

## ONE WAY OF THINKING ABOUT THERAPY

## **One Way of Thinking About Therapy**

What determines which way people go? This question is relevant for both people seeking a therapy experience and the therapist who wants to offer some assistance. “Schools” of family therapy and training programs evolve based on the answers to this question.

There are major differences in assumptions, beliefs, and priorities of the various “schools.” Asking a therapist about his/her theoretical orientation often results in a confusing, contradictory response. Asking about how the therapist defines his/her responsibility and function in a clinical situation only adds more confusion. Added to this confusion mix is the patient’s own lack of clarity about what one wants to address or accomplish in therapy.

A large list of questions surface (for both the therapist and the potential patient) as people try to sort out directions and “answers.” Is theory important in one’s practice? How important are “techniques” and “strategies?” What is a “therapeutic experience?” What drives symptom development? Who knows “best?” Who is the “expert?” What is the nature of the “expertise?” What “helps?” What is the difference between short-term relief and long-term solutions? What is the importance of “change?” What does “working through” mean? What is the importance of past emotional experience? What does “therapeutic relationship” mean? How important is a diagnosis? What is “conventional therapy?” How much of therapy is an art form? What is mental illness? What is a “mood disorder?” What is a “disorder?” How does one think about medication?

It is predictable that some people are “disappointed” in their therapy experience and want to try something different. They ask friends and acquaintances for opinions and recommendations. Many people turned to Dr. Bowen for his advice and recommendations when their therapy experiences had not been useful or not “helpful.”

Dr. Bowen's letter of February 1975 responds to a colleague in Pennsylvania who had written to him for advice and possible direction for a family's ongoing struggle to find a therapist that could "help."

Feb 22, 1975

Dear

This is a response to your letter about the . I saw them one time, which I do for very few. Maybe sometime in the future I might see them again, but I have long since learned not to make definite promises. I hoped I might provide them with a different viewpoint. They are part of that army of people that has been wandering through the psychotherapy maze for years, without finding solid answers. They have been personalizing too much, looking too much for answers in the personal "philosophy" and the personality of the therapist, and not paying enough attention to principle and theoretical discipline. The mental health professions help promote this notion that psychotherapy is more of an art than a theory, and that success depends more on the personality of the therapist than the principles that guide the therapist. You have been exposed enough to this orientation at Bryn Mawr.

A good portion of my professional life has been spent with the failures from conventional psychotherapy. Most mental health professionals are not aware of the degree to which their "therapy", especially long term therapy, can create and perpetuate problems. People recommend psychotherapy with religious fervor, in the belief that it can solve all manner of problems. A high percentage of mental health professionals go into psychotherapy of some kind, with the same naïve belief that they are solving problems for the future. The results of their efforts come crashing down into symptoms, either in the marriage or in their children. Years ago I began limiting my practice. I reasoned that my time would be better spent working with people who work with people, than with others. It became necessary to further limit the practice. I ruled out most of the physicians, teachers, ministers, etc, and was seeing mostly members of the mental health professions. Now, a high percentage of my practice is with family therapists, who have had the same life course as the . If they can wait a year or two until I can find a few free hours in my schedule, I eventually can start seeing them. Most live in distant cities and come to Washington a few times a year. This makes me mostly unavailable for problems that require immediate attention.

I agree that the might well continue their circuitous pursuits. There is an urgency about them and they are gullible for yet another version of relationship therapy. I was able to do a referral to one of my very best associates, to whom I refer only "special" families, since his time is also limited. Statistically, their problem is a soluble one. I worked hard in the one appt to help them so see another viewpoint. At least they have a choice. If their new choice does not work out, I will still be here.

Sincerely,

Murray Bowen, M.D.