

THE MOTIVATED ONE

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When the issue of “motivation” arises, many questions are triggered. How does the therapist think about who comes, who doesn’t come? Is it really “family therapy” if only one person comes? Is it “family therapy” if only the parents come and the “identified patient” child does not? There is a wide spectrum of thinking about these problems. How does one think about how emotional systems work? What are inherent characteristics of a family system? Should each family member have their own therapist?

Is there a predictable systemic process when only one family members is involved in the therapy effort? How does one stay away from trying to change the other or blaming the other for what is or what is not happening in the family? Does motivation shift from one person to another? One family member can be the initiator or leader in the effort with the partner following the lead, and then the pattern may shift. Can a person be highly motivated for a period of time, then “take a break” from therapy? Can this sequence not be seen as a negative (e.g., “no longer motivated”)? Often when the therapeutic process is not progressing “satisfactorily” (ever what that means), the patient is labeled as “not motivated” to work in therapy. If there is enough reactivity going on, the “borderline” diagnosis is pulled out. In the old days, the patient was labeled as “passive-aggressive.” The personality of the patient (not the therapist’s) becomes the issue.

The major point is that there are a number of interlocking questions in reference to the therapeutic process.

Dr. Bowen’s letter of December 1966 responds to a patient’s letter who is taking the lead in dealing with her family. Her daughter is the “identified patient.” An important point in his letter is the articulation of how family system patterns operate.

December 26, 1966

Dear _____,

Response to your letter has been delayed because I have not made time to put thoughts on paper. Rather than delay this longer I will hit some high spots and not bother if thoughts ramble or are not well structured. Since you have chosen to work on this on your own, I will attempt to point out some of the obstacles and some general directions for getting around them.

I believe that defining the problem as a family problem, rather than a problem within _____, may have provided some relief for her. It sounds like the long session may also have provided you with some directions for your own life. Though changes in your attitude and actions may have reduced the pressure on _____, and also reduced the symptoms, you should be aware that the basic family patterns that gave rise to the symptoms are still there and that any effort to modify the patterns is a long term project no matter how one approaches it. The fact that symptoms were relieved by relatively simple adjustments is indication of family flexibility, but the fact that a fairly serious symptom did come to the surface is not to be taken lightly.

It is an accurate over-generalization to say that emotional problems come into being by taking the easy way out in a host of critical life situations. An Achilles Heel of any therapeutic system (the hazards are greater with the "do it yourself" effort) is the unwitting continued use of the very mechanisms that went into the creation of the problem in the first place. Emotional problems are created out of what seems logical and "right". Man can take any theoretical or therapeutic system, mold it to fit his own emotional functioning, and use it to perpetuate the problem. This is one of the devilish complications of the mental hygiene movement with its easy rules, formulae, and blueprints. If you can be aware of this as a near universal human characteristic, and that any course of action requires constant checking, re-evaluation, and questioning; you are less likely to be lulled into complacency.

There is one general rule (there are always specific exceptions to any general rule) that applies to almost any problem involving children. This is to view any problem that focuses in children (whether it be persistent physical illness, emotional disturbance, or impaired functioning in school or social relationships) as a manifestation of an overt or covert disharmony between the parents. There is a good percentage of calm marriages in which a problem in a child is a more sensitive indicator of an underlying parental problem than anything in the parents' conscious awareness. If parents automatically regard a problem in a child as an early indicator of marital disharmony, and if they can defocus the child and start a search for disharmony between themselves, they cannot lose.

's tendency to minimize the problem is a familiar one. How do you explain the differences in your perceptions? Are you seeing things that are not there or is he wearing blinders? Either of you could offer solid evidence to validate the separate views. 's reaction recalls that of a father a few years ago. The mother was involved in the emotional complex with the kids and the father was quite outside it. When she complained, he would convince her that the problem was her inability to organize the home front. Both viewed it as the mother's problem. She tried working on it alone. The childrens' symptoms decreased but her energy went into untangling her "ball of yarn" with the kids, she never found motivation to deal with her relationship with the husband, and resolution of the problem was impossible without him. Finally I refused to spend more time on it unless the father would come. He came one time, with a twisted arm. He focused on his childrens' positive qualities and the advantages his income provided for them. He said they were as well adjusted as any kids on their street. He honestly did not perceive a problem and there was no reason to spend time on a problem that did not exist. His visit terminated that effort to work on the family problem. About six months later his oldest was arrested for shoplifting and the police called the father. For the first time HE had a problem and he was in a hurry to do something about it.

I could go on rambling at length but it would be peripheral to the points raised by your letter. The various activities you have started can all serve to strengthen your own functioning and anything that improves the functioning of one family member can contribute to the family. It is possible to learn much about self from working with emotional problems if one can get into the position of a detached observer and not participate too much in the emotional system. This is another area in which one has constantly to be evaluating.

Work on one's family of origin is an extremely long term project but there is a long term dividend there for one willing to work at it. This is one of the main things I am trying to communicate in this letter, namely to approach anything you do in terms of the long term project rather than alleviation of symptoms. I will leave you with a question--If the underlying problem is not causing symptoms and the ultimate goal is resolution of the underlying problem, then how does one determine whether or not one is making progress on the "problem"?

Enclosed is a bill. My regular fee is \$25 for a one hour interview but I routinely do some kind of a professional courtesy discount for physicians, psychiatrist (a special kind of physician more accustomed than most physicians in paying such bills), and good friends, for the initial interviews.

Good luck to you and in your effort. It would really be more accurate to say "good luck to you on your effort on ". If you need any help along the way in re-charting your course, let me know.

Sincerely,

Bill for \$50 sent.