

GEORGE STONE, MA, MSW
2548 Brook Hill Circle Anchorage, Alaska 99516
(907) 350-2497 email: georgestone@clearwire.net

**CONTEXT AND COLLABORATION IN STRATEGIC THERAPY:
Principles for Context Sensitive Community Mental Health Treatment**
DRAFT COPY: march 28, 2008

INTRODUCTION

STRATEGIC THERAPY IS a problem focused, task oriented, *social* therapy in which the *therapist* initiates what is to happen. Problem focused means its goal is to solve the presenting problem; task oriented means it creates change based on action, not insight; and social therapy means it defines a behavior problem as interpersonal and involves the social group in which it occurs in solving it. *The primary skills required of the therapist are an acute sensitivity to the social context and the ability to establish cooperative relationships that motivate people to take action.* The approach assumes reality is created by agreements among people. This means a problem behavior is a kind agreement: it is “a type of behavior” exchanged in a repeating sequence of acts among persons (Haley 1987:6). The problem is a social status - - a problem identity - - that is created, assigned to a specific individual, and sustained by sequential communication. It is *not* a medical problem located inside a particular person. Therefore, to solve the problem the therapist must change the problem sequence. The best way to change a sequence is to give a directive - - to tell people what to do. A directive is a unique action taken as part of a larger strategy or plan developed by the therapist. With child problems the goal is *always* to put the parents in charge of solving their own family and child problems. Six strategic principles guide the therapist in creating the plan and developing unique directives to carry it out. Strategic therapy shares these principles with alternative healing systems throughout the world (Richeport-Haley 1998). Alternative healing is the oldest, most wide spread healing tradition known; these principles have probably been in continuous use by humans for 40,000 years. The principles (P) are as follows:

THE SIX STRATEGIC PRINCIPLES

- P1. The family and community are *meaningfully* involved in the therapy.
- P2. The cause of the problem is placed *outside* of the client in the social context.
- P3. The therapist labels clients more positively.
- P4. Treatment is problem-focused and task-oriented to solves specific problem.¹
- P5. Client metaphors are transformed into practical action to solve the problem.
- P6. The therapist has a commitment to *cure* the client.

COMPULSORY THERAPY

During the 1990's, courts began ordering more and more families into therapy for juvenile delinquency, child protection, substance abuse, violence and other serious problems. The growth of compulsory therapy is likely to continue in the twenty-first century. Compulsory family therapy links persons from the family and therapy systems with persons from the legal and community systems, creating large, complex social organizations. Cooperation within and among these systems is important to a successful outcome. Because strategic therapy is context sensitive, it is particularly well suited to organize and guide such processes. The following case illustrates this:

“SHELVING THE PROBLEM:” A Case Study in Domestic Violence²

The presenting problem was a sixteen-year-old youth who was arrested and detained in a juvenile facility for assaulting his mother. His father was also violent toward him and toward the mother. At the time of the youth's arrest the father was on probation and out of the home for assaulting mother. He had been living with his own mother for about three months; however, he “visited” his family everyday.

On the day of the youth's arrest, but prior to an initial hearing of his case in court, a juvenile probation officer (JPO) escorted the youth's mother to the court-sponsored clinic that I directed.³ I talked to the mother for about fifteen minutes with the JPO present. The mother stated her goals clearly and succinctly: “I want my husband and son home, and I want the violence stopped.” I told her I would help reunite her family and stop the violence if she and her husband were willing to take charge of their son. I scheduled a therapy session with her, the father, and their two younger children a few hours later - - but before the initial hearing. The sixteen-year old son was *deliberately* excluded from this session as a way of lowering his status in the family.

In the first family session father agreed with mother's goals of reuniting the family and stopping the violence. However, the parents said they did not know *how* to do this. I said I knew how to help them help their son.

They also told me that violence by the father and son, on each other and on the mother, had been a serious problem for approximately two years. During this time the police had been called to the family home over twenty times; the parents also voluntarily sought various kinds of therapy. The mother had individual therapy, including a psychiatric hospitalization for suicidal behavior. The son had individual and group therapy. These therapies all failed. For example, father gave the son a black eye before a group session. The group therapist summarily discharged the young man from his therapy group and reported the father to child protective services (CPS).⁴ Because the son was a teenager CPS was only briefly involved, yet, even that brief involvement made the situation worse. For example, the CPS worker took the son's side against the parents. The son said he wanted to live with his paternal grandmother and the CPS worker said he should be allowed to do so. She criticized the parent's competence in other ways as well. Then she brought in a "family preservation team" and closed her involvement in the case. As soon as CPS left the situation the son returned home. Meanwhile, the family preservation team pulled out. They failed to engage the family because they were also critical of the parent's competence.

At this point the father voluntarily entered individual therapy. However, family violence continued, as did calls to the police. Several months *after* entering individual therapy, the father assaulted the mother and the son and was arrested. He pleaded no contest and received two years probation and was ordered to continue individual therapy. Father's assault sequence involved the family with four new legal professionals, father's defense attorney, a prosecuting attorney, an adult court judge, and adult probation officer (APO). Although on probation, the father was not legally restrained from living in his home; he began living with his mother because his attorney, therapist and APO recommended it.

Several months later, *in the father's absence*, the son assaulted the mother. The son's arrest involved the family with six professionals from juvenile court - - a public defender, juvenile prosecutor, juvenile judge, JPO, court psychologist and myself. The parents brought another lawyer to the initial hearing. He was not needed and he agreed to drop out after the hearing. Unfortunately, the juvenile judge followed the court psychologist's recommendation and ordered

the youth into a psychiatric hospital. This involved a psychiatrist (and a hospital staff too numerous to count) in the problem situation.

There were thirteen professionals actively involved with this family at the end of the son's initial hearing. I met or called all of them to coordinate the therapy. My first call secured the support of the adult court judge for father's return home - - on the condition that the family accepted therapy with me. I used that support as leverage to persuade the other professionals to cooperate. Following P1, by the end of the day I had obtained a consensus in favor of father's return home and the family and community were "meaningfully" involved in the treatment. The most taxing professionals to deal with were the father's individual therapist and the psychiatrist. The individual therapist reluctantly agreed to take a "therapeutic recess" while I helped father help his son, and the psychiatrist reluctantly agreed that I could provide the "family portion of the treatment" while the boy was in the hospital. The father returned home the next day.

Four Excerpts from the Video Tape Record of Session One

Below are four excerpts from the video tape record of session one. Each excerpt is preceded by commentary about my assumptions, my goals, which followed from my assumptions, and the procedures I used to reach the goals. In the transcripts the participants are identified as mother, father, brother (age 11), sister (age 13), and myself as therapist. By plan, the 16 year-old remained in juvenile detention and did not participate in session one.⁵ The term "son" replaces his name when it is spoken in the transcript.

Discussion of Excerpt One: Supporting Parental Authority

The best way to begin therapy with a child problem is to accept the child as the presenting problem and put the parents in charge of solving it - - even when the parents seem to be causing the problem. Sooner or later, they must take charge or the problem will not be solved - - so it is best done sooner.

Almost immediately, the mother invited me to take responsibility for her son. As she did so, she also brought up her history as a psychiatric patient. Her invitation was an act in a repeating sequence that maintained her incompetent identity. Similarly, telling me that she was a psychiatric patient was also an act that defined her as incompetent. If I had accepted her offer to take charge of her child or if I had focused my attention on her psychiatric history, I would have implicitly accepted her behavior as that of an incompetent mother. My acceptance would have perpetuated the problem sequence in which she was incompetent. To change her incompetent

identity, I had to change the sequence that maintained that identity. Therefore, I told her, “I want to put your son in your hands.” By taking this position I defined the goal of therapy in a way that supported her competence. Everything I did in this session and throughout therapy implied that she and her husband could solve their own problems. Since I assumed that the problem was not *in* her, or *in* her husband, or *in* her son, I was free to think about them as competent. This simple beginning illustrates how to *respectfully persuade* parents to solve their problems.

Transcript of Excerpt One:

Mother: My son called me twice today and asked, “Please let me come home.” I said, “It’s up to the counselor.” The only way I can put it that makes sense to me is, when I was at Lowlands Psychiatric Hospital. I couldn’t go home because I wanted to go home; I had to let it be in somebody else’s hands and say, “When you think I’m ready to go home, I’ll go home.”

Therapist: I want to put it in your hands, so when you are ready to take him back, you can. I’d also like to make sure you’re ready to take him back. Therefore, I want you to write down a set of rules - - all the expectations you have of him. You have seen a lot of therapists and you tried really hard. But when everybody is seeing different people it hasn’t worked. My suggestion now is that we meet here, work together so that everybody is in the same room and everybody knows what the rules are, and we coordinate everything. (Both parents nod agreement with this statement).

Discussion of Excerpt Two: Motivating Parents

One way to focus on a problem is to discuss how it affects people. In excerpt two I gave the two younger children the task of telling their parents how their brother’s violence affected them. After setting up this discussion, I left the room to watch the family through a one-way mirror. This allowed me to see how the parents interacted with their children. My *absence* metaphorically highlighted the fact that I was not going to solve their problems for them; my actions are metaphors too; the family knew I could see them and that they were being recorded.

While I was in the room the parents turned to me for advice on what to do about the son’s violence. When I left the room, the parents turned to their younger children for advice. I had to stop this sequence from occurring and get the parents to take charge of the situation.

I assumed these parents were so alienated that they could not talk directly to each other. Therefore, they talked *through* their children. The violent son, as well as the other children, *cooperated* with this arrangement to help the parents; everyone in the family was caught up in

the sequence and trying to solve the family's problems. Paradoxically, the ways in which they tried to solve the problems only perpetuated them.

I did not attempt to make the parents aware of my assumptions; my goal was to get the parents to work together so the children would not have to help them. Therefore, guided by P1-6, I used my assumptions to build a therapy plan and to get the family, especially the parents, to cooperate with me on it.

I stopped the parents from asking advice of their children indirectly, by criticizing sister for "telling" her parents what to do. I gently but firmly told her to "stick to telling them how the violence affects you. Let them figure out what to do." That is, I talked to her parents *through* her; this blocked the *parents* from asking her advice as well as *her* giving it, yet it was not a direct criticism of the parents. I temporarily *joined* her in protecting her parents. However, my actions *changed* the problem sequence by putting the parents in charge, while her actions *perpetuated* it with *unnecessary* help that keep them in an incompetent status.

Transcript of Excerpt Two:

Therapist: (To parents). Do you mind if I talk with your children and get them to talk? (*Parents nod OK in unison.*)⁶

Therapist: (To brother) this has been terrible, it sounds like? How has it affected you?

Brother: Well, at first, I got stomachaches and I stayed home from school. Then I got shingles because of the stress.

Therapist: How does this affect you now?

Brother: I get real scared that my brother will get mad at my sister and me.

Therapist: (To sister) how has this affected you?

Sister: Everyday, I come home. It's the same thing. My mom and my brother are always fighting. She always tells me to call the police. I want to call the police because I want them to stop fighting. But, I don't want to call the police because I'm afraid of what my brother will say, or what he'll think, or what he'll do!⁷

Therapist: I want your parents to understand this clearly. As they understand it, I'll understand it too.

Mother: (To sister) you're afraid to call the police?

Sister: Yeah, because I think he's gonna start beating up on me.

Mother: That he's going to hit you? So what do you want us to do, call the police before he

hits us or gets threatening this way?

Sister: Yeah, like before he starts threatening. I guess - - I don't know - - it scares me. Like right away, you tell me to go call the police.

Mother: (To brother) And what about you?

Brother: I'm scared he might do something to us.

Father: So you don't like to call the police. OK! You don't like to call them because you said you think he's going to retaliate, right? Do you think you are betraying your brother and you don't want to betray your brother because you still love him? (Brother and sister nod yes together).

Mother: OK, so what do you want us to do?

Sister: Just leave or something...

Therapist: (I return to criticize sister) I don't want you to tell your parents what to do. You are saying that you want *them* to do something! You want *them* to take care of you. You don't want to have to take care of your brother; you want *them* to do it. I just want you to stick to that and let them figure out what to do. Because one of the problems is that everyone in the world has been telling them what to do and they haven't had a good, clear policy of their own. Please let them know how this affects you when it happens, so they can make a decision on how they want to handle this and protect you. (I exited quickly so they could not draw me into the sequence).

Father: You would rather we handle it than send you across the street to call the police, right? So you want us to handle it? Should you just go to your rooms and stay there? Is that what you want to do?

Therapist: (I return to interrupt father). You don't have to decide what to do today. But, this is a good start. I want the two of you to decide and you can let the kids know later. It is important that you know how deeply this affects them. I think you've gotten the idea of that now. (I exit.)

Father: It has been pretty hard because, like he was saying, everybody is telling us what to do and we don't know what to do! So, the only thing we can do is call the police. It is not solving anything. It is making your brother mad. All the way around we are losing, aren't we? Because we aren't gaining any respect. We are just throwing what we should be doing off on the police. (Mother nods yes).

Discussion of Excerpt Three: Getting Agreement to Protect Their Children

By the end of excerpt two, the father *spontaneously conceded* that he and mother had not taken responsibility for stopping the violence in their family and the mother *agreed* with him. This is a *new* parental agreement; it emerged around the task “tell your parents how the violence affects you.” The parent talked directly to each other and reached agreement rather than talking through their children; this is a positive change in the problem sequence. It illustrates that change can be rapid and discontinuous. I highlighted the significance of this agreement indirectly, by sending the children out of the room and by giving the parents a new task: “Could you agree on *how* to protect your children?”

I prepared them for this task by taking a strong position against violence. I told them, “I want you to be like soldiers in Gandhi’s Army. Gandhi’s soldiers promised him they would ‘always prepared to die, but never prepared to kill.’ If your son strikes out, take the blow, subdue him together and safely hold him until the police arrive,” which they agreed to do. Then I taught them how to physically restrain their son in a safe manner. This insured they would know what to do if he actually became violent again. It also showed my rigorous support of them. Meanwhile, as they practiced this they were also working together.

Transcript of Excerpt Three:

Therapist: I want you to talk together and decide if you can make a promise to each other to help your children. (I quickly exit).

Father: We can promise them we will do our level best not to involve them.

Mother: (distinct pause)...But if you aren’t there...(distinct pause)...if you are at work...(distinct pause)...do we make some kind of deal where you have to call home so many times? So, if there is a problem, you can call the police from your end if I am unable to. Something where I don’t have to pull the kids into it? At this point, I can’t say he is going to leave me alone to go make a phone call.

Father: Why don’t we just agree that the kids should not be involved? They won’t be involved in going to call the police. We will make the effort to do that ourselves. If we have to go across the street to keep the damage down in the house, OK! But, we’ll keep the kids out of it. Put them in their neutral zone, so they won’t be exposed to it and to feeling bad like they have been. The only small stipulation is if they are witnessing out right violence - - if you and I are really trying to control him and it is taking both of us - - then they would have to use judgment to

make the call.

Mother: If [brother] feels really uncomfortable just being in his room and still listening, that we set up somewhere he could go. We could talk with one of the neighbors and set it up.

Father: At this point, the closest neighbors all know about our situation and they are willing to help. They have expressed that.

Mother: We could just tell [brother] that if he doesn't feel safe in his room, he could go to a neighbor's house. Maybe set it up with a neighbor.

Father: Maybe even before [our son] comes home we can really square this thing away. We could have a meeting with our three closest neighbors and let them know what's going on, because (he laughs) we don't have any secrets anymore! They know everything! Let's let them be neighbors by asking them if they wouldn't provide a little safe place for the kids to get out of the element for awhile. I like what he said; I can take a blow. The thing is to hold him down. Maybe I could hold him down while you call the police. If you can't call the police, that's probably what's worrying you. You want to know what you are going to do when you are alone.

Mother: If [brother] is in the safe zone and [sister] is in the safe zone, maybe I can leave the house and make a phone call somewhere.

Father: We will make a promise to them that we will not involve them anymore in calling the police; that we will handle it. But, if they see something really violent - - like if he has a gun or a knife - - and they have the opportunity to duck out and make a call, they should do it. (Mother nods yes).

Mother: And if neither of us is home and he is acting up, for them to just go...

Father: (overlapping) for them just to go to the neighbors. Looking at them, they really don't like calling the police. (Mother nods yes.)

Mother: They are scared. I know [sister] just sits there and won't leave because she is afraid of what he will do to me.⁸ So, we will say to [sister], "Just leave. Just go to your safe zone."

Therapist: (I return) Excellent! That is a fine, workable plan! If we follow this diligently and scrupulously there is going to come a time when they won't need to go to a safe zone. Then everybody - - when they walk in the front door - - it is a safe zone for everybody. That's wonderful!

Discussion of Excerpt Four: Restoring Parental Relations

Courts often mandate that people remain separated from each other for safety reasons. This

is a risk management issue. Unfortunately, it often takes over the therapy and causes failure. If a problem is part of an interpersonal sequence - - if it is created and maintained by *participation* in a sequence - - then it follows logically that the problem cannot be *solved* by separating the participants. Therefore, when a family can be safely kept together to solve their problems, therapy should be done with them together.

Excerpt four illustrates the importance of face-to-face interaction and the importance of the position taken by therapist in regard to what should be done. Mother and father wanted to reunite but were hesitant because of past experience and because of father's legal status. After watching this couple interact in the first three excerpts, I thought they could live together safely. Therefore, I took the position that "father should come home right away!" The couple worked out their differences in the face-to-face interaction around the practical task of planning for father's return. The small, progressive changes highlighted in the first three excerpts come to fruit here.

Transcript of Excerpt four:

Therapist: Are you home now?

Father: (Shakes his head). No!

Therapist: My idea would be getting you home as quickly as possible. Is there a restraining order keeping you out?

Father: No, there is nothing legally - - it is just - - they are watching me. My therapist, my PO and my lawyer highly recommend, "Keep yourself away from that environment. Because if you get back in that environment, there is always that risk that you could get sucked into a fight again, and engage your son and hit your son. At that point, if you engage him and charges are brought against you again, there is not much I can do for you."

Therapist: All right, that is good legal advice, but it is terrible advice for a *father*. Your son *needs* you. You know how nasty it can be if you hit him again. I am saying that if we are going to succeed, we have to go through that. You have a good plan and the support of your wife in a new way.⁹ And, you know what the old way means to your children. Yes, you are going to take a risk. That is what it means to be a father. That is what I ask of both of you. We have a plan - - a basic plan - - that nobody is going to get hit. That *you* are going to call the police - - that *you* are going to do it. You haven't done that one thing before. And, if you go to court around that, and you do the things I have asked you to do here, I will go to court with you and tell them I told

you to do it. But, if you hit him now, you are on your own. You can't do that because it is against the law and you will get in trouble. If you keep doing it, you are going to destroy everything that you love. They need you. I don't think you can be a wise man from a mountain top fifty miles away from your home.

Father: That is kind of what they want me to be.

Therapist: They need you at home. Your wife needs you. She has said that over and over again. She is alone and she gets worried. We need to have a real clear message: "No one is going to drive me out of there!" That you want to be together! Now, if there are difficulties between the two of you, I will help you with them. But, right now, focus on your children and make sure they are safe, all right? I just expect you, as parents, to put your kids first and your own problems second. And, when we get this under control, we will deal with the husband and wife thing - - if there is any need to do so.¹⁰ (I left the room.)

Father: I guess I've learned my symptoms of anger.¹¹ I can tell when I get tense and my shoulders get sore. So I can recognize my symptoms, like what happened that night I got the assault and battery. When I got into it with you and [our son] - - probably the biggest thing...our failure that night... I will say, your failure - - *sorry!* You should not have gone after me. If I was angry and was dumb enough to say things to you because I was in a bad mood, you probably should have just let me go that night. Remember? When I was getting my clothes and I said, "I'm getting the hell out of here!" Remember? I've done that other times in the past - - remember? I spent the night in a hotel and cooled off and the next day, I came home and everything was fine. We are learning; we are learning! But, that night, you probably should have just let me go and said, "Well, he is probably in a bad mood. Goodbye! He will be back tomorrow." I know that I will be back tomorrow. During all this time we have been separated, I haven't left. So, I will be back tomorrow, OK?

Therapist: (I return to block the father). In the past, [leaving] has worked - - *temporarily*. But, you have to go through it again. It never resolves anything. So, what is it that gives you this tension in your back? Some of it is your son, but some of it is something your wife is doing. You faced the handcuffs and she has got to face what she does. Several times in the discussion now, she has said, "So I was screaming at him." I don't know whether it is her getting real angry and screaming (father smiles and nods yes) or what? But, you have got to let her know that. You both have to face that fact if I am going to help. So tell her, face-to-face, eyeball-to-eyeball.

I don't want anyone to be violent, or to run away, or threaten divorce.¹² If any of those things happen, we are not going to solve this - - and I'm going to get paid anyway. (I exit.)

Father: I guess what really pisses me off is when you badger me.

Mother: I don't understand?

Father: I hate getting screamed at. You know we both get angry and yell. I hate it when you scream at me. That really - - like even sometimes when I see you and [our son] get into it - - when you scream at him, it gets...you...ugh! (Father goes speechless for a moment.)

Mother: I can try not to. I mean, I can't say I won't. It's a character thing. I don't think anybody is hearing me, so I guess I scream.

Father: Even that night, when you screamed at me, I think I could have solved things OK. But, getting screamed at - - just - - ugh! You know! We always shared that I have had maybe the physical abuse and you have had maybe the verbal. You know, over the years, off and on, right? Maybe I'm as scared of your verbal lashing as you might be of my physical. (Mother nods yes.) That really - - I don't know - -it has an effect on me. It gets me riled. I hate to get yelled and screamed at. It makes me angry.

Mother: Well, you know, I will try.

Father: I'm scared to tell you that. It's funny how he drew that out. That is it in a nutshell. I hate to get screamed at. But, like he said, I guess running away is not the answer either.

Mother: You know that is something that has always made me mad. Because you always come back the next day and pretend that nothing is wrong, and we don't discuss it.¹³

Father: Remember how we always "shelved" the problem. I was taught [in therapy], "Shelve it until the next day, for an hour, until you can come back and rationally discuss it."

Mother: But leaving the house has been - - I've always been angry - - when you leave the house I know it's never going to get discussed. So if you can promise not to leave the house when we are angry, just leave the room, then I cannot yell.

Father: Then we would have something, we might just have something!

Mother: Then we could discuss it. Because I don't think I would be as angry if I knew you weren't leaving the house. Because then it is on *your* terms. It is when *you* decide to come home! It is when *you* decide to call me! It is when *you* everything! And that has always made me very angry. So if you were going to stay there, even though we are angry and go away from each other, then I would be able to stop yelling. Because that is when I think I yell, when I am

angry, and I think you are not listening. So I will try not to yell, if you can try to stay home and not threaten. (Father nods yes.) Because I feel lost...I feel like the argument never gets solved when you leave. It always feels like it is left...

Father: (Overlapping) Forgotten!

Mother: (Overlapping) Forgotten on the shelf. ¹⁴And you come home a day later, say forget about it and go on with our lives. I guess that is what our son gets from both of us. He thinks it is going to get left on the shelf and forgotten forever - so he keeps on and on and on.

Father: He doesn't want to let it ever get shelved. He wants it resolved right away. (Mother nods yes).

Mother: Right! But, if we can show him that when we argue you just leave the room and not leave; and I don't yell and there is no violence - - maybe that would help him. (Father nods yes).¹⁵

Father: I know what he is saying now. Leaving is not the answer. But, I've been taught through the counseling, "Just leave! Back off!"

Therapist: (I returned and congratulated the parents; then I brought brother and sister back so that the parents could tell them the new plan).

The Psychiatric Hospitalization

At the hearing after session one the juvenile judge ignored my recommendation that the son be returned home and ordered him into a psychiatric hospital. Two days later, the son kicked a hole through a wall and escaped from the hospital. When he showed up at home his parents met him together, talked with him calmly and returned him to the hospital. Because things were going well at home the judge returned the son to parental custody after two weeks in the hospital.

The psychiatrist wanted to medicate the son. The parents refused to approve medication. When the parents would not cooperate with this he became critical of them. He tried to assert his authority through the sheer power of his social status as a doctor, rather than by demonstrating his competence or a context sensitive understanding of the problem situation. Meanwhile, his staff made a behavioral modification plan for the son - - without consulting the parents - - and then tried to impose it on them. It was based on the idea that the parents did not know how to parent and the hospital staff did - - so they would teach the parents what to do. This plan was not context sensitive and the parents did not cooperate with it. When the judge released the son to parental custody, they fired the psychiatrist and his staff, just as they had fired every other

critical helper in the past.

Clients who leave treatment are often labeled “resistant.” The concept of resistance is a device for protecting professionals by transferring blame for failure onto clients. The practice harms the clients and therapists alike: the label stigmatizes and alienates clients while absolving professionals from crucial responsibilities - - like examining their context sensitivity and improving their intervention skills.

Iatrogenic Harm: When the Helpers Hurt

In excerpt four the central problem that divided these parents became obvious. Father left the house during marital arguments, then returned later on his own terms. Father’s leaving and return were acts in the repeating sequence that put mother in an unequal position. The parents would quarrel, mother would yell and father would leave. When father returned home on his own terms the quarrel would begin again. In a variation on this cycle - - and presumably at times when parental quarreling was most intense - - the son would become violent, forcing the mother and father to stop their own quarrel and pull together to stop him - - usually by bringing in the police. These were temporary fixes, which only interrupted the marital quarrel momentarily. The sequence would repeat and escalate until it inevitably turned violent again.

When the adult court judge, adult PO, lawyer and individual therapist insisted that father stay away from home they were naively taking his side against mother. This made the problem worse. The community professionals were informed by an individual theory of behavior. Therefore, did not have a theory of social context and they did not see the negative impact their actions had on the lives of the people they were trying to help.

Community intervention inadvertently introduced “iatrogenic” harm: 1) the father was gone *more*. 2) Community support implied father was “right” to leave and mother “wrong” to expect him to stay. 3) Father talked to *his* therapist (another woman) about important issues, rather than talking with his wife; they set the agenda without her. Later, mother was *informed* about what was decided “in therapy.” This lowered mother’s status, while raising the status of that therapist and the father. And, finally, mother could not legitimately protest father’s absence or the unhelpful therapy because the community supported these arrangements.

While the problem clearly began in the family it was exacerbated by well-meaning community interventions. Mother was placed in an untenable situation and the longer it persisted, the more powerless, vulnerable and angry she became. Later, she described this by

saying, “I felt lost.” Now consider this situation from the *son’s* perspective.

With his father out of the house and his mother “lost” in increasing emotional distress, *somebody* had to do something. The son took charge of the situation by having frequent arguments with his mother, which eventually escalated into his assaulting her. Following Haley, I assumed this was his way of *helping* his parents, especially his mother. She had to pull herself together to defend against his verbal and physical attacks; furthermore, this behavior indirectly supports mother’s position that father is needed at home - - after all, she clearly could not handle the him by herself.

Explaining the son’s behavior in this way does not mean that I condoned it. I saw his behavior was an attempt to help his parents, who were in crisis. I assumed that when the son fought with his mother he was reacting to the total context, including the way the community had intervened in his family. P2 told me the problem was not *in* the father, mother or son, so I could think of social interventions, like returning the father home and helping father and mother communicate, so son would not have to help in problematic ways. Similarly, P3 told me the son was being “helpful,” so I could *like* him and still help the parents set firm limits on his behavior. And, I could *like* the parents as well - - after all, if the son loved them enough to sacrifice himself on their behalf, they must be worthwhile. Similarly, I changed the way the community was involved with this family. I was committed to a social theory of therapy, not to an individual theory; the CSP guided my thinking, planning and engaging everyone in the family in a way that corrected the social situation and solved the problem.

This family had eleven therapy sessions, generally spaced two weeks apart. Therapy could have ended after session six. However, their problems were violent, severe and had not yielded to previous therapies. Therefore, I stayed with them longer to make sure their changes were stable. Although most significant change occurred in session one, some of the other sessions merit discussion as well.

Creating New Identities: Moving to the Next Stage of Family Life

I used the second session to absolve the parent’s from their violent past and restore their legitimate authority. To do this I modified a procedure developed by Cloe Madanes for treating juvenile sexual abuse (1990). In brief, I asked the parents to get on their knees in the session and apologize to their children for “anything terrible you have done and anything you regret.” They did this willingly and sincerely. Father’s apology was an unequivocal acceptance of

responsibility for his violence and the terrible consequences it had on the family. He also promised never to do it again. Mother said, “I’m sorry for being a weak mother and allowing your dad to get away with what he has been able to get away with all these years. And I am sorry for scarring you with threats to do myself in. I am stronger now and it won’t happen again.”¹⁶

Privately, I asked the parents to make restitution to all the children, but especially the son. During the two-year period of violence, the father destroyed virtually everything the boy valued - his TV, stereo, electric guitar, electric keyboard, clothing and some bedroom furniture. During the two weeks the son was in the hospital the parents secretly replaced these items, and repainted and refurbished his bedroom. They also took a firm stand against violence by anyone in the family. I considered this to be part of their restitution to their children as well.

The son had been violent too. However, I treated him “as if” he were an innocent victim. Specifically, he was not required to apologize for his violence or to make restitution. This was an *implicit* recognition that he had been “helping” his parents by creating violent crises to help them. The only explicit reference his “help” was that made by his parents in session one.

In the context of “restitution,” the parents decided to give him a welcome home party. The boy was intelligent, creative and very popular at school. I suggested this small improvement, “since his friends already know he is in the psychiatric hospital, why not take them there with you when you pick him up?” The parents thought this would be great fun and descended on the hospital with 25 or so of the boy’s friends. The hospital staff kept his friends in the lobby while the parents got their son from the locked ward. Then they all escorted him home for the party.

A party may seem frivolous. However, in this grim situation having any kind of fun was an important change in the sequence. In addition, an impressive ritual, “the initial hearing,” symbolically marked this young man as a deviant and put him in the hospital. The welcome home party created an equally impressive ritual, which returned him from the hospital to “normal” life. Furthermore, the replacement of the son’s destroyed possessions gave him the *means* to be normal again.

The son’s transition home was significant because it marked a new stage of life for the family: Everyone was at home again and the parents were fully in charge of their family. The children were freed from the burden of “helping” and pursued their own childhood friends and interests. The party said emphatically, “Things are different in this family now!”

The theme of fun played out again in restitution to the younger children. The parents promised the family would “have more fun from now on.” They began planning and doing fun family activities immediately.

The presenting problem was resolved directly and family members were freed to take on new identities appropriate to the next stage of their lives together.

Involving the Paternal Grandmother

It should not be forgotten that the father was living with *his* mother when therapy began; and his son had lived with her briefly as well. Grandmother’s husband, the paternal grandfather, died two years before - - *about the same time that violence became a problem in the family*. It is unknowable if grandfather’s death was actually connected to the onset of violence. However, I *assumed* there was some connection, but I dealt with it indirectly. I invited the paternal grandmother to session three. I gave her my condolences on the death of her husband and drew out her goals. She wanted the same things as the mother and father: to see the violence stopped and her son’s family be reunited. She said she would do “anything to help.” I highlighted her concerns, so that by the end of the session it was clear she had given her full and explicit blessing to these changes. If the father was “helping” grandmother deal with grandfather’s death, this session symbolically marked the end of that sequence. I also assumed that the family would find new ways of relating to grandmother. I did discuss my assumptions with them.

The “Spontaneous” Resolution of a Marital Problem

The parents use the word “it” when referring to their quarrels in session one. For example, when they agreed their son didn’t want to let “it” get shelved. While talking to the son privately in session four I asked, “Do you think your father is having an affair with another woman?” He said, “Yes.” “What makes you think so?” I asked. The young man told me simply, “Because my mother works nights. He tucks us kids in bed and then says he is going to run errands. I don’t know where he goes.” I thanked the son for confiding in me; then I asked him simply and without elaboration, “Will you let me take over this problem?” I assured him I would handle it delicately. He said I could take over and we shook hands to seal the bargain.¹⁷

For the next two weeks, between sessions four and five, I agonized over what to do about the possibility of an affair. My dilemma was that to bring up an affair might trigger a relapse; yet, if I did not do so the parents might eventually relapse around that issue anyway. I decided to bring the affair up privately with the father in session five. Then, depending upon his reaction, I would

improvise a plan to deal with it from there.

I used the first part of session five to see the parents together - - *before* I talked with father alone. They related the following story: One day when the father was off work, but *not* at home, the mother decided to find him. She thought he might be at his union steward's house - - the steward happened to be a woman - - and indeed, father was there. The situation was awkward, but there was no scene. A friendly discussion ensued among the three of them, which culminated in an agreement that the father would not go to the steward's house for *any* reason and would conduct *all* union business at work. The father said, with a chuckle, "My wife thought I was having an affair with my union steward, but that is cleared up now." Mother nodded her agreement.

Often, after the presenting problem is resolved, all relationships in a family improve and other problems seem to "fix" themselves spontaneously (Haley 1977; Turner 1969). In this case, the son had stopped being argumentative and violent, the father had stopped being violent and the mother had stopped yelling. Therefore, I decided to accept the couple's solution to the affair. I planned to track it over the remaining sessions to make sure it was stable. For example, in session ten I asked the son, "Does your father still go on errands at night?" He replied, "No, he doesn't do that any more." I thanked the young man for letting *me* handle the problem!

The "affair," which appeared to be a central issue dividing these parents, and which had smoldered through two years of violence and failed therapy, was resolved. By approaching the problem strategically, I created conditions in which the parents were freed to use the full range of their abilities. They demonstrated that they could solve their children's problems and their other family problems as well.

Follow-Up

I did yearly follow-up contacts with the parents for three-years. There was no more family violence. It was never necessary for *anyone* to call the police again or for the parents to use the Gandhian restraining procedure. The father never returned to individual therapy; no family member took any additional therapy, medication was never used and no one was hospitalized. The marital problem did not recur. One year after therapy the son graduated from high school, took two jobs and rented his own apartment. The family moved to a new neighborhood, perhaps to escape the reputation they acquired with neighbors during their violent period. In the third year of the follow-up the son entered college.

Conclusion

Guided by the context sensitive premises of strategic therapy, I accepted the problem presented, utilized the situation as encountered, respected everyone in that situation, placed the parents in their rightful positions at the head of the family, and arranged that the court and other professionals cooperated by supporting reasonable action by the parents. This therapy was brief and cost effective as well as successful.

REFERENCES

- Bavelas, J., Personal communication 1991.
Durkheim, E., *Rules of the Sociological Method*, 1893.
Haley, J., Family Therapy News, 1991.
Reflections on Therapy and Other Essays, Washington, DC: The Family Therapy Institute, 1981.
Personal communication, 1978.
Problem Solving Therapy, 1976.
Uncommon Therapy, 1973.
Haley, J. & Hoffman, L., *Techniques of Family Therapy*, New York: Norton, 1967.
Jackson, M. *Paths Toward a Clearing*, Bloomington: Indiana U. Press, 1989.
Madanes, C., *Sex, Love and Violence*, New York: Norton, 1990.
Miller, B., *Cultural Anthropology* (2nd Ed), Boston: Allyn & Bacon, 2004.
Richeport-Haley, M. "Approaches to Madness Shared by Cross-Cultural Healing Systems and Strategic Therapy," *Journal of Family Psychotherapy*, 9(4:61-75) 1998
Pittman, F., *Turning Points: Treating Families in Transition and Crisis*, NY: Norton, 1987.
Stone, G. "Rediscovering Ritual: The Contributions of Jay Haley to Therapy," in *Changing Directives*, Phoenix: Milton Erickson Foundation Press, 2001.
Turner, E., Personal Communication, 1995.
Experiencing Ritual 1995
Turner, V. *The Ritual Process*, 1969

¹A hallmark of the rites of passage is that they simultaneously produce change on two levels: group action solves the individual presenting problem as it indirectly improves relations among every person in the group.

²The family metaphor for father's leaving during stressful periods was, "shelving the problem."

³Referrals sources often tell parents, "They can help *you* at the clinic." It is better if they say, "they can help you with your *child*." This simple step is respectful of parents and helps gain their cooperation from the start of therapy.

⁴This was a missed opportunity. The group therapist could have *invited* the parents to call CPS jointly, with him and begun a cooperative family therapy to stop the violence.

⁵This reduced his status, while building parental status. Also, the session produced significant change. Since he wasn't there, he could only wonder how that change could have happened *without* him. He participated in all other sessions.

⁶Asking parental permission to speak to the children is both respectful and reinforces parental authority.

⁷This is a useful description of the problem sequence by sister. I assumed son "helped" mother; he recognized her distress and began an argument, which *forced* her to pull herself together to deal with him.

⁸This is a spontaneous "concession" by mother; she "knows" that sister is staying close to "protect" her. The new agreement between the parents makes sister's protection of mother unnecessary and she is free to be a child again.

⁹It is important to make explicit to the parents why they will succeed now, where they failed before. Say, "you have a plan now; you are working together now and I (therapist) am involved."

¹⁰Do not take a marital problem first; make the child safe first! Parents and others come after that.

¹¹Father learned this in individual therapy and uses it to justify his position with mother.

¹²My position emphasizes how things “should be;” This facilitates change, see Haley (1981).

¹³This is the crux of the session: father conceded “running away is not the answer.” Mother used this as an opportunity to offer a new agreement - - “if you don’t run, I won’t yell!” Father accepted this. I am also indebted to Janet Beavin Bavelas for watching this tape and the insight that to “overlapping” is a form of strong agreement.

¹⁴The parents reach a solid agreement, then *immediately concede* what they always knew - - that their son is “helping” them. Is this insight? It appears to be! However, it *follows* from their agreement, it does not produce the agreement. Therefore, it is best termed a “concession” rather than an “insight.”

¹⁵Next they immediately agreed to help their son by *showing* him they solved “it” themselves; that frees him from protecting them.

¹⁶Mother spontaneously concedes that she frightened her children and corrects that here. The staff of the psychiatric hospital were not context sensitive, so they did not think of helping her do this with her children.

¹⁷I “replaced” him as the parental “helper;” *implicitly* freeing him from that responsibility. This should be set up vaguely, as I described above; it should *not* be explained or made more explicit to the boy or the parents.