

# Good example of blanket therapy: response-based therapy, brief therapy and family...

[Technology](#), [Development](#)



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## **Introduction**

It has been documented by many researches that various forms of adversity are at the heart of many mental illnesses. Indeed, even the term mental health recasts a social problem as a psychological and medical one. And, as would be expected, people addressing multiple forms of adversity, poverty and disability and social exclusion adversity, for instance, are likely than others to seek, or be sent to mental health services. While violence is the most common experience for people with severe and long-term mental illnesses, it is far the only adversity at issue. This can be addressed through open dialogue. Open dialogue is a crucial factor in addressing mental challenges as stipulated by Tom Anderson, Harry Goolishian, Sheila McNamee and Paul Watzlawick among others. In this paper, a psychotherapy based on three psychotherapies (family therapy, response-based therapy and brief therapy) is developed. The therapy under development has been

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anchored on the three mentioned therapies because they focus more on empowering the individual. They focus less on pathology and concentrate on strengths patterns in one's environment that cause response in the body (anxiety, depression and physical symptoms) that are considered normal given the circumstances. The concept of open dialogue and the principles of the family therapy, response-based therapy and brief therapy will be employed in the development of the said psychotherapy.

## **Family Systems Therapy**

Family therapy, according to Broderick and Schrader (1991), refers to a branch of psychotherapy that primarily works with couples in intimate relationships and families in a bid to nurture change and development. This therapy is anchored on family relationships, which is regarded as the foundation of psychological health. Family therapy views change as systems of interaction among members of the same family: family of the clients is actively involved in the therapy session. This theory focuses on couples and families in intimate relationships, and it endeavors to nurture change and development (Sholevar, 2003). As such, this stresses on family relationships as a pivotal factor in psychological health.

Proponents of this theory hold a general view that a problem affecting an individual, irrespective of its origin, can be effectively addressed by involving client's family in problem solving (Sholevar, 2003). This concept is achieved by directly involving the family members of the patient in the therapy sessions. The family therapist capitalizes on the availability of the client's family members to influence conversations in a manner that boosts wisdom

and strengths, and support of the larger system. This therapy employs a variety of counseling techniques. Structural therapy is one technique. In this technique, family therapists not only identify the family organization of the family system, but also reorder it to suite the client's needs. Strategic therapy on the other hand, explores patterns of interaction between family members.

In addition, systematic therapy concentrates on the belief systems of the family while transgenerational therapy examines unnecessary patterns of behavior and belief. Moreover, narrative therapy is employed by family therapists to separate the problem from the client/patient. The number of sessions involved in family systems therapy varies depending on the situation at hand. In essence, family therapists champion not only the strengths and wisdom, but also the support of the wider system.

In fact, Bowlby (1949) contends that family therapy helps to resolve the tension that may exist among different members of the family in question. The total family structure is put into consideration. Routledge (2011) gives a detail evaluation of Bowlby's contention. Routledge emphasizes Bowlby's view that the problems that individuals face are not in them, but the tensions between them. Family therapy thus helps such people to live together and at the same time reduce tensions that could be driving them apart. Change in one family member, according to Bowlby (1949), triggers social change of other family members. Family therapy is an effective psychotherapy and I believe that if applied in practice, it will help restore the homogeneity that is expected in a family or relationship. This therapy is vital because it helps in solving the problem of one troubled individual, and at the same time

restores the well-being of the whole family.

On average, the sessions may range from 5 to 20 (Sholevar, 2003). During these sessions, the family therapist meets various members of a family at the same time. This approach enables the family therapist to discover how different members of the family view mutual relations and at the same time evaluate the interactions patterns existing between the different family members and clients. Such interactions reflect the habitual interaction patterns at home, and they assist the therapist to be incorporated in the family system. It is essential to note that family therapy concentrates on relationship patterns and not the analysis of impulses of the unconscious mind. Family system therapy's main outstanding feature is its perspective and analytical framework (Sholevar, 2003). As such, family therapists are mainly relational therapists meaning that they do not focus on what goes on within individuals, but rather what goes on between those individuals. Family therapists' goals are to solve problems at hand instead of focusing on a single cause. Family therapists hold the opinion that causation by families has minimal clinical significance. In addition, family therapists employ a circular approach of problem solving and not a linear approach. The circular approach to problem solving is exceptionally useful because it helps family members identify patterns of behavior, their causes, and the interventions required (Sholevar, 2003).

## **Brief Therapy**

Brief therapy has different meanings to different authors, but one thing is clear: it is an umbrella term that encompasses a variety of psychotherapies.

Weakland, Fisch, Watzlawick, and Bodin (1984) view of this therapy focuses on the current observable behavioral interaction, with the aim to alter the going system. This therapy was developed as a response to patient needs, as well as situational limitations. In essence, brief therapy encompasses brief versions of family and conventional therapies. It is essential to note that the same basic principles (assumptions and methods) of conventional and family therapies are involved, only that they are brief. This therapy, according to Weakland et al. (1984), comes in handy when the preferred therapy is unavailable or not feasible.

Generally, best therapy calls for time, finances, persistence, intelligence and verbal sophistication. In line with this, the goals of brief therapy and conceptualized as first aid; it offers relief from the some pressing aspects of the patient's problem, but fundamental ones are not handled. It can also be seen as a holding action as the patient awaits the correct/best therapy.

Weakland et al. (1984) acknowledge the economic and practical advantages of shortening treatment with respect to the patient and society. Setting time limits, according to these authors, has a positive impact not only on patients, but also therapists. To them, the kinds of problems that patients bring to therapists are maintained by an ongoing behavior of the patient and his or her associates. As such, if such problem-maintaining behavior is eliminated or changed appropriately, the problem is likely to vanish or be resolved, irrespective of its nature, duration and origin. Weakland et al.'s (1984) definition of brief therapy focuses on two aspects of family therapy.

Weakland et al. (1984) argue that in the past, family therapists focused on the attention of observable behavioral interaction as well as its influence,

among and between the patient and their family members and therapists, and not on inferred mental processes of individuals or long-past events. Owing to this, we now see difficult, disturbed or deviant behavior in an individual as a social phenomenon that occurs as one aspect of a system, and it mirrors a dysfunction in that system. This, according to Weakland et al. (1984), can be erased by modifying that system. However, Weakland et al. (1984) disagree with family therapists who hold the opinion that the dysfunction is a fundamental aspect of the system's organization and that it can only be alleviated by fundamental changes in the system. On the contrary, these authors contend that minor changes in overt behavior or its labeling results in significant progressive developments. In addition, according to Weakland et al. (1984), symptomatic behavior has some pay-offs: provides leverage in controlling relationships. Family therapy has widened the scope of therapist in that once family is recognized as a significant cause of a problem, it is paramount to change the going system. Therefore, a therapist's primary role is to take a deliberate action to change poorly functioning patterns; this can be made efficient, effective and powerful. Brief therapy designed by Weakland et al. (1984) agrees with the crisis intervention model of family therapy, which stresses on situational change for the onset of problems, as well as directive measures and negotiation of conflicts as a means of promoting better understanding in family systems.

## **Response-Based Therapy**

This therapy is the latest psychotherapeutic approach in the management of psychological trauma that stems from violence. This concept is based on the notion that whenever people are treated badly, they tend to resist (Wade, 1997). Response-based therapy takes into account discourse analysis, narrative therapy and brief therapy. It is based on two theoretical foundations.

First, there is an often-unknown parallel history of not only determined, but also prudent and creative resistance. Secondly, language seems to be used in a manner that blames or appears to pathologize victims, conceals victims' resistance, conceals violence as well as mitigates and obscures perpetrator responsibility. The second theoretical foundation is discourse analysis. In this concept, resistance to violence is used to the advantage of patients; patients are engaged in lengthy conversations on how they responded to violence (Wade, 1997). In this therapy, language is employed to contest victim blaming, evaluate and honor victim's resistance, clarify perpetrator's action/responsibility and above all expose violence. In addition, this therapy perceives a patient as an agent who has the potential to respond to an act and not an object that is acted upon (Wade, 1997).

## **The Proposed Therapy**

The proposed therapy is based on three therapies: family therapy, response-based therapy and brief therapy and the concept of open dialogue. Open dialogue picks up on the wave of discourse oriented approaches, that is, those concerned with constructive and liberatory and restrictive use of



language.

This concept has been advanced by various scholars. For instance, Seikkula and Olson (2003) contend that open dialogue is a concrete recipe to the current psychiatric-care. To them, open dialogue has two levels: poetics and micro politics. With respect to poetics, there are three principles: polyphony in social networks, dialogism, and tolerance of uncertainty (Seikkula & Olson, 2003). In essence, these principles generate a therapeutic dialogue. Latest research has provided data that supports the clinical application and significance of open dialogue in psychiatric care. Open dialogue has been found to improve the outcomes in young people with acute or severe psychiatric crises (Seikkula & Olson, 2003). Open dialogue was found to be better than other traditional clinical methodologies. For example, in a non-randomized, two-year follow-up of first episode of schizophrenia, there was a reduction in hospitalization by 19 days (Seikkula & Olson, 2003). Only 35 per cent of participants were given additional medications (Seikkula & Olson, 2003). In addition, 82 percent of participants had no or mild psychiatric symptoms while only 23 percent were placed on disability allowance (Seikkula & Olson, 2003).

Open dialogue provides a channel for avoiding the experiences of pathology. This concept leads to the establishment of transformative dialogue in the social network. It is essential to note that there many failures when it comes to psychiatric health management, but open dialogue offers a sure way out of mental quagmire for patients. In addition, this model provides ethical and cost effective treatment. This treatment can be applied to a variety of severe psychiatric conditions.

Discourse analysis, according to Wade (2007), can personalized violence can be viewed on five accounts: judge, government, therapist, perpetrator, and psychiatrist. This concept stems from the concept of open dialogue as coined by Tom Anderson and colleagues. But, according to Watzlawick, people tend to create their own suffering in their quest of fixing their emotional challenges. This umbrella therapy draws from the concepts of response-based therapy; in this therapy, language is employed to contest victim blaming, evaluate and honor victim's resistance, clarify perpetrator's action/responsibility and above all expose violence. In addition, this therapy perceives a patient as an agent who has the potential to respond to an act and not an object that that is acted upon (Wade, 1997). The second theoretical foundation is discourse analysis. In this concept, resistance to violence is used to the advantage of patients; patients are engaged in lengthy conversations on how they responded to violence (Wade, 1997). In addition, this therapy is anchored on the concepts of family therapy, which is regarded as the foundation of psychological health. Family therapy views change as systems of interaction among members of the same family: family of the clients is actively involved in the therapy session. This theory focuses on couples and families in intimate relationships, and it endeavors to nurture change and development (Sholevar, 2003). As such, this stresses on family relationships as a pivotal factor in psychological health. Proponents of this theory hold general view that a problem affecting an individual, irrespective of its origin, can be effectively addressed by involving client's family in problem solving (Sholevar, 2003).

Furthermore, the proposed therapy draws from the foundations of brief

therapy. In essence, brief therapy encompasses brief versions of family and conventional therapies. It is essential to note that the same basic principles (assumptions and methods) of conventional and family therapies are involved, only that they are brief. This therapy, according to Weakland et al. (1984), comes in handy when the preferred therapy is unavailable or not feasible. Generally, best therapy calls for time, finances, persistence, intelligence and verbal sophistication. In line with this, the goals of brief therapy and conceptualized as first aid; it offers relief from the some pressing aspects of the patient's problem, but fundamental ones are not handled. It can also be seen as a holding action as the patient awaits the correct/best therapy.

As such this therapy puts into consideration the following: violence leads to resistance in people; here are various causes of violence in the society and this leads to mental distress.

However, this blanket therapy encompasses the concepts of family, brief and response-based therapies. First, on the basis of brief therapy, our blanket therapy, it offers relief from the some pressing aspects of the patient's problem, but fundamental ones are not handled. It can also be seen as a holding action as the patient awaits the correct/best therapy. Secondly, family therapy comes into play as stated by Rortledge; Rortledge emphasizes Bowlby's view that the problems that individuals face are not in them, but the tensions between them. Family therapy thus helps such people to live together and at the same time reduce tensions that could be driving them apart.

Change in one family member, according to Bowlby (1949), triggers social

change of other family members. To give it additional authority, this theory takes into account the takes discourse analysis of response-based therapy. The proposed therapy is a continuum of well-defined principles, which offer timely intervention to patients. It seeks to empower clients to take action and be responsible in their quest to settle their psychological challenges. This therapy ensures that there is no delay in the management of a patient's needs. The wide variety of theoretical frameworks highlighted in this therapy gives the therapist a host of options to choose from. The ultimate aim is to help the patient to become a problem solver and gain emotional and psychological resilience.

## **Conclusion**

In summary, this paper has developed a potential therapy that encompasses three therapies namely response-based therapy, brief therapy and family therapy, as well as the concept of open dialogue. The principles of these therapies ensure that there is no delay in the management of a patient's needs and the variety of theoretical frameworks highlighted in this therapy gives the therapist a host of options to choose from. The ultimate aim is to help the patient to become a problem solver and gain emotional and psychological resilience. In addition, open dialogue provides a channel for avoiding the experiences of pathology. This concept leads to the establishment of transformative dialogue in the social network. It is essential to note that there are many failures when it comes to psychiatric health management, but open dialogue offers a sure way out of mental quagmire for patients. In addition, this model provides ethical and cost effective

treatment. This treatment can be applied to a variety of severe psychiatric conditions. In addition, in this therapy, language is employed to contest victim blaming, evaluate and honor victim's resistance.

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