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Wilcoxon, Remley, and Gladding; Chapter 2  
For discussion on Week 3: February 1, 2018

### Professional Acculturation and the Ecology of Therapy

1. The authors state that we have two primary duties as therapists: 1) "act on behalf of the welfare of [patients]," and 2) "act as a representative of professional peers and traditions." (p. 23)
2. Once again the authors address the matter of "context" (p. 24): "Therapy does not occur in a vacuum. Regardless of the skill of the practitioner, or the initiative of the individual [patient], the process of change has some form of context for its success or failure."
3. It is further noted that the "context" of therapy consists of various systems, including "familial, social, legal, regulatory, organizational, and some that are not easily categorized" (p. 24). In this regard, we are defining "contextual therapy" as "systemic therapy," which is what we do. I think this is the point of systemic therapy.
4. Traditional psychotherapies have been individually focused; family therapy has relied heavily on the "systems view," which alleviates blame from an *individual* family member and places elements of responsibility and blame on the *system*. This allows change to occur within a positive framework (p. 24).
5. Be able to articulate the fundamental differences between the "psychological [individual] worldview" and the "systemic worldview" per Cottone (1991, p. 24-25).
6. What do you think of the two "additional systemic propositions": "Holism" (Cottone & Greenwell, 1992) and "antilinearity" (Fish, 1990, p. 25)? These two notions (the first is characteristic of gestalt therapy, the second is a hallmark of systemic therapy) say just about everything to describe systematic treatment.
7. Please note the differences between circularity and causation. The notion of circularity fits with the systems view of family therapy. Causation does not. Know the distinction (p. 26).
8. The "feminist view" takes a different, more realistic view of systemic family therapy. Prior to the feminist view, the systemic approach did not intimate cause to any one element of the system. The feminist therapy believes the patriarchal view of systems denies that gender is a factor in family dysfunction, and holds gender as a major element in the dynamics of families. There is an important inset on page 27-28.
9. Great quote on page 27: "Feminist critique is a commentary on the development of a profession that embraces a precept of equality in a social and cultural heritage of inequality, often to the point of oppression."

10. The authors are concerned that therapists from a patriarchal society will perpetuate these values while doing therapy, and therapists must be "feminist-informed" to combat this tradition. This makes good sense to me. In the absence of this, a well-intentioned systems therapist may perpetuate devaluing women in society (p. 27).
11. A more balanced view of the system may be to acknowledge the "self" and the system as components that must be addressed in therapy (p. 28).
12. As I read Chapter 2, it reminds me that sometimes when I see a family we get nowhere. Usually, I can point to a member (or members) of the family system who may not be "ready" to work within the family perspective. Such a person may have major depression, bipolar disorder, psychosis, or the like, and they will need to be treated alone. I think this is what the authors are getting at; family therapy won't cure everything, the individual must be ready for it to happen, and the components of the system must be emotionally available for progress to occur (pp. 28-29).
13. On page 30, there is an excellent review of the balance between personal values and professional values. I have known many therapists who use their counseling offices as a soapbox to push their personal values, whether or not they fit the needs of a patient. This is not a good situation. We all are values-laden individuals, but we need to watch how we *inflict* these on our patients.
14. Edwards and Bess (1998) state, "therapeutic neutrality is a position of retaining one's personhood without exploiting patients ... something that is needed to distinguish value structures of mental health professionals from [regular] citizens" (p. 31).
15. Is this class about what Phinney (2000) called the development of a "group identity formation" (p. 32)?
16. The issue of "power" is raised on page 32, including the various types and how they are used and misused within society. A point under-stressed here, I believe, is that YOU, the family therapist, holds a great position of what the authors call "Expert Power." With all forms of power, harm can be done if mishandled, which compels therapists to know their power, use it wisely and appropriately, and to NOT abuse our position of power. Very tricky stuff here.
17. The authors conclude with a caution for therapists about abuses of "Referent Power," or the power to influence others, much like that "power" that a politician has to influence views and behaviors merely by his or her "stature" or perceived importance. Note how Referent Power can be misused by a therapist with weak personal or professional boundaries. Use caution ... and "counselor, know thy self."