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"Facing up to failing as a therapist" using caricature to address therapist bias

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ABSTRACT When therapists face failing, it can be experienced as both a professional and, at times, a personal deficit. As part of a growing emphasis on the use of the Personal-self in systemic and related approaches to family therapy, this paper sets out to consider therapeutic failings, by presenting a number of slightly absurd or caricatured aspects of the self which therapists may address in facing up to their shortcomings.

In the world of theatrical comedy, caricature has been a widely used device of exaggeration often in an attempt to reveal some unstated truth. The device is applied here to the craft of therapy to encourage the reader to examine his or her own experiences of failing.

The use of caricature may also allow us, as therapists, a means of construing and playfully discussing failings directly with clients an other colleagues, in order to make our exchanges a more authentic and honest endeavour. Such discussions are effective in avoiding the pitfalls of blame and negative judgement often associated with failings in therapy. Some examples of applications are used from the author's practice.

Introduction

In family therapy publications it is still relatively uncommon to spend much time discussing therapeutic failures. Over the last thirty-five years or so most family therapy texts comment upon the successes of charismatic therapists and their particular approaches to problems. An advertisement in a recent American family therapy magazine shows how this tradition is still alive and kicking. Announcing a forthcoming tour by a well-known therapist, it reads "The well-known therapist will be **warping minds** in the direction of Brief Therapy on the following dates . . ." (my emphasis).

In my experience most training events and most therapy are not so much "Mind Warping" as a struggle to bring new ideas into life, and a search for alternatives to pre-existing problems. This is often a faltering progress with highs and lows at various points along the way.

Yet the production of therapy as a marketable commodity (see the plethora of adverts for courses in journals or magazines in the US and UK), has led to grand claims by advocates of particular schools and approaches often accompanied by small dissenting voices casting doubt on the authenticity of the new therapeutic wave.

This paper suggests that by regarding a sense of failing as a potential source of creativity, we may also be able to contribute some sobering thoughts to set alongside the inebriation of family therapy's success stories.

Sobering voices

Failing to address one's sense of failing is, arguably, a very damaging and high risk position to take. Yet failure is a difficult term to define. Keith and Whitaker, in Coleman

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(1985) address this "tricky conceptual framework" by drawing attention to the limits of any singular definition of failure. Sometimes therapists who feel a case has failed miserably discover at follow-up that their intervention had contributed in some perhaps perverse way to the family viewing the work as a success. Then again, therapists may feel they have done a "really good" session only to discover that the clients considered the session insignificant.

We may realise, anecdotally, that so-called failure may still lead to change and to a successful resolution of a problem. We, of course, can't claim credit for these instances — in the way we might like to claim a contribution in a client's successful therapy.

Despite the difficulty in attempting to define failure and measure it [Gurman and Kniskern (1978)] some authors, notably Coleman (1985) and Carr (1990), consider failure to be composed of a multiplicity of factors potentially involving a number of levels of context and relationships, and the reader is recommended to refer to these texts for a thorough study of these factors.

In our field there is an on-going argument between those who believe in defining *objective* outcomes of failure and success, and those who believe that therapy is too subjective and complex a process to reduce to such simple categories of analysis. Nonetheless, therapists continue to **experience** a sense of failing or succeeding with clients as a subjective reality. On many occasions these failings are due to circumstances well beyond the scope or influence of the therapist, such as unsympathetic agency beliefs about "therapy" of any kind, or clients referred entirely inappropriately, or where there is no scope within an agency to develop practice, time to reflect and plan one's work or provide and receive adequate supervision.

But what part may the therapist play in contributing to a sense of failing in therapy? This is a question which deals with a partial and limited viewpoint, since our belief as systemic practitioners is to assume that any "success" or "failure" is not a consequence of one person's actions but emerges from within a relational context and is more fully understood when seen in this light. It is because of this systemic backdrop that I have preferred the term "Therapist positioning", since it suggests the therapist may move from one position to another depending on the context and degree of flexibility allowed in any particular clinical situation.

Caricatures of failing as a therapist

The common enough experience of being temporarily uncreative or at a loss is often associated with being fixed in one or other position in which one is constrained, unable to develop a fresh idea (or even use an old one) or where there is a lack of emotional connection with one's clients. Such feelings of failure — boredom, low morale, ineffectiveness — should be a prompt to doing something different, i.e. to change position so that different ways of being, experiencing and/or acting with clients may emerge.

The reader might recognise some of the following caricatures from her/his own practice, or may develop his or her own "cast-list" of suitable caricatures in the course of reading this article. By drawing on such exaggerated "beings" it may be possible to

create some distinctions between "us" and "them". In creating a dialogue similar to those which evolve in externalising problems (White and Epston, 1988), the therapist may become less constrained and dominated by the failing positions such as those which follow. These caricatures are created only from my own experience, hence I have used male gender terminology to give identity to the caricatures described.

The egocentric hero

If I find myself behaving like a hero, I may begin to forget or ignore all other therapists who have attempted to help a client before coming to see me. I believe that only by behaving heroically will I manage to introduce some change where lesser mortals have failed. If I get caught up like this, I may even believe that my own charismatic **presence** will "do the trick". This myopic vision of therapy denies the possibility that the client's problems may be more closely linked to wider contextual forces than I might care to anticipate. For example, I might avoid any discussion of others in the therapeutic system who could have a major part to play in the maintenance and possible resolution of the problem brought by the client.

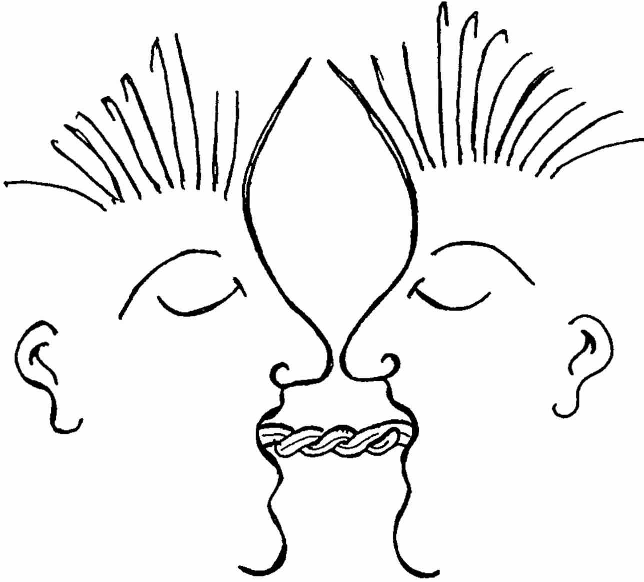
However, sometimes acting heroically can be very useful in a case where clients require a firm stand and some clear leadership to be introduced into their lives. In the main though, when therapy becomes limited to heroic gestures, the scope for building on clients' own strengths will be diminished. My experience in this position is of working

too hard and trying to achieve too much. If I invest so much in my own ability to create change, I will lose sight of the resourcefulness of family members.

The conflict avoider

When I fail to challenge clients' views or become fearful of their strong emotional reactions like anger, the conflict avoider is likely to emerge, and I may rationalise my actions by "going with the flow" of the session. I may even convince myself that the only way forward is by creating a permissive environment for clients in which they can tell their "story" with little interruption or any "negative" viewpoints being expressed by me. Sometimes the conflict avoider emerges in my work when I have become too "chummy" or want to be liked by my clients. Even though I know this I can easily repeat the pattern and have to be constantly mindful of the pros and cons of "friendliness" in therapy. On the other hand, the Conflict Avoider has his place at times perhaps when one's safety becomes the first priority or when family members habitually operate by evoking conflict in their dealings with the therapist. Here, the Conflict Avoider's position could be useful in generating a difference by creating another form of conflict with usual patterns of communications between participants.

The dupe



If I find myself believing each person's description or viewpoint with acceptance, but without any accompanying critical appraisal i.e. lulled into believing their story is the **"Only Truth"**, the chances are that I am being duped. When I allow the client's reality or realities to become the Only Truth, the "gullible therapist" blinds me to the contradictions inherent in each person's description of their dilemmas. Again, this may occur when I like the clients too much or convince myself that a self-directed style of talking will ultimately lead to some change emerging. I may convince myself that I don't have the right to interrupt. I find this is often closely related to feeling bored or tired by repetition in the "story" which has evolved between us.

The cynic

Although I've tried to eradicate this character, sometimes I still see shadows of the Cynic in my work. In brief, the cynic may have been practising as a therapist for too long. He is usually over-certain about the reasons for clients' difficulties and will have definite ideas (like recipes) beforehand about how to treat problems. The cynic will often **blame** clients for a lack of motivation or resistance to his treatment model. He may feel frustrated, or even angry, with clients and colleagues alike who try to take a more creative view of stuck therapeutic situations. Once recognised, I can begin to talk about why he has come to have an influence in my work. In my experience, this is potentially the most damaging of all failing positions because of the capacity for abusing clients and for professional "hate speak". Yet even the Cynic can have his uses too. At times when

I am faced with clients who are overly charming or "plausible" the Cynic can help me keep a little emotional distance and temper a tendency to accept people's presentations at face value.

Occasionally, it may be more useful to disbelieve a client's presentation of themselves and to let him/her know you are not convinced by their performance. The Cynic may help by challenging the inauthenticity of the other's presentation and thus lead to a more honest encounter.

The enthusiast

When clients take a view that change is very difficult and painful, the Enthusiast may only see potential solutions, no matter what issue is discussed. I've noticed he often evokes caution, cynicism or anger somewhere else in the therapeutic or family system in opposition to his cheerleading. Unfortunately, if I have become too enthusiastic I may have failed to read signals from clients that therapy is not progressing, and attempt to convince people to try even harder and to push for change. On the other hand, enthusiasm can rub off on clients too and hope can be built on the foundation of optimism and enthusiasm for the client's well-being and resourcefulness. The Enthusiast can be damaging to clients when he naively believes solutions can be found quickly when, in fact, the client's pace is much slower (for example, keeping on suggesting what to do to "make it better").

The guru

He is a very tricky character. When the Guru takes too lofty a stance, somebody will have to pull him down. The Guru can look very impressive indeed. If I become rather self-satisfied and a touch "guru-like" I usually feel slightly foolish or embarrassed on later reflection. The danger is that my performance as a therapist takes precedence over helping families develop their own resourcefulness. Some Guru-behaviour can invoke a form of dependence in clients. In my experience, this kind of therapist-behaviour is also quite likely to provoke rebellion in the ranks of consulting colleagues behind the one-way screen. A call for humility will be heard and some helpful teasing may offset the worst excesses of the Guru.

However, some people seem to require Gurus in order to give themselves permission to learn or make changes in their lives, at least for a while. This position may satisfy those who need to learn from one who is wiser, since a lesser mortal would not have the capacity to tackle or appreciate the problems experienced by the Guru-seeking client. Others may have Utopian ideas about what is the main aim of therapy (usually a revelatory experience which will put right the wrongs at last). Perhaps the Guru can help such folk come to terms with life's contrariness and incompleteness where therapists seen as less iconoclastic might be dismissed.

If he has his place at all, he should be watched closely for fear of setting up his personal "fan club" of clients who return, addicted to therapy and the therapist's "wise" words.

The poet

Sometimes I may become hooked into believing too much in the aesthetics of therapy. With some embarrassment I can recall a tendency, at times, to over-use a metaphor, or recount personal anecdotes unrelated to the client's situation.

Failures here are mainly to do with not taking sufficient account of clients' images and words since, in poetic mode, I have become too much in love with my own! Some poetic moments are effective in bringing some colour to an otherwise bland and drab narrative. Telling stories and drawing verbal pictures to enhance the conversation with clients often makes the exchange much more interesting for everybody.

Case Discussions

For the gallery of caricatures to be useful, the therapist first has to notice how they may be adversely affecting his or her work. One colleague recently remarked how easy it was

for her to behave like the Conflict Avoider in one case where the family concerned had a reputation for taking out litigation against therapists who dared challenge them too much!

One potential benefit of this framework is to help therapists develop more humility in their views of themselves, and become more aware of their disposition towards clients; but this is not to say that we should always dilute our presence in family sessions by going for the "soft" middle ground or a form of diluted neutrality.

What seems important is to consider that failing is more likely when the therapist's stance:

1. becomes the only (dominant) position available, and
2. the therapist fails to notice, or act on his noticing, when there is a lack of a useful fit with the client/family stance.

For example, if a therapist persists in "being the Enthusiast" despite the family member's lack of positive responsiveness then the position of Enthusiast has become ill-fitting. In such situations the therapist requires to address the lack of fit. Why is he so enthusiastic? Is he a victim of his most recent training event on solution-focussed therapy?

Below are three examples from my own practice where two of the caricatures became part of the discussion within the therapy team or with clients and led, in each case, to some improvement in therapy.

The Hero in Action – and the Introduction of a More Healthy Cynicism

Rob and Diana had been in therapy for four months and after six sessions of trying to help them with their failing marriage we were making no progress. Despite this I had become convinced that by heroic hard work the couple would reap rewards and make some changes in their unhappy, angry and hurtful relationship.

Although there was an obvious lack of improvement they seemed committed to the therapy sessions. This, of course, made me feel a "breakthrough" was imminent and I should continue with my task and intensify my tactics.

Fortunately, my consulting team took a more cynical, challenging position and following a mid-session consultation I returned to the couple and told them:

> JW: "My colleagues felt I was trying to be too "heroic" with you, and that because I was championing the cause of preserving your marriage I was not able to face the possibility of failing with you. This made me think that failure had become an undiscussable topic between us despite the fact we were getting nowhere. They asked me if it was possible to talk of our relationship ending to allow a sense of failing to be permitted in our talks?"

The "failure" can be considered as both a characteristic of the therapist's position at that time, and as a systemic phenonemen apparent in the couple's failing marriage and (up to this point) my colleagues' failings in helping me to address this process.

The false hope and "heroism" of the previous discussion was left behind and accompanied by a sense of relief for all three of us in our subsequent sessions. The

therapist had been failing but the couple eventually ended therapy still living together and more hopeful about the future of their relationship.

The Conflict Avoider and the Helpful Consultant

Occasionally, therapy makes some progress but lacks fresh impetus, and the therapist feels he is losing touch with the direction of the therapy.

I met with a young man, Paul, aged 20, for over a year. I first saw him for several sessions with his elderly adoptive parents and agreed to the suggestion made by the father that I could offer some sessions to Paul on his own.

He was a very shy young man, fearful of going out and anxious about his move to university in a few months time. He had had a "breakdown" before being referred to The Family Institute, and was defined as a rather delicate and sensitive young man by his parents. It was sometimes difficult to begin our talks, yet I had become comfortable and non-threatening to him. He seemed to have an unquestioning acceptance of his "lot" in life and was fearful of leaving home. In consultation with my colleague, Barry Mason, we agreed to arrange a review session. This was negotiated with Paul, who agreed immediately. The review session was conducted by Barry, whilst I sat alongside Paul in the "clients" chair. The change of seating felt very uncomfortable at first, but I was also more aware of how fixed my position of therapist had become.

The consultant's questioning covered a number of aspects of our work so far — asking Paul and me in turn which areas of therapy had been helpful and which had not been successfully addressed. Not only did this give me a fresh opportunity to discuss my sense of reaching a plateau in our sessions but prompted Paul to say that he felt I could be much more challenging of him and, in particular, how he now wanted to explore his feelings and views about his adoption (a subject I had broached much earlier in therapy but did not pursue as Paul had looked anxious about the prospect).

I had become more like the Conflict Avoider without appreciating this fully until the open, reflective consultation with Paul and Barry, at which point I could own this position and in doing so begin to find a new opportunity to open up possibilities again with Paul.

The impact of this form of consultation was quite dramatic and energising for the client and myself. The review format allowed all three parties to adopt different positions within the therapeutic system and freed all of us from the sometimes confining position of client/therapist/consultant. Paul, helped by Barry, informed me what to do to be less of a "Conflict Avoider".

Dealing Directly with The Dupe

Mr Evans had been prosecuted for physically assaulting his six year old step-son. The man had been imprisoned for serious assault and a referral was made to The Family Institute at the request of the social worker and the family, to establish whether the boy could be rehabilitated with his mother and step-father.

I had read the documentation about the case beforehand, at the request of the social worker, and following two family sessions I suggested meeting with the step-father on his own.

He seemed a guarded man, very sceptical about the purpose of family therapy, and mis-trusting of therapists and "paid helpers" in general.

From his point-of-view, his experience of therapists and other "investigators" had led to him being imprisoned and branded a "child abuser".

During the early part of a session with him I noticed myself becoming irritated and silently angry at his plausible presentation, which served to keep discussion at a safe distance. Then I reminded myself that in the report I'd also read he missed seeing his two children from his first marriage who were still quite young.

I asked him more about his relationship with his two sons but he remained well-protected from any enquiries. At a certain point I stopped asking more questions and said (to the effect):

> JW: "I had been forgetting something. I had been forgetting that you are a father who has cared for, and who does care for, your children. I had begun to see you only as a man who abused his step-son. I saw you only as "The Abuser". I had been convinced that the only way to see you is as "The Abuser", because you abused your step-son. I had forgotten that you are a man who can also show affection and sadness for his children. I need to remind myself that there is more to you than the definition — "The Abuser"."

By drawing this personal reflection (of a caricature of the man's identity) into direct conversation with him it allowed both of us to engage in a more genuine conversation and one that led onto productive sessions in the future.

By taking the problem for the interview process onto myself, I interrupted my blaming, irritated stance, which saw him as a reluctant and evasive person. I had been duped by believing only the story of the Abuser.

By taking responsibility for this failing I also implied that indeed other aspects of this man were present in him. This did not lead me to deny his past abusive actions, but it did help us find a way of talking about what he had done without confining him to this inadequate description.

Discussion and conclusion

If, as therapists, we wish to establish a therapeutic style of address which encourages honesty and authenticity i.e. a style in which inner beliefs are directly expressed in external behaviour and actions, then the challenge facing us is to find useful and appropriate ways to make this happen.

The therapist who is failing may wonder how to bring such feelings and reflections into the exchange with the family. If therapists feel obliged to lead, or to be in charge, and to know what to do, then such feelings of failing will not easily find expression. Would it not be better to keep such sensations hidden from view? If one really doesn't

know what to do, should we not bluff it and wait until something happens to trigger us back into therapeutic life?

Holding back one's inner thoughts may be the most ethically sound action to take in situations where expressing one's personal reflections may cause harm. As Oscar Wilde noted:

> "It may be that a little sincerity is a dangerous thing and a great deal of it is absolutely fatal."

The obligation, as therapists, to do no harm means that "the Therapist is responsible for creating a therapeutic environment which is safe enough for the client. This is the therapist's first responsibility to the client." Inger (1994).

Having access to one's true feelings and beliefs, and using these in discussion with a family requires an ability to manage words, find fitting expressions, attend to feedback and draw inferences about behaviour. The craft of being a therapist is knowing how to judge how and when to speak and what to speak about. Others in the conversations will be similarly engaged in the "to-ing and fro-ing" from internal to external expression. Paradoxically, by giving one's failings a caricatured identity the therapist may find more authentic ways of communicating about the therapy process where other routes to expression seem blocked.

Through such open discussion, the definition of failing can be explored and contextualised. In this way, the sense of failure moves from a private to a common or public concern for all involved. Further, as in the cases described, the discussion of failings can transform into creative "news of difference", (Bateson, 1972), in the conversation.

On the whole, the responsibility for raising the topic should rest with the therapist, because clients usually feel less empowered and will not easily challenge the therapist if they feel the therapist is failing. In addition, sometimes clients may be too polite or feel they have insufficient knowledge of what to expect of therapeutic "progress". Unless therapists find ways of talking about failings, failure as a theme will become the sub-text of the therapy — going underground and undermining the relationship between client and therapist.

It is a matter of clinical judgement as to whether direct discussion or indirect reflection of feelings is more appropriate. However, it seems important to appreciate that just as clients rarely change under a negative connotation, therapists who wish to discuss a failing are more inclined to do so if they feel respected for their competence and valued enough by colleagues and the families they see. It is a risky business, and using caricatures can provide one way to describe and take responsibility for a failing without conveying a sense of despair or uselessness. Failing then becomes a point of departure — not a dead end.

In "Writing Home" by Alan Bennett, there is a short passage from his diary in 1982 which captures the essence of openness to ideas about improvement whatever the enterprise. Perhaps as therapists we can learn more about humility from colleagues whose primary concern is for getting the job done properly:

"27 June . . . *To a recording session at the BBC to lay down music tracks for short film I have written: what I notice about the musicians is their total lack of self-importance. They play a passage; listen to it back, then give each other notes and run over sections again. G.F., who is co-ordinating the music, also chips in but he isn't a musician, just knows what atmosphere he wants at various points in the film. In the finish even I chip in, just because I know what I like. And the musicians nod and listen, try out a few bars here and there then settle down and have another go. No-one could ever do this with actors. No actor would tolerate a fellow performer who ventured to comment on what he or she was doing — comments of that sort coming solely from the director and even then it has be to carefully packaged and seasoned with plenty of love and appreciation whereas these players, all of them first class, seem happy to listen to the views of anyone if it results in them doing a better job*".

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