Theory of Therapy

Rachel M. Croce, LIMFT

Written as a Therapist in Training

May 9, 2014

Antioch University New England

Abstract

The purpose of this paper is to generate a reflection on my personal theory of therapy. Being a beginner therapist, I realize my identity as a therapist is still in the process of taking root. Because of this, the reflection is just an early draft of what will become a solid theory, as my roots are more firmly planted and time allows for them to grow deeper. Even as my theory solidifies, I hope to continue my growth and evolution as a therapist throughout the rest of my life. Written are some of the current ideas I have about how to be a therapist, what I believe about clients, and what techniques have seemed to fit with my own personality and style. Ultimately, I address where I have come to believe change takes place in a therapeutic relationship. Because this paper is a reflection, it is written in first-person and is filled with direct opinions and belief about how people interact and what my role as a therapist is. Using the questions from Piercy and Sprenkle's (1988) journal on family therapy, I will explore some of the therapist's role, beliefs about change, techniques used, clients' role, and which theories my own style mirrors. A number of modern and postmodern theories will be drawn upon throughout this reflection. The terms framework and modality are used interchangeably as I write about various theoretical approaches in the Marriage and Family Therapy field.

Why a Theoretical Framework?

According to Nelson and Prior (2003) working from a theoretical framework allows marriage and family therapists (MFT) to be more organized, and ultimately more successful in their work with clients. Theoretical frameworks offer organization for treatment planning, goal setting, and ways in which we interpret our clients' process of change. Nelson and Prior would also argue that reflection leads to action. This is often evident in my own process. I find that verbal and written reflections invite clarity as I process each of my own cases through a conceptualization. I have also found the reflecting team (Anderson, 1991) approach to be most helpful in generating new perspectives when working with colleagues to process my cases. A reflecting style of case presentations help me to incorporate new interventions and new perceptions of my clients that may otherwise be left unknown. Since change is the goal of therapy, conceptualization helps to facilitate a process of noticing and experience change (Nelson & Prior, 2003) for both clients and clinicians.

An Integrative Approach

Being fairly new to the field of psychology, I find it overwhelming to pick and choose any one specific modality of therapy. I am naturally an optimistic person. Hence, I am by nature drawn toward strength-based approaches. However, to proclaim I stick to any one theoretical framework would be impossible and dishonest. I tend toward an understanding that people are complex and that every problem in life is rooted in relationships. To me, having a variety of theoretical frameworks to choose from allows me to adapt more readily to the skills each client I enter into a relationship with might require.

Treadway (1989) describes it well in stating that " Models are never more than the frameworks for thinking about a family system and a preliminary way of organizing treatment. Each family is unique; ultimately every therapist is different" (p. 158).

I tend to agree that it is imperative for me to be ready and available to meet clients where they are when they come into therapy, even if it means adapting my theoretical interventions and modalities to fit the client's uniqueness (Juhnke & Hagedorn, 2006). By being more open to my intuition; having knowledge of various theoretical modalities, I am able to wisely apply which interventions might be most effective. Each moment with each client looks different. Although I use a strength-based approach, I am not limited to any one or two theories; I find that an intentional integrative approach serves my therapy work best.

On Viewing Clients

As a Therapist in Training, I approach working with clients with the belief that everyone is doing the best they can with what they have (Berg, 1994) and where they came from. Although their intentions may be good, they often get stuck in patterns, ways of thinking, and ways of reacting (Gehart, 2014). Those patterns often create problems that negatively impair their emotional being and relationships. Overall, I believe that people have good intentions. Yet, out of their own hurt, they hurt others. We are all part of a system in which we react and respond to things relationally, which is evidence of that hurt. When working with clients, it is important for me to maintain a trust that they are doing the best they can and that there are underlying reasons for their behavior. Otherwise, it can become easy to get irritated with clients and assume they are being vindictive, lazy, manipulative or worse. However, I choose to believe people are

more good than evil, and I intend on continuing to see the goodness within them when they enter into therapeutic relationships with me.

Having this perspective of clients' intentions allows me to respect and honor them in ways that are genuine. True genuineness is a key factor in relationships, therapeutic or not. When I maintain a posture of genuineness, I am able to delve into a deeper level of caring for each of my clients. This is extremely important for me because people can sense the honesty behind my caring. For example, I work at a Domestic Violence Shelter where a client came home one day to report how she had just met with a new therapist at a local agency. Her experience of the new therapist was that the therapist rushed through assessments; almost coming off that she had better things to do once the client left. The client could sense a lack of genuine attentive care from the therapist she met with. The Shelter client was then able to communicate how she sensed a level of connection and ease in meeting with me at the Shelter. In effect, I was able to offer a safe space for this client to process her situations because I was attentive to her in a way that showed genuine care. My caring created a safe space for her to be vulnerable, which is necessary for any therapeutic work to take place, going further beyond just joining (Doherty, 1995).

Conceptualization of Problems

Problems are constructed through language (Anderson, 1997). I believe that everyone has a solution to their problems (Berg, 1994). Though people hold the their own solutions, they often need assistance in accessing them. Therapy can be a space to help clients access their strengths, resources, skills, and answers to their questions. The therapeutic process allows change as it offers new ideas, new perspectives, new behaviors, and new meaning (Anderson,

1997). Sometimes change happens when people become aware of their cognitive and emotional levels, and are able to implement new ideas in a way that influences their behavior. In addition, change can happen when the problem is dissolved through new perceptions (Anderson, 1997).

People have the power to change how they do things (Berg, 1994). It is unclear how to measure where exactly change takes place. Matthew Selekman (2005) found that 85% of change comes from the therapeutic relationship. Interventions and techniques are only a small part of how change takes place. It is also the real human relationship, compassion displayed, and honest connection that allows change to take place. I believe that relationships are the key to bringing about change.

Role of the Therapist

As a therapist, my role is to be a collaborative and curious conversational partner (Anderson, 1997). I am expected to be the expert of the process, meaning an expert conversationalist who knows how to steer conversations (keeping them on track), while recognizing the client is the expert of their story (Anderson, 1997). Another key role is to be a cheerleader who engenders hope and highlights the strengths clients bring into therapy (Berg, 1994). This role helps to validate and engage in a dialogical process in which clients have space to broaden the perception of their problem. By engaging in conversations with clients, new ideas and perspectives are allowed to be born (Anderson, 1997). Taking a stance of believing the client's full story (White, 2007) while validating their truth, can offer a space for healing and growth. Clients come into therapy with deeply rooted hurts. My role is to participate in their journey toward healing, meeting them where they are and not where I assume them to be. It is

also important to remain attentive to issues of culture, gender, power dynamics, socioeconomics, and family histories (Gehart, 2014).

Clients will learn of these roles in ways I connect with them, allowing for transparency about my own process. I often will notify clients of my collaborative style, inviting them to work together in therapy, rather than assuming my position as an expert who will direct them. As I share my thoughts about conversations we have and what I observe, they will learn that I am not in an expert role. Because the client is the expert in the content (Anderson, 1997) of their stories, they will be expected to engage in process rather than content. Because they come into therapy with their own set of strengths and solutions, they will be expected to explore exceptions and solutions to their problem (Berg, 1994). I often do this by highlighting for clients when they have engaged in a narrative that goes against their presenting problem. I also enjoy using humor and a tone of surprise when taking note of these exceptions.

Case Example

In my MFT training, I have had the privilege of working with a female client who is nearing sixty. I had seen her for over a dozen sessions, as she was feeling very unhappy and stuck with the life she had been dealt. Her presenting problem centered on a heavy sense of loneliness. She had been diagnosed with depression as a teenager and continued to struggle with that sense of hopelessness. In sessions, we drew a genogram (McGoldrick, Gerson, & Petry, 2008) which revealed her to be the second eldest of five girls. Both her parents had died within the last fifteen years. The client had low motivation for reaching her goals of wanting to be more social and wanting to produce creative work such as writing. After assigning homework that would help her reach those goals and reflecting back the exceptions for her being socially active,

there was still a strong emotional state of dissatisfaction the client presented with. In exploring her relationship with her parents, it became obvious how rejected and unwanted she felt as a child. Her father had specifically made comments to her about her not being good enough, often sending the message that she was a failure. And here she was, moving into her later stage of life still feeling that she wasn't good enough. However, her description of her father had a strange element to it. She would describe herself as having the same dark cloud over her that her father had. He was also a creative being, who never seemed to do anything with his work - moving through life with a sense of failure and regret for never reaching his own potential. After feeling quite stuck, I asked my client what purpose her lack of satisfaction and not using her creative gifts might be serving her. We did some exploring together in a very collaborative way and reflected that perhaps the only way she was able to feel any kind of relationship with her father was by carrying the burden he had over his own life. Aside from this "dark cloud" she lived under, she never experienced any sense of connection or relationship with her father in all her life! It took about two weeks of exploring this idea when I suggested my client write a letter to her father. Because writing was the medium she was particularly talented at, I suspected she may not follow through since those homework assignments had been thus far unsuccessful. However, the next time I met with her she had written her father a letter. She read it to me in session and I was quite impressed with the way she articulated how her father was so caught up in his own failures that he missed out on the important things in life, which were having relationships with his daughters. She also highlighted in the letter how it was his choice to live that way, and that she is choosing a different way to live her life. After she read the letter, she expressed how it helped her to realize she does not need to follow in his footsteps, walking under the dark shadow

he had. She went on to report how her relationships were more valuable than her lack of producing creative things, that her value was not so much in what she does, but the relationships she engages in throughout life. After that session, the next few weeks she reported feeling less depressed. She also reported that much of her new satisfaction with life was not because she met her tangible goals; rather, the shift took place in her perception of what she truly valued, allowing her to be released from the pressures her father lived with, yet was never able to measure up to.

This example represents Collaborative Language Therapy at work. Through the language we used and the ideas we were able to generate in the exploration of values and relationships, my client was able to come to a new perception of herself and repair a void she carried around from her lack of relationship with her father. The only way she could have a relationship with him was to identify as being the most like him out of his five daughters. She did this by taking on his own negative symptoms of depression and failure. However, the way she identified as being like him was causing her to feel utter despair; that she had nothing to live for if she was not producing artwork. She was able to let that go by identifying that it was her father's burden that hurt her and that she no longer had to follow in his footsteps. She discovered that her happiness was not dependent upon what she produced or being in a romantic relationship, but that she could be happy with or without those things. Had I continued to use a Solution-focused approach, we may have never had the opportunity to explore that idea, yet would have simply continued to feed into that set of beliefs. Using a collaborative framework and being flexible to my client's own skills made it possible for her to experience a deeper change than what she came into therapy looking for.

Ethical Dilemmas

An ethical dilemma might arise when I feel a "knee-jerk" reaction to something the client says (Brock, 2009). For example, when I hear of clients being fearful around someone's behavior in the household, I may feel a discomfort and begin assessing for domestic violence with child abuse or neglect. In addition, I am expected to hold to the AAMFT Code of Ethics, and to continually act in ways that I believe are in the best interest of my clients. The goal is to do nothing harmful but to do everything in my power to bring about healing and growth with each individual. Dealing with ethical dilemmas will depend upon the level of concern the issues raise. Assessment should be a continual process, and the safety of clients is the number one priority. When I do have questions about issues that could potentially be unethical, I often go running to my Supervisor or a licensed Supervisor in the program to obtain some feedback before making decisions on my own. Though I trust my judgment, I realize that I am human and very much a continual learner. Having other people hold me accountable and notice potential blind spots is a huge benefit when facing sticky situations in therapy.

A major ethical component often forgotten is the role to responsibility. By this, I mean that morality is unavoidable and necessary to be addressed with clients. Doherty (1995) writes in his book *Soul Searching: Why Psychotherapy Must Promote Moral Responsibility* how we are called as therapists to hold our clients to a moral code of accountability. I believe it is often not in the best interest of our clients to sugarcoat the choices they make. All choices have consequences and we live in a society that values individuality over responsibility and community. I think it is important to be aware of interpersonal commitments, moral language, and the morality that Doherty speaks about. Having courage to face moral issues is necessary

when addressing challenging issues with clients. Within the ways we practice courage, a certain level of wisdom is needed, which I believe falls in line with being intuitive in the therapy room. Having the wisdom to know when to intervene can be the key that unlocks the change necessary within our clients' lives.

Though many clinicians in my training have informed me that I cannot "fuck families up more than they already are" when trying new interventions, I tend to disagree. I believe that as therapists - depending on how much power our clients give us in interpreting our roles, actions, and words - we do hold a lot of power. We have a moral obligation to see that we can do just as much harm as we can help (Doherty, 1995). For me, this means being intentional in what I say and how I say it, and recognizing that my own actions and words carry a lot of weight. I feel a specific call to have integrity within the ways I choose to practice therapy, and to be a good steward of the relationships I find myself in. This kind of integrity requires me to be accountable for my own actions.

A Systemic Perspective

Because we are relational beings and are constantly responding to one another, I prefer couple and family therapy over individual work. We live in a "social construct" in which each individual is constantly influencing the other (Gergen, 2009). If one member in the family changes, it will have a ripple effect in which the rest of the family changes in response to that one person. When clients come into therapy, they bring their entire families and communities in with them (Berg, 1994). Likewise, when a couple comes into therapy, they each bring their entire families. The way they learn to do relationships is often from family experiences. Our families, communities, social environment, gender, developmental stage, race, and more play a

role in shaping us as individuals. Being able to work with parts of a system can have lasting effects on the bigger system.

Systemic thinking takes place when others are involved in the process. Systemic thinking is often found in clients' descriptions of their beliefs around success or failure. Incorporating family values, roles, beliefs, expectations, and hierarchies are a few things to look at when conceptualizing systemically. How reactive clients are to their family members can often be a sign of their emotional capacity. For example, I might assess for family patterns, whether or not there are cut-offs, and how differentiated or reactive the client is to their family (Gehart, 2014). These levels of reactivity can often play into clients' feelings of self, their anxiety levels, depressive state, and overall emotional stability. When these issues come up, it is important for me to help my clients become more healthily emotionally regulated in relation to those in their lives.

In an attempt to incorporate clients' context and system, I would consider their community, religious practices, social groups, education background, financial status, power dynamics, gender issues, family values, and cultural history. The assessment of each of these systems can reveal how the presenting problem has been constructed (Gergen, 2009). It can also reveal how these other systems and contexts influence the client's conceptualization and experience of their problem. It is important to be aware of not only the family system from which a client comes, but also the larger social systems at play. When looking at these larger systems, I would want to ask myself how they inform the presenting issues.

Differentiation by Way of Forgiveness

For a few clients, I have found that forgiveness can be a huge resource in differentiating and healing. I work with a woman who has severe trauma, abuse, and neglect that began as early as age two. A mother of three sons and in her mid-fifties, one of her sons had just been released from seven years in prison. Her anxiety was beginning to rise due to her unresolved conflict with him. He was abusive toward her growing up, often nodding off from drugs and in and out of trouble with the law. My client describes the "living hell" she endured from his drug use and abuse of her. When she reunited with him, she wanted to fall right back into her old ways of being and put him in his place for all the pain he had caused her. Within nearly two weeks of panic attacks and constant anxiety around re-meeting her son, she heard a song by a popular rapper. The song is about how he is sorry for the ways things went, all the abuse, homelessness, drug use, etc. The singer then switches the song from his own perspective to that of the person he is singing to. He sings how he is "sorry for not teaching you the way, for not keeping you safe, and for letting you down". This woman showed me the song one morning and reported how it was all about the fused and abusive relationship between her and her son. She talked about how she forgave him and how they both deserve to let the past be so they could make a "fresh start". As soon as she verbalized forgiveness toward her son, the daily burden of emotional pain and anger she carried with her began to subside. The more she talked about forgiving him and forgiving herself, she became more and more emotionally regulated. The panic attacks subsided. She stopped drinking alcohol and began to seek her own medical help. This example reveals how forgiveness can be a powerful tool in helping clients differentiate from a dysfunctional system.

Holistic Assessment

When working with clients, it is important to consider medication intake and previous diagnosis. When issues of medication and symptoms arise, I like to assess for eating and exercise patterns, as well as possible side effects of their current prescriptions. In many clinical settings, food intake and exercise habits are often overlooked. I believe they both play a heavy role in how one feels and functions on a daily basis. For example, many clients who report depression are assessed on when it began, how long it lasts, what their functioning and stimulation levels are, sleeping patterns, or how much pleasure they are able to find on a daily basis. Many clinicians do not assess food intake or exercise. I think that when people are not engaged in an active lifestyle, when their bodies are not being fed living enzymes, there is little room for the body to be refreshed. Overlooking specific food intake, sleep, and exercise is a mistake that many clinicians make when assessing clients' mental states.

Therapy Process as Evolving

My evolving conceptualization of the therapy process is dependent on a multitude of factors. Everyone is unique and makes connections at different levels. There is no perfect formula to bring about the best process. No one formula can determine the best direction for every case, yet can work as a tool for the therapeutic process (Juhnke, & Hagedorn, 2006). I believe that it is within the relationship and generated ideas that clients are able to experience newness. When in therapy, the process does not just involve the therapist and client. It involves all the greater and smaller systems mentioned. Holding this in mind helps me to understand that these greater systems have influence on the therapy process. Nothing is ever just black and white. There are far too many factors at work in the therapeutic process. Because I have only a small amount of time with clients, many of the factors go unknown. There is no way to make

sense of everything a client carries with them into therapy. We beings are far too complex to pinpoint an understanding of this process. I am able to recognize that while there are limitations and blind spots, I do my best to be intentional about what part of my clients' story I might become a character in and how to be most helpful in the process of those evolving stories.

Commonly Used Theories of Choice

When looking at my approach to therapy, postmodern theories fit best with my therapy style. In particular, I tend to use Solution-focused and Collaborative Language Systems techniques. I also use a Family Systems approach when assessing and working with clients to find patterns and relationships that have influenced them and their problems. I tend to have an underlying approach in Social Constructivism because I recognize my clients are constantly evolving and their problems are conceptualized within their social constructs. How we make meaning is constructed (Gergen, 2009). I am aware that opinions and meanings are made within certain contexts. It is important for clients to define the meanings they attribute to language. Part of assessment includes looking to family and social networks to find resources and support for clients. It is also important to gather strengths the client holds and compliment them about the use of those strengths, in order for them to eventually be able to find solutions without the help of therapy (Berg, 1994).

Within these two approaches, the most used interventions are the position the therapists take and how they engage in dialogues with clients. The interventions I often use are reframing strengths, highlighting exceptions to problems, assessing what a solution would look like, being curious, offering my thoughts in open ways, and helping the client notice themselves in their process. As I've mentioned already, there is no clear formula for working with people. People

are complex; made up of many factors and shaped by layers of systems. These theories are simply to be used as a framework for how to process issues clients bring to therapy. There is never a clear and concise formula when being relational. Being relational is a skill. It has to come from the heart, not from a textbook. There is a balance between techniques of information and a state of being with others. I tend to hold true to Selekman (2005) when he explains how the therapeutic relationship is what makes any imprint on clients' lives. If all else fails, be relational and be compassionate. I believe a relational connection is at the root of what all people need and want; to be seen and heard. To be truly loved.

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