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Unbalancing

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Introduction

After the therapist joins well with the family, the aim of the therapist is to reorganize the unhealthy coalitions in the family. Structural Family Therapy created unbalancing as a way for the system to change the hierarchical relationships and boundaries of the members in the family. Unbalancing allows different family members to try out new roles in the family that before seemed unattainable.

Theoretical Framework

Unbalancing can be accomplished by joining with a specific member or subsystem of the family. A therapist meeting the family members can change the power structure of the family. Unbalancing has its genesis in structural family therapy.

Rationale for the Strategy or Intervention

When a therapist enters a family, the family defers to her as an expert. Therapist needs to freely move

within the family reorganizing the hierarchy and boundaries in the family. The therapist recognizes she is creating stress in the family and must support the family at the same time with an “atmosphere of trust and develop a spirit of collaboration” (Minuchin and Fishman 1981).

Family members are stuck in their systemic position where they cross generational boundaries which results in family members being the symptom bearers. When unbalancing, the therapist is supporting one individual or subsystem over another individual or subsystem.

Description of the Strategy or Intervention

When a therapist unbalances making linear or circular statements, she must make sure she has joined well with the family. Joining well gives the therapist the contract and the intimacy with the family to allow her to reshape the family’s response to signals or rules.

There are three different types of unbalancing. The therapist must be sensitive to the family’s feedback and be flexible to determine which technique is warranted for the realignment of the system. The therapist must understand how this puts the family into a state of anxiety.

Therapist may Affiliate with Family Members

Using this therapeutic connection, the therapist works to create a new position for a family

member. This type of unbalancing is predominantly used with the family member who is disempowered. The therapist may need to maintain this alignment for many sessions before “shifting” to a different member. When affiliating with family members the therapist may feel it necessary to alternate affiliations.

This is one of the more challenging ways to unbalance because the family members may put the therapist into the role of “judge” and making decisions for the family.

If the therapist becomes a judge and loses her freedom to move around the family, the family members will not be able to create a new lens at how to look at why they are stuck and invent new ways to work together.

Coalition Against Family Members

The therapist’s ability to know when to take a step down and when to be an expert takes time to learn. When the therapist enters a family and forms a coalition with a family member against the other, she is using her position as an expert to rule out the expertise of the other family member(s). This intervention will create anxiety in many family members. The therapist must understand the different stressors that can occur when you align with the dominant family member or nondominant family member (scapegoat). The family member who the therapist aligns with must see the benefit of the change for her family. This is typically done when the therapist aligns with the parent or parental subsystem that “detriangulates” the children.

Therapist may Ignore Family Members

To ignore family members is a challenging role for the therapist because of her training to help clients have a voice. This technique can be used with families in which a child is viewed as the center of the universe and the family gives into her every demand. When the therapist ignores the larger than life child, this allows a realignment of the hierarchy. While excluding the child, the therapist encourages the parent(s) to discuss topics that increase the hierarchy and boundaries between the child and adult(s). Doing so

empowers the parent to be in charge. This type of unbalancing is presented in the case example.

This technique can also be used with a family with a dominate parent who “bulldozes” their agenda. When ignoring with the bulldozing parent, there is a risk of losing the family. The therapist must be able to bring out the strength and opposing opinion of the other parent that is necessary for change to create space between the dominant parent and the smothered child/adolescent, a challenging position for the therapist because they align with excluded family member(s).

Case Example

Parents of an 8-year-old walk into the therapist office. Tommy sits next to mom yelling that he wants his iPad. Mom opens her bag of toys and electronics. Their complaint is Tommy is not getting along with peers in school, has temper tantrums, and is not following direction of the teachers. Mom answers the therapist’s questions while watching Dad keeping Tommy occupied.

Therapist allows this pattern to continue while joining. Both parents repeatedly react at a moment’s notice to Tommy’s demands. Therapist comments on how they work very hard.

Therapist: I see that and as long as he is used to being the king, you both need to be his servants. Dad, talk to mom about some things you would like to do for fun as husband and wife without reacting or looking at Tommy.

Mom: (Laughs.) We have never done that.

Therapist: Do it now (When the parents start to talk, they look at Tommy while talking.)

Therapist: He needs to learn how not to be the king, but will never learn this until he can be an eight year old who can play by himself. Try again.

Parents nervously laugh. Tommy initially watches them quietly and then after a few minutes he begins to interrupt.

The therapist enters the family system through the parents and works to establish a clear boundary

between them and Tommy. This continues over the next few sessions and results in a more functional family hierarchy and Tommy will learn cues to navigate relationships.

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Undifferentiated Family Ego Mass in Bowen Therapy

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The *undifferentiated family ego mass* was an early term that Murray Bowen used to describe his observations of the human family. It would later form the basis of Bowen Family Systems Theory, or Bowen theory. The main discovery of Bowen's research project at the National Institutes of Health (NIH) from 1954 to 1959 was the emotional oneness in families, the *undifferentiated family ego mass*. In the study, entire families lived in a psychiatric hospital ward and data about them was recorded 24 h a day. The families included a young adult child with schizophrenia and the mother, and later the father and other siblings, as Bowen's initial view of a symbiotic relationship between mother and child enlarged to seeing the whole family actively participating in an emotional oneness. While his observations contributed to understanding schizophrenia in the context of family projection processes, the major contribution of the research was the recognition that the family functions as an emotional, and even instinctive, unit rather than just a collection of individuals. Bowen wrote that the conceptual shift moved away from seeing schizophrenia as contained within the individual patient to seeing it as a manifestation of an active shifting emotional process of the family as a whole.

Bowen's NIH research was with families who had a member with a major mental illness, and there was a question regarding whether these families were different in emotional oneness from typical families. However, Bowen found the same emotional oneness and lack of differentiation of individual family members in his outpatient cases. In 1959, Bowen moved to Georgetown University and established the Georgetown Family Center. He saw that families of a broad range of emotional maturity functioned with an emotional oneness that presented a challenge for family members to define themselves as individuals. The difference was in the *intensity* of the emotional process: the greater the intensity, the greater the challenge in differentiating as an individual from the emotional oneness.

An example of the difference that the degree of intensity can make is in a parent's emotional reaction to a sick child. An intense reaction might include a parent unable to sleep at night and doing more for the child than is needed. In a less intense emotional oneness, a parent is able to care for the child while able to function in other areas, too. In the more intense family process, the parent may continue to be anxious about the child even after the child is well, whereas in a less intense family the parent can be at ease with the child's growing independence.

In another example, a parent is able to enjoy affection for the child while at the same time being realistic about the child's abilities as well as weaknesses. In a more intense version of the family emotional process, the parent may build the child up unrealistically, as a great beauty or a genius, or may emphasize a weakness in a child to such an extent as to be unable to acknowledge realistic accomplishments. It is possible for a parent to genuinely admire his or her child while at the same time restrain from acting on the admiration in a way that might prove to be harmful to the child in the long run.

In his earliest writings about the NIH research, Bowen identified a lack of ego boundaries as an essential issue and stressed the importance of

differentiating from the family oneness. By naming the processes in the family as “undifferentiated,” he put attention on the differentiating process. From his first use of the term, he contrasted the undifferentiated family ego mass with the effort to define an individual self within the emotional oneness of the family. Though Bowen later found other terms to describe the family oneness, the term remains a valuable link to the development of Bowen’s theory and therapy.

Bowen used the term *undifferentiated family ego mass*, including “ego,” in his early writings to try to communicate a new and different way of thinking to a field of psychiatry still dominated in the 1950s by Freudian theory. As he attempted to move his theory toward the accepted sciences, he abandoned the term. He began to refer to the family emotional oneness instead as the *emotional system*. He clarified that the family functions as an emotional, or instinctive, unit. He used the term “emotional” more as Darwin did, meaning ‘instinctive.’

In the years preceding the NIH research, in the late 1940s and early 1950s when Bowen worked as a psychoanalyst at the Menninger Foundation, he read about evolution and comparative anatomy and behavior. He began to view the human family as a natural system, with characteristics in common with other natural systems. Though working in Freudian theory initially, he began to move toward a new theory that would be consistent with what the human had in common with other life forms. He believed that would allow discoveries in the life sciences to contribute to a greater understanding of human beings, and vice versa. Indeed, Bowen’s concept of the emotional system can be applied to the reproductive and social groups of other social life forms, from bacteria to other primates, and social mammals like dolphins. Bowen identified two counterbalancing forces, which he called *togetherness* and *individuality*, which can be seen in emotional systems across species. He added that variation in the way people balance individuality and togetherness in the human family depends on the degree to which they are differentiated as individuals from the family emotional system.

Cross-References

- ▶ [Differentiation of Self in Bowen Family Systems Theory](#)
- ▶ [Family Projection Process](#)
- ▶ [Multigenerational Transmission Process in Bowen Therapy](#)

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Name

Michael Terence Ungar, Ph.D. (b. 1963)

Introduction

Micahel Terence Ungar is a significant contributor to the fields of family therapy and social work through his research on resilience among children, youth, and families and how they together survive adversity in culturally diverse ways. Ungar has authored the book *Working with Children and Youth with Complex Needs: 20 Skills to Build Resilience* (Routledge, 2015) as well as more than 150 articles and chapters on resilience, family therapy, and social work. He has been the principal investigator for multiple longitudinal researches of resilience and evaluation projects in collaboration with organizations as diverse as The Human Development and Education Branch of the World Bank, The Red Cross, and Canadian public health agencies.

Career

After completing undergraduate and master's level studies at McGill University, Ungar received his Ph.D. from Wilfrid Laurier University in 1995. His first position, at Katimavik Youth Program, was as Project Leader for the Canada World Youth Pakistan-Atlantic Region Exchange (1984–1985, 1989–1990). Following that early and formative experience, he worked as a social worker with Hants County Family and Children's Services (1988–1989) and then as Provincial Director of Programming for the Canadian Mental Health Association, Prince Edward Island (PEI) Division (1990–1991). Ungar next joined the Guelph Wellington Counselling Centre as a marriage and family therapist, which included a 2-year internship in the earlier years (1992–1994). Returning to Canada's East Coast, he accepted a position as Senior Case Consultant with the Young Offender Custody Programs of PEI (1994–1998), after which he was a therapist at the University of PEI (1998–1999). Beginning his academic career, Ungar accepted a position as assistant professor at Memorial University of Newfoundland (1999–2000), followed by appointment as an associate professor at the Dalhousie University School of Social Work (2000–present), where he has been a full professor since 2007. Since 1993, Ungar has maintained a private practice and has provided consultation and supervision services. He has also been a clinical supervisor and therapist at Phoenix Youth Prevention Programs in Halifax, Nova Scotia, since 2003.

Ungar is a registered social worker and AAMFT approved supervisor. Since 2002, he has directed the Resilience Research Centre and is the scientific director of the Children and Youth in Challenging Contexts Network. In 2017, Ungar became a Canada Research Chair in Child, Family and Community Resilience (tier 1), a Government of Canada program to promote research and development excellence in Canadian post-secondary educational institutions. He was previously awarded the prestigious Killam Professorship in Social Work (2011–2016).

With over \$10 M in funded research, Ungar's studies span more than a dozen low, middle, and

high-income countries, with many projects focused on the resilience of marginalized children and families, and on adult populations experiencing mental health challenges on the job and in their personal lives. More recently, his research has included studies on resilience to violent extremism in communities experiencing structural and social disadvantage. Ungar has presented in over 30 countries, was the recipient of the Canadian Association of Social Workers National Distinguished Service Award (2012), and has served on local, national, and international boards including the American Family Therapy Academy.

Contributions to Profession

Dr. Ungar's work focuses on an ecological and culturally sensitive approach to resilience with a focus on children, youth, and families.

Unlike definitions of resilience that focus only on an individual's capacities, Ungar defines resilience as "both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways" (Ungar 2008, p. 225). Building on previous research that demonstrated that the majority of children who grow up and live in challenging contexts go on to thrive (Ungar 2011); he conducted a mixed methods investigation of resilience with over 1500 youth in 14 communities on five continents (Ungar 2008). This research led to the conceptualization of resilience as negotiated and culturally determined, and to the proposal of four principles to guide resilience research and theory development (Ungar 2011).

The first of these four principles is decentrality. Ungar proposes that researchers focus simultaneously on the individual and on the nature of protective mechanisms and how they interact with risk factors. The second principle is complexity, which calls for the need to develop contextually and temporally specific models to explain process and outcomes. Atypicality is the

third principle Ungar outlined, where unusual patterns of resource use and behavioral patterns may lead to successful child and youth development when the benchmarks for that development are defined locally. The final principle is cultural relativity. Ungar proposed that processes of positive growth are both culturally and historically nested. These four principles weave together to serve as the foundation for the social and ecological definition of resilience previously outlined and also form the basis of Ungar's ongoing research and practice-oriented contributions.

As a family therapist, Ungar maintains a clinical and supervision practice and he has a keen interest in contributing to the development of the practice of family therapy. Expanding his research on resilience to both clinical practice and for families themselves, Ungar offers a nuanced understanding of resilience that can assist clinicians at each stage of their work. Recently, Ungar proposed a diagnostic framework for exploring childhood resilience (Ungar 2015a) that involves diagnostic criteria for assessing childhood resilience that include the systemic factors that influence a child's wellbeing. Ungar then developed a map of family resilience that can guide therapists in developing both a systemic and culturally responsive case conceptualization including examples of seven specific patterns of family resilience (2015b). The seven patterns of resilience that appear repeatedly across the research literature include: posttraumatic growth, minimal impact resilience, unaffected coping, recovery, avoidant behavior, hidden resilience, and maladaptive coping. Continuing with developing resources for family therapists, Ungar offers full case reviews and an outline for an entire practice that integrates the principles of an ecological approach to resilience and offers a rich resource for clinicians at whatever stage of their careers (Ungar 2015c).

Ungar's work spans theory development and clinical practice, and it offers important new understandings and directions for child, youth, and family resilience. Extending his work to increasingly complex environments has the potential for increased integration of systemic and culturally responsive ideals across the fields of couple and family therapy and psychology.

Cross-References

- [Resilience in Couples and Families](#)

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Using Collaborative Helping Maps to Organize Therapeutic Conversations with Couples

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Using Collaborative Helping Maps to Organize Therapeutic Conversations with Couples

This entry highlights the use of a simple map that can both help practitioners think their way through complex situations and organize constructive conversations with couples about challenging issues. It will provide a brief overview of collaborative helping maps and then illustrate their use with an example of work with a white lesbian couple that invites them into a broader conceptualization of their perceived individual

and interpersonal difficulties within a broader sociocultural context. (This interview was part of a role-play interview in a series on couple therapy at a family therapy institute. There were extensive efforts to enroll the couple members to make it as life-like as possible and there were multiple moments when both the participants and I forgot that this was a constructed reality.) This entry is written in the first person as a description of how I approach this work. This is not an attempt to center myself or suggest that this is *the* way to work with couples, but simply to illustrate this as *one way* of working and to embody it within a first person description. I am very interested in how other practitioners draw on ways of thinking and practicing that help them to embody the person they would most like to be in approaching this work.

Brief Overview of Collaborative Helping Maps

Collaborative helping is a principle-based practice framework grounded in family-centered values and principles (Madsen 2007, 2009; Madsen and Gillespie 2014). It offers a generic approach to helping across a wide range of contexts and is designed to assist families envision desired lives, address long-standing problems, and develop more proactive coping strategies with the active support of their local communities. Conceptually, collaborative helping draws from appreciative inquiry, narrative therapy, solution-focused therapy, motivational interviewing, safety organized practice in child welfare, and, perhaps most importantly, the daily experiences of both front-line workers and the families they serve.

This practice framework takes a principle-based approach, utilizing a metaphor of “disciplined improvisation” to help workers pursue their work with a balance of rigor and flexibility. It emphasizes the importance of the attitude or relational stance workers hold with families. It highlights the importance of the stories that organize people’s lives and is constantly mindful of the ways in which interactions between helpers and families have the potential to invite the enactment

of particular life stories. And it focuses on the power of inquiry (the process of asking compelling questions) as an important professional tool.

A central feature of this practice framework is the use of collaborative helping maps to assist workers to think their way through complex situations and facilitate constructive conversations between workers and families about challenging issues (Madsen 2011; Madsen and Gillespie 2014; Root and Madsen 2013). The collaborative helping map (as applied to work with couples) in its simplest form consists of four areas of inquiry that are arranged graphically in the figure below with some comments about each area.

Hopes and vision

Where would you like to be headed in your life together as a couple

Developing a mutually shared, proactive, meaningful, and sufficiently concrete vision

Building a foundation of motivation, resourcefulness, and community

Obstacles	Supports
<i>What gets in the way?</i>	<i>What helps you get there?</i>
Identifying obstacles at individual, relational, and sociocultural levels	Identifying supports at individual, relational, and sociocultural levels
Describing obstacles in a way that <i>separates</i> problems from people	Describing supports in a way that <i>connects</i> people to their intentions and sense of agency

Next steps

What needs to happen next?

Developing a mutually agreed upon plan that draws on supports to address obstacles to achieve vision in a way that is proactive and meaningful

Outlining an action plan that concretely specifies who will do what, when, and with whom and engaging people’s natural community in the development and support of plan

Historically, mental health efforts have begun with questions like what is the problem and what caused this problem. Numerous family therapists have suggested flipping this with questions about what might a nonproblematic future look like and what might be getting in the way of that happening (a shift from cause to constraint or restraint). Beginning with a vision of couples’ hopes for their future or preferred coping in challenging times both engages them and sets an agreed

upon focus for shared work. The examination of obstacles and supports at individual, relational, and sociocultural levels fits with an ecological approach. The framing of obstacles as separate from people draws on the narrative practice of externalizing, originally developed by Michael White and David Epston (1990). While these maps were originally designed to support work with families, they have been expanded to guide efforts to support professional development and supervisory team and organizational functioning (Madsen 2014, 2016). This entry focuses on the use of collaborative helping maps to support constructive conversations with couples in conflict. I will introduce the couple and then move through the use of a collaborative helping map to organize my conversation with them.

Introduction of Couple

Carol is a psychotherapist and painter with a son in his 40s. She is a self-described “reserved WASP.” Anna is a psychotherapist and sex therapist with two kids in their 30s. She describes herself as an “expressive Jew.” They have been together for 5 years. Four months ago, Carol’s ex-husband passed away. Her mourning over that passing created tensions that brought them to seek couples therapy to preserve their relationship. From here, I will use the interview of the couple as a way of highlighting the use of a collaborative helping map to organize such conversations. I will move through initial engagement to eliciting hopes and vision for preferred directions in life to identifying obstacles to and supports for that vision to developing next steps to draw on supports to address obstacles that to next steps and then offer reflections on the interview.

Building a Foundation of Relational Connection

Engagement has often been seen as the first step before we get down to the real work of therapy. I would suggest that it is the foundation of our work and is never a step that we move beyond. If

we hold an assumption that people are more than the sum of problems in their lives, it behooves us to initially get to know them outside of those problems.

I have found it very helpful to take notes during sessions as a way of both helping me capture the words of a couple in order to work within them and to punctuate sparkling moments by slowing things down and repeating what people/clients/they have said that is notable. Often I will introduce this note-taking by asking, “Would it be okay with you if I take some notes as we talk as a way of organizing my thinking and capturing your words? I would be glad to share these notes back to you as they are *your* words.” Seldom have couples ever declined this request. Secondly, I will often ask, “I know there are some serious concerns you each have and we will get to that. However, would it be okay if I begin by taking some time to get to know you outside of the problems that have entered your life? Again, seldom have couples declined this request.

In the case of Carol and Anna, I engaged them saying, “When I meet with families, I often ask parents, would it be okay if I took to have you introduce your kid(s) to me in a particular way. If I had known your kid for 5 years rather than the 5 min we’ve hung out together, what do you think I might have come to particularly appreciate about him/her? In this situation, my question would be, if I had known the relationship you’ve developed over the past 5 years rather than in the past 5 min we have spent together, what do you think I might have come to particularly appreciate about that relationship?” While I like this idea of externalizing the relationship they’ve developed, this question can be somewhat abstruse and if necessary I will follow with a much simpler, “What I’m trying to say is ‘What do you most appreciate about the relationship you have developed over your time together?’” They talked about how they met and fell in love and their appreciation for their companionship and shared interests. As they put it, “We have a lot of things in common and its very vibrant. It feels like home. It’s been a long 5 years and we’re lucky to have found each other.” This can be followed by questions like, “Again, I know there are a number of problems and we’ll get to

that, but how did you develop such a relationship? What did you draw on? Who supported you and what helped you in that process?"

Hopes and Vision

After connecting with couples about their better moments together, it becomes easy to move to eliciting their hopes and vision for the future. There are a number of questions we could ask to elicit those hopes and visions. One way I have approached this is to ask a version of the following question, "I know this was set up as an initial consultation to see whether we might reasonably work together and I realize I may be getting way out ahead of myself, but if we decided to work together and we were now at the end of our time rather than here at the beginning and you two were feeling like this had been a good use of that time, what might be different in your lives together?"

Anna began, "I've felt very insecure lately. Carol's husband died 4 months ago and she's been very involved with that and grieving it and I've just been feeling insecure and needy. Like, I know I've been gay for a long time and she was straight and it makes me wonder whether I'm the stupid gay woman trying to get the straight woman to be partners with me when she's always been straight and will go back to being straight and it stirs up all this anxiety in me and I would feel like it was a good thing if I felt secure and like she loved me.

Bill – If we had a videotape of you feeling secure in a sense of her love for you, what would we see?

Anna – She'd be warmer and more affectionate. She'd set aside more time for me. I feel like she has gone back to her old family and I've lost her. I'd feel like she'd want to be with me and if we were somewhere social, she'd put her arms around me and I'd know she wanted to be with me rather than worry that she wanted to go back to being straight.

Often when we ask about hopes and vision, clients respond with descriptions of problems and what caused them (partially because of a cultural expectation that therapy is where you go

to talk about problems rather than hopes). I believe we should not be surprised by this, but take it in stride and continue to look for threads of competence, connection, and hope that we can build on. Continuing on, I asked Carol what might be different for her at the end of our work together.

Carol – Things would feel peaceful and sturdy. The funeral was a curveball that strained us and Anna started to feel like I wasn't really here and in some ways I wasn't. Neither of us would be anxious and just be ourselves. We have different temperament. She's more expressive and I'm a little cooler personality wise.

Bill – And if we ended up addressing that difference in a way that left you feeling like this was useful, what might be different between the two of you?

Carol – I would have gotten to a place of the seeing that the ways in which we're different are just things I appreciate and take for granted and not sources of tension or things that need to be fixed. She's easily disheartened and I might have gotten a little discouraged that I could bring up enough juice so that she wouldn't feel discouraged and (to Anna) I wish that either you just trusted me or that I could be a different version of myself so that we could move forward together.

I then wove together their respective hopes together (this is where taking notes becomes incredibly helpful to capture clients' words and have an ability to refer back to them). My summary of their words was something like the following, "A shared thing I've heard you both talk about is this desire for more connection. Anna, you've talked about a desire for a connected, affectionate warmth at a very visceral level and Carol, you've talked about a connected relationship that is peaceful, sturdy and holding an appreciation of differences between the two of you." They both agreed with that.

Developing a Foundation of Motivation, Resourcefulness, and Community

Once we have the beginnings of a vision that can organize collaborative work, we can strengthen

the hold of that vision by asking questions to build a foundation of motivation (Why is this particular vision important to you?), resourcefulness (When have you been able to bring bits of this vision into your life together?), and community (Who in your life appreciates this vision and has supported you or might support you in living more fully into it?). Here are some of their responses to that set of questions (again these are not simply three questions followed by elaborated answers but an ongoing conversation out of which responses emerge). For the sake of space, I will simply summarize what was a longer conversation.

Motivation – They both agreed that they each have concerns about being left alone or abandoned and described different ways that shows up in their relationship. As they put it, “Anna says where are you and Carol maintains that I don’t want to ask for too much.” Anna was quite struck by Carol’s phrase of peaceful and sturdy. It was surprising to her, but left her with an appreciation of Carol’s version of love. As she put it, “Maybe I need to look at her eyes more to see what peaceful and sturdy looks like.” In this way, asking questions about what makes this important to you is not just eliciting a story, but an experience. In the conversation, we are having, they are experiencing each other and their relationship in profoundly different ways.

Resourcefulness – Anna and Carol talked about travel that takes them into other cultures as a time when they’ve been very connected in ways that have felt visceral, warm, peaceful, and sturdy. They talked about their appreciation for what they bring onto each other’s lives.

Community – Anna and Carol both identified their kids as people who would “get” the importance of their relationship and stand in support of them.

Beginning with hopes and vision enhances engagement and reduces defensiveness, eases discomfort, reduces physiological arousal (fight or flight response), and opens space for reflection rather than defensiveness. As Anna put it, “Your questions make it really hard for me to just attack Carol. They keep bringing me back to reflecting on my role in this. That’s annoying and I really appreciate it.”

Obstacles and Supports

Once we have a clear vision and a foundation of motivation, resourcefulness, and community, we can ask couples about some of the challenges or obstacles they may encounter on the road to a preferred future as well as what might support or contribute to them getting there. We can be flexible and ask people if they would like to start with obstacles or supports. This allows us to move in the direction of what is most important to them. A Danish colleague has put this in much more poetic language, referring to obstacles as “stones in the road” that can be driven over, moved to the side or driven around, and supports as “wind behind your back” that can help you move further down the road towards your vision.

In identifying obstacles and supports, it is useful, in line with an ecological model, to focus at individual, relational, and sociocultural levels. It is helpful to frame obstacles as *separate* from the couple, drawing on the narrative idea of “externalizing” (White and Epston 1990) and to seek ways to *connect* supports to intentions and practices of the couple’s members. We can elicit supports by both eliciting stand-alone supports and exceptions and responses to obstacles that have been identified. I will illustrate this with elements of the conversation I had with Carol and Anna. They decided to begin with a focus on obstacles. While this map separates out obstacles and supports, the actual conversations (as will be shown here) often move quite easily back and forth between the two.

Bill – So, you decided to begin with some of the obstacles that might pull you away from a connected, affectionate warmth at a very visceral level that is peaceful, sturdy and holding an appreciation of differences between the two of you.” What are some things that might get in the way of that or pull you away from that?

Carol – Well, I am very vulnerable about things that have to do with my past. There can be a focus on backstory and history and family. I’m better when I’m more in the moment. When I talk about past stories, Anna gets pushed away.

Bill – It sounds like you get sort of haunted by these backstories.

Carol – Haunted is a great word. I am very much haunted by these stories. I think these stories distance me from Anna and leave her wondering where I went. I think I have more male friends that she finds optimal and I think that is really hard for her.

Anna – I think it's more a sexual thing between Carol and men.

As I start to ask about that, Carol jumps in and says, "I'm a lesbian and I've always been a lesbian. I grew up in a context in which I wasn't able to live that out. I was an evangelical Christian preacher's kid and I could not let my gender identity enter my consciousness until I was old enough to bear being cut off by my family.

Anna – (to Carol) How come you never said that to me? (to Bill) I can't believe she hasn't told me that and that she is so closed. It's kind of bizarre that she's so closed.

Bill – What do you think in our broader culture that might have contributed to her being so "closed?"

Anna – Her parents.

Bill – And what might have been the cost of Carol being more open and out in that respect?

Anna – No, I get that. I've gotten caught up in watching her be so involved in husband's funeral and have imagined that she's been thinking a lot about men in her life and the great sex they've had and regretting being with me. If she had said to me, yeah I had sex with him and we had a son together, but that's not my sexual orientation and I enjoy sex with you so much more than with men. If she had said that to me, I wouldn't have gotten so bent out of shape.

Bill – So what are you hearing from her right now?

Anna – Well, I'm hearing something I've never knew before – that all my jealousy and worry about whether she was really gay was completely unnecessary.

Carol – How about that?

Bill – Yeah, how about that? What difference does it make for you to hear this?

This led into to a conversation with the couple about a shift in their experience of each other. Anna talked about how she had always thought they had gotten together because Carol had more

in common with her than her former husband and now believed that maybe they had gotten together because it allowed Carol to open up and become more of herself. As Carol put it, "When you've needed to keep something under wraps for so long, you can become amnesiac about it and not think, not even realize that somebody might need to hear the story rather than be horrified by the story, never mind that you're my partner and all that. I think there's maybe a habit.

Bill – If you've had way too many experiences of the reception of that story being horrifying rather than validating, what's it like to be here and now where there's different reception to that story?

Carol – Well, it's great and also just to have you be here with us talking about it is its own validation and I feel very accepted to be increasingly honest because nothing seems to horrify you.

Bill – And what have you been hearing tonight as we've been sitting here?

Carol – Well, there's something about there being three of us and you being validating makes it easier for me to talk more directly and go into parts of myself that I don't indulge much.

Bill – And as you think about you indulging those parts of yourself, it strikes me that there's some ways in which historically that might have been a dangerous place for you to go to. What's it like for you to do it with Anna who has known you for the last 5 years right now?

Carol – Well, you might need to ask me that in another year (and to Anna) because if I can get that you might not be horrified by my reserve, then I might be able to settle into feeling good about myself and us in a way that I haven't been able to up to now?

Bill – We're going to need to wrap up soon, but I have a couple last questions – Carol, I'm struck by your phrase of being outed and aware of the ways in being outed could be very dangerous for you historically.

Carol – Yes, if I think about family, I have my son and then we get to my elderly mother and my younger sisters and they are not accepting.

Anna – I don't mean this to be insulting, but I guess I never saw her inhibition about holding me or putting her arms around me in the context of her family or all the stigma of having a gay

identity. I mean I took it really personally. I didn't have that other frame, so that's helpful.

Bill – Helpful in what ways?

Anna – Well, Carol talked about how when I came after her that that meant she was defective in some ways. And I take the fact that she doesn't hug me in public as she thinks there's something revolting about me or she's ashamed about me or she doesn't want people to know that we're connected and it makes a big difference to know that there's a big weight she's carrying that her parents and sisters wouldn't approve.

Bill – So it becomes less about you and more about her history and the culture in which we live?

Anna – Yeah, it changes it a lot. (to Carol) But would you mind if I put my arm around you?

Carol – Well, let's work with it. (laughter)

Next Steps

Because this was an initial meeting within a limited time frame we got as far as we could and here's the question I closed with.

Bill – We're going to need to wrap up and this has been very moving and poignant for me to meet with the two of you and I have a great respect for the care that you have for each other and also an appreciation for the way in which it's been kind of a rocky road, but in the midst of all that my question would be this. As you think about walking away from this meeting and going back into your daily life, what would you like to remember and take away from our conversation this evening and hang onto in your relationship with each other?

Anna – Well, I've got a lot. I got how she is very different from how I am and how she shows her love is different than me, but strong and sturdy is not to be underestimated. And hearing that she's always been gay is news to me and not something she's shared with me. I don't know how I could be in a relationship with her for 5 years and not get this. But I understand that the ways she's inhibited and the trauma from her family in their disapproval for who she was in a most basic way. I didn't get that and it changes everything for me.

Bill – That's a really interesting phrase you're using – trauma – and moving from this personal flaw to social trauma to me is interesting.

Anna – Yeah, I just totally missed it which makes me feel like an idiot. (smiles all around)

Carol – Oh. . . I would say trauma too. I have a new appreciation for what it's cost me to have been born as the woman I am in the family I was born into. I live in a way that doesn't make it come up so often. I'm not always starring in the face of it, but it's good to have that be front and center and just remember and appreciate myself for how hard that match between me and the family I dropped into has been.

Bill – And where does it leave you with this match (pointing to Anna and Carol)?

Carol – I feel tentative in a sweet way because this is vulnerable for me and I don't want to move too quickly. It's not like I'm going anywhere. (to Anna) It's just that now that you have a better sense of my reserve and I think we can move forward and I won't feel like you're pushing against my reserve and then I can more come out of myself.

We ended with thanks all around and that led to this final exchange.

Carol – Thanks, we're both therapists and know how therapists think and I feel like the wrong therapist could have looked at us and made up all kinds of stories about pathology and impossibility and stuff and I feel like you led with openness and as a result I felt more and more open. So thanks.

Bill – Thanks. That's an intention that is very close to my heart.

Carol – It shows.

Anna – It's kind of magical.

Bill – Well, let's not get carried away.

Reflections and Wrap-Up

The use of these maps as a way to organize my thinking and my conversations with couples is now quite well integrated, almost like muscle memory. Others practitioners, who have brought their use into their work, have found them very helpful. Beginning with a focus on hopes and vision rather than problems builds a strong connection with couples and provides an organizing focus. Externalizing obstacles reduces shame and blame. Keeping a focus on supports highlights a path forward. And, building on supports to address obstacles to help

couples “live into” preferred directions in life provides a guideline that keeps this work interesting and fruitful for all concerned. Throughout, it is important to keep in mind that we are not just asking questions to elicit stories, but actively the experience of those stories and inviting people into a different experience of their lives. I hope that has become evident here.

Reading through the 1,000 or so chapters in these two volumes highlights that there are many ways that we might approach this work of helping couples. While there might be many ways of evaluating effectiveness, I would like to suggest the following simple evaluative criteria. If we hold true to Common Factors literature (Duncan et al. 2010), we can evaluate our clinical models (how we think) and clinical practices (what we do) by the ways in which they position us with couples (who and how we are, which based on common factors is the heart and soul of good practice). Towards that end, the use of these maps to organize our thinking and practice hopefully provides one way of developing a more respectful and responsive way of engaging and helping couples in need.

Cross-References

- ▶ [Deconstruction in Narrative Couple and Family Therapy](#)
- ▶ [Externalizing in Narrative Therapy with Couples and Families](#)

- ▶ [Just Family Therapy](#)
- ▶ [Lesbian Couples in Couple Therapy](#)
- ▶ [Narrative Couple Therapy](#)

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