CATCHING SIGHT OF WHAT YOU HAVE ALWAYS SEEN

An account of a time of learning at the Galveston Family Institute, October – November 1989.
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> Trading the biting winds of Sweden in November for walks by the shore of the Gulf of Mexico is no big sacrifice. As a visiting scholar I was received with a welcome to match the warm climate, at a small, informally organized institute with a surprisingly wide variety of activities. The institute is situated in Galveston, a beautiful, old-fashioned town in Texas, with branches in several places in Houston, the big city seventy kilometers inland.

THE QUESTIONS I BROUGHT WITH ME

Some of the questions I had brought to Texas concerned my work as a family counselor, in a general way. What do you do, when you find yourself confused by so much happening simultaneously in the therapy room? How do you pose questions that facilitate a free and open dialogue? I wanted some supervision and I wanted training in order to do a better job. Primarily, however, my visit to Galveston was aimed at developing ways of working professionally within the particular conditions of a small family counseling practice in contact with other public institutions in a rural town.

Explaining the origins of this wish demands a description of what our work looks like. The Church Family Counseling Service in Hedemora has two part-time family counselors employed, and they receive visitors from an area with three small towns. We see couples, but also parents and children. We also have individual talks, most often when the visitor, through divorce or death, has lost someone close. Sometimes we are asked by church employees to do informal consultations. Occasionally schools, social services, and outpatient psychiatry contact us.

Within the field of psychology and psychotherapy, it is often taken for granted that the therapeutic talk is between strangers who do not know each other in private, and that this is the only way to preserve confidentiality. Meeting as strangers is also supposed to be an aid to objectivity and neutrality in the therapeutic method. At our practice, however, we might have visitors who are the parents of our own children's classmates. We need to work in a way that is reasonable for people who are not complete strangers to one another. How can confidentiality, and personal integrity for visitor and therapist be preserved in our situation? Which ways of working are ethically correct for us? Having lived a number of years in the small town, we ourselves are beginning to take root here. How can we make sure that this fact does not hinder our understanding toward the tense, insecure, and rootless people who also live here?

We also have to cooperate with other local institutions. The Family Counseling Service needs to supplement, but not replace, other channels of support that can be provided by business, education, medical care and social services. Because we are employed by the church, we also need to find forms for collaboration with other family focused work done by the church. We have frequently discussed what extent of collaboration with other facilities would be appropriate, so far without finding a good answer.

Another question we have is how we can develop some sort of understanding of how people are influenced by and influence each other within the local community we ourselves are a part of. What is necessary in order for us to understand the background for what they are expressing in our therapy room?

In our endeavor to understand this background, we noticed that we sometimes supported one another in a bad way, by confirming views that already did limit our thinking. “No wonder he got mad at that counselor.” “That lawyer never understood families.”

Trying to understand the network surrounding our practice did not automatically lead to any one school of training or therapeutic model. It became increasingly clear that we needed to look at the *foundation* for the therapeutic conversation, in order to gain a new perspective. When I heard of the teaching and supervision, which Harry Goolishian and Harlene Anderson had done in Norway, I began to consider going to Galveston to study.

IN GALVESTON

The Galveston Family Institute is a private institute for training, research, and clinical work with the purpose of training therapists and studying and treating “families and other human systems.” It started out with “Multiple Impact Therapy” in the 1950’s, a family focused treatment for teenagers with psychological problems or tendencies of acting out (McDonald, Goolishian, 1964). Since then the work has been continually developed and has gone through many variations and phases. Lately the institute has attracted a lot of attention to developing thoughts about “problem organized systems”, the role of language and of personal narrating in therapeutic work. It has also been highlighted how these ideas are put into practice in working with severe problems without long-term treatment.

Before I arrived there I had envisaged the Institute as a rather strict “school” of family therapy. I thought I would be taught good methods by teachers with long experience and good international reputation. What I actually found, turned out to be an intensive environment of work and research, where the teachers were also learners, questioning their own views to the same extent that they questioned those of other authorities in the field. As a private institute, it is run under unpredictable economic terms, and the equipment and air conditioning of the house would hardly pass an inspection of a Swedish safety representative.

CLINICAL WORK, CONSULTATION AND TRAINING

Most of the people who come to the Institute for therapy are either “chronic cases” who despite many years of therapy at other institutions have not gotten better, or therapies mandated by a court or other authority. In addition to that, many singles, couples, and families, come for therapy of their own initiative. The Institute does a lot of consultation work for child care authorities, women’s shelters, and juvenile probation. The clinical dilemmas represented by these therapies are regarded as challenging and forwarding the development of theory and practice.

From my perspective it was of particular importance to see how the therapeutic principles were put into practice in the ongoing work together with teachers, social services, youth leaders, and probation officers. Seeing the long-term work with people with severe disturbances also gave me significant support for the theories.

The training offered spans both external supervision and lecture series, and a one-year trainee program in family therapy. Most of my time in Galveston I took part in the latter.

FROM SYSTEMS DISCOVERED IN THE FAMILY TO SYSTEMS ARISING IN LANGUAGE

In sociology and group psychology the idea of system is often used about a defined group of people who act out their roles in relation to one another within a particular and limited structure; a couple, a family, a community, or a company. Words used in describing the systems are boundaries, subgroups, power, the function of the parts in the whole, and homeostasis. Anderson and Goolishian have pointed out how family therapy has taken in this way of understanding the idea of system. Thus, the family members are believed to talk and interact with each other according to repetitive patterns with a structure that can be discovered and described.

Systemic theories in family therapy often describe family systems as relatively stable structures, with an objective validity, i.e., which exist independent of the observer. The task of the therapist is to discover and diagnose the patterns, and do something which directly or indirectly paves the way for a change towards healthier patterns of interaction (Vedeler, 1989).

At the Institute in Galveston the thought of diagnosing family systems has been abandoned. There, it is not presupposed that there is any complex of problems or system within the family waiting for discovery by the therapist. Instead, systems are viewed as temporary connections, which arise, and evolve and vanish when people talk with each other. Systems are created in the moment that we observe, describe, or treat them. "Putting words to," means ascribing meaning to something. People understand by naming. When we relate to each other we strive to understand, give meaning to one another's intentions. This search for meaning takes place in our conversations with each other and with ourselves.

We construct and we change our reality in language. New meaning is created all the time:

Two rock-drilling crews were making a tunnel between the USSR and Czechoslovakia. At the place where they met there was a great lump of gold in the rock; the question was how it was to be split between the two teams. "Let's share like brothers", said the Russians. "No, no, let's each take half!" said the Czechs.

"Big Brother" assumes the right to decide what "like brothers" means for the "Little Brother". When the joke is told, it also changes the meaning of the words. By way of ridiculing the language of the people in power, something of their power is lost. If one party puts a new name on something, it can change the relationship between two parties in a dialogue.

At the Institute the view is that language is always this important. We create and change our world through language, we have no sense of ourselves except for the story about ourselves that we have created in dialogue with others, and continue to recreate in dialogue with others, as well as in an inner dialogue with ourselves.

PROBLEMS THAT EVOLVE AND CHANGE

Systems, and consequently also problems, are created, exist, and dissolve in language. Problems are created by people talking about something, which troubles and worries them. The people who talk about a problem, create meaning in it, form a problem system.

The premise of the theory is that it is central for all systems, including therapeutic systems, that they form language and create meaning. Here meaning is used to signify "sense-making"; making something intelligible. All systems construe their representations, their meanings, by communication. No meanings are right or wrong (Reichelt-Christiansen, 1988).

With this approach, the problem defines the system, instead of the family system having a fault, which creates a problem. Somebody creates the problem becoming upset or concerned about something; it could be something painful, or disconcerting, or morally offensive. When the person or the persons try to understand and consider that which has aroused their attention, meanings evolve. The fabric of ideas, which is woven by talks and actions about these events or conditions, becomes the problem system.

The therapist becomes a part of the meaning making system in the problem system that has brought people to therapy. The therapist has his or her names for the problem, just as the other people in the system. The therapist has no supreme position in this respect. The therapeutic system, with therapist, clients and perhaps others concerned, construe new meaning which makes it possible for the problem to dissolve – and thereby the problem-organized system also is dissolved.

THE PERSONAL NARRATIVE

We have no other sense of ourselves than the story about ourselves we have created in dialogue with others. The story of ourselves, the way that a person talks about him or herself, this chronicle in first person, is not defined once and for all. We work on our stories throughout our lives. A self-narrative that gives problems is one that does not give the person possibilities good enough to live with.

A farmer in his fifties came to the family counseling clinic because he was feeling depressed. He had taken over his in-laws' farm. They had never regarded him as fit to run it, and he had never sensed that he had been allowed to decide how it was to be run. Even after his in-laws had died, he felt that the other farmers probably agreed with them, and consequently he did not want to have anything to do with his neighbors. His wife was also on the side of her dead parents, he thought. This way of talking about himself evidently did not offer many chances of getting out of the depression.

Our stories are formed in dialogue with others and in inner dialogue with ourselves. They also change in dialogue. The farmer's story had been formed during the years when he had started running the farm, and it had gotten stuck in the conditions that prevailed then. Retelling the story, ringing with angry words shouted in the farmyard thirty years ago, provided a new chance to rewrite the story, and the retelling to the therapist was in itself a rewriting. It proved to be possible to talk to someone about this without being denigrated once more.

The role of the therapist is to facilitate a dialogue, which stays as close as possible to the present story. The therapist has no "better stories" to offer the client, but listens actively and

takes part in the conversation about all the stories around the situation which has motivated the client to apply for help.

Change in therapy thus becomes the telling of a new yesterday and a new today which is more endurable, more held together. It is also a story, which gives more continuity with the client's current intentions and plan of action in his or her life and surroundings.

SENSE OF COMPETENCE AND AGENCY

People who come for counseling generally say: "I don't know what to do", they feel incompetent, lacking the ability to act in the difficulties placed before them by the situation. They have no inner image of any possibility to do anything about whatever is troubling them. That is when they need an opportunity to express themselves freely. One of the goals of therapy is to provide space for an increased sense of agency in the widest sense of the word.

The clients' goal is to find out what they *can* do. If they are to know this, they must gain access to other stories than the ones, which told them that there was nothing, they could do. The therapeutic conversation can offer these alternative stories, but only the client can tell the difference between what would work and what would not. It is important for the therapist to respect this competence. If the therapist regards the clients as experts on their own stories, and listens to their descriptions without pre-conceived ideas of what it is supposed to lead to, this is their chance of taking part in a unique conversation, which is in touch with whatever problem they are trying to describe.

I have noticed that when I as therapist think that I know what is more important, wiser, healthier, or less diseased, it hampers my ability to listen. It increases the difficulties in catching sight of and appreciating the clients' thoughts. *My* definition of the problem stops the problem from appearing and changing in the conversation. My attention centers more and more on making the client see my view of what we are talking about. This may seem self-evident, but in my own work I have discovered that it is a turning point for how a therapeutic conversation evolves. The minute the therapist "knows" what the story ought to lead to in order to be helpful to the client, is the time when the therapist has in fact left the dialogue with the client.

PROBLEM SYSTEM AND THERAPEUTIC SYSTEM

The therapeutic conversation is basically no different from other dialogues that permit change. Essentially it is a dialogue where people are trying to understand each other.

People come to talk because they have problems. Problems are created by somebody being worried about something and starting to talk about it as "the problem". Others can be drawn in; all seek and create their meaning about what is problematic. Everyone who talks about this gets involved in a "meaning system" of "problem".

For this reason, it is an open question who should take part in the therapeutic conversation. All the people who are seriously engaged in a situation, "creating meaning" in it, are important for one another's understanding of the situation. The therapist, therefore, often asks which people care about the event or the condition, which lays behind the request for therapy. This can lead to conversations with one or several people, whole families or parts of families, grandparents, teachers, and social workers.

This way of working may look like “network therapy”, but it is not concerned with summoning the whole long-term network around a person or a family, but rather with taking into account, asking about, and perhaps also including in therapy, the people who are actually shaping and forming the current problem.

The mark of a therapeutic conversation is that the therapist stays in touch with all members of the problem organizing system. By an ongoing search into how the varying descriptions within the problem system are connected, the inner coherence of each story and how the different descriptions are related, therapist and clients together develop the “not yet said”, a new reality.

The different members of the problem system relate in different ways to the contexts that are brought forward, and have different levels and kinds of involvement. Each one must be given a chance to dialogue and change, at their own pace and in their own way. In a dialogue nothing remains the same. People’s actions cannot be changed unless their ideas about those actions change. In the theory of problem systems, therapeutic change is nothing else than “changed meaning” which has evolved through dialogue and conversation. (Anderson, H. & Goolishian, H. 1988)

THE ROLE OF THE THERAPIST

The role of the therapist is that of the good conversationalist, the architect of the process of dialogue. The skill of the therapist lies in being able to create a space for, and facilitating, a dialogue. The therapist is a participating observer and a participating leader of the therapeutic conversation. A good therapist is an expert at asking questions from a not-knowing position rather than expecting certain answers.

The therapist can have his or her own ideas about “the problem”, but they are not better or worse than anyone else’s. However, the therapist can stand to allow diverse and rivaling meanings to be expressed, to give the participants a richer picture. The therapist’s contribution is creating space for a conversation where new meaning systems can evolve, and where all participants, including the therapist, run the risk of change.

BEING ON EVERYBODY’S SIDE; MULTI-PARTIALITY

In psychodynamic therapy, the neutrality of the therapist is described as being “participating observer” (Sullivan, H. S. 1954). In systemic theory neutrality is described as keeping the role of the expert, (Simon, F., Stierlin, H., Wynne, L.C.) or keeping one’s curiosity (Checcin, G., 1987). Multi-partiality, meaning that the therapist is partial to every member of the problem system, is something that goes beyond these definitions of neutrality. It aims to explore diverse, often contradictory, thoughts simultaneously. The foundation for this search is the view that there are parallel co-existing realities.

One aspect of this approach is that opinions and prejudices are regarded as possibilities. They provide energy that can rouse curiosity needed to look into different ideas. We as therapists cannot rid ourselves of pre-conceived ideas about how people should or should not live their lives. We do have such ideas, and so do our clients. When we challenge our opinions and prejudices, we must accept the risk of change. We must be prepared to let go of earlier assumptions, just as we expect our clients to. If the therapist is genuinely interested in, and

follows up, contradictory trails of thought simultaneously, he or she is much less tempted to change the client's story (Anderson, H., & Goolishian, H., 1988).

SUPERVISION

The expertise of the therapist lies in keeping the dialogue going, ensuring that the talk, which works on and expands the personal story, is not silenced. What does supervision look like within such an approach? In the supervision I took part in, in Galveston, the aim of the discussions was to get as many different ideas as possible, not to reach a common conclusion.

One of the suggestions in the group supervision was: When you pose a question to the therapist who has brought up the current case, ask yourself, "Why do I want to ask this?" Another suggestion was letting different members of the group listen as if they were "the father", "the youngest child", "the referring social worker", and so on. Consequently, different positions were brought forward in the supervision session. We were made aware of how diverse different people's thoughts can be, about the same situation. This was one of many ways of generating as many ideas as possible for the team to work with.

In addition, the therapists were encouraged to keep their reflections as close to the client's stories and language as possible. The aim was that the client, if he or she were to enter the team's discussion, would not feel depreciated or misunderstood. It was emphasized that the everyday language of the client is the most effective therapeutic tool if we are to help people with their life stories. The psychological language is too vague and often too pathologizing to help those who long to see new possibilities in their lives.

There was no wish for a comprehensive diagnosis or a dynamic understanding in order to explain what had gone wrong. Such ambitions would lessen the amount of ideas that the team could work with. The aim was for each participant to openly and briefly share the different thoughts that had arisen while listening to the conversation with the client or to the therapist's report.

BACK IN HEDEMORA

Not-knowing position and problem system, co-created reality and multiple realities; what kind of answers does all this give to the questions that made me travel so far?

THERAPEUTIC WORK AND FACILITATION

My questions concerning the actual therapy work were first of all how to bring a conversation forward, and secondly how to function well even in confused situations. Getting away from thoughts of diagnosing and planning treatment,starting to see the role of the therapist as keeping the dialogue alive, makes a freer conversation possible. Perhaps this shift of perspective can, in itself, contribute to a more mobile therapist role. By taking part of several stories without having to reconcile them, I as therapist can take different positions during different parts of the conversation.

To some extent, I felt that the time in Galveston confirmed an approach that was ours already. We have always aimed for a freer way of listening to people's stories, that would make it possible for them to feel understood, and not being subject to questioning guided by some, to them, complicated psychological template.

Possibly, we might see a change in who takes part in therapy at our practice. Viewing problems as system generates an interest in bringing more people into the conversations, people who were previously kept outside. They might be relatives, friends, social workers, or teachers. This in turn brings the question of professional secrecy to a head. “Who can talk about what with whom” becomes a question, which is asked repeatedly, in every counseling situation, and in this way the problem system appears in the conversation.

A lot of what we worked with in the supervision I took part in during my time in Galveston concerned a team behind a one-way mirror, or a reflecting team, where the clients get to listen to the thoughts of the team. In spite of the fact that this format is not applicable in our work situation, many of the ideas we worked with met my request of gaining a new perspective of my own role.

Collaboration with other institutions

What has been mentioned above about “multi-partiality” is also applicable to our collaboration with other institutions in our community. Institutions also reflect opinions and value systems. The Social Services can be of one opinion of how a certain case should be handled, the Psychiatric Clinic another, and the Church’s representatives may speak for yet another one. In the collaboration, there is always a risk of the conversation turning into monologues from each part. Although we do not get formal referrals, people are being recommended to contact us, and in the recommendation itself there is a hope that we are going to accomplish a certain result.

Most of the time, there is no chance to pose questions to the person or the institution, which has recommended someone to see us. This makes it all the more important to stay aware of the recommendation, and of its inherent values, because it is a part of the problem system. One couple who were in the process of divorce, came to a joint session at our practice with an extra load to their conflict: she had been recommended to see us, and he had been warned not to, by another official.

Seeking for a dialogue that can open possibilities for change is just as important between institutions as in therapy sessions. And in both cases curiosity can be the key. If we sense that something or someone is hindering us in our work, directly or indirectly, we can become interested in starting a dialogue concerning what he or she is doing that I do not understand. Changing the perspective from “someone is in the way” to “someone wants something and I have not yet been told”, is an example of how a situation can be given new interpretations that facilitate dialogue.

There is more room for different philosophies of life in this approach, than in a psychological template, which assumes that all participants share one common reality. Different aims are not sorted into a predetermined psychological pattern. This ought to provide much greater possibilities for dialogue concerning problems that have psychological as well as religious aspects. It may be of importance for example when dealing with work related problems in an institution that represents a specific ideology, or in conversations with people with strong religious or political convictions.

Catching sight of the all too familiar

Trudging through the slushy snow of a dark January afternoon, Galveston seems far away. I recognize most of the faces I meet, as well as the headlines of the local paper. I know what to expect – I think.

Now, this is The Trap of our work situation. When we as family counselors in Hedemora think that we know. When we think that we share the experiences of the client, because we share so much of the outer world, dialogue is silenced. The labor of allowing several voices to be heard, providing space for different, conflicting, realities simultaneously, this labor challenges a taken-for granted similarity of experience. Instead, it creates space for a greater respect for the worlds of experience inherent in each person and in every unique human context.