

the complexity of listening in the family therapeutic process

Try again

Fail again

Fail better

(Samuel Beckett, *Worstward Ho*)

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Introduction

The family and mental health (1)

Research of Ivan Eisler about family therapy and anorexia nervosa.

- Outcome: 50 to 75% of the anorexia patients recovered (healthy weight).
- Follow up: only 10% still had symptoms.

So family therapy is effective in the treatment of A.N.

The family and mental health (2)

But more importantly, Eisler's research showed that the theoretical model of these treatments was wrong.

Family characteristics are not the cause of A.N.
“The anorectogenic family does not exist.”

The family and mental health (3)

Still in our clinical practices we see typical family characteristics...

- 1.The symptom is central
- 2.The here-and-now
- 3.Limited flexibility
- 4.Typical functioning
- 5.Helplessness

→ Eisler showed that these characteristics are the *consequence* of A.N., not the cause.

→ Eisler showed that these characteristics are common in about all suffering in families (e.g. autism, self-harm, alcoholism, cancer,...)

The family and mental health (4)

History of family therapy field...

... First hypothesis: “Specific characteristics of the family are the *cause* of pathology”

... Years later research shows: “what we thought were causes are in fact *consequences*...”

See: schizophrenia, A.N., autisme, ...

The family and mental health (5)

So we have to be careful not to blame the family.

Rather, our view should be:

- The family is loving, committed, ...
- The family is helpless...

→ Despite their attempts to help, they did not succeed.

Being a family means
you are part of something wonderful.
It means you will love and be loved for ever.

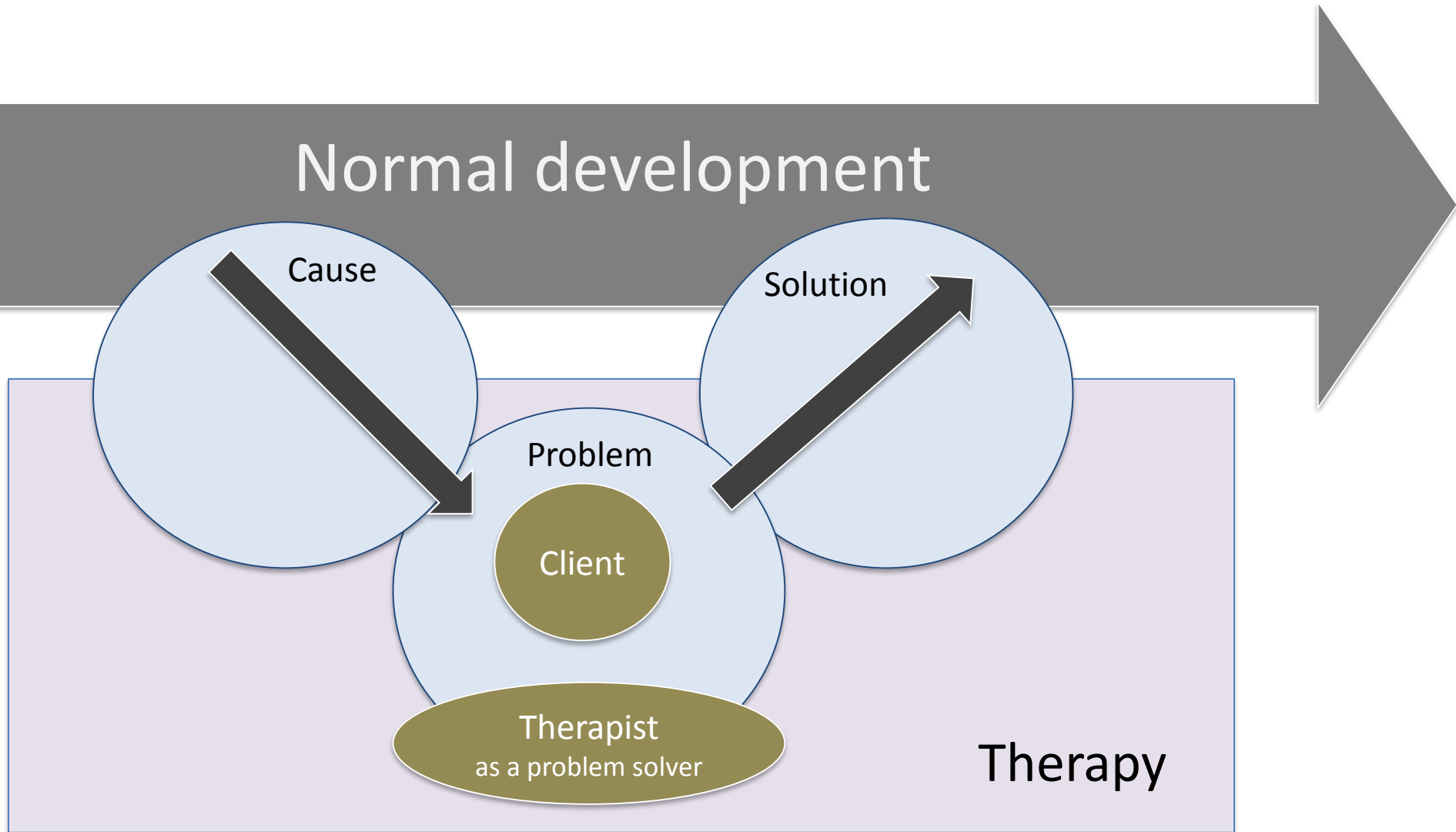
No matter what.



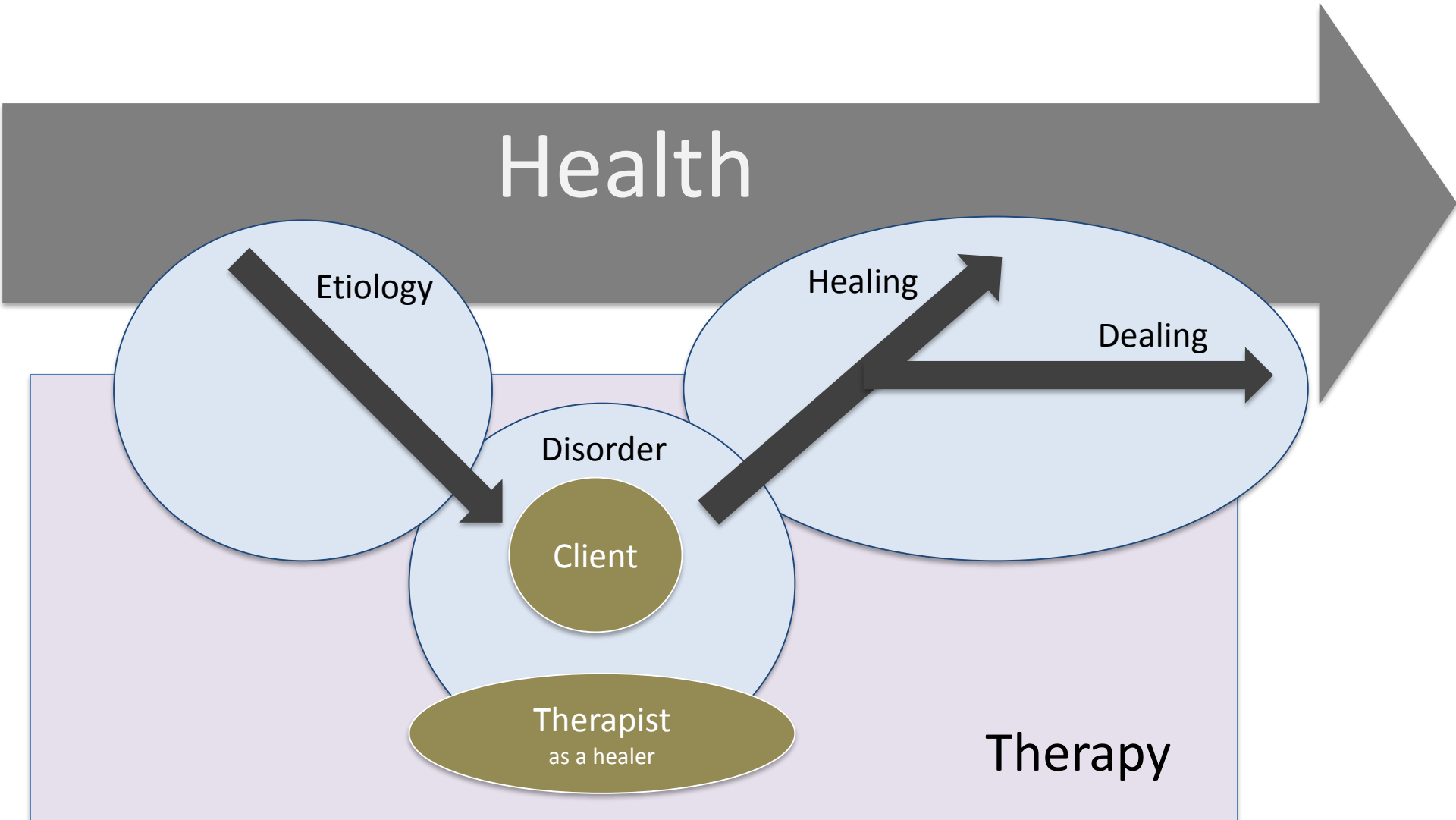
Psychotherapy

What is psychotherapy?

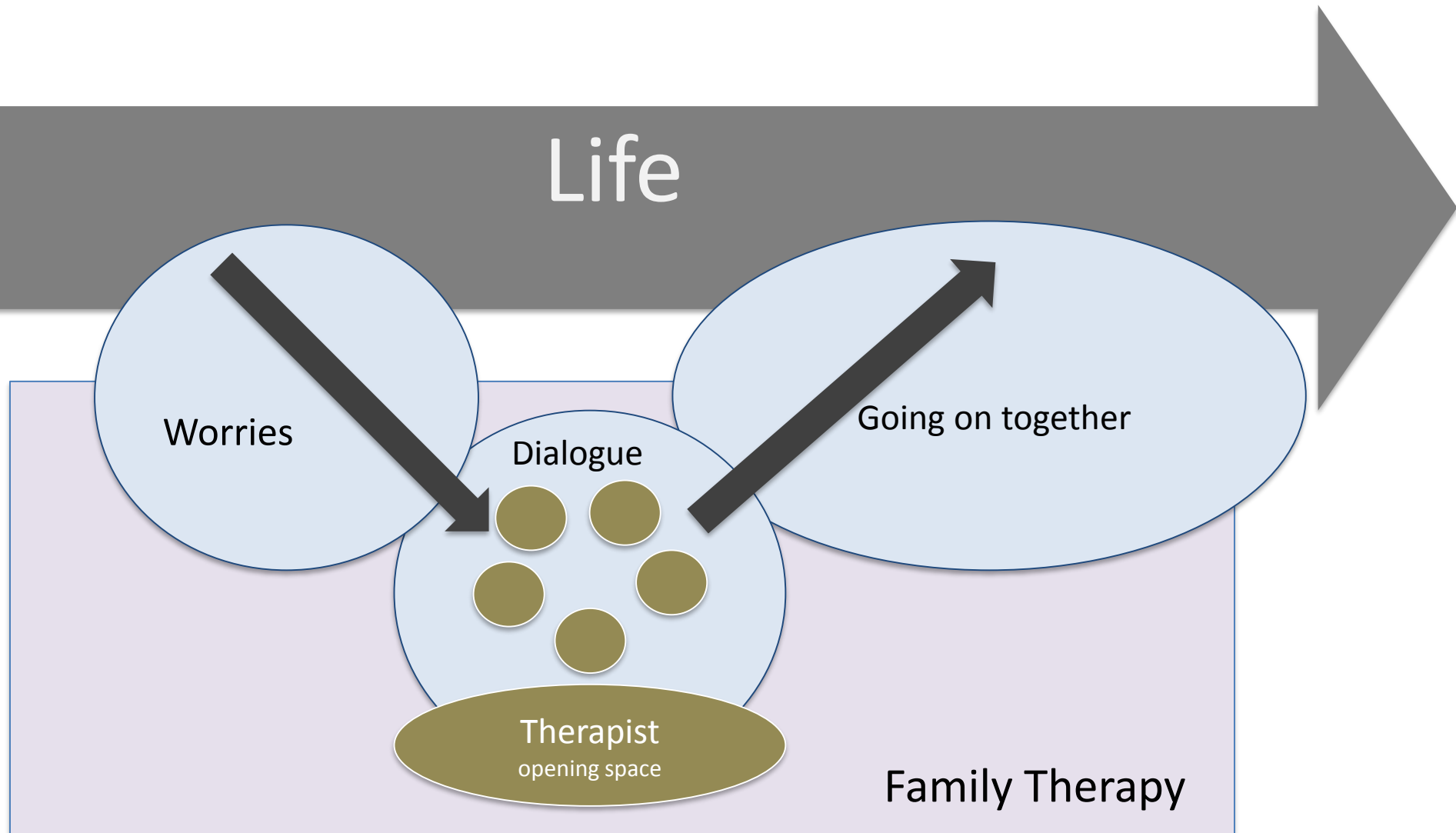
Therapy-as-problem solving view



Therapy-as-medical-intervention view



Dialogical family therapy



Psychotherapy research

Outcome research

RCT research shows:

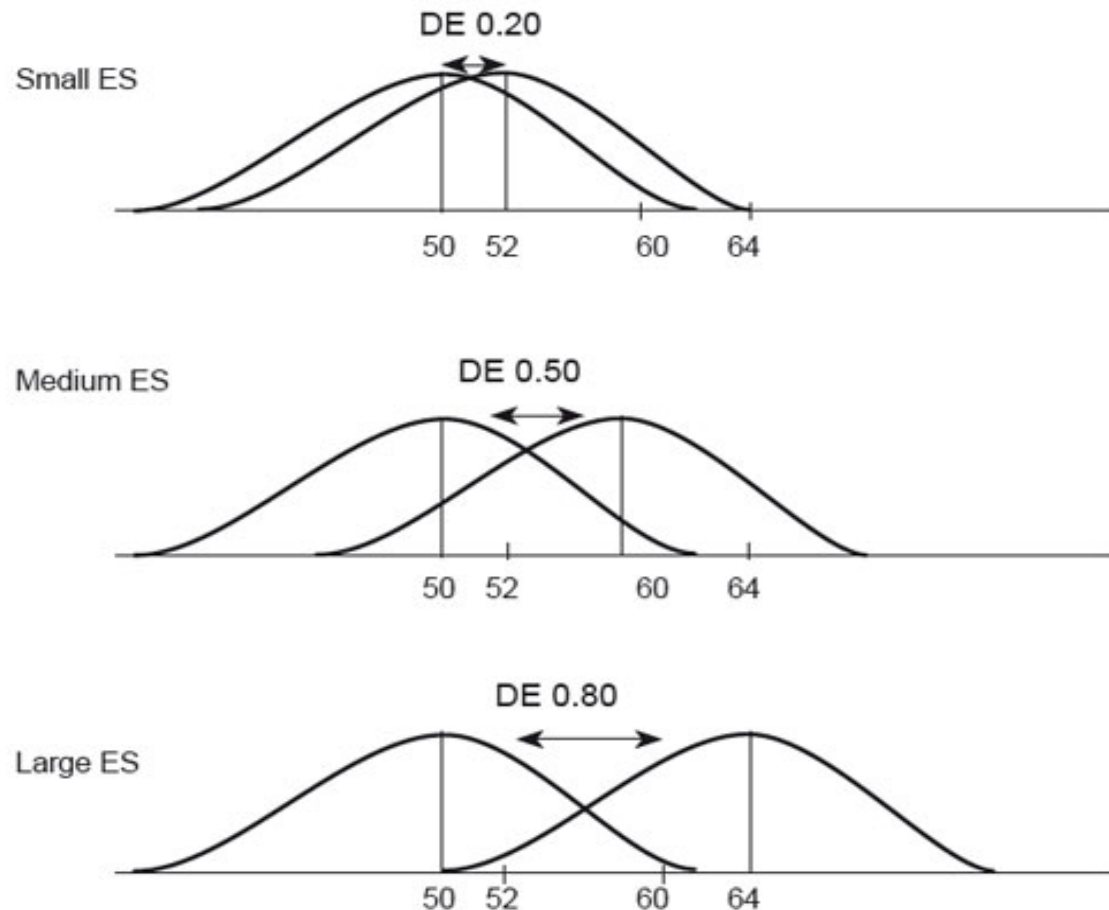
psychotherapy works!

But:

1. In terms absolute efficacy: It works, but not very well (effect size .80).
2. In terms of relative efficacy: There is hardly any difference in effectiveness between models (Dodo bird verdict).

Effect Size +/- .75 - .80 (*Cohen d*)

This means that approx. 75 to 79% of the treated persons do 1SD better than the mean of the non-treated persons



What does this mean?

Effect size:

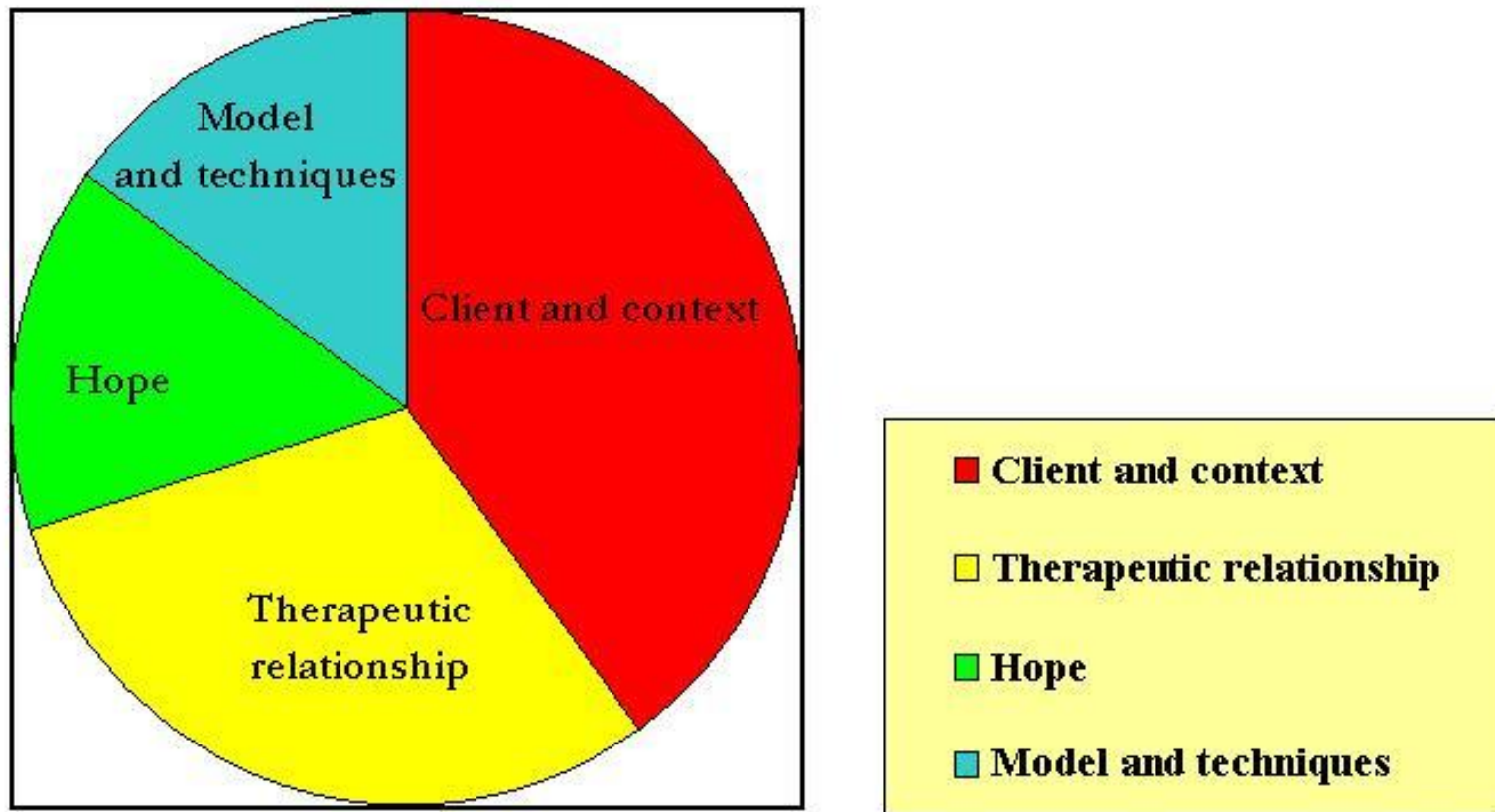
- psychotherapy: .75 à .80
- anti-depressants: .40 à .60

NNT (Numbers Needed to Treat, *in comparison with placebo*)

- psychotherapy: 3
- anti-depressants: 9 (range 5-16)
- cardiology (beta-blockers): 40
- flu vaccine: 12
- paracetamol (post-operative pain): 4,6
- ...

What works?

Factors in therapeutic change...



(source: Asay & Lambert, 1999)

The therapeutic alliance (1)

A collaborative relationship

– a sense of partnership...

2 aspects (Bordin):

1. Agreement about therapeutic goals and tasks
2. Positive affective bond (acceptance, empathy, respect, caring, trust, ...)

The therapeutic alliance (2)

The quality of the alliance predicts outcome.

In particular:

The alliance as experienced by the client is predictive of the therapeutic outcome.

This highlights the importance of *the therapist's flexibility* to attune to the client and his/her needs, preferences, vulnerabilities, etc.

The therapist (1)

Characteristics of effective therapists:

- Facilitative **interpersonal skills** (e.g. empathy, verbal fluency, ability to modulate and express emotion, ...)
- To be able to deliver a **cogent treatment** that offers hope for the client that change is possible.
- **Professional self-doubt** within a general confident sense of self.

So only “listening empathically” is not enough!

(Wampold, 2017)

The therapist (2)

In general:

The therapist has to be flexible... (Norcross & Lambert, Beutler, ...) in order to adapt to the specific client.

The therapist has to *be responsively open to listen to the story of the client*, and customize his/her way of working as much as possible to the unique client in front of him/her.

Therapy then...

Therapy is more than the administration of an effective treatment to a patient.

The importance of listening, of connecting with the client's own resources, of being responsive to the client and attune to him/her.

→ Concept of *responsive attunement*

Dialogical view of listening

Listening

Dialogical view of listening
(with central concept “dialogue”)

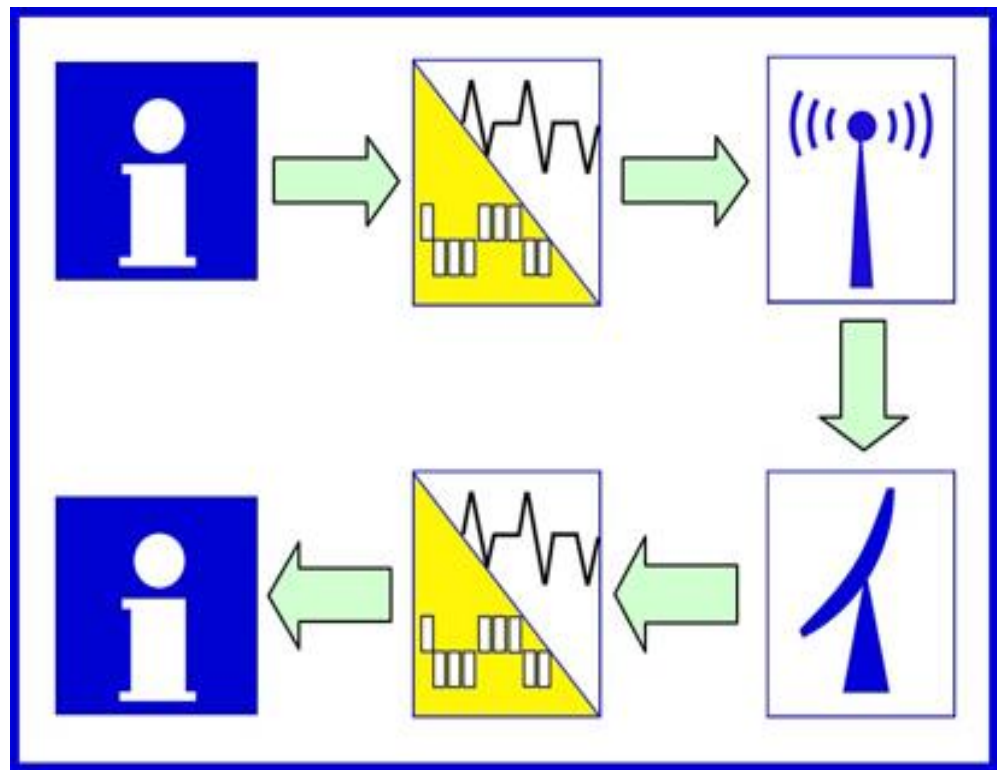
versus

The traditional view of listening
(with central concept “information”)

Traditional view

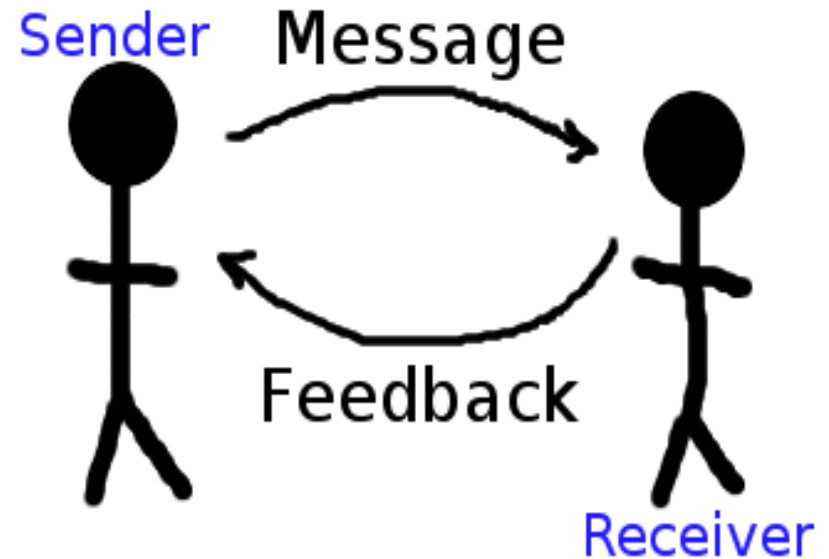
Traditional view

Traditionally: the transmission-model of communication;
Communication as *the transmission of information*



Traditional view of listening

The transmission-model in interpersonal relations.



Listening: capturing the message send by the sender.

Understanding: information of the sender =information of the receiver

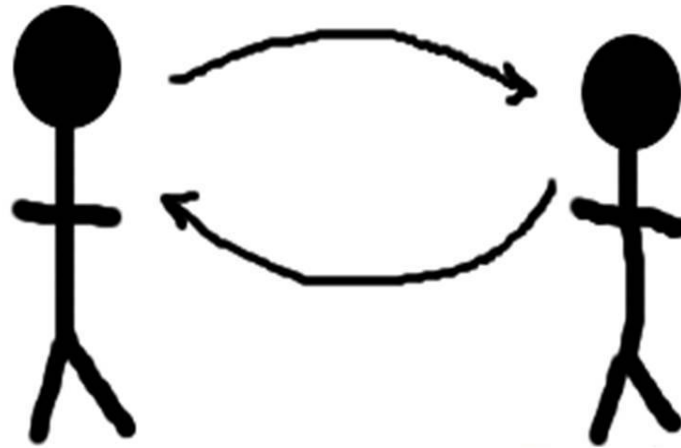
Dialogical view

Dialogical model

Communication is *being in dialogue*

Oriented towards other

Oriented towards other



Listening: being responsive to the other

Understanding: being able to go on together

Dialogical view of listening

Dialogically listening is being responsive...

- ... being there with the family
- ...the affirmation of the other.
 - ...connecting with the other.
- ...the responsive exploration of the story of the other.
 - ...the co-construction of an intersubjective space.
 - ...and so on.

It is meeting the other
and going on together (for a while)

The Complexity of Listening in the Family Therapeutic Session

The family



Worries as starting point of therapy

Not “the problem”, “the diagnosis”, ...

but the worries are the starting point of therapy.

The different worries of the different family members helps the therapist -as a compass- to orient and choose directions.

A therapy is a meeting

Furthermore, the therapist is focused on:

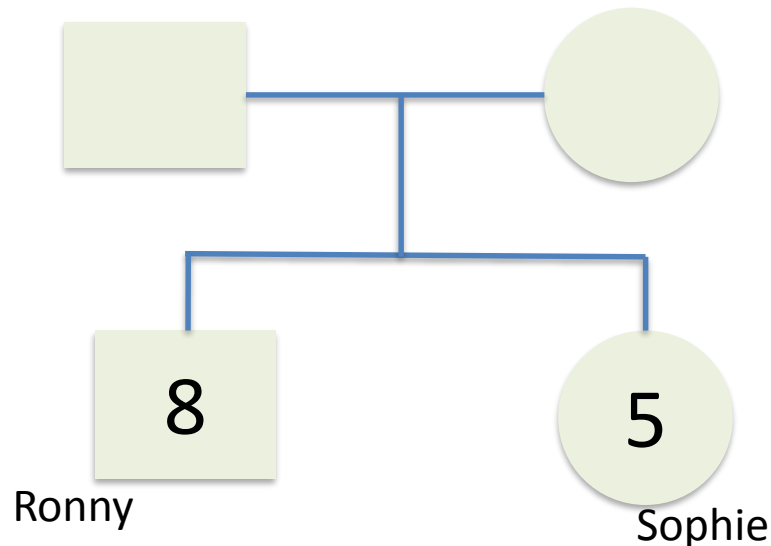
- “Who are you?”
- “Where do you come from?”
- “Where do you want to go?”

and

- “how can I be of help?”

Case

The family was referred by the family doctor after the parents found out that Sophie (5 yrs old) had been sexually abused by her uncle (uncle Jos).

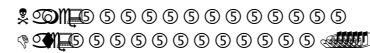


Worries Questionnaire (R)

1

The Worries Questionnaire

(WQ - Rober & Van Tricht, 2015)



A family therapist is someone who talks with families, when someone in the family is worried about something. Before therapy starts we want to ask the following questions.

Who in your family is the most worried at the moment?

- ☐ me
☐ someone else

How worried is that (most worried) person at this moment on a scale from 0 to 10 (when "0" means "not worried at all" and "10" means "extremely worried")?

0 1 2 3 4 5 6 7 8 9 10

Can you describe in a few sentences what the most worried person is concerned about?

Can you describe in a few sentences why the most worried person thinks therapy can be useful or not useful at this moment?

Worries Questionnaire (v)

If you are not the most worried family member, how worried are you at this moment on a scale from 0 to 10 (when "0" means "not worried at all" and "10" means "extremely worried")?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

If you are not the most worried family member, can you describe in a few sentences what you are concerned about?

If you are not the most worried family member, can you describe in a few sentences why you think therapy can be useful at this moment; or why you think it might not be usefull?

Dialogical Feedback Tool (1)

Name: %.....%

Date: %.....%

Dialogical Feedback Tool
(DFT; Rober & Van Tricht, 2015)

These 2 characters were present in the therapy session today...%

This one comes out like this %✎.%

What would he say about the session?%



This one comes out like this %<%%

What would he say about the session?%



Dialogical Feedback Tool (2)

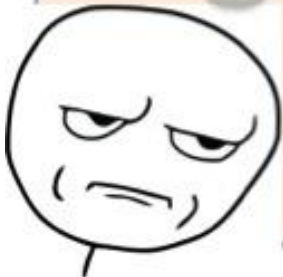
Name:

Date:

Dialogical Feedback Tool
(DFT; Rober & Van Tricht, 2013)

These 2 characters were present in the therapy session today...

What does he think about the session?



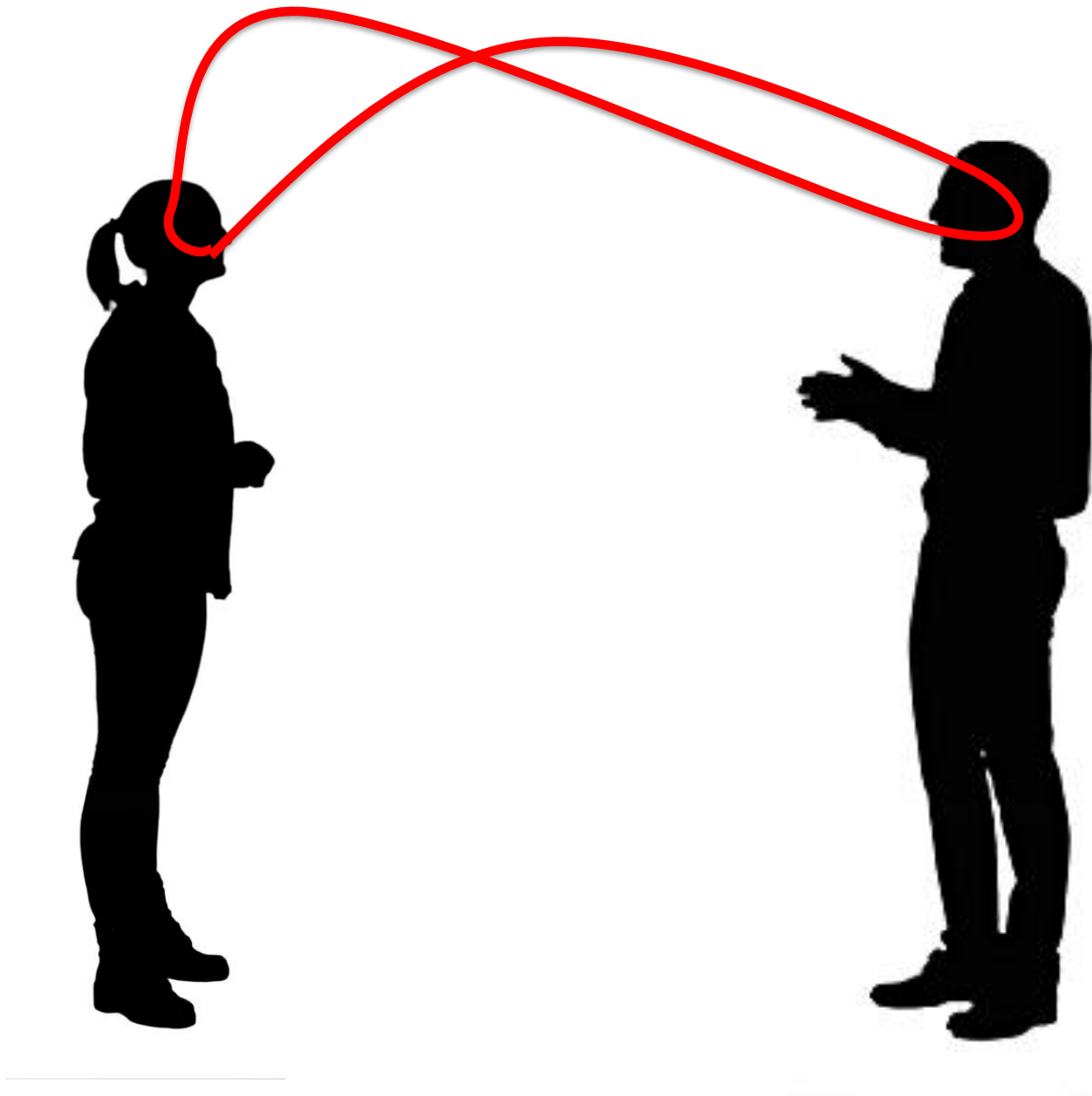
What does he think about the session?

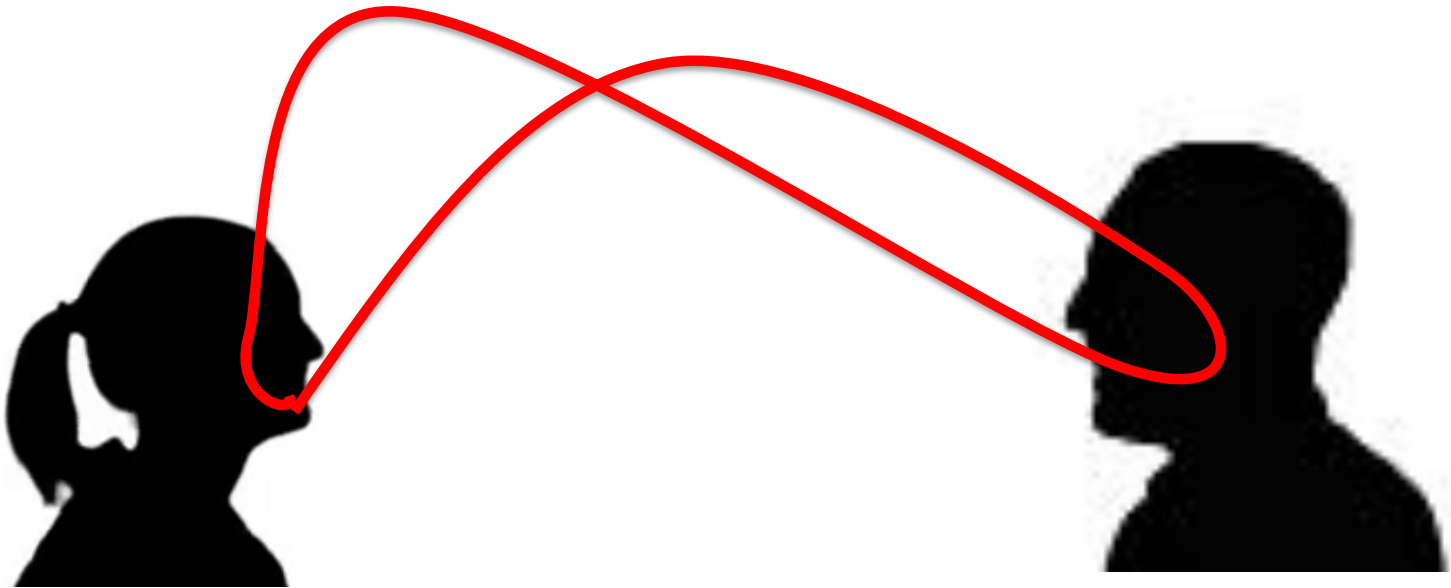


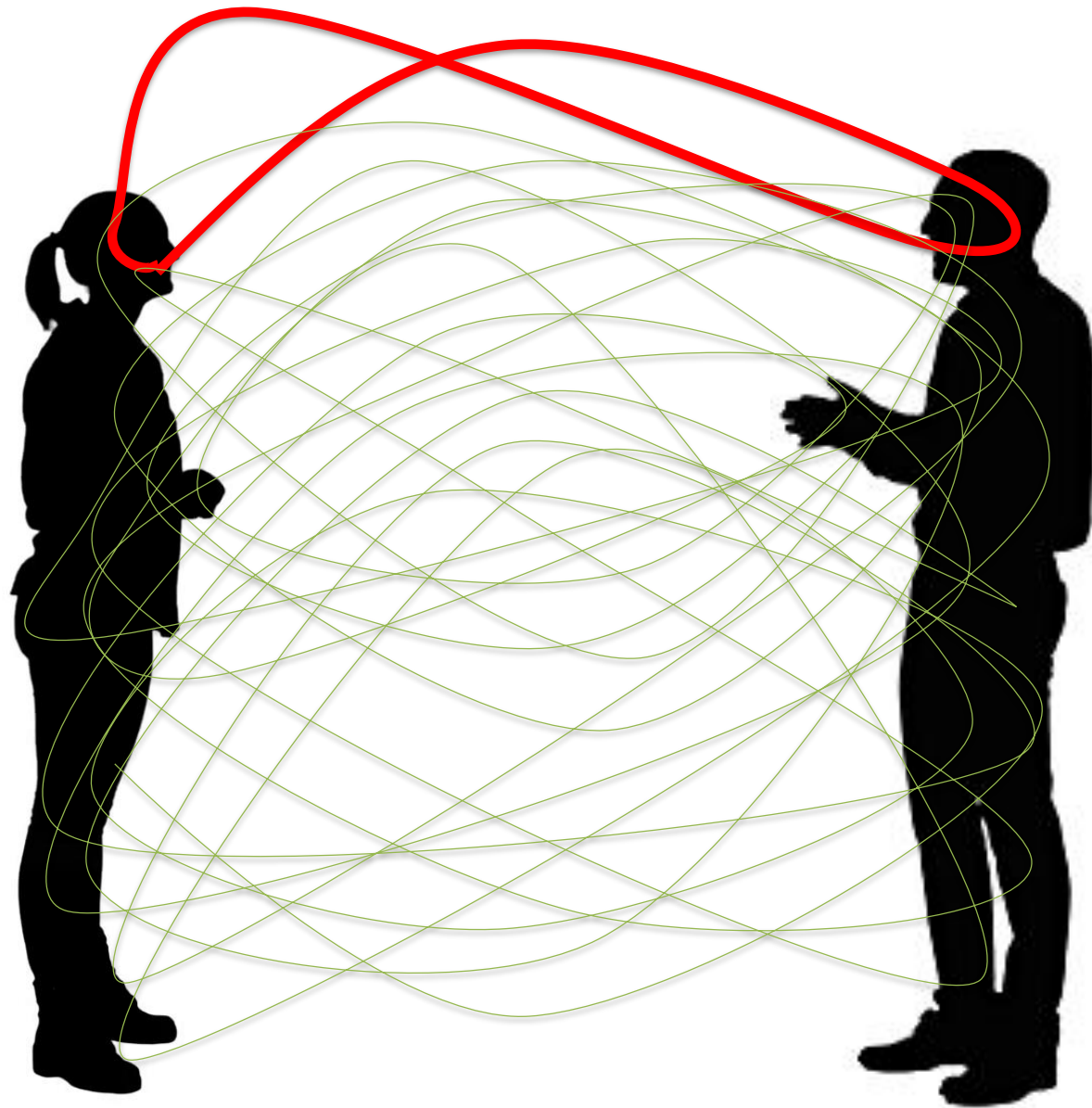
Some aspects of the complexity of listening

- Listening = hearing, seeing, sensing.
- Responsivity (*responsive attunement*): it seems like your body is listening in its own way
- How to listen to the family's hesitations and deal with them?

Listening in the process







Dual Process

Dual process (1)

Donald Schön on professional knowledge

- Knowledge in action
- Reflection in action

Dual process (2)

Daniel Kahneman:

2 cognitive systems

- *Fast thinking*, based on intuitive, bodily tacit knowledge
- *Slow thinking*, based on explicit inner reasoning

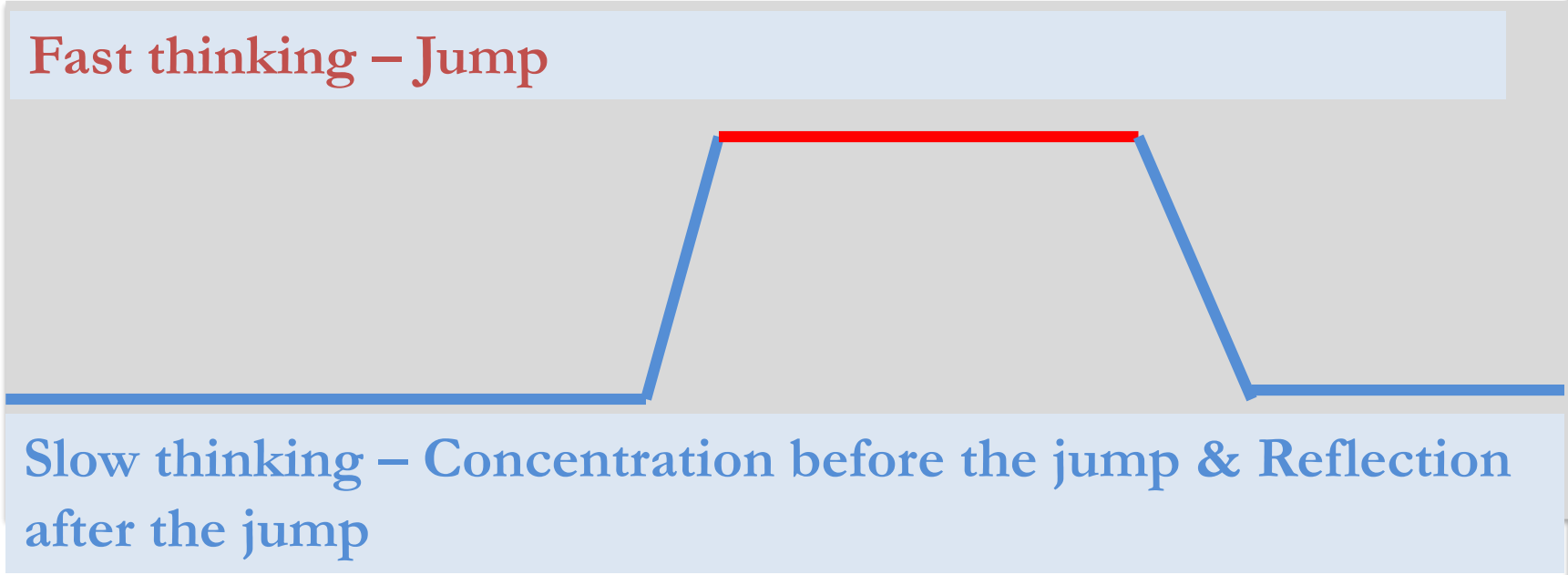
High jump Nafi Thiam (2017)

Dual process (3)

High jump: An oscillation between two cognitive systems

Fast thinking – Jump

Slow thinking – Concentration before the jump & Reflection after the jump



Learning to drive

Learning to drive

- In the video: focus is almost exclusively on *slow thinking*...
 - The process is broken into several steps...
 - The process is demonstrated
- In order to perform, one has to concentrate and to practice, practice, practice, ... After a while one can do it without (slow) thinking –as if the body does it autonomously

Dual process (4)

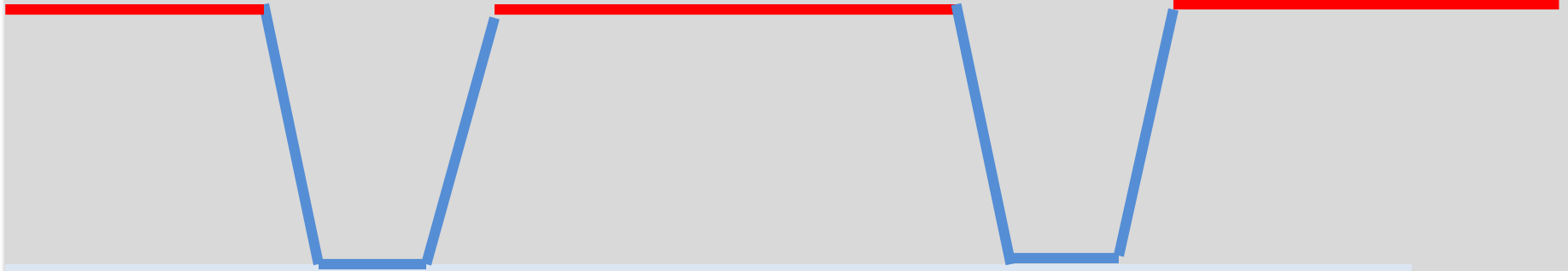
- *Fast thinking* → the therapist is immersed in the dialogue
- *Slow thinking* → the therapist takes some mental distance and reflects on what is going on in the session.
This is a kind of self-supervision!

Dual process (5)

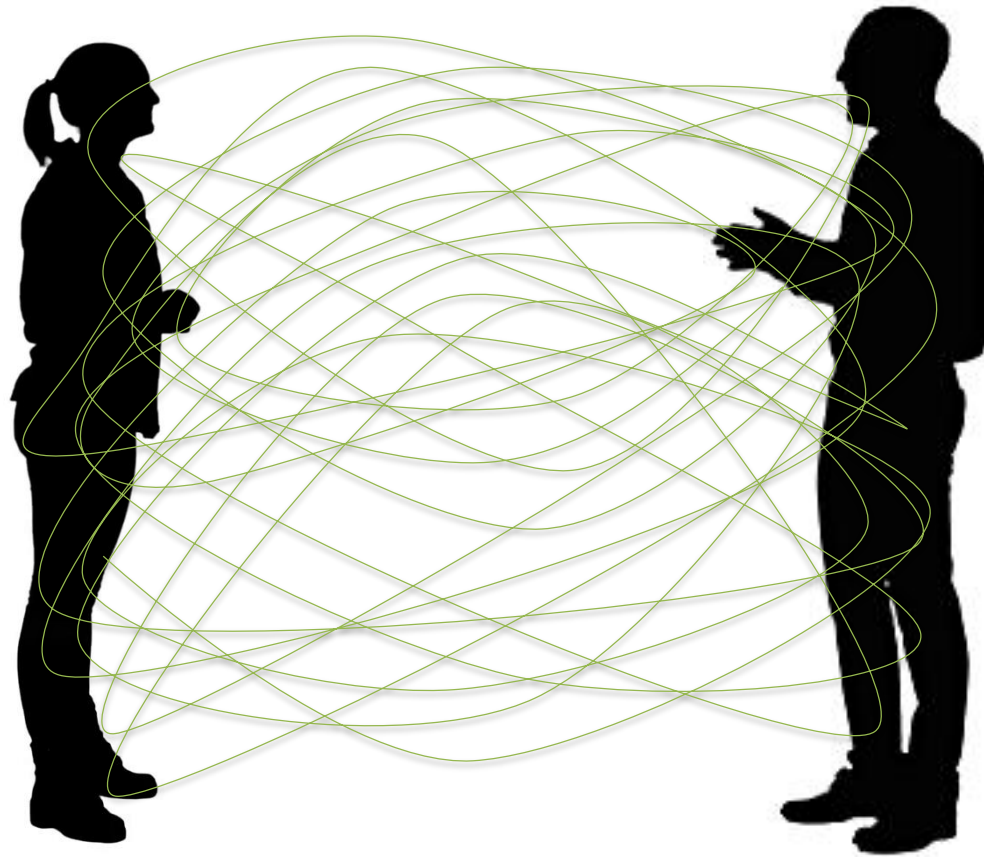
A therapist in the session: An oscillation between two cognitive systems

Fast thinking – immersed in the session

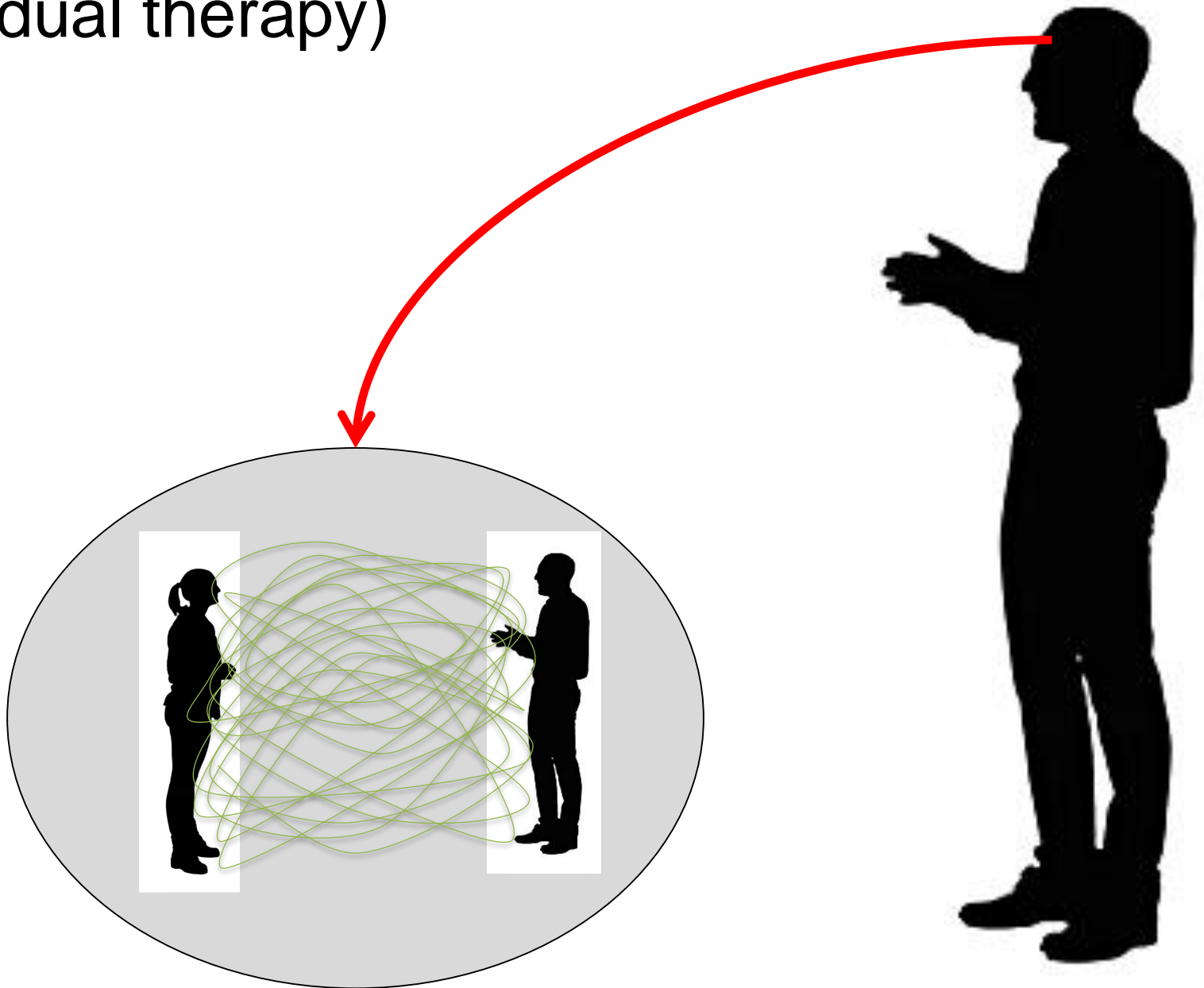
Slow thinking – reflection on the session



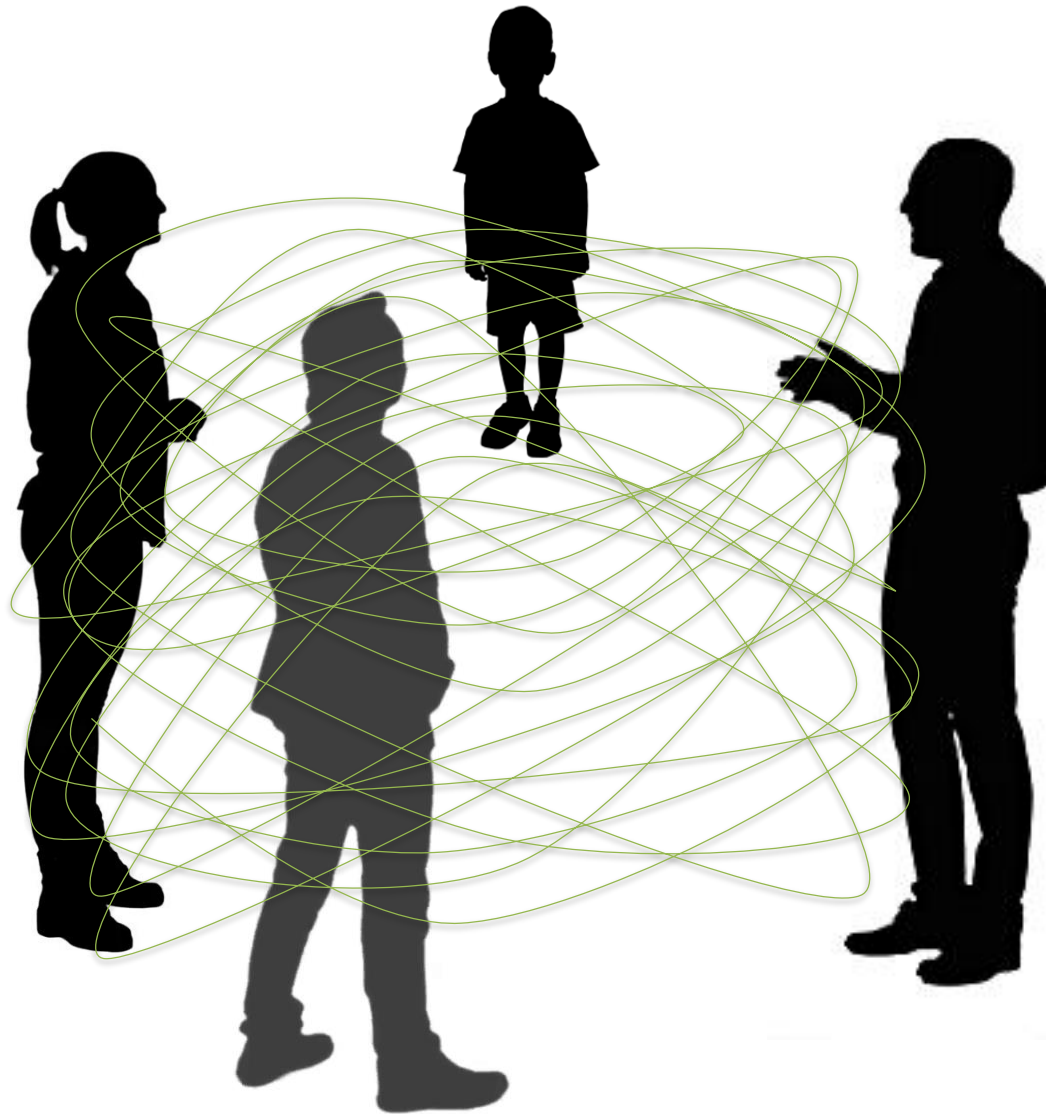
Knowledge in action (individual therapy)



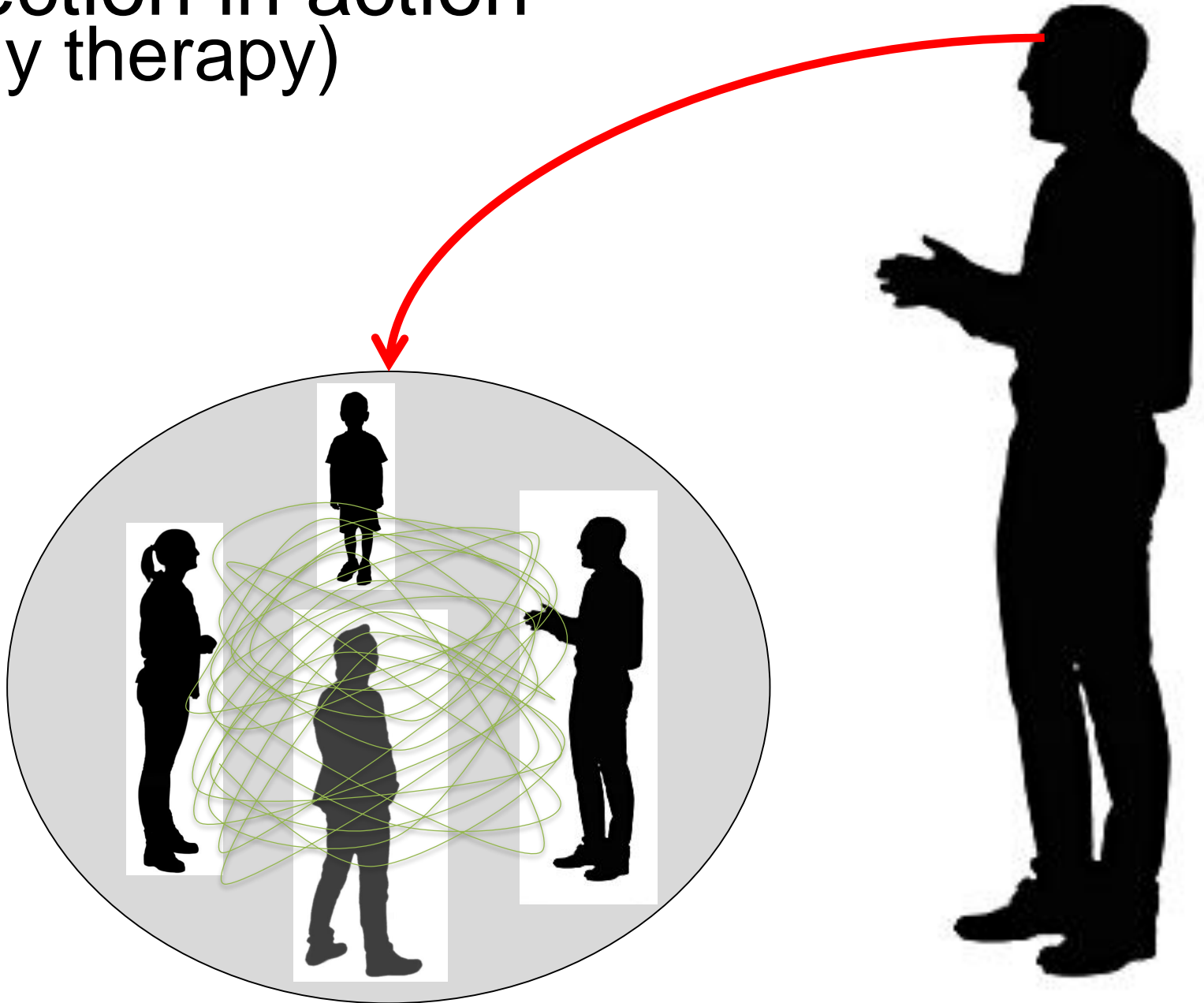
Reflection in action (individual therapy)



Knowledge in action (family therapy)



Reflection in action (family therapy)



Dual process (6) (summarized in other words)

Listening :

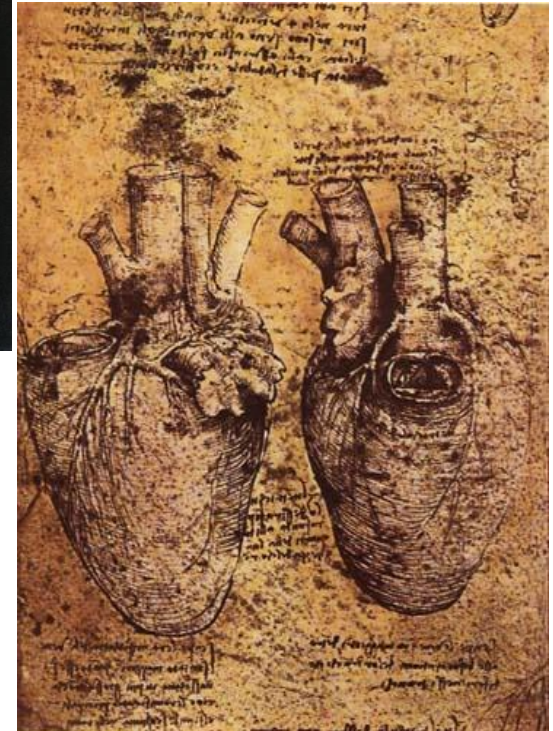
A therapist in the session does things/says things in response to what the family members do/say (*implicit, fast thinking*).

At some points in the session the therapist listens to his/her inner voices and reflects on what is happening (*explicit, slow thinking*):

- Evaluating what has happened in the session
- Preparing what he/she will do next in the session

Dual process and listening

Listening



Listening

- To listen simultaneously to the different family members with the ears, the eyes and the heart ...

Listening to the story the client tells (ears), shows (eyes) and makes us experience (heart)

e.g. When father speaks I listen with my ears, eyes and heart to his story, but I also listen with my eyes to the way other family members react to father's story.

- Reflecting on what how I can respond in such a way to invite the family members to share stories untold?

Two remarks
about listening

Remark 1

Listening is also creating a safe space in which untold stories can be shared.

“...into this space life will come...”

Clip of Cartier-Bresson from BBC series *History of Photography*

Remark 2

It is important to listen simultaneously in a dual way:

- Listen to the *suffering* and be with them
- Listen to what is *hopeful*:
 - e.g.
 - Signs of togetherness, commitment and love
 - Progress over the generations
 - New insights
 - ...

Remember: Keep on to both simultaneously (don't try to replace one by the other)

Listening exercise

Listening exercise

Watch the clip (9 min 17 sec).

1/ on your own

- *Listen to this man. Imagine he's a client of yours talking about his life.*
- *Make some notes on "What's his story?"*

2/ in groups of 3 or 4

- Share with each other what you heard.
- Listen to each other. Notice the differences with what you heard. Be curious about the differences.

Robert Crumb tells a story

Listening = Being Responsive
in the Family Therapeutic Session

Responsive attunement

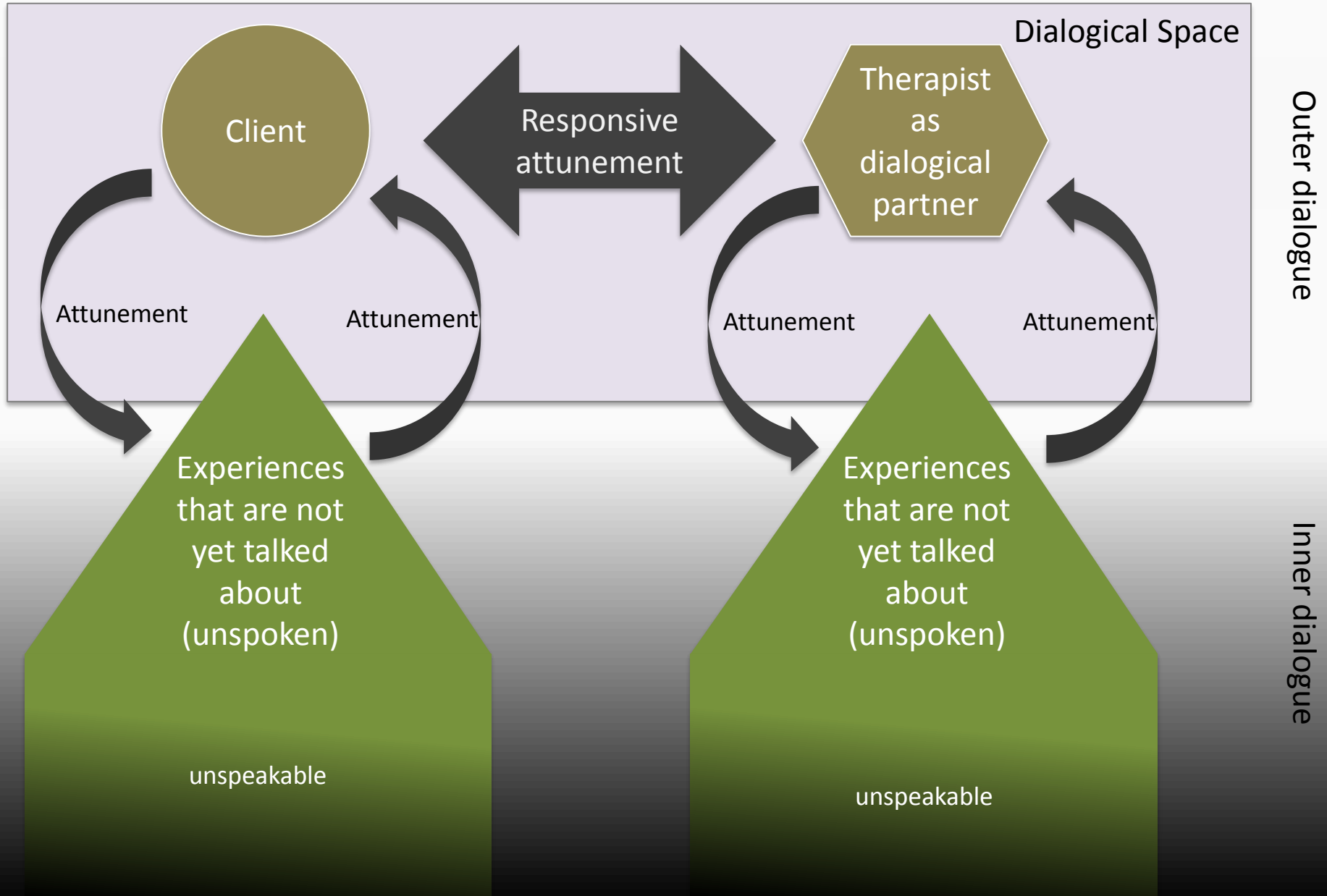
Responsive attunement

Family therapy is relational attunement
through
the process of responsive interaction

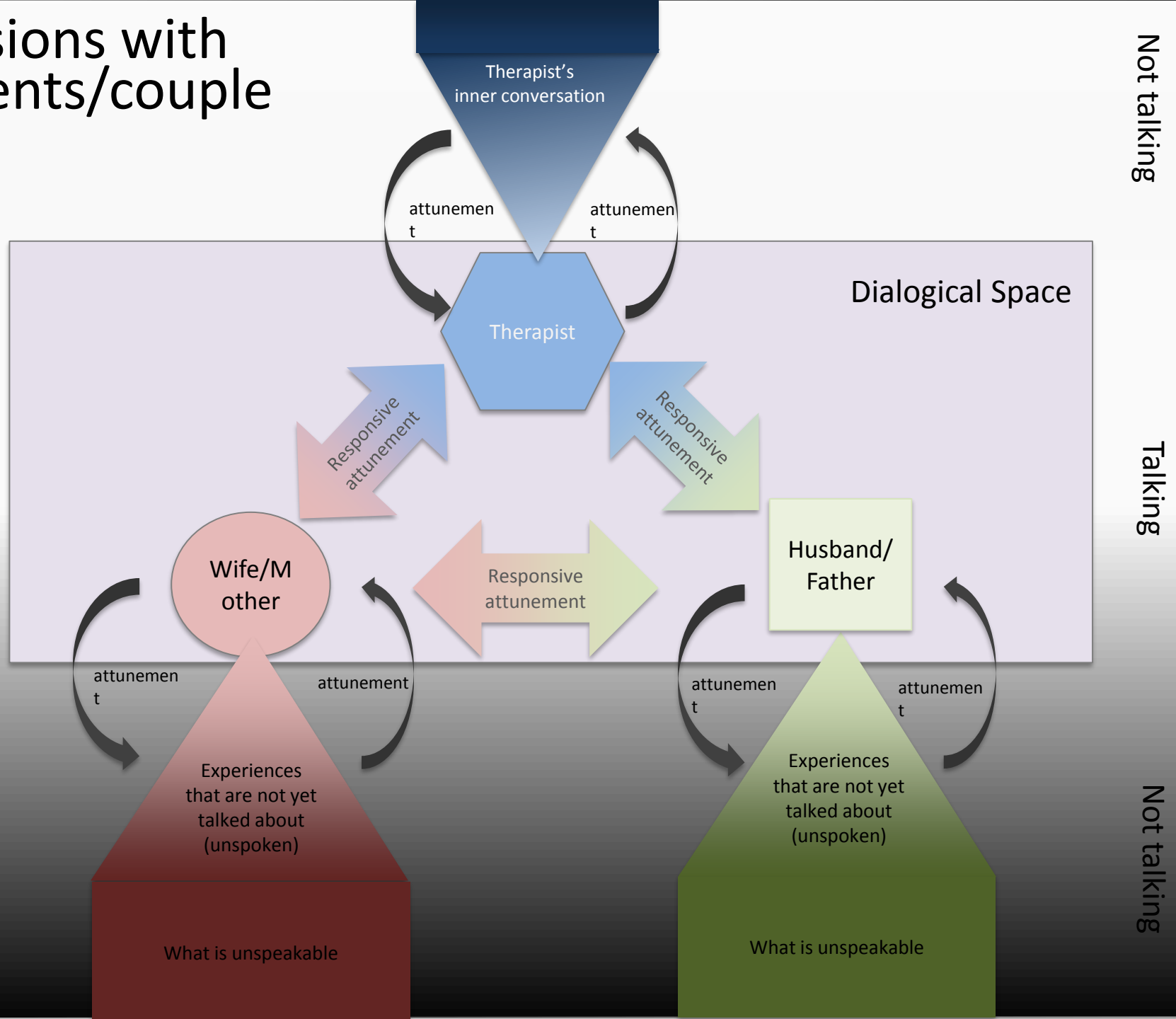
Main task of the therapist is
being responsive
to the complexity
of the family members' stories

Responsive attunement – Ed Tronick

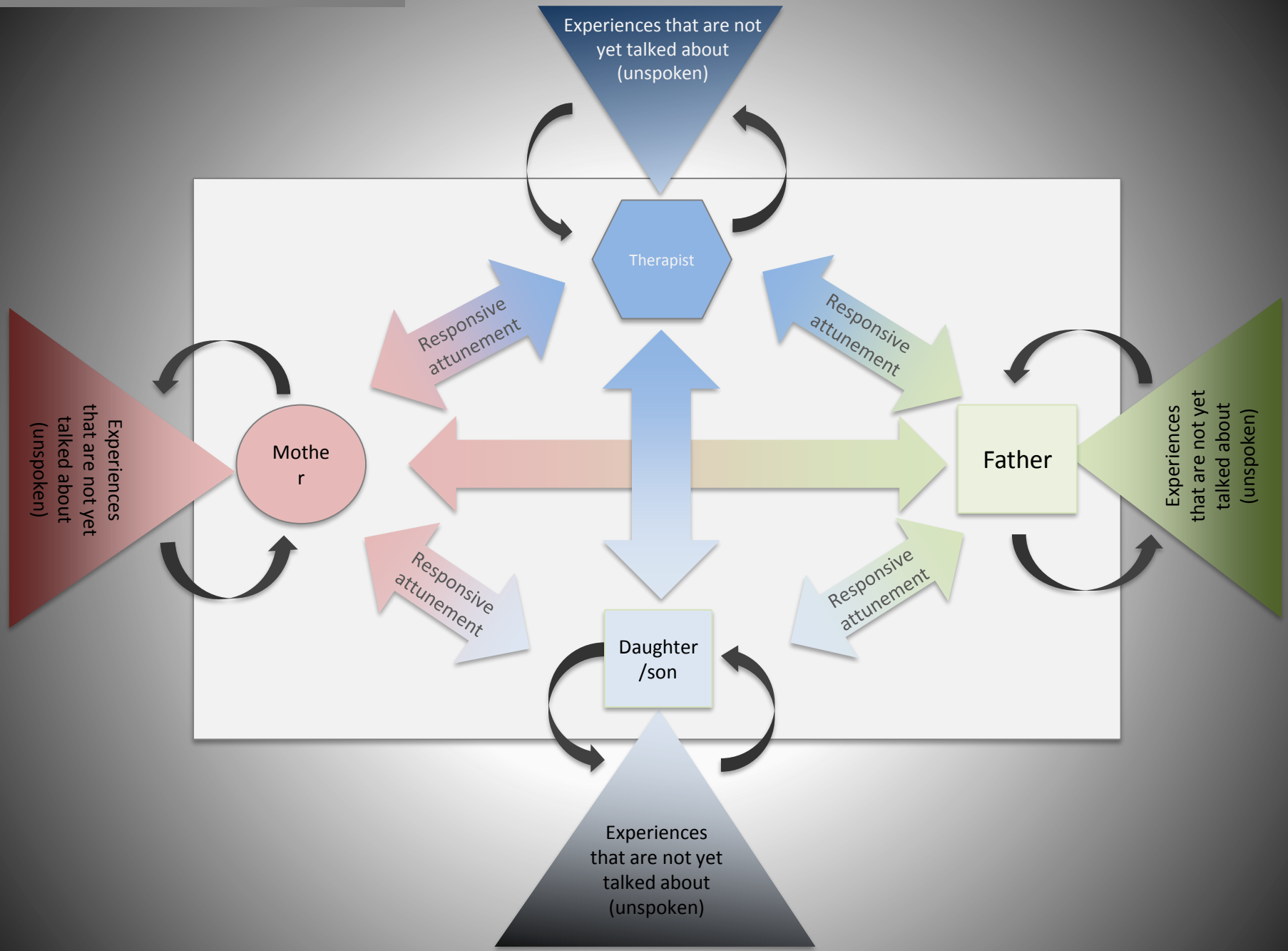
Individual session



Sessions with parents/couple



Session with family (1 child)

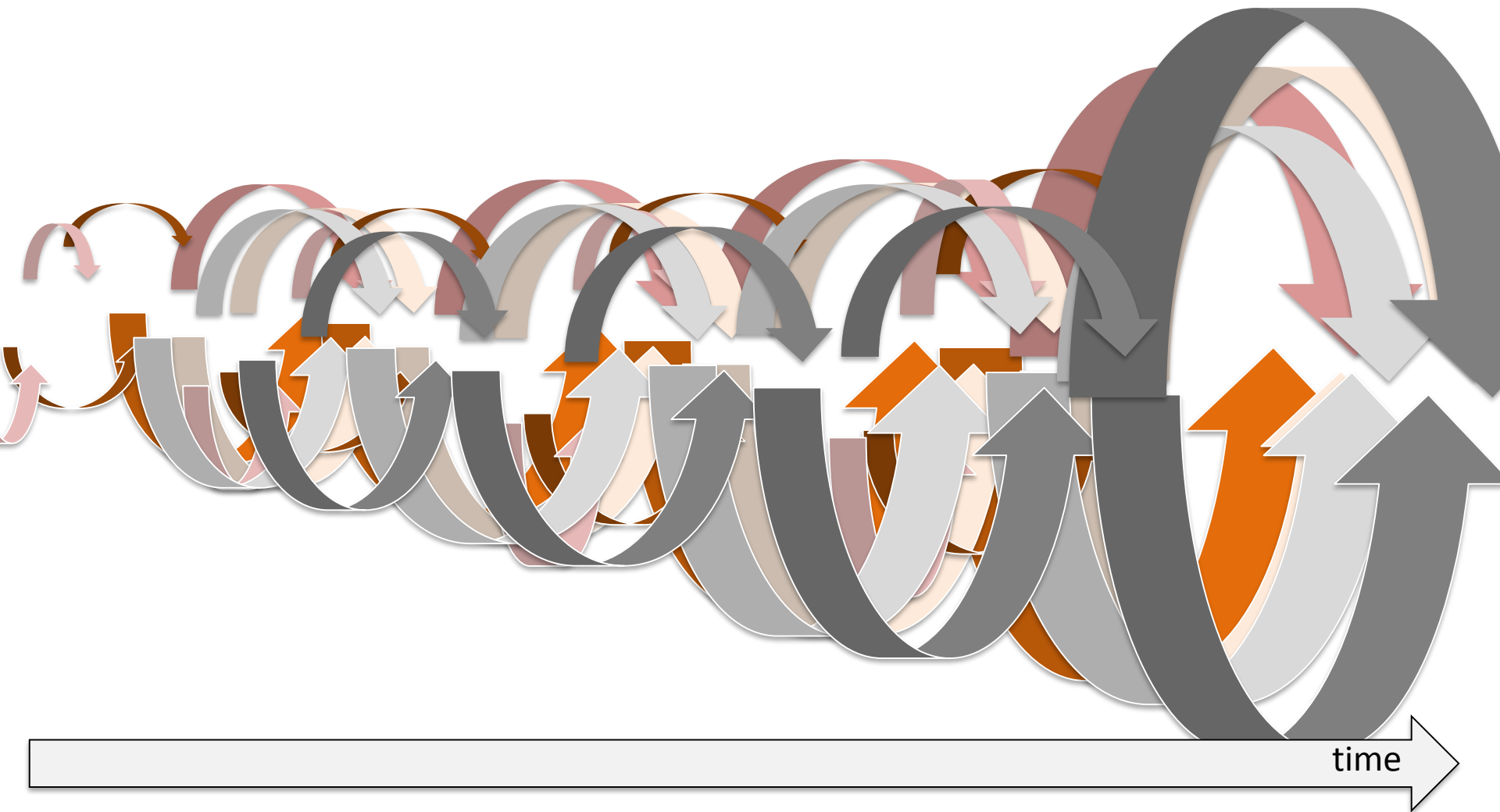


Responsive attunement

a process through time
and that creates something new.

- Complexity
- Implicit, bodily knowing (instead of explicit knowing)
- Orientation towards each other (instead of intentionality)
- Always to some level unpredictable
- Impossible to control.
- Trust as a pre-condition; and even more trust as a result.

Process of responsive attunement



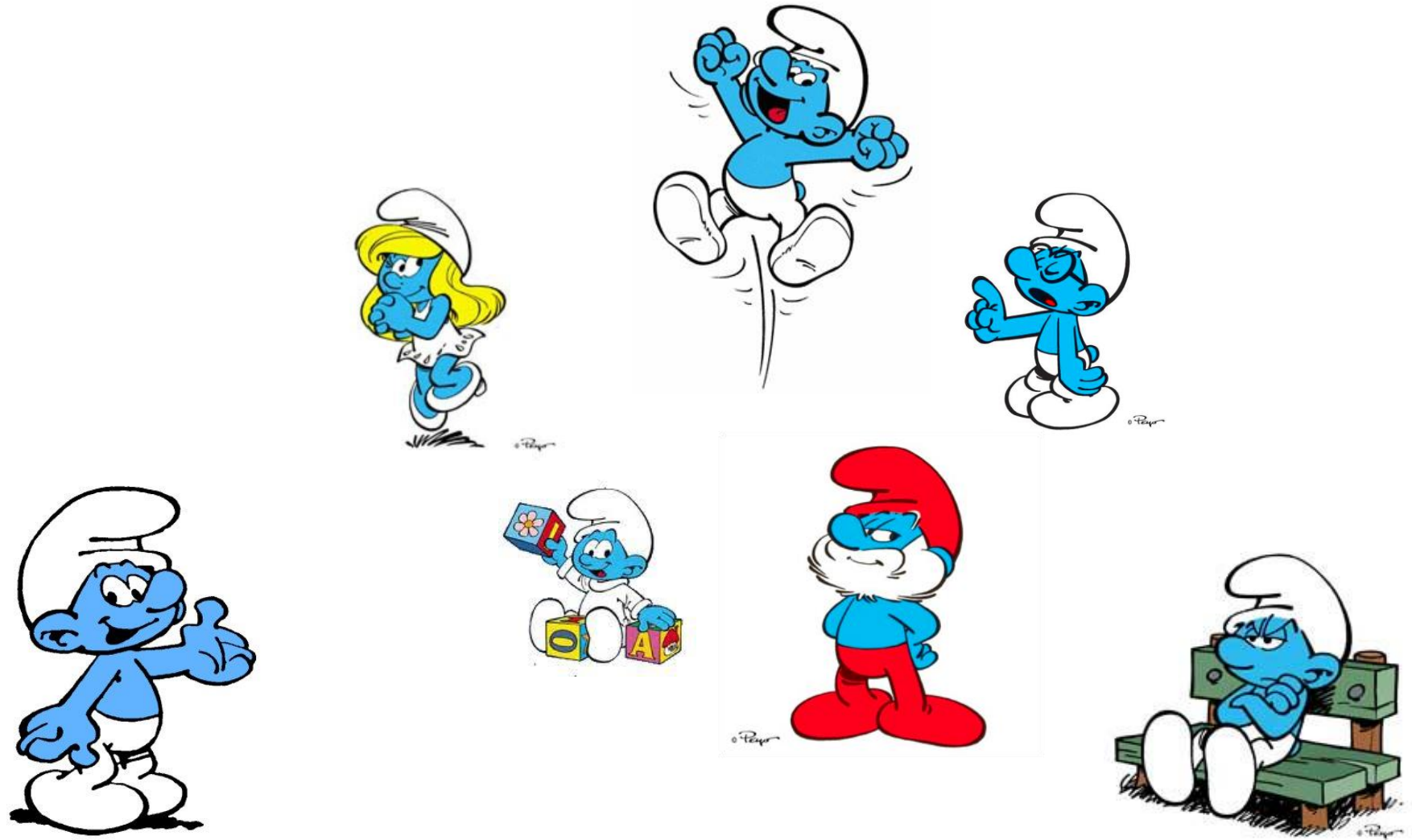
Responsibility

Genuine responsibility exists only
where there is real responding.

(Martin Buber, Dialogue, 1947)

Listening to
hesitations

The family in the first session...



Hesitations

Hesitations are ambivalences: « yes but no »

-sometimes distributed
over different family members-

Many forms:

- hesitations to engage in therapy
- hesitations to speak or silences
- hesitations to do an assignment

-...

Hesitations are often expressed by children/youngsters

The parents are worried about something
and they want therapy (so they contacted the
therapist and made an appointment).

The child/youngster comes along and
senses dangers (for him/self or for others)

Tension between talking and not-talking

Talking

Not talking

OPEN

+

STORY

HESITATION

-

CLOSED



Hesitations are often non-verbal

In order to notice the hesitations
the therapist usually has to listen
with the eyes and/or the heart.

-...

The said and the not-yet-said

STORY

ears

HESITATION

eyes

UNSAYABLE

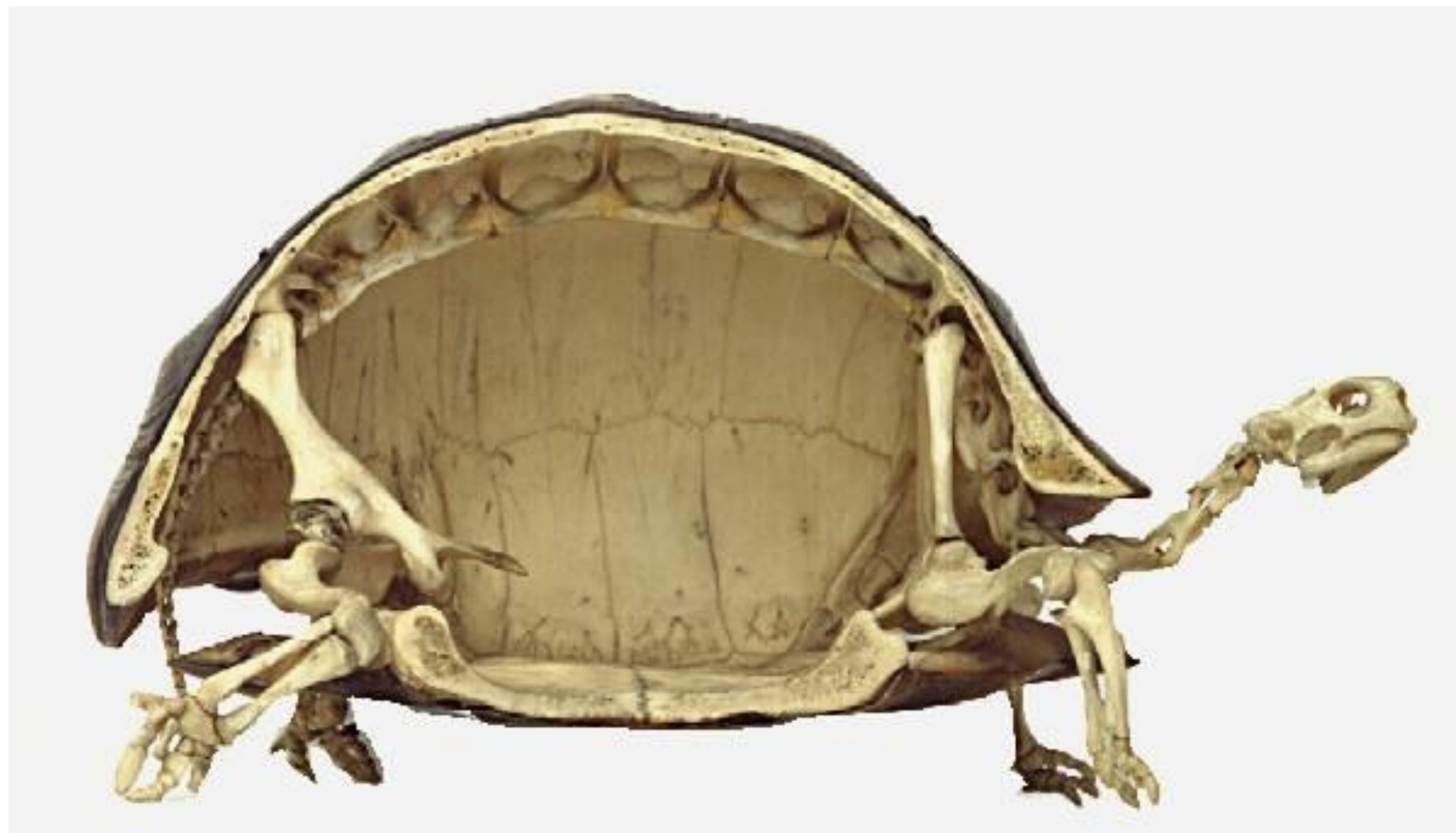
heart



Hesitations should be seen as
attempts to protect

Hesitations are not “resistance” to
therapy.

They have their roots in dangers that are
sensed by the child/youngster



How to deal with hesitations

- Accept hesitations as a legitimate way to protect oneself/one's loved ones
- Explore what are the good reasons to hesitate (usually self-protection or protection of loved one)
- After exploring, it is probably better not to side with the « yes », but rather to keep the « yes » and the « no » together

The therapist's presence

STORY

HESITATION

UNSAYABLE

Listening

Awareness

Silence



Listening to One's Inner Voices

Inner conversation (1)

While we are talking to others,
we are talking to ourselves.

Inner conversation (2)

Hannah and her sisters (Woody Allen)

Exercise “human”

Watch this clip (1 min 31 sec).

Clip from film Human by Yann Arthus-Bertrand (see www.human-themovie.org)

Exercise “human”

Watch the clip again and fill out the 2 columns of this table

What I remember thinking during 1st viewing of the clip	Reflections now

Research on Inner conversation (1)

Our research on the TIC

Research question: *“What’s on the therapist’s mind during a therapeutic session?”*

- -Role played sessions with very experienced therapists
- -Tape assisted recall procedure
- -Grounded theory analysis

Research on Inner conversation (2)

1. **Processing the client's story** (listening to the story the client tells)
2. **Attending to client process** (listening to the story the client shows)
3. **Focusing on own experiencing** (listening to the story the client makes the therapist experience)
4. **Managing the therapeutic process**

Research on Inner conversation (3)

The therapist in action ...

- Listening to the story the client tells (*ears*),
shows (*eyes*) and makes us experience (*heart*)
(domains 1, 2 and 3)
- Reflecting on what how I can responsive in such
a way that space is opened for stories untold?
(domain 4)

Illustration: *a session*

(beginning of the second session with mother and 9 year old son)

Therapist (T): *Hello, how are you today?*

Mother (M): *Fine, yes, fine.*

(therapist and family members shake hands)

T: *Ok, take a seat.*

(Mom and son sit down in the chair)

(Silence)

T: *What would you like to talk about today?*

M: *I'm tired. I can't sleep at night. When I can't sleep I think of my daughter. She died. She was such a sweet girl. I can't cope. She was in the hospital and needed an operation... (Mother mumbles something inaudible) and the doctors... (inaudible) ... but then there were complications and the doctors said that they couldn't do anything and my girl died. (M is crying uncontrollably, she seems overwhelmed ... her son puts his hand on her leg and tries to console her)*

Illustration: *a session*

(beginning of the second session with mother and 9 year old son)

Therapist (T): *Hello, how are you today?*

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(therapist and family members shake hands)

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(Mom and son sit down in the chair)

(Silence)

T: *What would you like to talk about today?*

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I feel relief: Mom seems pretty open; an easy person to connect with.

Awkward silence. I feel uncertain and don't really know what to say. So I ask what she wants to talk about

I feel a slight panic: Mom mumbles. What is she saying?
Too much emotion.
How can I console her?
I remind myself to stay calm.

Illustration: *La Stanza del Figlio*

Illustration: *La Stanza del Figlio*

Client: You never understood me. You never really got through to me. This is my last session.

TIC: She has been saying this for 5 years. She won't stop now.

Client: You're cold. I can never understand what you are feeling. You can say that this is your method, but that's not the point. You're cold. My previous analyst was not so distant. I got somewhere with him.

Therapist: This feeling of discouragement is not new. Let's try to understand what has happened and how to move forward.

Client: You are not even annoyed. You know it is all over too. It's not your fault. It's quite simple. You are the wrong analyst for me.

TIC: It's true. I can not do anything else for her. The therapy is over. What will she do now? Go to another analyst? Give up? In one minute it will be over.

Client: (sighs) I feel better now.

Therapist: So...

Client: See you on Tuesday

Therapist: Tuesday.... Goodbye

Client: Goodbye

Positioning
in order to listen

Positioning (1)

Davies & Harré (1990):

From static concept of “role”
to the dynamic concept of “positioning”

- spatial metaphor
- dialogue as a dynamic and tension filled meeting of positions

Positioning (2)

the therapist's positioning is a process

- *being emotionally moved* as invitation to take a position (compassion, irritation, powerlessness, ...)

→ What does such an invitation mean? What part of the family's story does it tell? (*listening with the heart*)

- Positioning in order to listen dialogically:
Being flexible in positioning

Feeling invited to take a certain position...

The importance of the therapist's inner conversation...

In the *inner conversation* (slow thinking) there is a constant evaluation of the process of positioning:

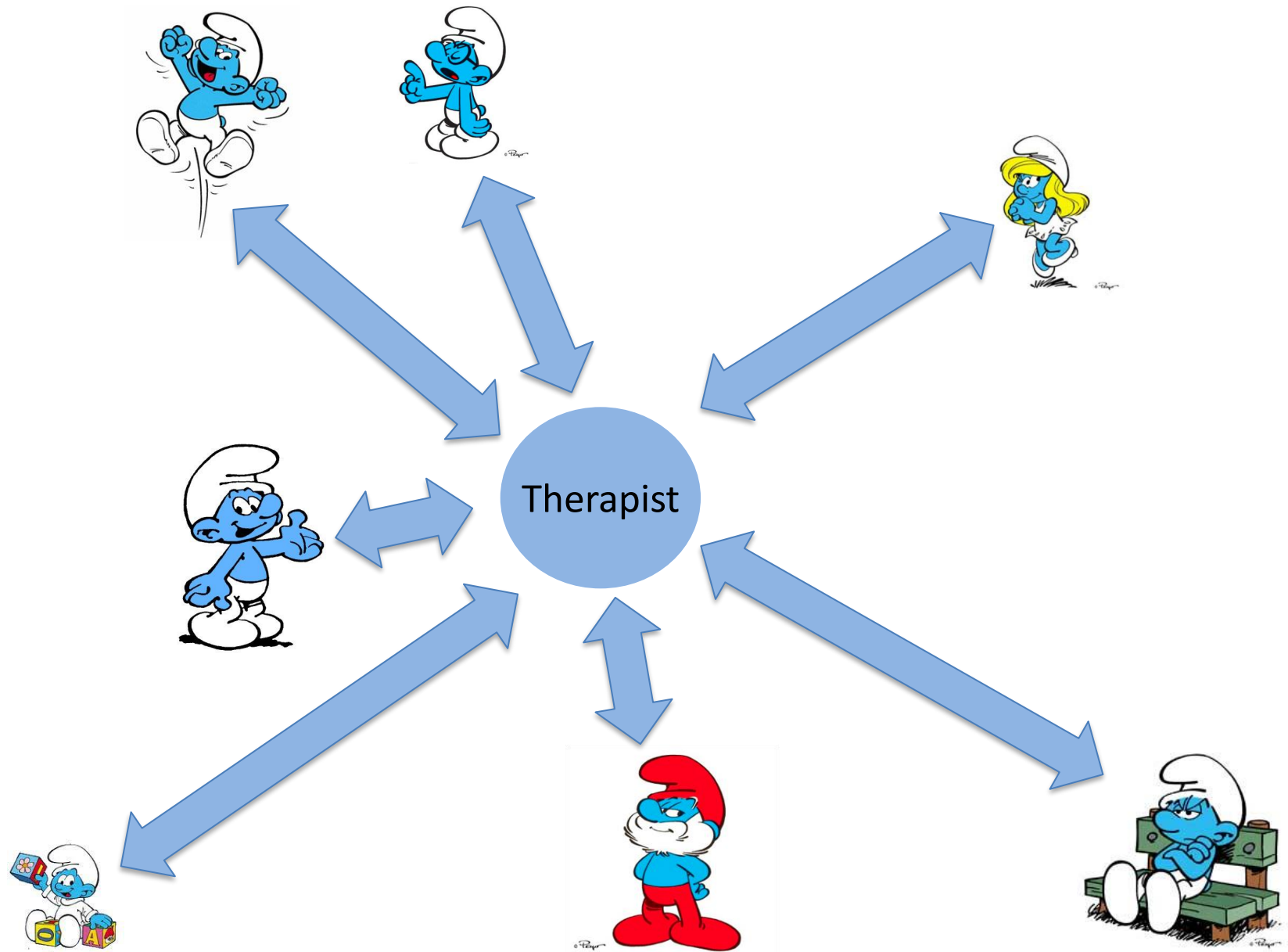
- What is my position?
- What is evoked in me in this position?
- How does this help me to understand what happens in the session?
- Am I stuck in this position and if so, how can I become more flexible again?
- ...

Flexibility in positioning

Aim of the therapist:

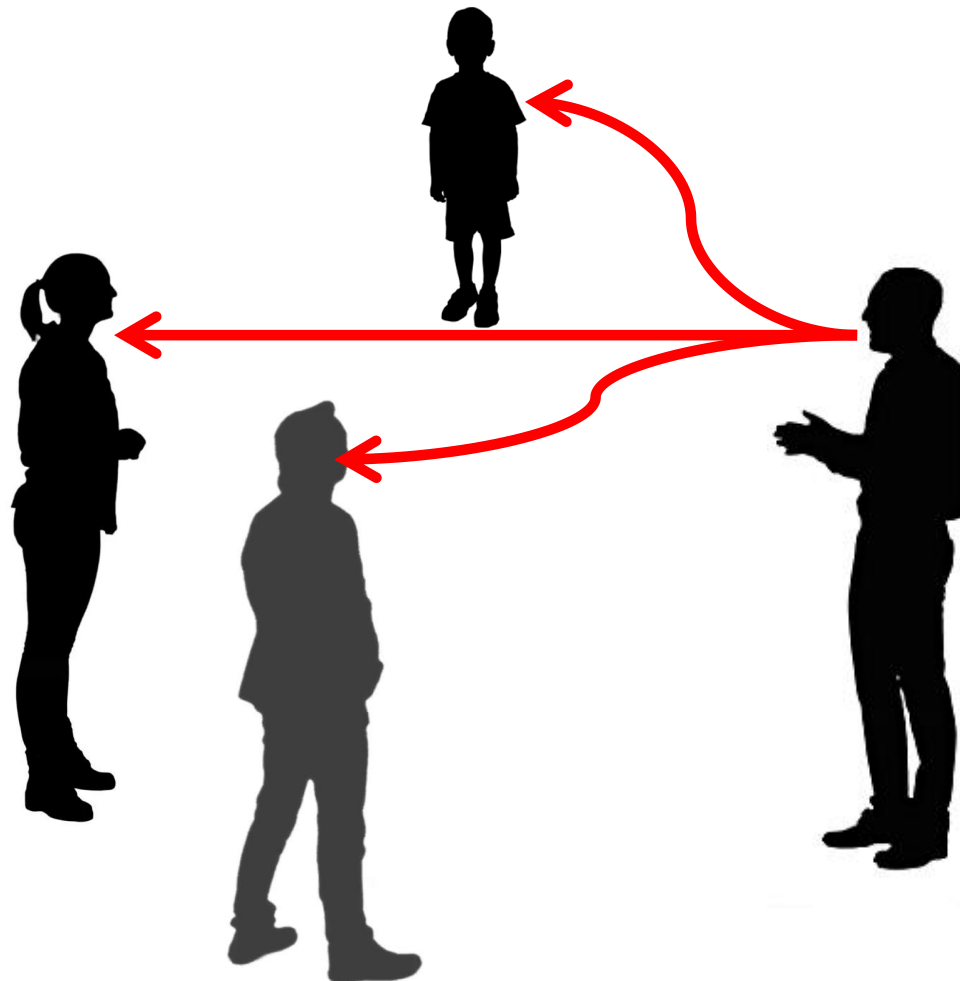
- *Not* to find the right position and take that position,
- *But rather* to safeguard his/her flexibility in positioning in order for him/her to responsively attune to each of the family members.

The therapist's flexibility in positioning



Enactment (1)

Most obvious positioning in family therapy,
especially with therapist who were originally trained in working
individually



Enactment (2)

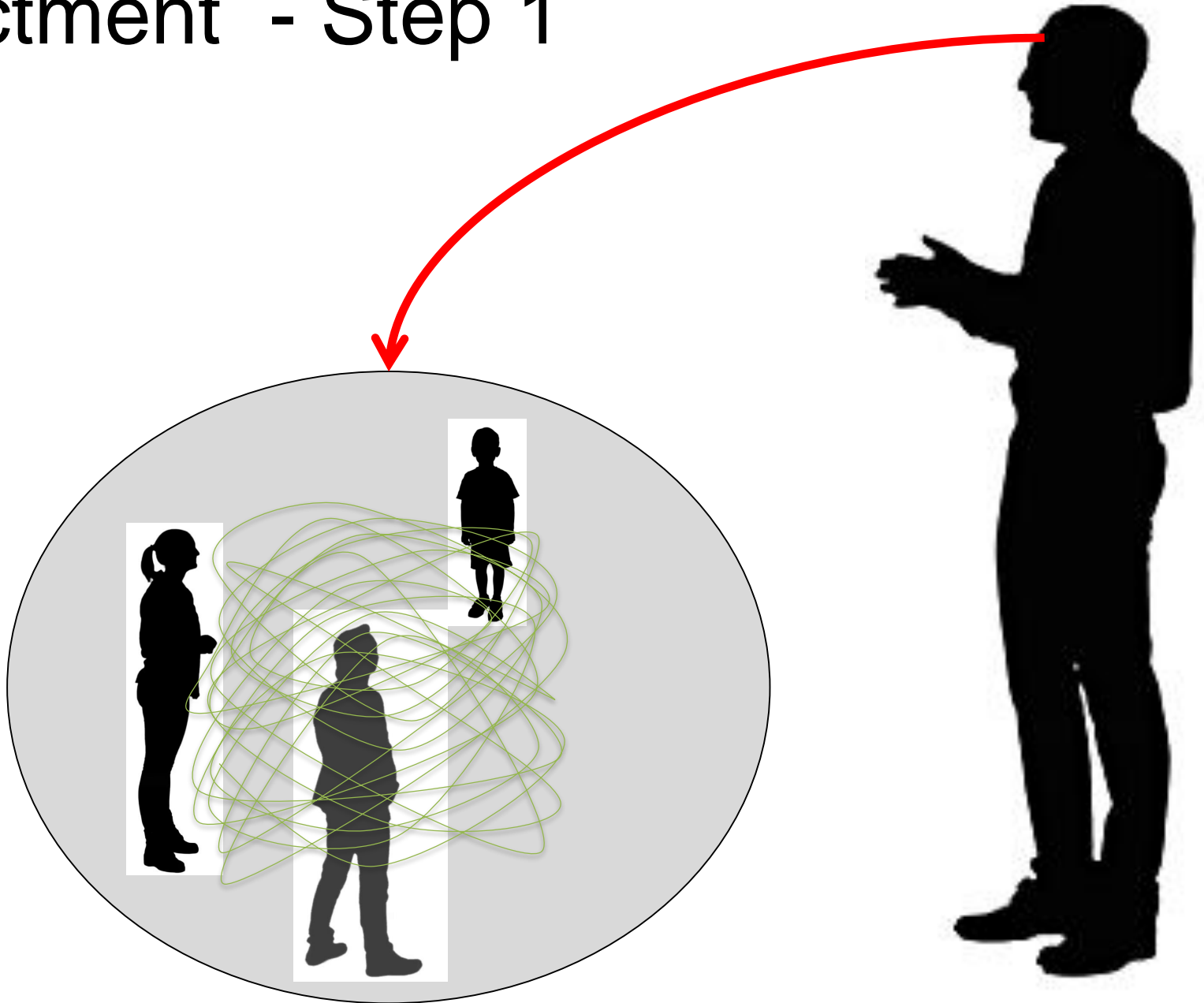
Enactment is an important addition to this basic positioning

- Focus on listening with the ears and the eyes
- Using positioning to listen to the complexity
 - Spontaneous enactment in the session
 - Enactment as an explicit intervention

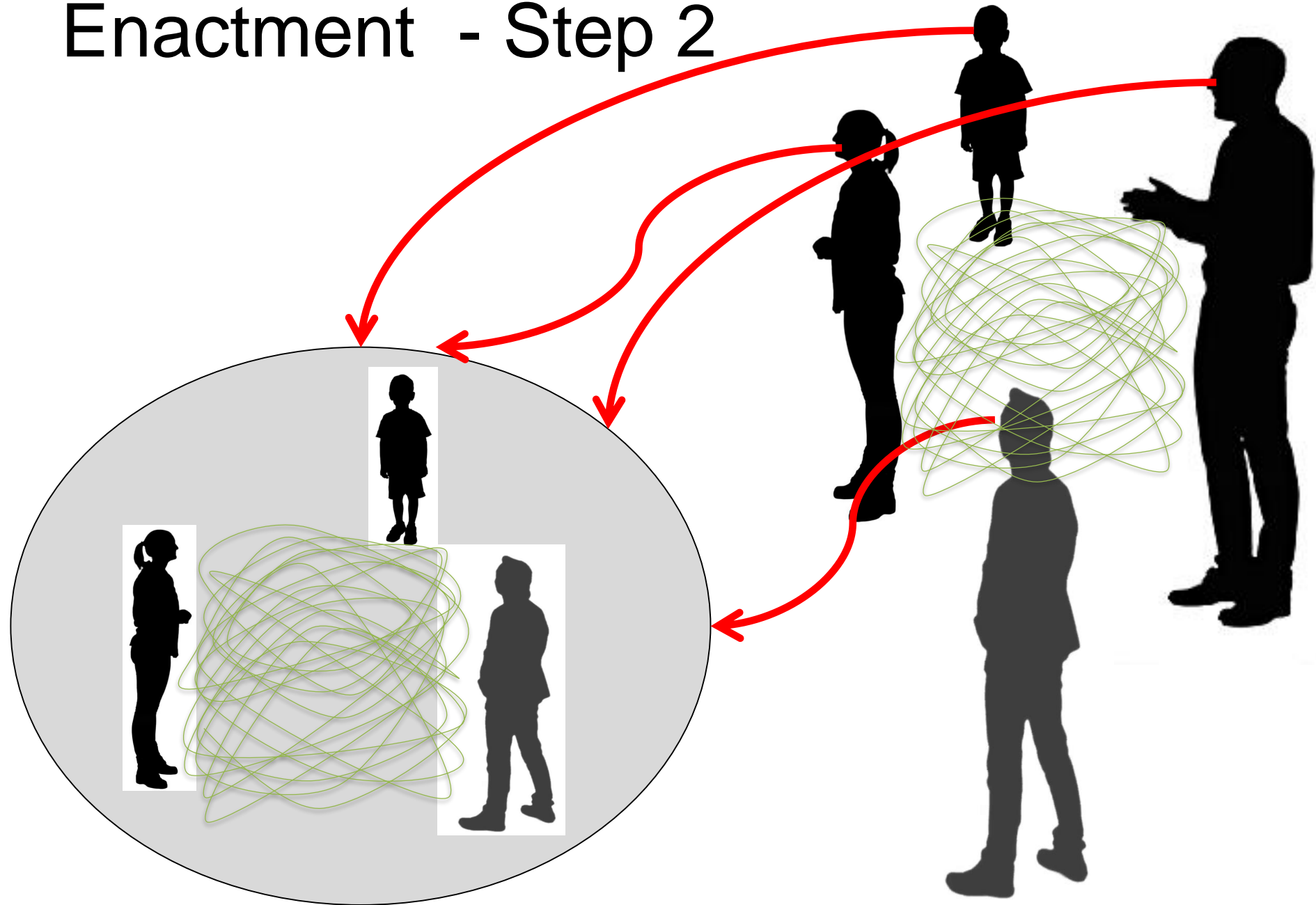
Give an assignment to the family:

- Step 1: observe the family while they're doing the assignment (stop assignment when there is some kind of success !)
- Step 2: reflect with the family on the assignment

Enactment - Step 1



Enactment - Step 2



Impasse (1)

Sometimes the therapist is stuck in one position.

= getting stuck – losing flexibility in positioning and in reflecting.

→ *Slow thinking* is no longer able to correct the therapist's fast thinking based lack of attunement to the family members in the session.

Impasse (2)

Impasse is not exceptional in professional practice

“Impasse is part and parcel of everyday therapy practice... It is part of the messy and discontinuous process of change.” (Carmel Flaskas, 2005)

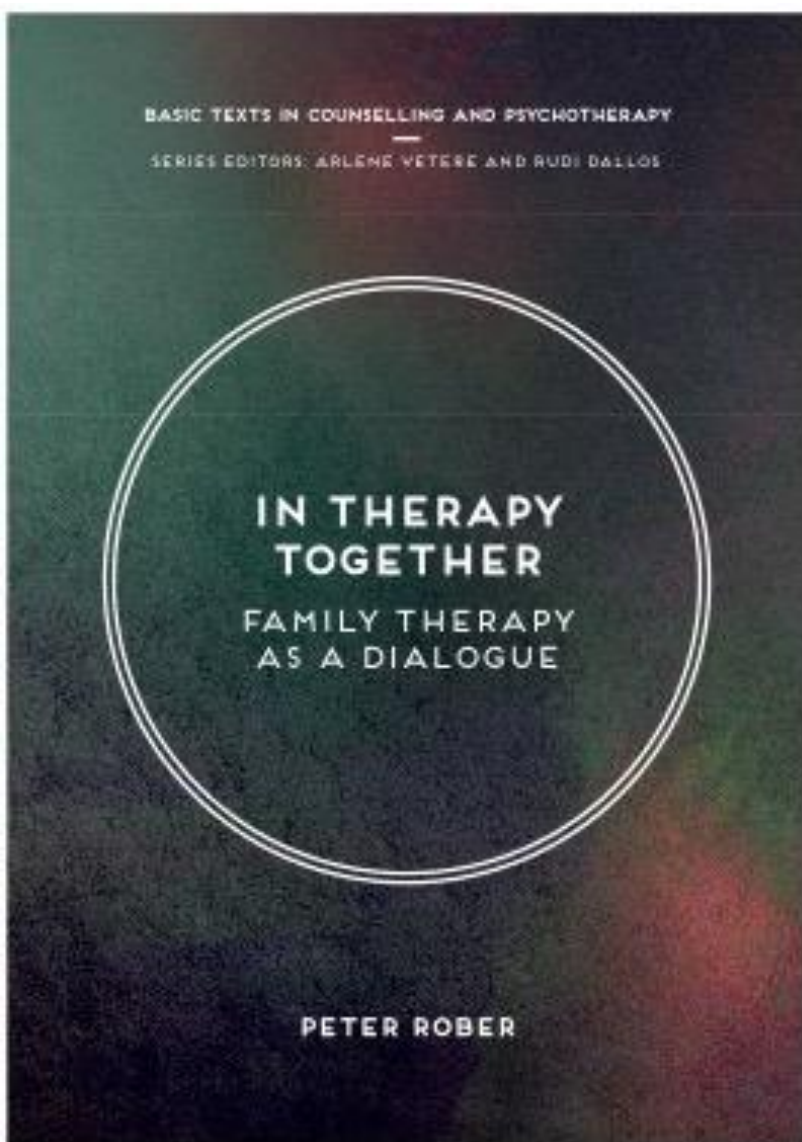
Reflective space is needed to be made explicitly:

For instance: supervision, team consultation, ...

Conclusion

Book:

Peter Rober (2017). *In Therapy Together: Family therapy as a dialogue*.
London: Palgrave Macmillan.



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