

Mindful family therapy in a medicalized setting

Family therapists working in settings using diagnosis or “medicalized” practices need to be mindful of the filters through which their work is viewed. These filters could be their own, or their multi-disciplinary colleagues, or any number of viewers of the system. Usually a (Diagnostic and Statistical Manual of Mental Disorders IV-TR, 2013) (DSM) diagnosis implies that someone is “broken” and needs to be fixed. Is this the paradigm from which we want to be working?

If your setting is using technology that requires you to be working from a medicalised model beware the brain shaping that could be happening. This re-shaping can also be affecting our thinking, and distorting our systemic view of problems and the struggles people actually have to live flourishing lives. These issues will be examined using examples from a clinical practice in the Netherlands.

Jack is a tall, lanky 12 year old, a bit like the bean stalk. He comes to my psychotherapy practice with his mother, Monique. The school social worker has suggested she makes an appointment with me. I work independently in a practice offering family therapy services to children and adolescents, and their families. Most of my clients come to me after having spent a long time with other helping professionals. Jack is no exception. Before he came to this appointment he has been seen by the school nurse, the Head teacher, his GP, and finally, the school social worker. Everyone, is in agreement, except for Jack, that he has a problem. A big problem. No one really knows what the problem is, but everyone up to now has positioned the problem clearly inside Jack, He needs to change his disruptive, inattentive behaviour at school, and get with the programme. He needs to act like everyone else in his class in the first year of high school. He needs to stop talking in class, distracting his friends, answering back to the teachers, and when he gets angry, control his outbursts. He definitely needs to stop being either physically or verbally abusive.

Jack doesn't seem to be happy to meet me. Actually he begins to cry in answer to my first question of “What is worrying him at the moment?”. He doesn't say anything, but his eyes well up with very sad tears. I ask him about them and he says he is sick of hearing that he is wrong. He is feeling like that there is something bad about him and he hasn't got a clue what he can do about it. He sounds really angry and totally fed up. His mother, Monique looks on, very concerned. I ask her about her concerns and she sadly tells me about Jack's life at primary school, and how his teachers there understood him and enjoyed having him in the class. But now, he is at a school where he has to fit in and there is much less room for him to be himself. He doesn't seem to be learning how to fit into the group and follow the rules like the other children. She is exasperated and doesn't know how to help him learn the new rules of this school....

You may be surprised to know that in the Netherlands, with its image of being tolerant and open, all mental health services like counselling or family therapy are registered using a centralized digitalised system that requires a diagnosis based on the Diagnostic and Statistical Manual for psychiatric illness. Not only that, but the diagnosis is paired with a Burger service number (BSN) which is a number given to you, the "burger" (citizen) at birth, or when you arrive in the country. This number tracks you and your movements throughout your life. This registration is used not only for taxes, but for all medical services including mental health services. The system is seen as highly efficient and the Netherlands is leading the world in this sort of technology. That's all well and good perhaps, if your interests are in keeping track of services and health care costs but I have serious concerns about its use with mental health issues. The diagnosis -BSN connection means that once you know someone's special number, and you have access to their medical records, you also have access to their medical history. Of course you would need to work in the health field to have that access, but that is a wide field. The local chemist has such access for example. None of the diagnosis ever get cleaned off the number, so for example if you receive one as a child, it stays with you for the rest of your life. That's a bit of background to my concerns about working in the field and trying to work from a systemic perspective.

So, for Jack's mother to be reimbursed for my services, I need Jack's special number, and I need to give him a diagnosis based on the DSM. And this information needs to be centralized in a digital system that other people can view. Like the school nurse and the school social worker. Maybe I can live with that and all the ethical concerns it brings up for me, but what I want to discuss here, is the effect of all this on my thinking and formulation about Jack and his struggles. And then on my dealings with him. My language and my conversations. The one minute I need to give him a diagnosis placing the problem squarely inside inside his psyche, and the next I am trying to be true to my training as a narrative therapist, investigating his hopes and dreams and explore with him what is preventing Jack live his preferred life.

Fortunately, from what I have heard about the British system, the level of registration and control is far less. But, I write this with a general warning. Beware what ever system you are working within, and be mindful of the subtle effects the system may have on your actual work with the clients. On your formulation of the problem, and how you are going to proceed with it. We can be easily infected by the views of others, and perhaps you are mindful of them. Be also mindful of the views of the systems in which you work. For example, if you discuss client work with colleagues who work from a different theoretical orientation, be mindful of how their formulation might be impacting on your own. In a reductionistic setting, be true to a systemic position where the person is not the problem. The problem is the problem. But, that can be challenging when the person needs to have a problem to even be able to receive the service.

While I trained as a clinical psychologist, I had the fortune to also train with both Michael White and David Epstein. Recently I added Mindful Self Compassion teacher training to my particular mix of psychotherapy. I decided to complete the teacher training course after having personally experienced the wonder of learning to be self compassionate with myself. This could be considered an interesting “add on” to the tool box of a narrative therapist, but I have personally grown so much since I have been able to have a different relationship with my own suffering and myself, I wanted to be able to offer that to others.

In using the word “mindful” in the title of this article, I am suggesting we become more aware of our work and the systems encroaching and impacting on our formulations of our work. I am asking you to take a moment and stop. When you are considering your clients, look at what is happening around you, and within you. Bring your full awareness to the expectations of the setting in which you work on your therapy. What are your referral agents expecting you to do in therapy? What is the effect of those expectations on your work? Do they weight it down or do they encourage you to be more innovative? What is the effect of your own expectations on your work? Could you be perhaps kinder to yourself in relation to the times the outcome of therapy isn’t what you may have hoped for? What would a more compassionate relationship with yourself open up in the therapy?

I spent some time pondering these questions in relation to my work with Jack and his mother. Implicit in Jack being seen in my practice is the assumption that Jack has a problem. This in itself could be blinkering me from looking outside the family system for another explanation for the behaviour that is gaining so much attention. The expectations of the referring agent, the school social worker, are that I can “fix” Jack—always daunting, other’s people’s expectations of what I can “do” in a complex problem. I could already feel the burden of these expectations on my work. My curiosity had shrunk in relation to the clarity with which the school saw the problem. Without curiosity, I was done for. The school social worker wanted Jack’s behaviour to change. She wanted him to learn to follow the rules more in class and to manage his anger and not be disruptive. What would happen if I grew my curiosity and explored with Jack what his relationship to the notion of rules was? What did Jack’s mother want me to do? She has been clear that while Jack was sometimes moody at home, it was the school saying there was a big problem with his behaviour, that had led her to make an appointment with me. She had seen his tears in every session we had had, and his sadness and frustration at the school. I started getting curious about her apparent lack of concern at his emotional distress. So, I invited her to come for an individual session.

During the session, Monique was able to tell me about the history of her relationship with Jack’s father, Tom which deteriorated after Jack’s unplanned birth. They split up when Jack was six months old.

Her concerns are that Jack's behaviour is reminiscent of his father's and she is worried that there is a genetic connection. She is really concerned that Jack will follow in his father's less successful footsteps. Tom struggles to accept authority and has explosive outbursts. He lives an unsettled life using drugs and is often homeless. Jack and his father have sporadic contact. Jack really enjoys seeing his father, but Tom finds it difficult to make fixed arrangements to spend time with Jack and there seems to have been a history of disappointments and frustrations, missed appointments and a sense of Tom not being really interested in Jack. I got curious about what that may have been like for Jack. Monique also told me about Jack's extended family and his relationship with her father, and new partner, Carl. Jack and Carl got on OK, but they are very different. Carl is very structured and follows the rules. This has become clear when Jack had recently had some problems at football. He had recently lost his temper in a game and punched his opponent. As a consequence, he was taken out of his team and placed in one at a lower level. That meant he the was no longer spending time with the coach he had had for several seasons, and with whom he had a good, respectful relationship. Monique was reluctant to contact his original coach as "all the mother's are ringing to get their kids in the top team". She said that Tom would probably come to a session, if he was invited. Carl was very keen to come to a session. He wanted to help Jack. And he wanted Jack to learn to follow rules.

In an ideal world I had fantasies of a definitional session (White, 1995) with all the men in his life with whom Jack had lost contact. Jack could hear how his being in their life had influenced and enhanced their lives. He could explore what it is to be a man, and maybe even spend some time wondering what sort of man he could become. However, I wasn't living in an ideal world. I was working with a family who were struggling to keep their child at school.

The individual session with Monique grew my curiosity even further. It also encouraged my compassion for Jack. I wondered how he dealt with disappointment and sadness, frustration and loss. His tears in my session seemed to be really important information to explore. Once my curiosity was re-engaged I felt like the image of Jack the school had given me receded, and I was wondering about many possibilities of questioning. I also found myself feeling really sad for Jack. Sad for a young twelve year old who may not know what sort of man he would like to be. Sad for his place in a school system that was dominated by women. Sad for a football club that relegated players after angry outbursts, robbing the only stable male relationship he had, from him. Jack was clearly experiencing difficulties in various parts of his life. No wonder he cried in my sessions.

In my next session with Jack and Monique I tried to stay curious and more open to what emotions came up in the session. The pondering time had helped me distance from the knowings from the school that there was a problem inside Jack. Unfortunately, there had been a cyber bullying incident in which Jack was embroiled. Monique had

been invited to the school for another hour long session with the Head Teacher. The school were really now saying that Jack was a serious problem. Once we started to discuss this incident, Jack broke down again. I explored curiously what his tears meant. It was clear that Jack is getting really angry at being blamed for all the strife. He was frustrated and felt really blamed and hopeless that things would not be able to change. He stated that if the school wouldn't listen to him then he might need to leave the school and find one that would listen. Monique also expressed her frustrations with Jack. She wanted him to actually accept that there was a problem and face it. She saw that he was sabotaging himself and wondered what he needed to see for him to take some responsibility for his actions and for the decisions she saw as being flawed. She also saw that he was really angry.

My ponderings bring me to wonder what sort of man Jack would like to become. And what does that even mean, to be a man, if you are a 12 year old person. Jack clearly has a preference for the ways of his father and had mentioned that he often has seen his father's family have really big conflicts, and then they blow over and every one are friends again. When I am mindful of the setting in which Jack has his greatest difficulties I see a context that is female dominated and very polite. I wonder how Jack would function in a less polite setting, with fewer social type rules and more rugged consequences. My curiosity feels happy to roam free rather than be corralled by the view of Jack that the school holds.

Jack and Monique are committed to the therapy. I need to be mindful of my commitment to my perspective that the person is the person and the problem is the problem. I want to embrace this fully and release my curiosity to explore the complexities of Jack's experience. I want to remain mindful of the language I use so that I am not recruited into speaking about the problem as if it resides inside that twelve year old body. And I want to be mindful that I do not "fix" people, regardless of how loudly the referring agent asks me to.

I am ending this article before the therapy even really begins. I've now had three sessions with Jack and his mother, and one with Monique alone. If I really let my fantasies run I will invite a whole load of men to a definitional ceremony for Jack—the coach, Tom and Carl, his grandfather and even some of his mates from school. As yet another woman in his life I don't feel I am really getting the whole picture of this young man.

References

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