

STMA 581 Family Systems in Ministry

School of Theology and Ministry
Seattle University
Winter Quarter, 2012
3 credit hours
Time: Mondays 1.30 – 4.20 p.m.
Classroom: HUNT 110

Faculty: Rev. Douglas Anderson, Ph.D., LMFT
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Office hours by appointment and before class

Required Texts

1. Course Reader
2. Nichols, Michael P. (2007) The Essentials of Family Therapy, 4th Ed. Boston: Allyn and Bacon
3. Richardson, Ronald W. (2005) Becoming a Healthier Pastor. Minneapolis: Fortress Press
4. Gilbert, Roberta (2006) Extraordinary Leadership: Thinking Systems, Making a Difference. Falls Church VA: Leading Systems Press
5. Richardson, Ronald W. (2010) Couples in Conflict. Fortress Press

Course Description

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

Course Objectives

- 1) Increase familiarity with the systems way of thinking.
- 2) Develop understanding of several foundational theoretical models of family therapy
- 3) Foster growth in self-understanding of one's own functioning in family and other systems

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

Student Learning Outcomes

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

Schedule of Classes and Assigned Readings

- 1) Jan. 9 – The Systems Way of Thinking
The Therapist's Own Family

Jan 16. – No class—Martin Luther King, Jr. holiday
- 2) Jan 23 –Evolution of Family Therapy; Bowen Family Systems Theory
Reading: Nichols, chap.1, 2, 4 and 5
Gilbert, chap. 1
Richardson (2010) Preface and chap. 1-7
- 3) Jan, 30 –Systems Therapy and One's Own Family
Reading: Richardson (2005), chaps. 1-10
Richardson (2010) Chaps. 8-16 and "Afterword"
First Paper Due
- 4) Feb. 6 – Experiential Family Therapy
Reading: Nichols, chap 8
Reader: articles by Satir and Napier/Whitaker
- 5) Feb. 13 – Models Influenced by Milton Erickson
Reading: Nichols, chaps. 6 and 12
Reader: articles by Damman and Leveton
- 6) Feb. 20 – Structural and Psychoanalytical Family Therapy
Reading: Nichols, chaps. 7 and 9

Second Paper Due

- 7) Feb. 27–Emerging and Integrative Models
Reading: Nichols, chaps. 11, 13 and 14
Reader: articles by Hoffman and Duhl

- 8) Mar. 5– Applications to Pastoral Family Therapy
Reading: Nichols, chap. 3
Review Richardson ((2010), chap 8-16 + “Afterword”
Gilbert, chap 10
Reader: Two articles by Anderson
Third paper due

- 9) Mar. 12– Applications to Congregational Consultation
Gilbert chaps. 1-12, Epilogue
Richardson, (2005), chaps. 11-14
Comparisons and Summary
Reading: Nichols, chap. 15
Fourth paper due

Course Requirements

- 1) Attendance at all classes and participation in class activity.
- 2) Weekly reading of assigned texts and articles in preparation for class discussion. Reading summary sheets for each week are to be turned in that week.
- 3) Completion of four clinical reflection papers, 5-6 double-spaced pages. These papers must be turned in on these due dates Jan. 30, Feb. 20, Mar. 5, and Mar. 12.
- 4) Download the Syllabus, **including the Appendix** and bring weekly to class.

First Clinical Paper: Recall and briefly describe either a conflicted scene or a moment of transition from your own family of origin. Imagine how a Bowenian family therapist such as Gilbert or Richardson might have responded to your family at that time.

Include:

- 1) An assessment of the situation from a Bowenian perspective
- 2) A specific description of how this therapist might speak and act to respond therapeutically, including using their own self in the process. [This description is to be the longest section of your paper.]
- 3) Comment on what the therapist did from a theological or spiritual perspective, either your own or that of a theological/spiritual writer you value.

Second Clinical Paper: Recall and briefly describe a conflicted scene from your original or current family. Selecting four of the therapists discussed in the readings

for weeks 4 – 6, describe how you might imagine each of the four responding uniquely to your family’s conflict. Write out a brief assessment of the problem/situation using that therapist’s language. Then write a specific description of how that therapist might speak and act to initiate a change from that therapist’s unique model. This description is to be the longest section of your paper. Choosing one of these four imagined responses, comment on this therapeutic moment from a spiritual or theological perspective, either your own or that of a favorite spiritual/theological writer.

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

Fourth Clinical Paper: A hypothetical therapy case will be distributed in class. Imagining yourself as therapist or coach to this family, describe how you would plan to approach them. How might you assess their situation from a preferred therapeutic model? How might you respond to these persons from your model? As in paper two, this is to be a specific description of how you would speak and act and would be the longest section of this paper. What personal qualities, values, experiences, etc. of yours could serve as resources? How might Divine Grace/Love move through you and these persons in this session? Make your spiritual reflection specific to this specific session.

Grading Criteria

20% of the final grade for class participation and 20% for each of the four papers. Class participation assumes attendance at each of the ten sessions and weekly reading of assigned readings. Not meeting this expectation will result in lowering the final grade. Completion of the four clinical reflection papers on the due dates is required. Late papers will receive a reduction of one grade level.

Academic Honesty

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

Students with Disabilities

If you have, or think you may have, a disability (including an “invisible disability” such as a learning disability, a chronic health problem, or a mental health condition)

that interferes with your performance as a student in this class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, (206) 296-5740.

Additional Recommended Readings (Optional)

- Aponte, Harry J. (1994) Bread and Spirit: Therapy with the New Poor. New York: Norton
- Berry, Wendell (2000) Jayber Crow. Washington D. C.: Counterpoint
- Berry, Wendell (2004) Hannah Coulter. Washington D.C.: Shoemaker & Hoard
- Burton, Laurel, Ed. (1992) Religion and the Family. New York: Haworth
- Carter, Betty and Monica McGoldrick, Eds. (2004) The Expanded Family Life Cycle, 3rd ed. Boston: Allyn and Bacon.
- Cooper-White, Pamela (2007) Many Voices: Pastoral Psychotherapy in Relational And Theological Perspective. Minneapolis: Fortress Press.
- Duhl, Bunny S. (1983) From the Inside Out and Other Metaphors. New York: Brunner/Mazel.
- Erickson, Betty Alice and Bradford Keeney, Eds. (2006) Milton H. Erickson, M.D., An American Healer. Sedona AZ: Ringing Rocks Press.
- Fischer, Kathleen (1990.) Reclaiming the Connections: A Contemporary Spirituality. Kansas City, MO: Sheed & Ward
- Hart, Thomas (2002) Hidden Spring: The Spiritual Dimension of Therapy. Minneapolis: Fortress.
- Hoffman, Lynn (2002) Family Therapy: An Intimate History. New York: Norton.
- Jordan, Merle (1986) Taking on the gods: The Task of the Pastoral Counselor. Nashville: Abingdon.
- Kerr, Michael and Murray Bowen (1988) Family Evaluation. New York: Norton.
- Marty, Martin E. (2007) The Mystery of the Child. Grand Rapids, MI: William B. Eerdmans

- McGoldrick, Monica and Ken Hardy. (2008) Re-Visioning Family Therapy: Race, Culture, and Gender in Clinical Practice. Second Edition. New York: Guilford Press
- Palmer, Parker (2004) A Hidden Wholeness: The Journey Toward an Undivided Life. San Francisco: Jossey-Bass.
- Richardson, Ronald W. (1996) Creating a Healthier Church. Minneapolis: Fortress Press.
- Simon, George M. (2003) Beyond Technique in Family Therapy: Finding Your Therapeutic Voice. Boston: Allyn & Bacon
- Steere, David (1997) Spiritual Presence in Psychotherapy. New York: Brunner/Mazel
- Titelman, Peter, Ed. (2005) The Therapist's Own Family.. Jason Aronson, Inc.
- Walsh, Froma, Ed. (1999 and second ed. 2009) Spiritual Resources in Family Therapy. New York: Guilford.
- Walters, Kerry (2001) Practicing Presence: The Spirituality of Caring in Everyday Life. Franklin, WI: Sheed and Ward.

APPENDIX STMA 581 Family Systems in Ministry

Week Two

- Reading for Week #2
- MFT Today Week #2
- Reflection on videotape Week #2

Week Three

- Reading for Week #3
- Outline for Week #3

Week Four

- Reading for Week #4
- Quotes
- Emotion Focused Therapy

Week Five

- Reading for Week #5
- Outline for Week #5
- Milton Erickson creating context
- Quotes re: Milton Erickson
- Dolan on Association Cues
- M.R.I. Strategic Therapy

Week Six

- Reading for Week #6
- “Many Voices...”

Week Seven

- Reading for Week #7
- Michael White
- Bunny Duhl

Week Eight

- Reading for Week #8
- Week # 8 Outline

Week Nine

- Reading for Week #9 (two sections)

Name _____

Reading for week #2

Nichols, chapters 1,2,4 and 5:

- What did the pioneers of family therapy have in common and what were important differences?
- Explain “cybernetics” and “constructivism” and social “constructionism.” What is the author’s criticism of them?
- How does the concept of the family life cycle help to understand family conflicts and what to do about them? How do gender and cultural factors influence this?
- How did Bowen understand “differentiation of self”? How does the therapist encourage it?

Gilbert, chapter 1 and Richardson (2010) chapters 1-7.

- In Bowen family systems theory, how does “the emotional system” function in families and how can change occur?
- What is the importance of theory? Of triangles?

Other ideas in the reading that interested me:

For Week #2
MFT Today: Therapy Models and Common Factors
A Summary of three articles in
Journal of Marital and Family Therapy,
July 2007, pp. 298-363

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

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

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

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

Who does the therapy is thus of central importance. The person of the therapist is the "point of convergence" of models and common factors. The therapist needs a clear

worldview/model of change and perhaps even an enthusiasm or passion for their treatment approach. But the therapist also must manifest essential personal qualities and practices. Qualities may include warmth, caring, genuineness, flexibility, and being a clearly boundaried self. Practices may include empathic listening, being positive/affirming instead of critical/judging, and the ability to be direct in order to interrupt client recursive cycles.

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

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

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

What are the central issues and emotional processes in this family?

What are the strengths/resources of the family?

What are the functional roles of key family members in the emotional process?

What are the ways Divine Grace/Love breaks in through what happens?

Name _____

Reading for week #3

Richardson (2005) chapters 1-10

- How does a person develop self-focus and go about the work of differentiating a self in one's own family?

- How can one work with triangles in doing this work?

Richardson (2010) Chapters 8-16

- What is the basic stance a counselor should take in working with a couple? How is couple therapy conducted? Illustrated with examples from therapy with George and Martha.

- From the "Afterword" – What is your opinion about the importance of character as a goal of this work?

Other ideas in the reading that interested me:

Outline for Week 3

Bowen Natural Systems Theory (for use in class)

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

Name _____

Reading for week #4

Reader: Satir Article

- How can the therapist use congruence, vulnerability and contact to empower family members in therapy? How does Satir connect this to a therapist's spirituality?

Reader: Napier and Whitaker article:

- What do the authors mean by "encounter" and being "fully a person" in a therapy session? How is this best done?

Nichols: Chapter 8

- How can family sculpting be used in session? Illustrate. What is "emotionally focused couples therapy" and how is it conducted?

Other ideas in the reading that interested me:

Quotes for Week 4

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

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

(David Keith and Carl Whitaker “Play Therapy: A Paradigm for Work with Families” Journal of Marital and Family Therapy. July, 1981, p. 244)

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

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

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

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

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

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

(Susan Johnson, “Are You There for Me?” Psychotherapy Networker, September/October 2006, pp. 45 and 70.

EMOTION-FOCUSED THERAPY (EFT) (For Week 4)

Susan Johnson

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

1. Creates a safe, equal relationship between the therapist and each partner by validating each of their emotions.
2. Tracks and explores how emotions drive a cycle of interaction that both partners are caught in.
3. Evokes and expands emotional responses to include primary emotions and basic attachment needs/longings
4. Facilitates a “softening” moment in which the partners reveal these emotions and longings to each other in face-to-face conversation. EFT is a therapy of such key moments.
5. Helps the partners create/restructure a new cycle based on this quality of interaction that restores secure emotional bonds between them.

See: 1. Susan Johnson, Creating Connection: The Practice of Emotionally Focused Couple Therapy.

Susan Johnson, Becoming an Emotionally focused couple Therapist—The Workbook.

Name _____

Readings for week #5

Reader: Damman article:

- What Erickson ideas about how change occurs differ from those of traditional therapy?

Reader: Leveton article:

- How did Erickson use reverie to stimulate change?

Nichols: chapter 6

- According to strategic family therapists, how do problems get formed and how can they be resolved through therapy? Give examples.

Nichols: Chapter 12

- How do solution-focused therapists use exceptions to problems to resolve difficulties clients present? Give examples.

Other ideas in the reading that interested me:

Quotes for Week #5

Ernest L. Rossi in Healing in Hypnosis, Vol. 1. p. 58

I believe even this short sketch of Erickson's life provides an important understanding of the source of his genius that is often overlooked by those who seek to emulate the brilliance of his technical accomplishments. Erickson's technique came from his own blood and suffering; his therapeutic originality evolved out of life and death efforts to cope with his own congenital deficiencies and crippling physical illnesses. I believe this is the true source of his effectiveness as a therapist: patients could sense on many levels that Erickson's therapeutic skill came from genuine personal experience and knowledge. He truly was the wounded physician who through healing himself had learned how to heal others. The same is true for all of us who experience a genuine calling to the healing professions. We are all wounded in one way or another. Our always partial success in healing our own wounds leads us to our calling to explore with others further means of coping and extending the possibilities of our mutually human condition.

Betty Alice Erickson in Milton H. Erickson, M.D., An American Healer:

This is a special way of being, a way that is...in the broadest sense of the word, spiritual. In this spirituality, Dad saw what was needed inside another person and by his own connection to that deep part of them was able to help them access and bring forth that piece within themselves. That is healing—helping from within. Treatment is helping from the outside. Dad healed. (p. 26)

I think part of the 'magic' of Daddy's work was that way he opened himself to another person. If the other person subsequently opened himself or herself, then there was even more of the process of connecting. It is within this process that change occurs. He created an atmosphere in which it felt okay, really all right for you to open to him, to change, to give more of yourself and become more of the human being you wanted to be. When that occurs, both participants find joy with each other and with the process. (p. 44)

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

For week #5

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

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

Fourfold Assessment Grid

1. What is the problem that brings the clients to therapy? (A concrete behavioral description)

2. What is their attempted solution to the problem? (The keystone maintaining the problem)

3. What is the goal of therapy? (Specific description of small steps toward resolving the problem.)

4. What is their framing/world view about the problem? (In their unique language)

PLANNING FOR CHANGE

1. Formulate a strategic approach (usually a 180 degree switch from the attempted solution)

2. Formulate specific tactics (a behavioral injunction asking clients to take the smallest action that could start a change)

3. Framing the intervention (selling the clients on the task by using their own frame of reference and language)

Name _____

Reading for week #6
Nichols, Chapters 7 and 9

- Contrast what the therapist chiefly looks and listens for in structural and in psychoanalytical family therapy?

- In Chapter 7, what is meant by “structure” and “enactment”?
How does the therapist work to bring about structural change?

- In Chapter 9, what is meant by “object relations” and how does that help one understand couple/family dynamics?
How does the therapist use listening to facilitate change?

Other ideas in the reading that interested me:

For Week 6

Pamela Cooper-White, Many Voices:
Pastoral Psychotherapy in Relational and
Theological Perspective

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

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

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

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

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

Theologically, Cooper-White sees this as “... an expansive and noncondemning view of the human person as messy, multiple, in process, loved (in spite of and/or because of all his or her chaos) and therefore also loving ... learning to know and love all the messy, conflicted and chaotic parts of ourselves, even as God has loved us from our beginnings ... and springing from that knowledge of being so deeply loved, growing in the capacity to love

others.” The aim of therapy, then, is “... restoring individuals, couples and families to the full potential, the fullness of life, for which they were created.” She cites John 10:10: “I came that they might have life, and have it abundantly.” (pp. 85-86)

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

This “shared flow” centers in the back and forth process of client transference and therapist countertransference in which the multiple selves of both client and therapist meet—both verbally and non-verbally. “Thus, countertransference—our own thoughts, feelings, fantasies and sensations in relation to the patient and the therapeutic relationship—becomes a primary tool for understanding what is happening both in the intersubjective dynamic of the therapeutic relationship and what has not been expressed or even known by the patient from within his or her multiple inner world. The therapist’s own multiply-constituted self becomes a key instrument for understanding the patient’s many parts.” Because of human vulnerability, the therapist aims “to create a climate of safety in which all the parts of the person are invited to speak ...” (p. 155)

[This intersubjective way of working is described in detail in Chapter 5 and in Cooper-White’s earlier book, Shared Wisdom.] She views countertransference not as something negative to be extricated but as an invaluable resource in which the therapist uses his/her own self as an empathic receiver of the client’s emotional state and of what both of them are learning together, exploring what happens between them.

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

Name _____

Readings for Week #7

Reader: Duhl article

- In her integrated contextual model, how does Bunny Duhl use her own self, including physically?

Reader: Hoffman article

- What is “reflection-in-action” and how does Hoffman see it in emerging therapy models?

Nichols: Chapters 11 and 13

- How did narrative therapy develop and how is it conducted?

Nichols: Chapter 14

- What are the advantages and disadvantages of integrating family therapy models?

Other ideas in the reading that interested me:

For Week # 7

MICHAEL WHITE

People live by stories.

Stories are caught from culture, constructed and negotiated in communities.

Dominant stories dominate/oppress persons, shaping their view of themselves.

Therapist helps externalize stories as external objects, separate from the persons themselves, that affects their lives.

In the space created by this separation, therapist actively guides persons to notice unique outcomes/alternative stories.

Goal: to help persons re-story/re-author their lives and recruit audiences/communities of support.

Therapist acts as non-neutral participant-observer enabling persons to play active role in shaping their own lives.

Therapist exhibits and encourages curiosity, akin to unraveling mysteries, stimulating story-telling and meaning-making.

For Week #7

Bunny Duhl: How do people learn?

Through “metaphoring.” From the inside out, proceeding from internal metaphors, assumptions learned from their life experiences to new connections outside.

Play and humor open our minds to new information/ideas and connect people together.

Safety is essential for people to shift assumptions/try new behaviors so a first goal is to make therapy a safe place.

Metaphor connects inside perceptions/feelings with external systems, and what is familiar with what is new/strange. Learning is “metaphoring.”

Metaphors can be verbal but also aural, visual, spatial and kinesthetic. Forming spatial metaphors is sculpting, or “theater of the mind” in which internal images are sculpted in external space.

Sculpting helps clarify how the core vulnerabilities and core defenses of individuals interact with those of others in couples and families in patterns of interaction.

Change results from the introduction of novelty/new information, interrupting automatic patterns and making the familiar strange.

One needs to respect how hard it is for people to change, to learn and do something new when the old has been long practiced.

Name _____

Reading for Week # 8

Nichols, Chapter 3

- What are the main considerations in forming hypotheses about a family' presenting difficulties?

Gilbert, Chapter 10

- What are the most important activities of the counselor?

- What is the place of "thinking" in this work?

Anderson articles

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

Other ideas in the reading that interested me

Week #8 Outline

What is pastoral family therapy?

The distinctiveness of a “pastoral” approach is that it is consciously rooted in a tradition going back to the beginning of time, the cura animarum or “care of souls.”

1. The focus of this tradition over the centuries goes beyond providing for the health of body and mind to the well-being of the soul, the whole person. By attending to issues of life meaning/purpose, a pastoral approach can reflect critically upon underlying assumptions of other therapy approaches offering a “perspective upon perspectives.” (See John T. McNeill, A History of the Care of Souls.)
2. Qualifications for the providers of care of soul historically are primarily personal rather than technical, most centrally being spiritual maturity. (See David G. Benner, Care of Souls.) In pastoral family therapy the integration of the spiritual and the therapeutic lies within the person of the pastoral counselor.
3. The provider of soul care is embedded in and undergirded by a community and serves as a representative of a faith community. (See William Clebsch and Charles Jaekle, Pastoral Care in Historical Perspective.)
4. Providers of soul care and their communities are in turn held by a Greater Presence/Eternal Other, God, who is the Initiator and Source of all healing. Providers are then able to let go of self-efforts to make things happen and relax into the utter simplicity of allowing “the Mystery of Grace” to move through them and the persons they serve. (See Thomas A. Kelly, A Testament of Devotion, Tilden Edwards, Spiritual Friend, and Gerald May, Will and Spirit.)

Name _____

Reading for Week 9

Gilbert (2006)

- How do congregations resemble family systems? How best can leaders working with congregations manifest high level leadership?

From Becoming A Healthier Pastor, Chapters 11-14

- Describe key characteristics and activities of a “good” pastoral “coach.”

Other ideas in the reading that interested me

Name _____

Reading for Week 9 continued

Nichols, Chapter 15

What do the major models of family therapy most have in common and what are key differences?

What is your opinion of the author's conclusion in point 9, page 333? (p. 309 in 3rd edition)
How would you answer question 6 at bottom of page 333 (or 309)?

What ideas in this class were most interesting/significant to you? Which were most difficult/challenging?

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

