

## ASSUMPTIONS AND THERAPY APPROACHES

## **Assumptions and Therapy Approaches**

Assumptions come from two directions: the potential patient and the potential therapist. For the person seeking therapy, there are many resource options and making a decision where to turn is usually not a rational one. Advice is often sought from a friend who is in therapy - "You'll really like her." Information about one's therapist options and choices usually does not include information about the therapist's theoretical framework. In this day and time, very few psychiatrists offer psychotherapy, but focus on "getting the chemistry right," and for a person wanting medicine this sets up a "therapeutic relationship" that will increasingly medicalize whatever the problem was that motivated the decision to initially seek assistance. The "literature" is used to support the assumption that the person will have to remain on medicine, with little or no thinking or discussion about what will be required to go the other way, e.g., making an effort at focusing on self responsibility for dealing with one's problems.

There is some thinking and emotional activity before the decision is made to seek help outside of the family. Often the focus is on a child with there being some "facts" to support the concern, e.g., acting out behavior, falling grades, etc. Couples present with many different twists - "We need help in communicating with each other"; "If you don't get help, I'm going to see a lawyer." Different therapists make different assumptions about these "presenting problems." A core assumption for the therapist is the role of "relationships" in therapy. Certainly, the prevailing clinical thinking today in treatment plans is the first "goal" : "establish a relationship with the patient." This is the cornerstone of many theoretical approaches.

Dr. Bowen's letter of February 10, 1976 responds to a woman from a southern university town where he had recently made a clinical presentation. She wrote to him of her concerns about her life and marriage, and asked him about possible therapy directions, even the possibility of traveling to Washington to see him. His letter examines some of the underlying assumptions built into various therapy approaches, while pointing out options for her to consider.

Feb 10, 1976

Dear

You have enough of a balance in your marital fusion that it may be difficult to dialogue. But, if you don't shake it somehow, it will rise up with the symptoms somewhere along the line. One problem is that each neutralizes the effort of the other. You can spend a lot of time talking each other into it, and out of it.

To , I would say that I hear you loud and clear when you say that talking about problems makes them worse for you. Marriage counseling is no more than a sort of piece-meal thing for you. It sounds like you made some real progress with your mother at Xmas. Anything you do within you, to contain emotional reactiveness, will move relationships to a more workable level. I would not go toward individual therapy. You'd be better off if you could get some "give" in your families of origin than anything you can do between you. Individual therapy would probably provide some early relief but individual therapy IS A RELATIONSHIP SYSTEM, there can be long-term complications, and it usually gets the extended family system more negative than it already is.

You asked what you could do on your own. There are two or three methods that go in a direction that is compatible with "differentiation of self", which is the effort to be a "self" in relationship with the other, without holding the other responsible for one's own self. One is Meditation, if one can be careful. TM has become a kind of spiritual movement which I think defeats some of the basic gains in it. Most of the basic TM stuff that goes on within one's own head WITHOUT GETTING INVOLVED IN RELATIONSHIPS WITH OTHERS, can be helpful. I am trying now to develop it as a kind of supplement for a differentiating effort within a family. It can lose its value when one gets "caught up" in the movement. Another method that is theoretically consistent is Yoga which involves a kind of physical and emotional discipline. Some people have done wonders with it. Depends more on the person. At Georgetown we are working at developing biofeedback as a supplement. It is a combination of physical and emotional discipline involving the autonomic nervous system. I KNOW there is something good here, if we can get the garbage out, as it has come into such popular use.

I am biased as you well know. I have spent my entire professional life trying to make theoretical and practical sense out of what I consider basic problems in the very foundations of psychiatry. Psychoanalysis is still the baseline - the ultimate method from which most of the other therapies descended. None of the other methods have as much discipline built into them as psa. The transference is the

moving force on which everything from group therapy to counselling, to encounter groups, is based. Psychiatry professes to have a dozen or two different theories ( better learn all of them good or he will not pass his boards) which I consider one basic theory based on psa theory of the therapeutic relationship. So many supposedly different theories that one has to profess "eclecticism" to survive them. All these theories operate on relationship forces. There is one set of results when one attempts to juggle and balance relationship forces, which is what most people try to do on their own, as far as that will go, and then they get a "therapist" to bring outside help for a better balance. Most methods propose a little individuality, as part of the relationship balancing, which is part of the artistry which says therapy is more art than science. One of the things that motivated my family research, among other deficiencies in theory, was the high divorce rate in psa.

Based on the kind of "therapy" available in the market place in most places, I would say avoid relationship type of individual therapies, especially those in which "liking" the therapist and being emotionally compatible with the therapist is an issue, and keep relationships spread thin until it is possible to clear some of the issues with one's own family. The more you have to run from your family of origin, the more your children will ultimately have to find a way to run from you. The average relationship therapy encourages people to "run" from the past, or it sets up some kooky "make-believe" for pretending to deal with the past.

I will be willing to see you, if you can get the reality of your situation cleared in order to make it here. Your unsureness is part of the problem, which becomes part of my problem in scheduling all the long distance work I do. When I am filling my time with people who come every 3 or 6 mos, and someone gets sick or something else interferes with the appt, I am unable to fill most of that time in less than a month or sometimes longer. That's why I have to charge more to make up for the cancellations and changes in appts, and no one can foresee that. You cancelled about 3 wk ahead and I was able to use 1 hour of that which is the way the game goes. I do not charge for such cancellation time. I up my fees to cover the average of such cancellations. Heck, I have had cancellations when people are seriously ill in hospitals. All I ask is that people do the best they can at staying on schedule. There is no way to figure the cost on these infrequent appts against the cost of frequent individual appts.

The title of the Framo book is "Family Interaction". I will send the reprints and bibliography from Gtn. Good luck to your in your choices and your efforts there.

Sincerely,

Murray Bowen, M.D.