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STRATEGIC FAMILY THERAPY AND MORMON THOUGHT

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Mormon therapists, while trying to find effective interventions for their clients, hear strong voices from two worlds: the Church world of doctrine and religious practice and the professional world of research, therapy models, and techniques. The Church is ambivalent at times about the role and efficacy of psychology and psychotherapy while the therapeutic community often looks askance at religious belief and action. As a result, we sometimes have a struggle to find congruent, effective therapy approaches that allow us to synthesize both into an affirmative whole.

Where these two books are concerned, the question is how the strategic family therapy model might apply to Mormon families. This perspective will, I hope, increase the book's utility and stimulate active efforts to integrate our Mormon and therapist halves.

Strategic Family Therapy and Behind the One-Way Mirror: Advances in the Practice of Strategic Therapy, by Cloe Madanes, are recent works on a therapy approach initially developed by her husband, Jay Haley, that emphasizes behavioral injunctions and paradoxical techniques in a ground of family systems theory and Milton Erickson's hypnotherapy strategies. For a good short description of this therapy model, see James C. Hansen and Luciano L'Abate, "The Strategic Therapy of Jay Haley," Chapter 6 in their *Approaches to Family Therapy* (New York: Macmillan, 1982). Madanes remains firmly within the

parameters of Haley's model while contributing creative thought and techniques of her own.

In the first book, she outlines the approach and philosophy of strategic therapy (the model can be used with individuals although it is primarily a family therapy model), and contrasts it with the rest of therapeutic world in a lucid, readable style. Succinctly, this model assumes that most family problems are caused by dysfunctional communication and organization patterns. Imbalanced power alignments receive the most focus, as do ineffectual attempts to move from one family life cycle stage to another in this approach. Additionally, all symptomatic behavior is seen as a metaphor for what is malfunctioning in the family, that is, "What organizational imbalance or unresolved issue is the sick behavior covertly trying to solve?"

The major goal is to create behavior change so that the marital pair are equally aligned, the parents are in power, and the intergenerational boundaries are appropriately drawn (i.e., children are not to assume the parental function of protecting their parents; rather they should be protected by them). In addition to the basic therapy methods of rapport building, empathy, etc., this method advocates always: focusing on the present, not the past; defining all symptoms positively by viewing them as an attempt to be helpful to the family rather than as pathological or as manifestations of a dysfunctional family process (for example a son who throws temper tantrums when his father comes home may be trying to help his father escape some of the pressure from his mother); and finally, placing the therapist in a directive stance in all sessions, but assigning the parents to do all of the therapeutic work at home. There are other techniques, to be

sure, but these are essential.

The author applies these goals and techniques in areas of frequent concern throughout the rest of the book. There are chapters on marital problems, children's problems, parental problems, severe problems of adolescence, and depression, among others. She also devotes several pages of description and dialogue for a valuable number of case studies. Since the wording of a behavioral injunction is critical in this approach, her use of the actual dialogue between therapist and client is helpful. Throughout, she supplies numerous guidelines to the therapist/reader to facilitate integration of the ideas. Her writing is practical and clear, letting the reader engage the ideas rather than struggle with fuzzy sentences and jargon. Just as a skilled sportsperson makes a complicated feat look simple, she makes this method look easy through her unpretentious writing.

Although the title *Behind the One-Way Mirror* implies the use of a therapy technique in which another therapist observes the session and then phones into the session or gives therapy instructions later, it is little discussed in the book. Rather, Madanes extends and expands the theoretical underpinnings and techniques of the strategic approach in this second book, particularly regarding ways to work with the symptom as metaphor. Two elements worth highlighting are the "pretending" technique and the chapter on "Influencing Adults Through Children."

Madanés instructs many clients to pretend to have the symptoms they are already afflicted with, but in a slightly different configuration. In one case study, she instructed a mother who consistently failed to monitor her daughter's diabetes to "play nurse" with her daughter and for the daughter to "play patient." The game approach took away the mother's resistance to the straightforward "be a good mother and take care of your daughter" approach that she had rebelled against in the past.

Her very interesting chapter on

mobilizing children to help put their parents in charge is a breath of fresh air for clinicians who work with very inadequate or dysfunctional parents. Often, children have more insight and energy to change than their parents, and Madanes outlines ways to channel that energy functionally. She cites a mother who was extremely inadequate in a number of ways but, most seriously, rarely provided affection or attention for her children. In one session, after therapy was well under way, the therapist (not always Madanes in her books, and she gives credit by citing names of clinicians) suggested negotiated work agreements at home. After every agreement, the child and mother were asked to hug and kiss to "seal the agreement," thereby giving and getting the needed affection without a direct request. Over a number of such sessions, spontaneous touching began.

The Haley-Madanés strategic approach is, I think, compatible with Mormon thought and custom in a number of ways. A Mormon family, acquainted with Church-directed programs at home and church, would find it quite easy to work with a therapist using this approach. Family members from the first session would find that their problems are taken seriously and immediately considered. Every family member would be treated with respect and credibility. They would find, maybe to their surprise, that they are actually trying to be helpful to each other even though they have problems (greatly relieving for a lot of guilty people). Additionally, family members would find that the therapist is also interested in their extended family including some ancestors, their church, their social life, and their employment situation. Also, there would be little anxiety about who is in charge; the therapist is—just as the bishop is in charge at sacrament meeting and the teacher in charge of a class. The anxiety is reduced even further by the positive, humorous approach of the therapist.

Moreover, the therapist would not spend a lot of time interpreting inner

motivations or psychological problems and diagnosis. Instead, a practical goal with an assignment would be given in the first session for family members to follow throughout the week. For Mormon families who have been given a lot of encouragement and training to engage in positive activities with their family, an injunction to spend time doing something described as helpful would often be welcomed. Also, because the parents are in charge of every behavioral assignment at home, they would see the therapist working to put them back in charge of the family, an aspect that would increase their security.

These elements of strategic family therapy are congruent with an action-oriented Mormon culture that seeks to help people progress and instill in them a good feeling about what they are doing. Also, these therapy techniques underscore some important elements about Mormon families: The parents are to be in charge, they are responsible for teaching and directing their children, people are basically good and helpful to each other, and family cooperation is necessary to solve the problems.

But Mormon families may also find some elements of strategic therapy unsettling. First, strategic therapists do not rely on logic or insight as a technique. Madanes' descriptions of reasoning with clients are usually only to build a groundwork for the behavioral assignments. For Mormon families who want to understand things clearly and logically, "the glory of God is intelligence," the lack of rationale for a given behavior may be frustrating and confusing. I think that insight is not only helpful in providing a foundation for compliance in treatment, but also for clients to use the new learning later to solve additional problems as they emerge.

Some Mormon families are quite likely to perceive some of the techniques as clearly wrong. A couple concerned about their fighting might become quite resistant if told that their fighting is a positive part of their relationship and if given a paradoxical

injunction to continue fighting, but to change a detail or two so that they can do it better. The theoretical underpinning for such an assignment is that when a person is told to take control over something he/she has no control over, the symptom will decrease or change. Many of the paradoxical techniques described in both books are indeed creative and seem to have worked for the families involved. However, some may run against the grain of Mormon belief and action. The therapist should give careful thought to tailoring behavioral assignments to religious values and standards.

Luckily, Madanes does not present the strategic approach in an all-or-none fashion. She does not fall into the common trap of deriding all other methods and promoting her own. Her last chapter of *Behind the One-Way Mirror* is a thoughtful discussion about choosing the right strategy for intervention. She presents guidelines about when to give a straightforward directive and when to "prescribe the symptom," when to emphasize freedom in the family and when to emphasize dependence—along with many other considerations. The longest chapter in the book, it provides a satisfying conclusion to both books by giving the therapist a sense of increased competence about having a number of new techniques and better judgment about when to use them.

Although I found both books intellectually challenging, emotionally rewarding, and fun to read, I found both professionally unsatisfying in a few ways. First, the model, based on a premise that faulty family communication and power balance causes the symptoms, presumes that disorders such as schizophrenia, hyperactivity, and even epileptic seizures are caused by the family. Case examples of cures for each of these disorders are given in the books. I would not argue that the severity of these problems are influenced by dysfunctional family interaction, but I feel it is misleading to assume that families are almost always, if not always the cause. Many times, a disordered

child can cause dysfunctional interaction, not be the result of it. Also, my experience in mental health work has convinced me that many times these and other maladies have a biochemical base and that therapy can do little until the right medication can control some of the biological components. My view is that both medication and therapy are helpful. Learning how to discriminate when and how much of each is needed is crucial professional knowledge.

Next, the simplicity of the techniques and examples give the illusion that strategic therapy is easy to learn and use. Not so, in my experience. It takes a tremendous amount of analysis on one's own and in consultation with others to develop strategies that fit each family. The assignments may look like a cookbook approach to clients, but each recipe must be individually developed. And when is it the right one? To my knowledge, we do not have good data on the outcomes of paradoxical techniques.

Finally, the author recommends this approach for every type of family

problem. She argues that since every assignment is individually tailored, there are no contraindications. Well, frankly, I don't know if that is true or not. I know of families who resist any kind of assignment, others who insist on explanations for everything and thrive on insight, and still others who benefit from an exploration of the past. So my conclusion is to learn the techniques, but not necessarily take the model whole.

Despite these reservations, I wholeheartedly recommend reading these books. They provide a fresh look at some of the knottiest problems in therapy, and the techniques can be easily integrated with other therapy models to provide help for many Mormon families.

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