Mastering Competencies in Family Therapy

CHAPTER 11

Experiential Family Therapies
Whitaker

- Targeting Emotional Transactions
  - Focus on the emotional layer of problematic interactions
- Warmth and Empathy
- Self of Therapist
- Individual and Family Focus
  - Therapist addresses both individual and family concerns as distinct sets of problems

Commonalities of Experiential Theories

Symbolic-Experiential Therapy

- Developed by Carl Whitaker, this therapy relies on emotional rather than cognitive logic
- Focus is on:
  - The emotional process
  - Family structure
- Balances strong emotional confrontation with warmth and support

Significant Contributions to the Field

Battle for Structure

- Refers to setting the boundaries and limits for therapy and should be won by the therapist
- Specifically refers to:
  - Ensuring necessary people attend therapy
  - That therapy occurs frequently enough for progress
  - Session content/process will produce change
Significant Contributions to the Field

**Battle for Initiative**
- Refers to who has the most investment and initiative to pursue change and should be won by the client.
- If the therapist has more initiative towards change, clients feel as if they are being "dragged" or "forced".
- Greater the clients’ motivation, the more the process flows smoothly.

**Symbolic-Experiential Contributors**
- **Carl Whitaker**
  - Began in the 1940’s as early pioneer in working with families.
  - Shifted from conceptualizing client problems as internal conflicts towards viewing problems as part of dysfunctional interactions.
  - Whitaker’s best known colleagues include Agustus Napier, William Bumberry, David Keith, and Gary Connell.

Overview of Therapy Process

- “Therapy of the absurd”
  - Absurdity is used to perturb the system.
  - Sometimes means speaking a truth.
  - Usually involves playing with otherwise serious matters.”

The Therapeutic Relationship

- Authentic use of self.
- Personal integrity.
- Therapist responsibility.
  - Being responsive to the family without being responsible for them.
- Stimulating mutual growth.
- Co-therapist.
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Case Conceptualization/Assessment

Authentic Encounters/Affective System
- Focus is primarily on the family's *emotional system* rather than behavioral interactions

Trial of Labor
- Observing *family response* to therapist’s interventions and interactions

Competency Focus
- Assessment involves emphasis on strengths, competencies, and resources for change, looks for most competent person

Symptom Development
- Symptoms develop when dysfunctional structures and processes persist over time

Assessing Structural Organization
- Permeable boundaries within the families
- Clear boundaries with larger systems
- Role flexibility
- Flexible alliances and coalitions
- Generation gap
- Gender-role flexibility
- Transgenerational mandates
- “Ghosts”

Case Conceptualization/Assessment

Assessing Emotional Process
- Differentiation and Individuation
- Tolerance for conflict
- Conflict resolution and problem solving
- Sexuality
- Loyalty and commitment
- Parental empathy
- Playfulness, creativity, and humor
- Cultural adaptations
- Symbolic process

Goal Setting

- **Family cohesion**
  - Increase cohesion to create a sense of nurturance and confidence in problem solving

- **Developmental tasks**
  - Promote completion of developmental tasks to promote personal growth

- **Symbolic world**
  - Expand the *family’s symbolic world* by expanding their meaning of experience
Interventions

- Creating confusion and disorganization
- Here-and-Now experiencing
- Redefining and expanding symptoms
- Spontaneity, play, and “craziness”
- Separating interpersonal from personal distress
- Affective confrontation of rigid patterns and roles

Interventions (continued)

- Augmenting despair and amplifying deviation
- Absurd fantasy alternatives
- Reinforce parental hierarchy
- Sharing stories, free associations, and metaphors