Elementer i den terapeutiske proces

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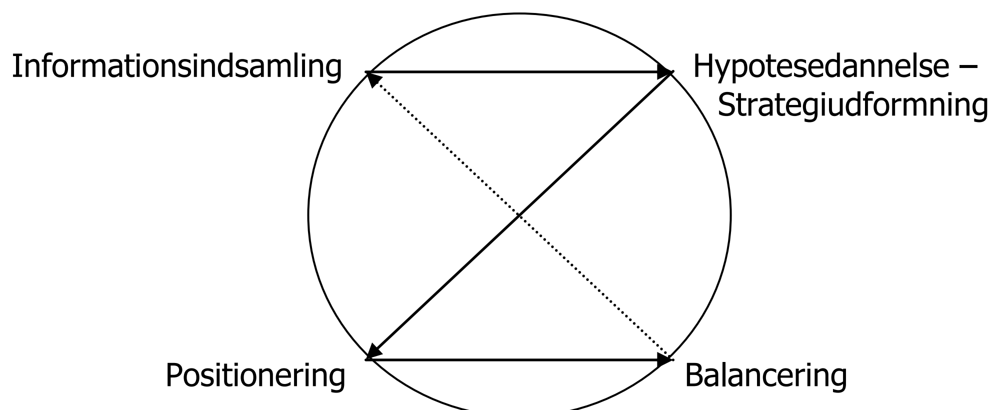

Informationsindsamling (Dataindsamling):

Det første skridt i en terapi er selvfølgelig altid at indsamle information (data). Men begrebet bruges her også i en bredere betydning: I et terapeutisk forløb er informations/data-indsamling en kontinuert proces, hvor terapeuten løbende bruger alle sine sanser til at observere relations<u>mønstre</u> mellem dele af klientsystemet, som kan bestå af én eller flere personer.

Hvis noget sker én gang er det en tilfældig begivenhed
Hvis noget sker to gange kan det være en tilfældighed
Hvis noget sker tre gange er det et mønster

Informationsindsamling forekommer på både makro- og mikroniveauer. På den ene side lytter terapeuten til den overordnede historie, når en klient taler om en svær eller problematisk situation, for at kunne forstå, hvad der foregår. På den anden side foregår informationsindsamlingen også når terapeuten bemærker en klients lille nonverbale gestus, en let ændring i tonefald, eller gentagelsen af en bestemt frase i flere sessioner. Data eller information eksisterer overalt igennem en terapisession og skal bruges som basis for andre skridt i den terapeutiske proces.

Bestræbelserne på at indsamle data/information afhænger primært af to ting. Den ene er klientens model af verden, som er bestemmende for, hvordan problemet opleves og for, hvordan det præsenteres i terapien. Den anden er terapeutens model af verden, herunder terapeutens professionelle teoretiske overbevisning såvel som personlige sansesystem og tilhørende måde/stil m.h.t. at bearbejde data. På basis af disse faktorer samt af ideer ud fra tidligere kliniske erfaringer, kan terapeuten skabe muligheder for at hjælpe klienten.

Hypotesedannelse og strategiudformning

Det andet element i den terapeutiske proces har to nært forbundne komponenter: at foretage en række kvalificerede gæt omkring klientens problemsituation og at udtænke nogle ideer om hvordan man kan respondere.

Hypotese begrebet bruges for at hjælpe terapeuter til at erkende, at deres fortolkninger og ideer om klientproblemer hverken er sande eller falske, de er kun mere eller mindre brugbare i forhold til at hjælpe klienter. Der findes ikke nogen "rigtig" intervention i forhold til en klient på et givent tidspunkt – hvis der var, ville det indebære, at alle andre interventioner som måtte blive forsøgt ville være "forkerte" ! I stedet er der en mangfoldighed af potentielle interventioner; at have en hypotese udstyrer terapeuten med en retningslinie for at organisere sin adfærd og bedømme dens effekt på den terapeutiske proces.

Mere teknisk kan man sige, at hypoteser er organiserede ideer om relationsmønstrene mellem to eller flere dele i et klientsystem. Hypoteser forbinder forskellige dele af et økosystem i et forsøg på at opnå forståelse og/eller at skabe en bestemt effekt på økosystemet. Disse forbindelser bør altid inkludere en relation mellem klientens problem (eller den del af problemet, der er i focus på det givne tidspunkt) og det økosystem, problemet er del af.

Nogle hypoteser dannes på makroniveauet (om generelle karakteristika ved klienten eller det overordnede problem en klient præsenterer)

> Eksempel: Den incestuøse adfærd i en given familie (far - datter) ser ud til at have relation til faderens forsøg på at erstatte den følelsesmsæssige og erotiske opmærksomhed han mistede, da hans kone vendte tilbage til sit sygeplejejob som nattevagt. Og videre, at faderens tætte alliance med datteren, som han er meget jaloux og kontrollerende overfor, måske hjælper med at erstatte hans tab af kontrol over sin kone, der på trods af hans protester genoptog sit arbejde af økonomiske grunde.

Hypoteser er også vigtige på mikroniveauet (om specifikke episoder eller adfærd i den terapeutiske kontekst)

> Eksempel: Hver gang pigen nævner en bestemt slags episode, trækker hendes ansigt sig sammen på en speciel måde og hendes stemme ændrer sig, før hun begynder at græde. Det kunne betyde, at hun begynder at få kontakt med sin vrede eller sit raseri over overgrebene ved siden af den ked-af-det-hed som hun allerede føler; derfor kunne det være brugbart at bringe spørgsmålet om vrede mod hendes seksuelt misbrugende bedstefar på bane nu, selvom hun tidligere har benægtet det.

Hypotesedannelse foregår fortløbende. Udfordringen for terapeuten er at danne hypoteser som er brugbare/hjælpsomme i den terapeutiske proces. Dette kræver en balance mellem at forfølge en given hypotese længe nok til at bevise dens frugtbarhed og at kassere hypotesen tidligt nok til at undgå spildte kræfter eller værre, at komme til at "sidde fast" i et problem sammen med klienten.

Nært forbundet med hypotesesdannelse – den anden side af samme mønt så at sige – er det at udforme en strategi, en plan for hvilken slags intervention man vil bruge for at checke og/eller handle på en hypotese. En strategi kan være en ide om en speciel måde at spørge på, et specielt hjælpsomt forslag, en speciel adfærdsmæssig stil eller en generel tilgang til at have med klientens problem at gøre på.

Hypotesedannelse og udformning af strategi går hånd i hånd. En rig hypotese, der forbinder forskellige dele af et klient-øko-system på en meningsfuld måde, indeholder i sig nogle ideer om, hvordan man kan gøre noget brugbart/hjælpsomt i forhold til de mønstre, man har bemærket. Ligesom hypotesen må strategien spænde over forskellige klient-delsystemer, og assistere til at restrukturere disse relationer samtidig med at klient-systemets overordnede organisationelle identitet opretholdes.

> Eksempel: Hvis terapeutens hypotese er, at incestfaderen er erotisk involveret i sin datter både for at genvinde den følelsesmæssige opmærksomhed, han har mistet fra sin arbejdende kone og for at kompensere for den manglende indflydelse på sin kones beslutning om at vende tilbage til arbejdet, kunne terapeuten vælge forskellige generelle strategier så som at arbejde i individuelle sessioner med krænkerens angst og ked-af-det-hed over at miste sin kones opmærksomhed, eller at arbejde i fælles sessioner med magt/kontrol problemer i ægteskabet.

> Eksempel: Hvis terapeutens hypotese er, at en vis nonverbal adfærd signalerer en voksen overlevers parathed til at have med vreden mod krænkeren at gøre, kunne terapeuten sige noget i retning af: "Jeg tænker på om nogle af dine tårer, udover at være udtryk for din ked-af-det-hed over at din barnlige uskyld og tillid blev ødelagt af din bedstefars misbrug af dig, om i det mindste nogle af tårene er tårer af raseri, som endnu ikke har fundet en anden måde at komme ud på ?"

Ligesom hypoteser kan strategier afspejle enten makro- eller mikroprocesser. Nogle generelle strategier leder uundgåeligt retningen af terapien i en betragtelig tidsperiode, og de manifesterer sig i mange forskellige interventioner hvor der bruges forskellige teknikker på forskellige tidspunkter i terapien. Nogle specifikke strategier vil kun blive anvendt på et givent tidspunkt i terapien og kan implementeres så hurtigt, at de næsten virker automatiske – og nogle er faktisk spontane. Et nik med hovedet, et smil, eller et simpelt udbrud som "Godt !", når en klient der har været offer for overgreb ser ud til at opleve nogle vrede følelser, afspejler en strategi om at forstærke (strategy of reinforcement) offerets hypotetiske tidlige forsøg på at håndtere de følelser og motivationer, som hun har tendens til kun at tillægge krænkere.

Naturligvis fremkommer forbindelsen mellem at danne en hypotese og udforme en strategi lettere efterhånden som terapeuten får mere klinisk erfaring. Måder at forholde sig på som stort set er automatiske eller halvbevidste, hvor man trækker på et internaliseret kort over forståelser af klienter (hypoteser, der har vist sig at være "succesfulde") og et repertoire af planer der har vist sig at være brugbare/hjælpsomme tidligere i forhold til denne klient eller andre ("succesfulde" strategier),.

Derfor udvides terapeutens færdighed m.h.t. dette element af den terapeutiske proces kontinuerligt og tjener som et stadigt mere akkurat kompas/ledetråd for retningen i behandlingen. Samtidig skal terapeuten være opmærksom på ikke at lade sig fange i den fælde, at hvile for bastant på sine internaliserede erfaringer – det være sig generelle teorier eller specifikke automatiserede måder at forholde sig på (responses), hvilket kan kollidere med terapeutens kapacitet til på ordentlig vis at samle data/information og at fortolke *denne specielle* klients adfærd ved *denne specielle* lejlighed, og derved få terapeuten til at 'hakke i det' i forhold til at hjælpe/fremme klientens proces.

Positionering

Det tredje element kalder M & L positionering[1]. Dette begreb refererer til terapeutens holdning, perspektiv og/eller indstilling indtager overfor klienten på et givent tidspunkt.
Mere teknisk (indenfor et kybernetisk system - referanceramme) refererer positionering til hvor og hvordan man tilfører ny information (feedback) ind i et klient-økosystem. Hvor terapeutens stol er placeret i terapirummet, hendes tøjstil, nonverbale gestus, stemmeleje; til hvem i familien en bemærkning rettes; terapeutens udtrykte holdning til problemet eller overfor bestemte familiemedlemmer; brugen af sprog, symboler, metaphorer – alt dette er aspekter positionerings-processen som terapien skrider frem. Positionering hjælper med at skabe den kontekst i hvilken de terapeutiske interventioner vil fremkomme.

Begrebet kan hjælpe til at afklare det ofte misforståede idé om terapeutisk "neutralitet". Økologisk refererer neutralitet til en 'lige stor afstand' til alle dele af et klientsystem, snarere end til at suspendere terapeutens personlige værdier. Terapeuten kan aldrig være neutral mht. fx vold og overgreb i en familie. Neutralitet refererer til terapeutens overordnede holdning snarere end til de specifikke holdninger (positioneringer) som terapeuten indtager i løbet af terapien.

Et vigtigt aspekt af terapeutens potentielle effektivitet er hendes evne til at positionere sig fleksibelt i løbet af terapien. Ifølge kybernetiske principper har den del af et system der er mest fleksibel den største indflydelse på systemet. En effektiv terapeut må være i stand til at ændre position temmelig frit indenfor det terapeutiske system og udvikle alliancer med forskellige familiemedlemmer (eller forskellige dele af klienten) på forskellige tidspunkter; nogle gange agerende som 'buffer' og andre gange som bro mellem medlemmer (eller dele); på nogle tidspunkter være meget aktiv og kontrollerende og ved andre lejligheder være temmelig passiv og 'fjern'.

> Nogle af dem, der arbejder med incestfamilier betragter dette som en af de vigtigste komponenter i terapien. Baseret på incest familiemedlemmers dybe og fortsatte loyalitet overfor hinanden før, under og efter afsløringen af overgreb, er det terapeutens udfordring, at tage højde for alle familiemedlemmernes behov og interesser, og at løfte folks sider frem, hvis de ikke selv er istand til det.

Terapeutisk positionering bør ske med så megen omtanke som muligt, den bør afspejle den hypotese-strategi hvorpå en specifik intervention hviler. Det sted i et system hvorfra en intervention udspringer og det sted (de steder) den rettes imod er enormt vigtigt for hvilken effekt den får. Det er en lige så vigtig opgave at intervenere på rette tid og sted i klientsystemets fortløbende forvandlende proces, og samtidig holde sig det større økologiske system for øje (hvordan interventionen vil passe ind i samhængen overordnet).

[1] Det er måske ikke så godt et ord at bruge på dansk, men jeg kan ikke finde på, hvilket ord jeg ellers skulle bruge !

Balancering

Det sidste element i den terapeutiske proces er *balancering,* den betegnelse M&L har brugt for enhver form for ændringsorienteret intervention i et klientsystem. Begrebet betegner i Batesons kypernetiske teori "news of a difference" for klienten. I det samarbejde hvorigennem terapien udvikler sig er det nødvendigt at relationen mellem terapeut og klient 'gør en forskel', som er brugbar/hjælpsom for klienten. Typisk er en balancerende intervention hjælpsom i forhold til at løse et problem eller en samling problemer, som klienten har bragt ind i terapien. Nogle gange har en klient imidlertid mere brug for oplevelsen af gensidighed i en relation end en løsning på et problem.

Hvert balancerende skridt i en terapi skal 'passe ind i' det terapeutiske økosystem. I den forstand er hvert enkel balancerende manøvre et eksempel på det bredere princip omkring den økologiske balancering der ligger nede under den terapeutiske bestræbelse som helhed. En intervention der er økologisk sund reflekterer opmærksomhed på både det specifikke problem eller tema klienten bringer op og til det større klientsystem. Parametrene for enhver terapeutisk intervention er på den ene side at den er tilstrækkeligt bemærkelsesværdig for klienten til at have en effekt mht. at restrukturere relationen mellem nogle af klient-delssystemerne, og på den anden side at den ikke skader eller ødelægger integriteten af det klient-økosystem, den er rettet imod. Indefor disse grænser er så mange forskellige variationer mulige, at terapeuten ikke behøver at bekymre sig om at prøve at finde den "perfekte" intervention!

På visse måder, er den balancerende proces i økologisk terapi parallel til fortolkningsprocessen m.h.p. at skabe indsigt i mere traditionelle psykodynamiske tilgange.

*Nedenfor er indsat nogle fotokopierede afsnit (*Maddock & Larson, 1995, p.38--40) *på engelsk. Hvis I har svært ved at forstå dem, så fortvivl ikke – de gennemgås i undervisningen og er blot ment som en støtte til jeres hukommelse derefter!*

In certain ways, the balancing process in ecological therapy is parallel to the process of *interpretation* to produce insight in traditional psychodynamic approaches (Freud, 1900; Langs, 1978; Levy, 1984; Mahrer, 1985; Raney, 1984; Scharff & Scharff, 1987). Both are generic principles rather than techniques unique to any single theoretical school or therapeutic style. Both are carried out in the therapeutic process to bring about certain objectives; exactly how and when they are done varies according to the therapist's theoretical stance and personal style. Every psychodynamic therapist knows that the art of interpretation is a cornerstone of therapy practice and is based upon skills learned in training and refined in the course of ongoing clinical practice. Similarly, we believe that the art of *balancing* is a fundamental aspect of clinical work within the systemic paradigm. Like interpretive skills, balancing skills can be learned and practiced. In fact, they are so basic to working with clients that virtually every therapist has already learned some important components of this process, by whatever names they may be known. In the remainder of this section, we will discuss and illustrate some concrete steps to be taken in balancing interventions. The remainder of this book will describe a variety of applications of balancing in the realm of incest family treatment.

Based upon the broader principle of ecological balancing discussed earlier in this chapter, each therapeutic intervention should reflect the attempt to increase the *autonomy* and/or *coherence* and/or *adaptability* and/or *flexibility* of the client system toward which it is directed.[6] More specifi-

[6]These terms refer to "success criteria" for ecological balancing in order to simultaneously preserve the identity of subsystems and the integrity of an ecosystem: *organizational autonomy* measures a system's capacity for self-regulation; *coherence* measures congruent interdependence of the parts of a system; *adaptability* measures the relative degree of change

cally, the therapist will emphasize different aspects of ecosystemic structure and function at different times in therapy. Some interventions will be directed at balancing power/control dynamics; others at structure/organization, change/stability, or chaos/order; sometimes, the therapist will work to balance among these various dialectical elements themselves. Choices about where and how to direct balancing interventions are made on the basis of the data gathering, hypothesizing-strategizing, and positioning processes previously discussed.

Further elaboration of balancing techniques requires that we introduce an additional dialectical construct: *pacing/leading*. This term is borrowed from the literature on Ericksonian hypnosis and neurolinguistic programming (Bandler & Grinder, 1975; Grinder, DeLozier, & Bandler, 1977; Lankton, 1985).[7] The pace/lead dialectic is itself a balancing process. It refers to *actions of the therapist* while intervening; that is, pace/lead is the "how to" of balancing.

Pacing. Pacing is matching one or more elements of a client's experience. It can occur verbally or nonverbally, generally or specifically, with or without conscious acknowledgment. The ability to pace requires that a therapist pay exquisitely careful attention to client behavior through observational skills. The therapist then matches the client's behavior in one or more ways as that behavior is occurring. Pacing can be very general; for example, a male therapist who normally wears a suit, dress shirt, and tie in a hospital clinic might remove his coat, loosen or remove his tie, and roll up his shirtsleeves when meeting with a client whose standard mode of dress is bluejeans and flannel shirts. Pacing can be very straightforward; for example, the well-known Rogerian technique (Rogers, 1961) that mirrors emotions back to clients: "It sounds as if that bothers you very much." Pacing can be highly focused; for example, using the same word or phrase that a client has used to describe his experience: "In addition to your wife, who else in your life do you feel is 'always on your back'?" Pacing can be extremely subtle, designed to connect with the client's unconscious; for example, the therapist might adopt the same posture in the chair as the client, or talk in a similar tone of voice, or even match the client's rate of breathing.

Many pacing techniques are very familiar and natural to therapists, acquired through years of clinical experience. Some pacing seems to hap-

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occurring in the internal structures of a system within its ecosystem; and *flexibility* measures the range of ecosystemic conditions over which a given system can function. For more detailed discussion of these concepts, see the theoretical article on "Ecological Dialectics" by Maddock (1993).

[7] Milton H. Erickson is world-renowned as a practitioner of hypnotherapy. However, his influence has spread far beyond his use of formal trance inductions. Through the writings of Jay Haley (1973) and others (e.g., Lankton & Lankton, 1986; Ritterman, 1983), Erickson's ideas and techniques have had a profound impact upon the field of family therapy.

pen spontaneously in the course of therapy, for example, when similar metaphorical language is used by both therapist and client. Sometimes, it is the client who is pacing (and leading) the therapist. This is a natural occurrence; however, it can trap the therapist into losing control of the session or getting stuck "inside" the problem along with the client.

Sufficient pacing can be a significant problem when working with incest families. Not only is there the difficulty of adequately pacing all family members—itself a significant challenge in family therapy—but in addition, the particular characteristics of incestuous families and the circumstances of treatment can create obstacles to pacing family members other than the victim. Perpetrators may be particularly challenging to pace; we are convinced that some of what makes sex offenders seem resistant and difficult to treat are, in fact, contextual issues in the therapeutic ecosystem that interfere with pacing.

Leading. Leading is introducing something "different" into a client's experience. Like pacing, it can occur verbally or nonverbally, generally or specifically, with or without conscious acknowledgment. Leading can be thought of as building upon, or extending, pacing. Theoretical and clinical work with hypnosis has established an important principle for change which may seem to run counter to common sense: Many people in many situations will make changes in their perceptions, attitudes, or actions only when sufficient pacing of their experience has occurred. For example, contrary to the popular image of stage hypnosis (where it appears to naive observers that subjects are "talked into" a state of trance), genuine trance actually depends upon the hypnotist spending enough time matching (pacing) the current experience of the subject so that a special kind of rapport is established which allows the hypnotist to suggest a change in experience to the subject (leading) and which the subject, in turn, agrees to accept (Bandler & Grinder, 1975, 1979; Lankton, 1980, 1985; Matthew, 1985).

The suggested lead by the therapist can consist of a verbal insight, an emotionally supportive comment, a nonverbal reinforcement such as a nod or smile, a confrontive remark, a challenging question, a directive for action. For example, a question such as, "How do you think your parents would respond if you were to talk directly with them about how angry you are?" can lead a client toward considering direct communication in a family that acts out their negative feelings in indirect ways. Like some pacing, some leading is very subtle, designed to have its greatest impact on the client at a subliminal, or unconscious, level. Faced with a hyperreactive client who is emotionally agitated, the therapist might first pace the client's breathing rate and then gradually slow his own rate so that the client can follow into a more relaxed state. Similar changes can be accomplished

through changes in voice intonation or rate of speaking (Bandler & Grinder, 1975; Lankton, 1980).

Leading techniques are part of the everyday behavior of therapists, in whatever form is most familiar based upon theoretical orientation and personal style. More challenging is the art of *balancing* based upon the pace/lead dialectic. In our experience as trainers and supervisors, the most common therapist error is to depend too heavily upon leading without sufficient pacing. As we have indicated, this misbalance occurs most readily with clients whose behaviors, meanings, and models of the world are significantly different from those of the therapist—often, this includes sex offenders. However, working with abuse victims who seem helpless and overdependent can also frustrate therapists and create a tendency to overbalance by leading. Conversely, working with adult survivors can become overbalanced in the direction of pacing as therapists attempt to be emotionally supportive, thereby inadvertently reinforcing self-defeating, victim-like behaviors in their clients.

Pacing/Leading. Pacing and leading together constitute a balancing intervention. An effective lead must be well-connected to the pacing that precedes it in order to be appropriately grounded in the client's experience. Sometimes the pace/lead balance hinges on a nuance of language or a slight modification of a previous statement from the client. For example: "So you warn yourself you could get into trouble each time you go into her room at night [therapist paces perpetrator-client's previous statement] . . . and then you ignore your own warning!" [therapist leads client to recognize internal parts of himself that are in conflict]. Further, a pace/lead intervention needs to reflect accurately the therapist's hypothesizing-strategizing and positioning in order to make a difference that makes a difference to the client (Bateson, 1972; Keeney, 1983). That is, effective interventions are in line with the overall objectives of treatment, and they also fit within the therapeutic ecosystem at a given point in time.

Effective balancing interventions are *ratified* in the client's experience (another term borrowed from hypnosis). Ratification involves "making true" the changes introduced by the pace/lead balancing. In other words, if the balancing intervention fits within the therapeutic ecosystem in such a way as to make a difference to the client, then the client's model of the world will now include the change so that subsequent experience (even a moment later) will reflect this restructuring of subsystems. Thus, an individual client who is an abuser may actually feel remorseful for the first time following the therapist's successful intervention in promoting the offender's cognitive understanding of the victim's terror without shaming the offender in the process. Or members of a family in which incestuous contact has occurred may quite suddenly come to recognize the rather

pathetic nature of the offender's misguided attempts to wreak revenge on his abusive parents by abusing his nephews and nieces, whereas before they could only experience his behavior as perverted and frightening. Ratification of client experience can be assisted by the therapist. Sometimes, this occurs quite naturally as a result of checking out the client's current understanding verbally or by observing interaction between family members. At other times, the therapist may wish to test the client's altered experience via a directive such as a homework assignment.

Of course, not everything that is said or done in therapy fits the specific definition of a balancing intervention like those we have described here. Some of the questions or statements of therapists serve other purposes, such as data gathering. Other communication in therapy can be thought of as relationship maintenance, the sort of incidental interaction that occurs between persons involved in a common endeavor. Eric Berne (1964), the founder of transactional analysis, labeled this type of exchange "passing the time." However, establishing and maintaining a relationship of mutuality over time is sometimes at the heart of therapy with sexual abuse victims or perpetrators; therefore, seemingly innocuous conversations between therapist and client can be directly relevant to treatment objectives.

Finally, we should acknowledge that numerous balancing interventions in therapy occur somewhat automatically. Put another way, experienced clinicians—and probably many individuals who are just starting out as therapists—react *intuitively* to clients' communication and behavior in ecologically balanced ways. Perhaps this has to do with their overall personality traits and social skills, something that would help explain research findings on therapeutic process that suggest that the general interpersonal skills of the therapist may have more to do with therapeutic effectiveness than any particular theoretical or technical training (Gurman, Kniskern, & Pinsof, 1986).

Summary of the Therapeutic Process

The ecological treatment process should be understood as a genuine collaboration. Just as hypnotic trance is not one person being controlled by another, therapy is not one person being changed by another. Rather, *therapy is a complex reciprocal process of co-evolving a desired altered state for the client system*, a process that will also have an effect on the therapist. This is true even when a client's participation is not entirely voluntary. At the very least, a child molester who has been reported or a family that has been investigated for sexual abuse wants to be "out of trouble." Even this can serve as a starting point for therapy.

The components of this metamodel are applicable at both the macro- and microlevel. Based upon the data gathered during initial assessment, some hypotheses and strategies will become part of overall treatment planning. Others will emerge spontaneously out of a particular transaction between client and therapist. Similarly, the therapist will utilize both broad balancing interventions (such as deciding when to see the entire family together or particular members individually) and very focused interventions (such as mirroring the rationalizations of an incest offender and then pointing out the value of denial as a defense mechanism). Although they can be conceptualized as discrete steps, the elements of the process become "seamless" as they are operationalized. The successive feedback loops from the client stimulate the therapist so that she/he is continuously engaging in one or another of these processes, even if not fully aware of which of the steps is occurring—gathering data, hypothesizing the meaning and significance of the client's behavior and devising an appropriate response, selecting a particular stance or posture for that response, and responding by balancing the ecology perceived at the moment.