Cutoff:** Often occurring between children and parents as an emotional process to manage anxiety. Emotional cutoff may appear to be the sign of a well-differentiated person; however, Bowen argues that highly differentiated people have less need to limit contact with family after an argument (except in the cases of extreme verbal, emotional, or physical abuse/trauma).

Primary Tecniques / Interventions:

- Genogram Assessment (both as assessment and intervention of change to identify patterns and other multigenerational influences)
- Model own level of differentiation through the use of self to enact change
- De-triangulating relationships
- Thinking questions: "what do you think about x?"
- Process Questions to plan for intense situations: "when x, happens, what will you do?"
- Decrease emotional reactivity while increasing thoughtful responses

Process for Change:

Bowenian therapists have two main goals to target change: ***to increase each member of the system's level of differentiation and to decrease the level of emotional reactivity when anxious.*** In order to facilitate change, Bowenian therapists rely on process-oriented questions, ***encourage the differentiation of self*** within the client system by modeling their own level of differentiation (ie. ***"how can I be okay, even when others aren't"***), through identifying the multigenerational influences and accompanying emotional patterns/ processes, and through de-triangulating any triangles that the individual, couple, or family has established.



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MRI Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

John Weakland | Don Jackson | Paul Watzlawick | William Fry | Virginia Satir | Richard Fisch

Primary Texts:

1967 | *Pragmatics of Human Communication* | Watzlawick, Bavelas, and Jackson
1968 | *The Mirages of Marriage* | Lederer and Jackson
1974 | *Change: Principles of Problem Formation and Problem Resolution* | Watzlawick, Weakland, & Fisch .
1982 | *The Tactics of Change: Doing Therapy Briefly* | Fisch, Weakland, & Segal

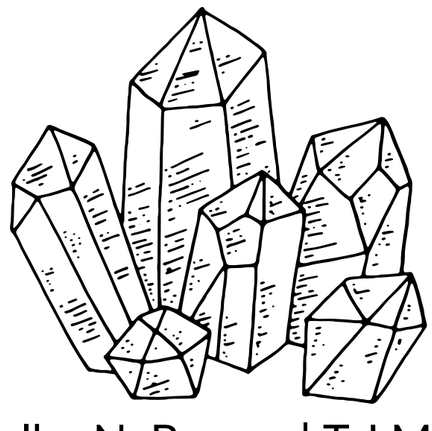
Role of the Therapist:

MRI therapists, like other strategic therapists, take ***the position of "expert"*** in the therapy room ***while, at the same time, finding ways to take a one-down position*** to negotiate power and control. Unlike Haley, MRI therapy is experienced as ***less manipulative***; however, MRI therapists have many similarities to Haley's Strategic Therapists in that they ***give directives, work with the process instead of the content, and work with (rather than against) client resistance.*** These therapists take a ***non-blaming*** and ***non-pathological stance*** towards all members of the system.

Foundational Premises:

Unlike other theories, ***MRI therapy does not attempt to define what normalcy in families looks like. MRI therapists trust the family to recognize when the family system is considered to be functional or symptom-free.*** MRI therapists believe that ***problems develop as a result of the interactional problems and by creating "more-of-the-same" solutions. Symptoms function as a way to indicate that the solutions the client system uses aren't working.***

- **Interrupt the Problem, don't "fix" it:** MRI therapists ask clients in the first session to give a clear description of the problem (ie. How it started, how people behaved, what changed, what symptoms presented, and any attempted solution the clients have tried using to solve the problem which isn't working). Once they identify the problem and the behavioral patterns associated, ***MRI therapists interrupt the cycle by introducing new information into the system and allowing the family to regroup around the new information/reframes without giving directives regarding preferred behaviors.***



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MRI Therapy

Marriage & Family Therapy | Theory Summaries

Foundational Premises, Cont.:

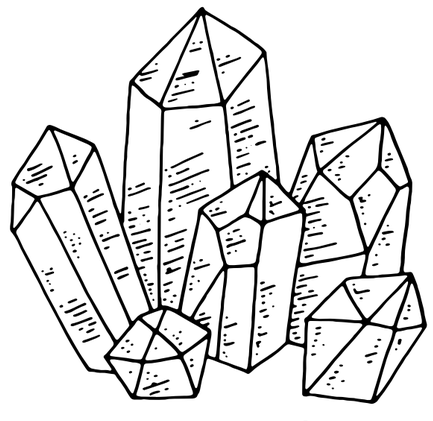
- **More-of-the-Same Solutions:** MRI therapists will identify ways in which the client system attempts to solve problems, which only perpetuate it. Then, ***the therapist can identify behaviors that would represent a change in thinking or logic.*** More-of-the-same solutions can also be thought of as how the family mishandles the problem.

Primary Techniques / Interventions:

- **Systemic Reframing:** humans generally identify objects, people, and events and immediately categorize these into preset categories they've created for themselves. These categories tend to be rigid or fixed with little chance of items being moved from one category to another without being reframed. ***Systemic Reframing operates by using the logic used to initially categorize the object in order to create a second, equally plausible categorization for the item.***
- **Less-of-the-Same Solution Prescription:** A directive which is prescribed by the therapist which would be a 180 degree shift from the solution they've already tried (ex. Rather than yelling at a child when they are throwing a tantrum, a prescription might be to lovingly bond with the child during the tantrum).
- **Therapeutic Double-Bind:** As opposed to the traditional double-bind where no matter what you do, you are wrong; ***a therapeutic double-bind says that no matter what you do, you do something different and in a different direction.***
- **Dangers of Improvement:** MRI therapists use this intervention to ask clients to identify any potential problems which might arise if the problem were to be solved (ex. A client with depression is asked to identify how they would be able to protect their solitude/alone time if they were to start socializing)
- **"Go Slow":** In telling clients to go slow, the therapists are using an intervention similar to the therapeutic double-bind where ***if the client complies, change will still happen, but the client will be better prepared to handle the change. However, if the client rebels, change may happen quicker and the client may work harder during therapy***.

Process for Change:

MRI Therapists believe that change happens in the individual, couple, or family by doing something different. ***Because MRI therapists place more emphasis on what solutions the system has already tried but aren't working, these therapists use behavioral directives which facilitate using different solutions.*** MRI therapists respect the idea that ***the family will reorganize around the introduction of new information on their own*** and will also be able to identify when the symptoms have resolved to terminate therapy.



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Strategic Family Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures / Primary Texts

Jay Haley	Cloe Madanes
1980 | *Leaving Home*	1981 | *Strategic Family Therapy*
1984 | *Ordeal Therapy: Unusual Ways to Change Behavior*	1984 | *Behind the One-Way Mirror*
1987 | *Problem-Solving Therapy*	1990 | *Sex, Love, and Violence: Strategies for Transformation*
	1995 | *The Violence of Men: New Techniques for Working with Abusive Families*

Role of the Therapist:

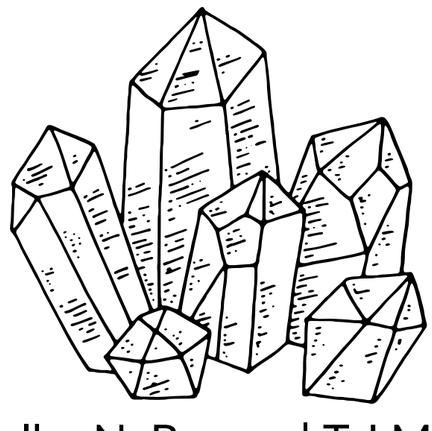
The therapist takes ***an "expert" position and owns all credit for the change that occurs within the system.*** The therapist provides intention-hidden directives to the client system; if the directives are not fulfilled, the therapist will acknowledge the client(s) having missed an opportunity. ***The therapist is often skeptical of the change that does occur.***

Foundational Premises:

Strategic therapists, because they value brief therapy, ***don't create an explicit definition for what "normal" or "healthy" families look like.*** Strategic therapists view families in a systemic framework which allows them to identify the problem and the solutions to the problem that the family keeps using to perpetuate it. ***Because of the influence of communications theory on this model, symptoms function as messages and work to help the system survive.*** With the ultimate goal of therapy being brief, strategic therapists spend less time formulating how the problem develops and more time processing the problem and what directives will produce the most change with the smallest change to the system; however, ***Madanes recognized at least six ways that problems operate and develop: involuntary vs. voluntary, helpless vs. power, metaphorical vs. literal, hierarchy vs. equality, and hostility vs. love.*** While Jay Haley was more interested in the dynamics of power and hierarchy, ***Madanes argued that the strongest motivation for change was love.*** However, both agreed that ***the initial interview included five steps: social stage, problem stage, interaction stage, goal setting stage, and finally task setting.*** Each additional therapy session would involve following up on the previous weeks directive and then developing a new directive for the next week as homework.

- **Social Positioning:** *Strategic therapy does not necessitate that the therapist be liked throughout the course of therapy.* ***There may be times when the family may better organize in disliking the therapist which can be bonding or joining for them.*** The therapist will shift their role and demeanor depending on which member of the client system they are speaking to. There may also be times when the system may be better helped by the therapist taking a one-down stance.

- **One-Down Position (Helplessness):** Strategic therapists believe that in taking a helpless stance may be more useful to the client system when they exhibit hopelessness. ***If the therapist the client sees is less hopeful about the problem being solved than they are, it may facilitate change in one or more of the members to feel more hopeful or more motivated to find hope.*** However, strategic therapists have much respect for the rules and integrity of the family system and will keep this in mind when they decide if and when to take a one-down stance.



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Strategic Family Therapy

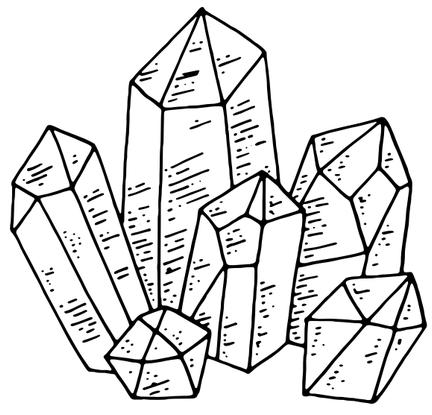
Marriage & Family Therapy | Theory Summaries

Primary Techniques / Interventions:

- **Directives:** Directives are behavioral ***homework assignments that are illogical and may seem counterintuitive to solving the problem.*** Directives are thought up by the therapist and the intention is not always transparent. These may be something like, "fight in the bathtub fully clothed," or "organize your living room furniture like a courtroom before fighting." ***Directives are designed to interrupt or change the interaction patterns.*** There are two types of directives: straightforward and indirect.
  - **Straightforward Directives:** Many strategic therapists view these as giving good advice; however, ***Haley often disagreed with these because if clients could already do these, they would.*** Straightforward directives are often used when the therapist has influence over the system and the system will do as they are instructed.
  - **Indirect Directives:** ***These homework assignments are often illogical and are designed to be viewed by the client as counterintuitive.*** The therapist needs to convey their desire to help, their caring for the system, and a sentiment of helplessness which says, maybe you can't be helped. These directives are often more paradoxical. ***Other indirect directives may include prescribing the symptom, using metaphorical tasks, or by creating an ordeal which makes staying the same harder than change.***
- **Pretend Techniques:** Developed primarily by Madanes, ***this directive asks clients to pretend that they have met their goals for several minutes to several days.*** The goal for this directive is to change perspectives and create new interaction patterns for the system.

Process for Change:

Because therapy is usually brief (10-12 sessions), ***the therapist looks for the smallest amount of change that can be introduced to create the largest impact towards solving the family's problems.*** The therapist takes an expert role and carries much of the burden in creating new directives for the family. Strategic therapists believe that shifting perspective or altering interaction problems can have the largest impacts on the system's problem. ***However, ultimately old patterns must be broken and the change mostly occurs outside the therapy room when they do the homework.***



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Milan Family Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Palazzoli | Prata | Boscolo | Cecchin

Primary Texts:

1978 | *Paradox and Counter Paradox: A New Model in the Therapy of the Family in Schizophrenic Transaction* | Palazzoli, Boscolo, Cecchin, & Prata

1989 | *Family Games: General Models of Psychotic Processes in the Family* | Palazzoli & Palazzoli

1989 | *Second Thoughts on the Theory and Practice of the Milan Approach to Family Therapy* | Campbell, Draper, and Huffington

Role of the Therapist:

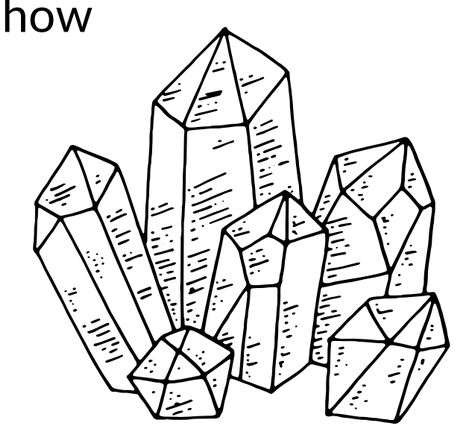
Like other forms of strategic therapy, the Milan therapist will also a**ssume an "expert" position.** While ***some Milan therapists take a neutral stance to give multi-directed partiality*** to all members in the client system, ***others argue that it can come off as too cold and clinical and thus assume a more curious stance to provide warmth to the clients as well.***

Foundational Premises:

Milan therapists believe that ***every family plays games***; not in a manipulative sense, but each family develops interactional processes which are similar to a playful game. These games are actually the interactional rules that develop naturally from interactional patterns. Thus, mental problems or symptoms are theorized by Milan therapists as problems within the interactional sequence. ***When the family identifies a problem, they seek to maintain it with the wrong solutions. The ultimate goal, however, is to change the family's epistemology and view of the problem.***

Milan therapists' original conception of the stance of the therapist was complete neutrality to every member of the system and a willingness to honor all perspectives. ***The ultimate goal in neutrality was to have each member of the family feel like they were heard and one side wasn't favored over another.*** However, over time, this concept of neutrality was misunderstood as being cold or clinical and so ***Cecchin and others adopted the term, "curiosity" in favor of "neutrality," which privileges an openness, creative, and flexible stance.***

- **Family Games:** interactional cycles which develop naturally through interactional processes. Rather than being viewed as manipulative or strategic (like a chess game), these games are viewed as playful.
- **Family Epistemology:** The concept of how we know what we know. In a systemic lens, Milan therapists focus on how knowledge of our family members is punctuated and how our family members punctuate knowledge of us. In other words, when family members punctuate events, they point to cause and effect relationships and the meaning created.



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Milan Family Therapy

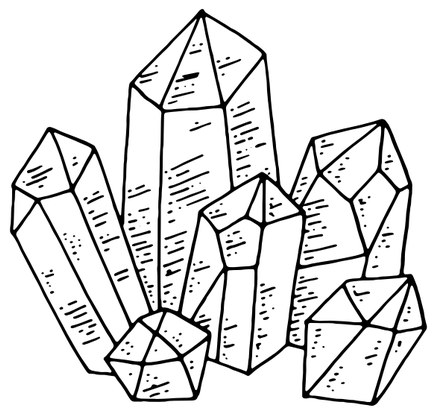
Marriage & Family Therapy | Theory Summaries

Primary Techniques / Interventions:

- **Hypothesis:** This happens before and during the session to guide the therapist's perspective and the direction for therapy. ***Sometimes, if it will benefit the family, the hypothesis will be shared in-session as an intervention.***
- **Circular Questions:** These are open-ended questions which allow the therapist to both assess and understand the process and interaction patterns within the system. ***Additionally, circular questions help each member of the system reframe the problem for themselves without the therapist having to do it for them.*** There are five types of circular questions: behavioral sequence, behavioral difference, comparison and ranking, before-and-after, and hypothetical questions.
- **Counterparadox:** A therapeutic response to double-binds or paradoxes that families create for themselves. These are messages that ask that the family makes no change which can heighten the problem to the point where the family gets rid of it.
- **Invariant Prescription:** By telling parents (when one parent has created an alliance with a child) to go on a date and not tell the child, ***a secret is formed between the parents in hopes of interrupting the alliance with the child.***

Process for Change:

By shifting the family's epistemology of the problem, new interactional patterns will emerge (or, in other words, a different game is created that does not include the original symptoms). In order to change, the family must evaluate and make changes to their epistemology of the interaction process and the symptoms (problem) they experience. ***The ultimate goal is for enough changes to be made to the games they play to create a different game.***



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Structural Family Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Salvador Minuchin | Charles Fishman

Primary Texts:

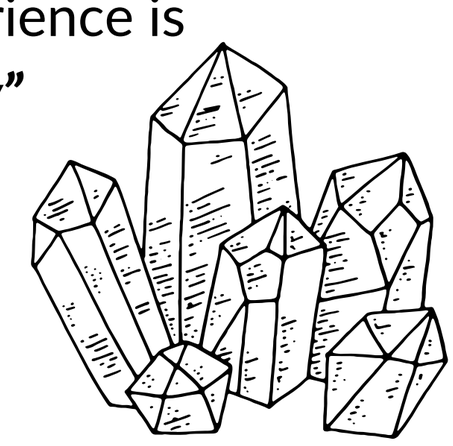
1974 | *Families and Family Therapy* | Minuchin
1978 | *Psychosomatic Families* | Minuchin, Rosman, & Baker
1981 | Family Therapy Techniques | Minuchin & Fishman
1989 | *Treating Troubled Adolescents: A Family Therapy Approach* | Fishman
1993 | *Intensive Structural Therapy: Treating Families in their Social Context* | Fishman

Role of the Therapist:

A structural therapist will take the ***role of facilitator*** in order to help the family restructure the system. Structural therapists will often work as ***an agent of change by perturbing the system through directives.*** Often, this means that ***the therapist join the system*** in order to facilitate change from the inside. Structural therapists need to find ways of ***using their self of the therapist in order to relate to the system*** in some way and find ways of ***avoiding being detached or taking a clinical role***. Additionally, therapists may need multiple roles they can play during therapy in order to help each individual system the most efficiently. The therapist would ***map the hierarchy, boundaries and structure of the system***. While structural therapists would prefer to work with the entire family at first and then move onto working with specific subsections of the family as therapy progressed, they do not insist upon it.

Foundational Premises:

Minuchin didn't see families through a pathological lens or even as dysfunctional; Minuchin looked for the strengths in each member of the family system and the strengths of the system itself. When Minuchin looked at his clients, he saw people in need of help in finding new interactional processes and cycles. ***Symptoms were conceived in three ways: family as ineffectual challenger of the symptom*** (a passive family which doesn't challenge the symptom in order to maintain being highly enmeshed or disengaged), ***family as a "shaper" of individual symptoms*** (individual perspectives and lived experience is shaped by the structure of the family), and finally, ***family as "beneficiary" of the symptom*** (the symptom manifests for the "good" of the family in order to help it maintain its structure).



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Structural Family Therapy

Marriage & Family Therapy | Theory Summaries

Key Terms:

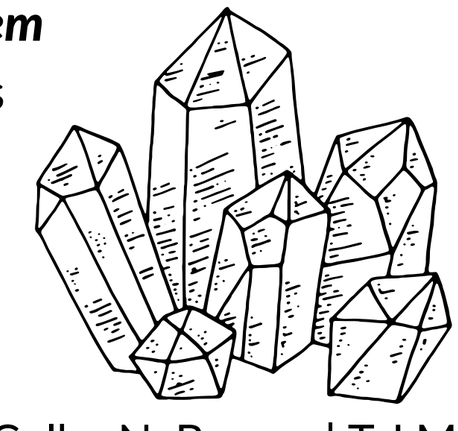
- **Joining the System:** Unlike other theories, ***structural therapists <u>don't</u> take an expert position*** in the therapy room. Minuchin viewed this process ***similarly to how anthropologists evaluate and study groups of people***. Minuchin would often observe the pace at which individual members of the system would talk and he would match their pace; additionally, Minuchin would find other ways of imitating the family to make the joining process easier (ie. humor, gentleness, sincerity).
- **Boundaries:** Structural therapists ***identify any coalitions/alliances*** created in the family and look to see ***how the system and any subsystems interact.*** The three interaction processes identified are: ***enmeshed***, ***clear***, and ***disengaged***.
- **Subsystem**: Subsystems within the larger family system can be viewed in multiple ways. At first glance, once might look at the parents as one subsystem, the children as another. These subsystems may also reflect alliances or tension/conflict between members. These may be organized by gender, age, or even interests. ***Ultimately, subsystems reflect the boundaries that have been created by the family.***

Primary Techniques / Interventions:

- **Enactments:** In the larger sense, enactments work to challenge or reframe the system's perspective of the symptom/problem and the system itself.
  - **Boundary Making:** These are enactments which may physically move family members in the room to be closer together or further apart, asking a member to be silent during part of the session, or blocking interruptions to allow a quieter member to speak up.
  - **Challenging Worldview:** The therapist may identify beliefs the family holds onto which ultimately cause them distress or issues in structuring the system without the symptom. These may be challenging ideas like, "kids always come first," or "it'll be better for the kids if I stay in an unhappy relationship."
  - **Unbalancing:** If other enactments haven't worked, structural therapists may use their authority in the "expert" role to side with the underdog member of the system briefly to further facilitate change.
  - **Compliments:** Because structural therapists look for the strengths in each member and the system itself, they will often highlight the client's strengths through the use of compliments.

Process for Change:

Change occurs when the family establishes ***clear boundaries between all members and subsystems which balance connection and differentiation.*** Another structural goal is to ***distinguish the parental subsystem from the marital/relational subsystem*** (in other words, parents should be able to be different together when acting as parents versus being together in relationship.



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Satir Experiential

Marriage & Family Therapy | Theory Summaries

Founding Figures

Virginia Satir

Primary Texts:

1967 | *Conjoint Family Therapy*
1972 | *Peoplemaking*
1987 | *The Use of Self in Therapy*

Role of the Therapist:

The role of a Satirian experiential therapist is to be ***warm and nurturing while providing the client system clear, direct and honest feedback.*** Satirian therapists focus on the ***"person-of-the-therapist"*** in order to bring their full personality into the therapy room. Satirian therapists will also ***take a stance of curiosity and be willing to share with their clients, take risks, and be genuine.*** Satir placed more emphasis on ***creating an emotionally safe and nurturing environment*** which was often experienced as gentle and educational.

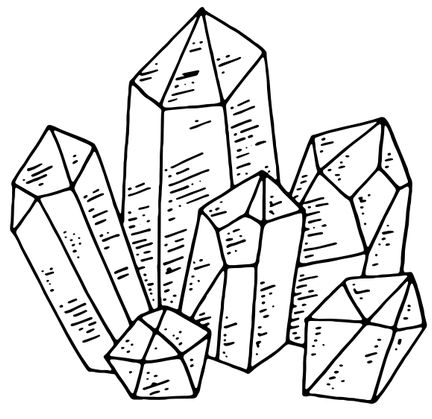
Foundational Premises:

Satirian therapists see ***healthy families as being congruent in their communication styles with each other*** (ie. behaviors/actions matching affect/emotions). ***Problems develop*** in early childhood ***as survival mechanisms and result in one (or more) different communication stances*** which informs the therapist in deciding treatment. ***Symptoms develop for an emotional need that is being unfilled or to disguise larger problems in the system.*** Satir created four common assumptions about people: people are naturally experiencing positive growth, all people possess the tools for growth within them, everyone and everything is impacted and impacts all others, and that therapy is an interaction between two (or more) people and each is responsible for their own self.

Key Terms:

Communication Stances: Satir identified five communication stances which clients usually take; these stances help guide the therapist in creating goals and utilizing interventions more efficiently. The five stances are: ***congruent, placatory, blamer, superreasonable, and irrelevant***. Within the five, ***each stance will either minimize or recognize one of three realities: the self, context, or other. The congruent stance is the only one that did not manifest for survival purposes during childhood, while the other four were.***

- **Placator:** these individuals are often ***people pleasers*** and are open to the influence of others, so ***directives in which they are able to find their own voice and opinion are important.*** This stance requires the therapist to avoid giving an opinion or disclosing information about their lives. ***This stance minimizes the self.***
- **Blamer:** The goal in working with these individuals is to ***help them recognize and appreciate the thoughts and feelings of others in respectful ways. Blamers appreciate a more direct and honest communication style from the therapist. This stance minimizes others.***
- **Superreasonable:** These clients ***value logic and rules above all else***. Therapists working with superreasonable clients are advised to ***refer to context*** in order to gain validity with the client. ***This stance minimizes both themselves and others.***
- **Irrelevant:** These clients have very little to no grounding in themselves, others, or within larger context. Satir believed these clients were a unique challenge and often progressed slower than other stances because ***the therapist must float along with the client's narration of reality and hold onto the anchor points to the client's reality. These clients minimize all three domains of reality.***



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Satir Experiential

Marriage & Family Therapy | Theory Summaries

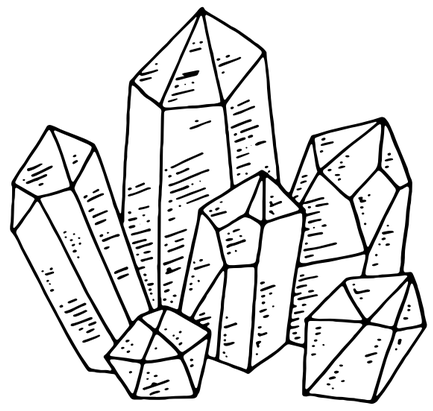
Primary Techniques / Interventions:

Family Sculpting: In this intervention, Satir would ask each member of the client system to mold themselves as if they were made from playdoh. The system could express itself in any way that felt natural which represented their relationship or how they felt in the relationship. This might look like one partner trying to exit the room while the other grabbed hold of their wrist and pulled them back. Or, each family member would stand in each corner of the room with their backs together. Once the family had molded themselves into the positions they chose, Satir would intervene and help the family re-sculpt their positioning.

Process for Change:

Positive growth happens naturally with or without the therapist being present. Depending on the communication stance of the individual(s), the goals will look different and prioritize different realities. ***Satir viewed healing as a process in which people learn how to transform survival stances into more congruent communication.*** Satir identified a six step process of change:

1) making contact
2) validating
3) creating awareness
4) promoting acceptance
5) making changes
6) reinforcing changes.



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Whitaker Experiential

Marriage & Family Therapy | Theory Summaries

Founding Figures

Carl Whitaker

Primary Texts:

1953 | *The Roots of Psychotherapy* | Whitaker & Malone
1978 | *The Family Crucible* | Napier and Whitaker
1988 | *Dancing with the Family | Whitaker & Bumberry*

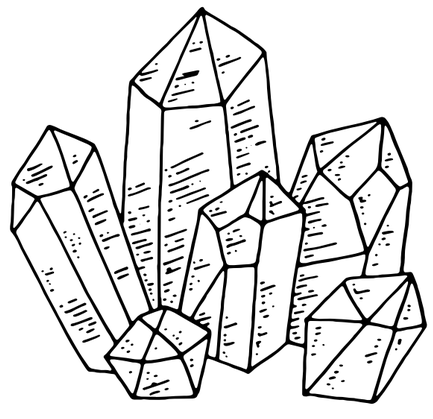
Role of the Therapist:

The role of the therapist ***includes an element of spontaneity which relies on the therapist's own intuitive instincts.*** Carl Whitaker advocated for ***therapists to be as authentic as possible*** with their clients ***in order to give the client system the space to also act intuitively.*** Whitaker's take on experiential therapy included affective confrontation or ***"perturbing the system."*** Additionally, ***Whitaker's approach is more direct and affective than Satir's and he often was more unedited or honest in sharing thoughts and feelings in order to disrupt "polite society" and create space for families to be authentic, honest, and as direct as possible.***

Foundational Premises:

"Normal" or "healthy" families are viewed by the Whitaker-therapist as being ***able to be as direct and honest as possible without censoring their thoughts***. Boundaries should be flexible and clear with larger systems as should alliances and coalitions. Whitaker believed that ***"healthy" families should be able to engage in conflict and resolve these in ways which involved win-win scenarios, compromises, or acceptance of differences.*** Problems and symptoms are often viewed by these therapists as manifesting from intergenerational transmission of the problem; or, in other words, ***the problem and symptoms are inherited from older generations.*** However, Whitaker also believed that even "healthy" families experienced periods of difficulty without the problem becoming chronic.

- **Battle for Structure, Battle for Initiative:** Whitaker believed that t***he therapist should always win the battle for structure of the therapy sessions which includes the boundaries, rules, and limits for therapy*** because, ultimately, it is the therapist who is responsible for creating the program for change (including making sure everyone who needs to attend will attend, therapy occurs frequently enough to facilitate change, and the session content and process will create change). In other words, the therapist owns the structure while ***the client owns the initiative, or motivation for change.*** In the battle for initiative, the client needs to be setting the pace of therapy. ***If the therapist tries to work harder than the client or desires change more than the client does, the client may dig in their heels and resist change altogether.*** Whitaker believed that if the client's motivation for change is respected by the therapist, then the therapy process will go smoother.



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Whitaker Experiential

Marriage & Family Therapy | Theory Summaries

Foundational Premises:

- **Therapy of the Absurd:** Whitaker often used ***"heart sense" or emotional logic and spontaneity*** with his clients to demonstrate caring in ways which often meant ***speaking a truth that none of the members of the system were willing to do. By modeling this for his clients, Whitaker was able to provide space for them to learn to do the same.*** The therapy of the absurd often included a playfulness and sense of humor which turned more serious maters into something both the client and therapist would have more resources in relation to the problem. In other words, Whitaker used the therapy of the absurd to change the perspective of the client system in regards to the problem.
- **Structural Organization:** Whitaker identified eight domains of family structure which could be assessed: permeable boundaries within the family, clear boundaries with extended family or larger systems, role flexibility, flexible alliances and coalitions, generation gap, gender-role flexibility, transgenerational mandates, and "ghosts."

Primary Techniques / Interventions:

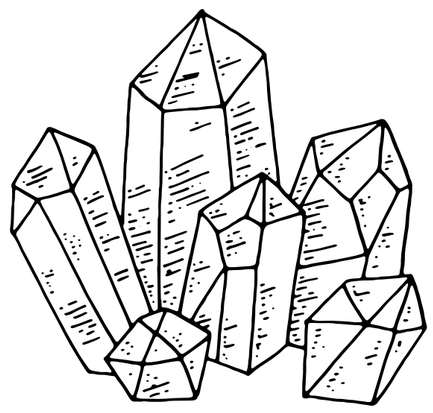
Creating Confusion and Disorganization: Confusion is a useful tool for the symbolic-experiential therapist to interrupt rigid interaction patterns by offering up absurd comments/solutions, reversing roles, or appealing to universal truths that go against family/societal myths.

Here-and-Now Experiencing: By staying present in the moment and asking clients to do the same, therapists are able to highlight and redirect any change to the structure or confront any patterns/beliefs that can be viewed as dysfunctional. In other words, Whitaker believed that by focusing on the interactions happening in the room, clients were able to reframe their emotional responses and experience in-the-moment change.

Spontaneity, Play, & Craziness: Symbolic-experiential therapists are given the freedom of having fun in the therapy room which can be used to foster the therapeutic alliance. This can also be used to reframe problems which have been viewed out of proportion. Whitaker believed that laughter is the best medicine and could be one of the most powerful tools in the healing process.

Process for Change:

Change happens within individuals and families when ***stress is increased to the point where the family has to talk about the problem in an honest, and open dialogue.*** When the experience is changed, the affect is changed. Clients who learn to stay present and feel their emotions are able to experience growth.



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Internal Family Systems

Marriage & Family Therapy | Theory Summaries

Founding Figures

Richard Schwartz
Martha Sweezy

Primary Texts:

1995 | *Internal Family Systems Therapy*
2001 | *Introduction to the Internal Family Systems Model*
2019 | *Internal Family Systems Therapy, Second Edition*

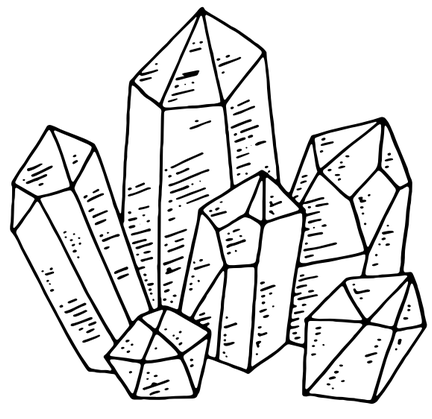
Role of the Therapist:

Schwartz claims that the role of the IFS therapist is "***a collaborative partnership*** in which people are given the message that they have what it takes" (*Internal Family Systems*, p.85, 1995). In other words, Schwartz ***assumes a postmodern approach*** to therapy in which ***the therapist takes a one-down approach and allow the client to guide the healing process using their own parts***, which may benefit from collaboration with the therapist in order to facilitate conversation between the dysregulated parts. ***IFS therapists use non-blaming and non-pathologizing perspectives of the symptom/problem. IFS therapists are strongly advised to have knowledge of their own parts and have learned to let their core self lead rather than any reactive parts.***

Foundational Premises:

Every individual has a healthy core 'self' with the tools and resources to facilitate healing. These core 'selves' are often surrounded by ***other parts which operate similarly to families where they operate as a system in order to maintain homeostasis and handle crisis.*** Thus, each part can only be understood in relation to the other parts. ***Problems develop when parts become extreme and take on rigid roles, or when they become completely enmeshed or disengaged from other parts***. ***Parts are neither good nor bad, but just are.*** Each part serves a function of some kind:

- **The Core Self:** The self is the seat of consciousness, the core of who we each are from birth. It is often conceived of as the observer and an active and compassionate inner leader. The goal in IFS is to facilitate ways to help the core self lead the other parts.
- **Exiles:** Exiles are the parts which are ashamed, feel guilty, or unloveable. These parts are kept as far from the conscious mind (or core self) as much as possible. Often, exiles are frozen in the past in painful memories which are too awful for the self to remember. Because managers fear the exiles for survival reasons, they make the decision to lock them away.
- **Managers:** These parts are often burdened with the task of proactive emotional survival. They work hard at protecting the rest of the internal family by proactively looking for danger, creating walls, emotionally distancing, and finding ways of becoming emotionally numb. Some common manager styles are: the controller, the evaluator/perfectionist, the dependent one, the passive pessimist, the caretaker, the worrier/sentry, the denier, and the entitled one.
- **Firefighters:** Firefighters are reactive when other parts are emotionally dysregulated. When the exile starts remembering painful memories, the firefighters jump to action and feel compelled to rescue the family from dangerous images, emotions, or sensations. Extreme firefighters may resort to self-harm behaviors, drinking, or use drugs with the ultimate goal of numbing feelings like sadness, anger, or shame. Symptoms may be heightened when the firefighters are (re)active.



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Internal Family Systems

Marriage & Family Therapy | Theory Summaries

Foundational Premises, Cont.:

Parts in Couples: Often our own internal parts clash with the parts of our partners. Schwartz has identified four common dynamics or patterns between the parts of two different people: manager-manager polarizations (typically characterized by conflict or extreme cold-war stances), manager-exile polarizations (characterized as one partner becoming the emotional caretaker for the other to calm down the exile in partner two), manager-firefighter polarizations (characterized by rebellious acting out and a need in the other person to feel compelled to control the other's behavior), and finally enmeshment between parts (when one person turns to another to manage or sooth their exiles).

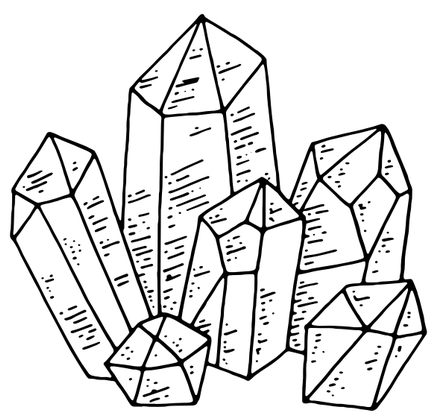
Primary Techniques / Interventions:

Introducing Parts Language:

- **Summarize using parts language**: "It sounds like one part of you is trying to accomplish [x], while another part is trying to do [y]."
- **Asking questions about inner dialogue:** "When you are feeling [x], what do you say to yourself?"
- **Asking other IFS questions:**
  - How does this part of you that tells you [x] make you act toward [insert person]?
  - It sounds like this is a war between these parts and it gets in the way of you being the way you wanted to be with [insert person]. Is that right? Would you like to change your relationship with those parts?
  - How do you feel towards that part?
  - Why do you think that part does what it does?
  - How much influence does that part have over you? How much influence do you have over it?
  - How would you like that relationship to change?
  - How do these two parts feel towards each other? How do they influence each other? How might they activate one another?
  - Why do you think they relate in this way?
- **Mapping Inner Relationships:** The IFS therapist will map the relationship between the self and the parts and the relationship between the parts by asking questions about how they relate with one another. Some of these questions are found above.
- **Homeostasis:** the mechanisms within each relationship strive to stabilize the system.
- **Equifinality:** all roads lead to Rome; or in other words, the destination never changes depending on the treatment you take.

Process for Change:

Change occurs within individuals as the interaction patterns between parts become different and parts are moved out of extreme roles where boundaries aren't as rigid. ***The ultimate goal for clients is to find ways of letting their authentic core self be empowered as the caring, and compassionate leader that it is.***



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Emotion-Focused Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Sue Johnson | Les Greenberg

Theoretical Influences:

Experiential | *Interpersonal* | *Intrapsychic*

Role of the Therapist:

The therapist in EFT is a process consultant or choreographer. The therapist aims to reprocess interactions as a couple and collaborate with the client system. Rather than working as a coach, an expert, or as someone giving advice, the therapist focuses only on present-process and creating a secure bond between client and therapist and between the couple.

Foundational Premises:

Influence of Attachment Theory: EFCT therapists identify the attachment style of each member of the couple or family system to see if they are securely attached, anxiously attached, or avoidantly attached. Once the therapist has identified the attachment style for each person, they can begin to predict how each individual might respond to the other's attachment needs.

Cycles: Similarly to Milan Family Therapy's concept of "family games," EFT therapists attempt to identify the "cycles" that couples and families get trapped into. These cycles point to the circularity of attachment behaviors that arise from conflict. This might be a pursuer-distancer cycle, a withdraw-withdraw cycle, or a pursue-pursue cycle or any combination thereof. The purpose of identifying the cycle is to help the couple see the cycle for themselves and change their own behaviors when they recognize it happening.

Everyone just wants to be loved: At the core of most, if not all humans, lives the deep desire to be and feel loved. Our behaviors are influenced and informed by our earliest childhood experiences which shapes our attachment style. When avoidantly-attached individuals withdraw, they do so because they have learned that they can protect their relationship and continue to feel loved. On the same note, anxiously attached individuals cling and become needy because they learned this was the best response to help the relationship survive.

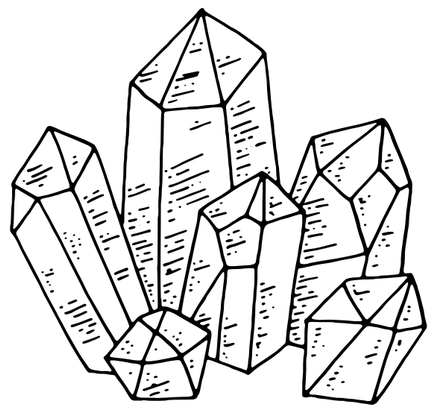
Primary and Secondary Emotions

When Not to Use ECFT:

When IPV is present- IPV does not allow for a safe environment for the feelings of each couple to be held, respected, and trusted to not be used against them. When a couple is experiencing IPV, the perpetrator may manipulate the other partner w/their words or it may increase the violence in the home.

Strengths of ECFT:

- Creates an environment where individuals are invited to turn towards each other in order to share in the present emotional experience.
- Holds individuals in the emotional experience by heightening and through empathetic conjecture/interpretation.
- The therapist models an accepting stance for uncomfortable emotions to allow each partner to learn how to do that for themselves and others



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Emotion-Focused Therapy

Primary Techniques / Interventions:

Empathy: The therapist in EFT aims to validate each partner by normalizing their experiences, comforting them, and by creating a safe and accepting space for their feelings. The therapist models for each partner an accepting stance.

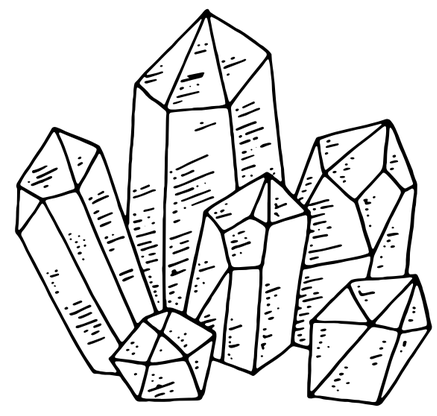
Evocative Responding: Questions and reflections which are stated tentatively which attempt to take the client's experience further by capturing and expanding emotional experiences (ie. "What is it like for you…," "What happens to you when…," or "How do you feel when…").

Heightening: With this intervention, the therapist repeats or reflects back the phrase the client used in order to highlight and intensify an emotional experience. These may also be metaphors created by the client or therapist or in collaboration to heighten the emotional experience.

Empathetic Conjecture/Interpretation: the therapist attempts to promote a more intense awareness of the client's emotional experiences and to move the client forward in their emotional experience so a new meaning can be created (ie. "It sounds like there's a lot of sadness and fear under your anger. Am I getting that right? That you really are feeling fear and sadness?").

Ten Tenants of EFT:

1. **Adaptiveness:** attachment and emotion are adaptive for biological evolutionary survival reasons. Attachment between infants and their caregivers became a process to ensure safety and survivability.
2. **Brain Functions:** the human brain is wired for connection. Part of attachment is due to the structures and functions of the nervous system which aid the process of attachment. Humans look into the eyes and at the mouths of others which help them create bonds.
3. **Developmental Changes:** humans require different attachment needs at different stages of life, which result in different attachment behaviors. For instance, a toddler may cry if separated from its caregiver while an older child may call out looking for its mother. Attachment needs and behaviors are influenced by age-development, different experiences, and situations.
4. **Experience:** Attachment bonds are formed to specific people based on the experiences we have for them. As infants, we have no particular preference for our parents versus kind strangers. As we get older, we begin to form deeper bonds with the people we have the most positive experiences with.
5. **Monotropy:** Infants have the easiest time building attachment to one primary caregiver or the occasional care of a small group of individuals.
6. **Social Interactions:** The consistent care and sensitivity by our caregivers who are responsive to our needs are easier figures to become attached to over those who only address hunger needs and when we are in pain.
7. **Transactional Process:** Attachment behaviors are influenced by relationships, not just individual experiences. In other words, attachment behaviors are informed by not only how we have been treated by our caregivers, but also on the effect we have had on them.
8. **Critical Period:** There is a very narrow age-range which builds the foundation for our future attachment style, patterns, and needs. Researchers have identified the most critical period is between 6 months to 2-3 years old.
9. **Robustness of Development:** Most humans have the capacity to develop strong attachment bonds to familiar people, even under less ideal circumstances.
10. **Internal Working Model:** Our earliest experiences and memories create an internal narrative which sets the stage for the rest of our lives which inform us about our relationship to ourselves and others. This internal theoretical framework of who we are in the world, what we deserve, and how we should be treated by others is adaptable based on experiences we have later in life.



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Cognitive Behavioral Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Aaron Beck | Albert Bandera | Ivan Pavlov | BF Skinner | Albert Ellis

Role of the Therapist:

Active, structured and collaborative | Therapist as coach

View of Family Function/Dysfunction:

Focus on potential, not pathology | Families don't have luxury of long, unfolding process; families need urgency of care, immediate skills to take home and practice. | Clients have ability to control their thinking | Schemas are different within family system (influence of family members on others in system)

CBT Goals:

- To make client better
- Examine the things you do and think
- Change thinking and behaviors
- Use urgency to reduce pain and lack of safety
- Emphasis on practical solutions
- Clearly defined, measurable goals

Primary Techniques / Interventions:

- Defense Attorney (changing negative thinking)
- Behavior modification
- Grounding
- Mindfulness

How Does Change Occur?

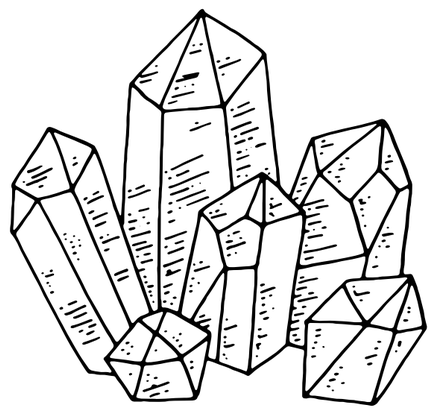
- Learning and practicing new skills
- Ideally, 12-16 sessions or until goal is reached. Client is able to decide if additional goals need to be added.
- Psychoeducation

How Does CBT Address Diversity?

Therapy is individualized for the client— the therapist may have common techniques that can be tailor fit to each client system. The therapist should take time to learn client lived experience and understand any barriers to growth.

CBT Strengths:

- Short term, research based, accessible and can be used with every client and on multiple types of problems
- Infuses sense of hope relatively quickly
- Insurance loves it



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Narrative Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Michael White | David Epston

Primary Texts:

1990 | *Narrative Means to Therapeutic Ends* | Epston & White
2007 | *Maps of Narrative Practice* | White

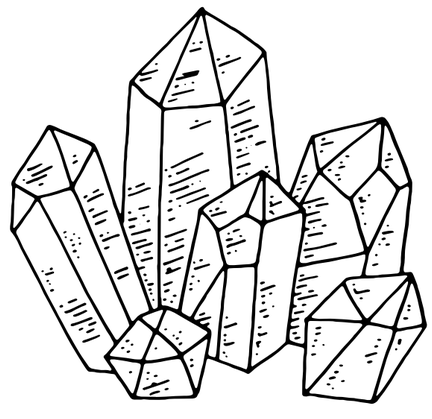
Role of the Therapist:

White and Epston view the role of the therapist as ***co-author or co-editor.*** The narrative therapist engages the client in a ***joint process of creating meaning*** in the aims of generating a more useful narrative. In other words, the therapist collaborates with the clients and maintains a degree of flexibility in order to ***rewrite narratives with the client.*** Later in his writings, ***White edited the role of the therapist to allow for the therapist to work as an investigative reporter who maintains a calm, curious, and inquisitive stance to explore how power, control, and larger societal contexts influence the problem.***

Foundational Premises:

Dominant vs. Local Discourses: Based on the work of Michel Foucault, narrative therapists ***look at the problem outside of the person and how it is influenced by both societal and sociocultural norms/expectations. The narrative of the problem the client creates can never escape the influence of society and culture.*** Dominant discourses are narratives which usually imply a privileged perspective while local discourses are often the stories which are marginalized and oppressed. For example, in a typical work environment, society views men as focusing more on outcome (dominant discourse) while viewing women as caring more about relationships (local discourse). Because men's outcome driven perspective is privileged over women's relational centered perspective, men's narratives become dominant.

The Problem is the Problem: Narrative therapists ***attend to the problem as separate from the person.*** In other words, the therapist aims to ***get to know the person apart from the problem in an attempt to keep the problem separate from the identity.*** Narrative therapists understand that ***problems are formed through language, relationship, and social discourse***, which allows them to maintain hope and optimism for their client. Additionally, this allows narrative therapists to ***see the best in their clients.*** Finally, narrative therapists are able to examine the problem in a way which does not view it as all bad. ***How has the problem been helpful to your client? What are the conditions it evolved under and what purpose does the problem serve?***



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Narrative Therapy

Marriage & Family Therapy | Theory Summaries

Primary Techniques / Interventions:

Externalizing: Narrative therapists believe that people are separate from their problems and work to externalize the problem to provide distance so the client can adequately view and assess the problem from outside of it. Externalization is not done within a single session, but requires an organic process of shifting the client's perspective of the problem. Externalization cannot be forced onto the client, but often emerges naturally and organically through conversation. Narrative therapists may suggest a different perspective for the client to think about the problem in.

Mapping the Influence of the Problem: As a form of assessment, narrative therapists might ask questions which aim to understand how the client's life is impacted by the problem and how the problem might be impacting others in the client's life:

- How has the problem affected:
- You at a physical, emotional, or psychological level?
- What you tell yourself about your worth or who you are?
- Your closest relationships? Your friendships? Your social groups, relationships with colleagues, or peers? Your health?
- When have the persons involved kept the problem from:
    - Impacting your mood or your self worth?
    - Allowing yourself to enjoy special and casual relationships?
    - Interrupting your work or school life?

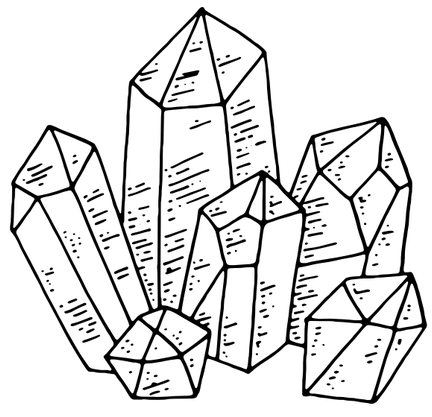
Externalizing Metaphors:

Often in narrative therapy, metaphors are created through collaboration with clients and therapists. Sometimes it is useful to externalize the metaphor in order to make it seem more real. White and Epston suggest:

- Walking out the problem
- Going on strike against the problem
- Educating the problem
- Escaping the problem
- Disproving the problem's claims
- Resigning from the problem's service
- Stealing their lives from the problem

Process for Change:

By allowing the client(s) to ***view the problem as separate from their identities,*** the individual/couple/family may find ways of creating a new alliance or retaliation against the problem. ***Clients are able to understand how the problem developed and how it impacts their lives. While larger societal contexts like systemic racism and homophobia cannot be easily changed, these do influence the problem our clients are faced with.*** Narrative therapy allows the clients to find agency (where there may have been very little before) in rewriting the problem with their therapist. Clients are empowered to view the problem as changeable, rewritable, and malleable.



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Collaborative Language Systems

Marriage & Family Therapy | Theory Summaries

Founding Figures

Harlene Anderson | Harry Goolishian | Lynn Hoffman

Primary Texts:

1997 | *Conversations, Language, and Possibilities* | Anderson

2007 | *Innovations in the Reflecting Process* | Anderson & Jensen

2012 | *Collaborative Therapy: Relationships & Conversations...* | Anderson & Gehert

Role of the Therapist:

Collaborative therapists show up as humans in the therapy session and view the client as the experts of their lived experience. While being human, therapists must go through their own process of self-reflection between sessions to avoid their own judgement and biases from clouding their ability to sit with clients. Therapy sessions are conversational and avoid the use of diagnostic labels.

Foundational Premises:

Based on hermeneutics (the study of interpretation) and social constructionism (jointly constructed understandings of the world), therapy sessions comprise of human conversations between client and therapist who each share their own knowledge and understandings of the issues the client brings into session. Clients are viewed as the authors of their lives and in session narrate their experience. CLS therapists avoid the use of persuasion and coaching, and engage in conversation with their clients to learn more about the meaning the client ascribes to each situation as *conversational partners*.

Primary Techniques / Interventions:

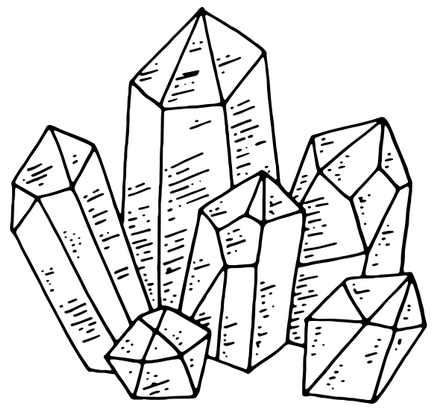
Client Expertise: the therapist relies upon the client to be the expert of their lives

Not Knowing: sometimes the therapist may not "know" how to respond, or solve the problem

Everyday Ordinary Life: As the client and the therapist build their relationship through dialogical conversation, the context and meaning the client gives to the problems they are facing is altered as new perspectives and alternative viewpoints are offered by the therapist for consideration.

Process for Change:

Change happens in relationship and therapy is viewed as a mutually inclusive framework where both the client and therapist will be changed by the therapeutic alliance.



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Solution-Focused Brief Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Insoo Kim Berg | Steve de Shazer

Primary Texts:

1985 | *Keys to Solution in Brief Therapy* | de Shazer
1988 | *Clues: Investigating Solutions in Brief Therapy* | de Shazer
1994 | *Words Were Originally Magic* | de Shazer

Role of the Therapist:

Therapists are often viewed as "solution-detectives" and believe that the problem and solution may not be related or they may look radically different. SFBT therapists may ask for a brief description of the problem, but primarily focus on conceptualizing a "preferred future" with the client or alternatives to the problem without eradicating the problem.SFBT therapists are strengths-based. The therapist is only the expert on the questions which will evoke change.

Foundational Premises:

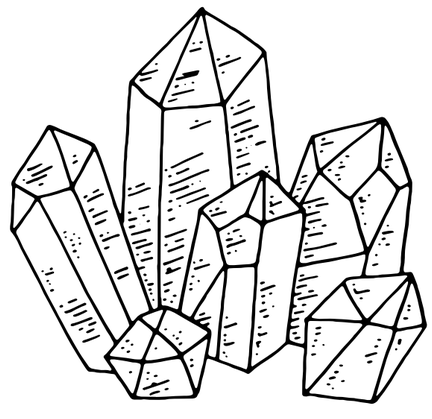
Clients are viewed through their strengths which will help them solve the problems. SFBT therapists believe that by focusing on the problem, it may drastically shift the client's ability to solve the problem. Instead, SFBT encourages solution-only dialogue between therapist and client; however, it does not mean that clinicians should only be overly optimistic; therapists must also validate client pain and be able to sit with the client in their pain.

Primary Techniques / Interventions:

Miracle Question: the miracle question asks clients to imagine waking up tomorrow with the problem being miraculously solved. Clients are asked how they would notice that the problem was solved.
Exceptions to the Problem: Clients are asked to provide examples of times when the problem has been less severe or intense.The therapist and client explore how this happened and what was different about that experience.

Process for Change:

Clients are viewed as having all of the tools necessary for change already; the therapist helps clients find solutions to the problems that make them feel stuck. Change happens when more focus is placed on the solution rather than the problem.



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Crucible Theory

Marriage & Family Therapy | Theory Summaries

Founding Figures

David Schnarch

Primary Texts:

1991 | *Constructing the Sexual Crucible* | Schnarch
1997 | *Passionate Marriage* | Schnarch
2009 | *Intimacy and Desire* | Schnarch

Role of the Therapist:

Crucible therapists help clients stay in the "crucible" or container of the problem to "cook" themselves to use their dilemma instead of looking for ways around it. Adept therapists can shift back and forth between sexual and non-sexual behaviors to lead to an enchanced perspective. This theory asks therapists to use a model of elicitation (using curiosity to learn more about the problem) versus a model of education.

Foundational Premises:

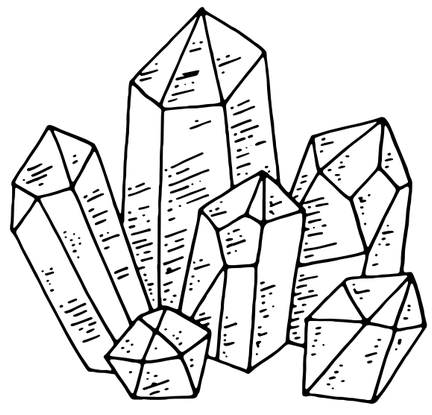
Heavily influenced by the work of both Object Relations and Murray Bowen, crucible therapy places emphasis on the process of differentiation (the ability to balance individuality and togetherness in order to reflect rather than react when anxious). Through the process of elicitation, partner relational dynamics are assessed *through* the window of intimacy. In other words, by talking about their sex lives, the therapist is able to view other relational dynamics occurring between the couple. Schnarch claims that every decision is between one anxiety or another (ie. do something scary OR face the consequences of not doing it). Intimacy-based model of therapy.

Primary Techniques / Interventions:

Differentiation: the ability to balance individuality and togetherness in order to reflect rather than react when anxious
Elicitation: finding "windows" to view other relational dynamics
Two-Choice Dilemma: framing client anxiety as either/or. Either you face the anxiety that things will change or the anxiety that things will remain the same.
Hugging till Relaxed: Encouraging couples to hug until they are both able to self-soothe.

Process for Change:

Clients "cook" in the crucible/container of the problem. By staying in the intensity of the problem, clients will be able to find their way to increased differentiation rather than finding ways around the problem.



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Gestalt Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Fritz Perls | Laura Perls | Paul Goodman

Primary Texts:

1951 | *Gestalt Therapy* | F. Perls

2000 | *Gestalt Therapy: Perspectives and Applications* | E. Nevis

1997 | *Developing Gestalt Counseling* | J. Mackewn

Role of the Therapist:

Because therapists and clients are caught in the web of relationships, Gestalt therapy relies upon the therapeutic alliance and the relationship that is built between therapist and client over time. Gestalt therapists do not aim to change their clients, instead, they focus on assisting their clients to develop their own self-awareness in the present moment.

Foundational Premises:

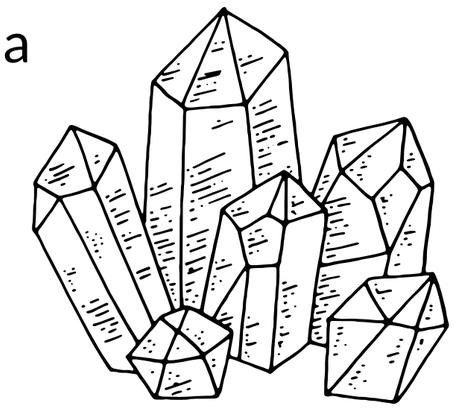
While loosely influenced by Gestalt psychology, the two are not to be confused for one another. Gestalt therapy is a process of focusing on awareness practice (mindfulness) to enable clients to fully and creatively alive. Gestalt therapy is also a meaning-making process that views therapy happening in the experiential present moment and that everyone (client and therapist alike) are caught in a web of relationships (it is only possible to know ourselves through the backgrounds of our relationships with others). Gestalt therapy focuses on **process over content**. Influenced by eastern religions, existential and experiential therapies, the emphasis of therapy is concerned with the action, thought, and what is felt in the present moment.

Primary Techniques / Interventions:

Self: The 'self' does not exist without the 'other.' The focus of therapy is an exploration of the co-creation of self and other in the here-and-now of therapy.

Empty Chair Technique: using an empty chair, clients act out or roleplay conversations between themselves, other people, and their emotions to encourage clients to get in touch with their feelings and work through deep-rooted emotional problems.

Dialogic Relationship: the therapist attends to their own emotional experience to show up as a whole and authentic person instead of assuming a false persona (ie. how would I respond as a human versus how should the perfect therapist respond?)



Process for Change:

Therapists do not aim to change their client. Instead, focus is placed on assisting their client to be more present in the moment and to develop their own self-awareness in the present moment.

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Rational Emotive Behavioral Therapy

Marriage & Family Therapy | Theory Summaries

Founding Figures

Albert Ellis

Primary Texts:

1994 | *Reason and Emotion in Psychotherapy* | Ellis

2004 | *Rational Emotive Behavior Therapy: It Works for Me—It Can Work for You.* | Ellis

Role of the Therapist:

Acting as a teacher, the therapist often educates the client how to identify irrational and self-defeating beliefs which are rigid, extreme, and/or illogical. Once the client is able to identify the illogical belief, the therapist teaches the client how to forcefully and actively dispute these beliefs and how to replace them with more rational thoughts.

Foundational Premises:

Influenced by ancient philosophical traditions (particularly stoicism) and early Asian philosophers (Confucious and Buddha), Ellis posits that humans become emotionally disturbed by their own belief systems, philosophies, and meaning-making frameworks of the problem, rather than the unfortunate circumstances they face. In other words, ***how*** the client thinks about the problem is what needs to be addressed rather than the actual problem. REBT therapists assume that at the core of the illogical beliefs are rigid demands or expectations; thus, the goal of therapy is to teach clients to become more flexible beings who do not upset or disturb themselves.

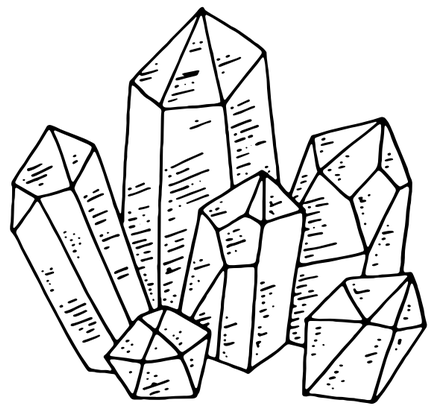
Primary Techniques / Interventions:

A-B-C-D-E-F: Adversity, Beliefs, Consequences, Disputes, Effective new philosophies, Feelings. Each letter of the intervention interacts with the former letter(s). Each letter is a step towards creating new belief systems in order to view create new, reasonable perspectives.

Irrational Beliefs: Demands, Awfulizing, Low Frustration Tolerance, Depreciation.

Process for Change:

Clients are taught how to identify the "irrational" belief systems that influence their perception of the problem. Once they are able to identify these belief systems, the therapist forcefully challenges the client to change their belief systems in order to adopt approved "rational" belief systems as designated by the therapist.



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Person-Centered

Marriage & Family Therapy | Theory Summaries

Founding Figures

Carl Rogers

Primary Texts:

1951 | *Client-Centered Therapy: It's Current Practice, Implications, & Theory* | Rogers
1954 | *On Becoming a Person: A Therapists View of Psychotherapy* | Rogers
1980 | *A Way of Being* | Rogers

Role of the Therapist:

HumanisticTherapists offer clients unconditional positive regard and empathy to facilitate change. These therapists view clients as having the skills already needed for healing by recognizing and trusting human potential. In sessions, humanistic therapists offer support, guidance, and structure so the client can discover personalized solutions themselves. In order to achieve therapist congruence, therapists are encouraged to show up as their authentic selves versus a blank slate or as an expert of perfection. In other words, the therapist is a compassionate facilitator offering clients empathy and structure.

Foundational Premises:

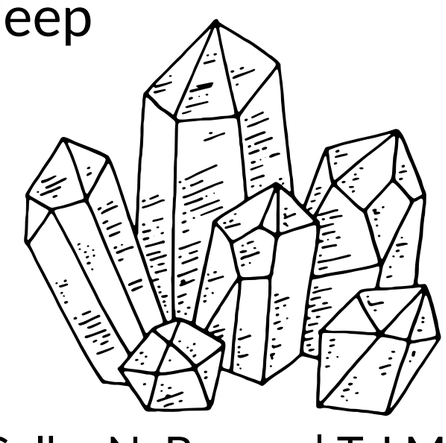
Rogers strongly believed in self-actualization or the idea that all individuals have the capacity and desire for personal growth and change to live up to their full potential. This was a major departure from traditional thought at the time, which viewed clients as inherently flawed. Instead, clients are viewed as the experts of their own experience Clients are encouraged to lead the conversation and direction of therapy. Clients enter into therapy in a state of incongruence seeking a more congruent state of being.

Primary Techniques / Interventions:

Congruence: Humanistic therapists are genuine and allow the client to view the therapist as they truly are without the facade of a blank slate.
Unconditional Positive Regard: Therapists accept clients as they are, even in moments where the therapist disagrees with the client's choices or decisions. In order for people to grow, they must be valued for who they are. This is the therapist's deep and genuine care for the client.

Process for Change:

Unlike other therapies, the client is responsible for improving his or her life, not the therapist. Clients are able to reach self-actualization and congruence when they are valued for who they are.



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