

Introducing Collaborative Therapy

The Brief

Dr. Harlene Anderson along with Dr. Harry Goolishian developed a process of working with clients that adopted a “not knowing” stance and embraced dialogical exchange through a process referred to as “witness.” By walking alongside clients, these therapists avoided scripted techniques in favor of questions which came organically from dialogue. These conversations guided clients and therapists to alternate ways of viewing their lives. Through Collaboration, the therapist accepts they are also changed through their participation with clients.

Who’s Who in Collaborative Therapy?

Harlene Anderson, PhD

Born in 1942, in the United States, this American Psychotherapist has a Doctorate in psychology with a focus in Marriage and Family Therapy from Union Institute and University in Cincinnati, Ohio. Before this, Anderson earned a bachelor’s and master’s degree from the University of Houston. A great portion of Anderson’s Career took place in Texas. Anderson developed Collaborative Therapy at the University of Texas Medical Branch with Dr. Harry Goolishian.

Social Location: White, Woman, Heterosexual, Pronouns she/her, American, Educated, Part of the Silent Generation, Residing in Texas.

Harry Goolishian, PhD

Born in 1924, and growing up in Boston Massachusetts, this Psychologist and Marriage and Family Therapist held a Doctorate in Psychology from the University of Houston. Before this he received his master’s degree from Michigan State University. Goolishian died in 1991. Goolishian’s father was Armenian, and his mother was Irish. Goolishian and Harlene Anderson founded the Houston Galveston Institute.

Social Location: White, Man, Immigrant parents, Educated, Part of the Greatest Generation, resided in Texas.

Impact of Social Location and Context

While data of self-ascribed social location on Anderson and Goolishian is limited, some known elements may have played a role in their core assumptions. Anderson describes the origin of the “not knowing” stance as rising out of she and Goolishian’s roles as therapists and educators. From the position of educators, they presumably attempted to help students think critically as up and coming practitioners. Did this perhaps help them to adopt a stance of curiosity rather than prescription? As a woman practicing through the later part of the 20th century, I am curious how the questioning of her power and authority as a therapist may have given special insight to valuing the meanings clients brought to sessions. Both Anderson and Goolishian together noticed that individuals within a family held their own meaning to words in describing their circumstances. Would this be more noticeable from a position as woman that may have struggled being heard in field dominated by men? Both Anderson and Goolishian would be identified as White in the United States, could this position of privilege have made it easier to conceive of a therapy that relinquishes power in favor of the client’s holding the position of “knowing?”

Much of the work developing Collaborating Language Systems that later became known as Collaboration Therapy took place in the 1980’s and 90’s. The 80’s was a period of great technological innovation, personal computers were entering homes, the Internet was born, and Feminist and ethnic minorities were challenging patriarchy and ethnocentrism. The 80’s also brought the “New Right,” a growing conservative populist movement. Families in the 80’s saw divorce double in comparison to the 1960’s. The 90’s saw everything

from the dissolution of the Soviet Union to the cloning of Dolly the sheep. Ideas of multiculturalism were gaining interest and opening the world to innovative ideas about community. Though Anderson and Goolishian received a lot of pushback about their “not knowing” stance, the 80’s and 90’s appeared to be just the right time for such an innovation because collaborative therapy took the philosophical stance that created opportunities for personal agency. In a culture where dominant family norms were being challenged, Anderson and Goolishian found a way of using local knowledges and postmodern ideas of cocreated meaning rather than prescribe culturally inappropriate guidance.

Model Mechanics and Evidence Based Research

Working with Multiple Impact Therapy (MIT), which traces back to the 1950’s, was an early part of Anderson’s and Goolishian’s practice. MIT is a brief therapy where a family consulted a number of professionals from different fields for evaluation over a short time. Anderson’ and Goolishian’s future practice was informed by families who shared their frustration about how therapy had not worked in the past. This client informed insight led to the idea that the client is the expert of their own lives, rather than the therapist. Working alongside Tom Andersen, Anderson and Goolishian moved more toward postmodern ideas of constructed meaning. From this came the idea for collaborative language therapy., later known as Collaborative Therapy. Seeing the relevance of her work with Collaborative Therapy, Anderson adapted it for spaces outside the therapeutic session. Anderson now uses her collaborative approach to work with organizations.

Qualitative and quantitative methods have been conducted to form an evidence base for postmodern therapies, and open-dialogue therapies. Jaakko Seikkula collected data from 20 years of work and found that the approach of him and his team showed compelling evidence for treating severe mental health issues. Additionally, outcome research was done showing at least comparable effects for treating major depressive disorder. Other areas of improvement include, attention-deficit disorder, social phobia, and eating disorder.

The Model’s Approach to racial, cultural, gender, sexual orientation, class, nation of origin and other differences

Questions arise around the issue of client diversity. In particular rests the question of how a collaborative approach addresses the subject of social justice and advocacy. How does the position of a not knowing stance address this subject? It is necessary to recall here that a not knowing stance is about taken so as not to presume a client’s needs. It does not enable therapists to abdicate responsibility of being informed about issues of race, culture, gender, sexual orientation, class, nation of origin, and other additional differences. Given that clients may hold multiple intersections that are not congruent with the dominant culture, Collaborative therapist must maintain their educational development. Practicing appropriately unusual comments requires professional knowledge and practice within diverse communities. The intentional “witness” of this model creates an opportunity for therapists to join clients without a script that may not be appropriate for the client.

Resources

Gerhart, D. (2018) *Mastering Competencies In Family Therapy: A Practical Approach to Theories and Clinical Case Documentation* (3rd ed.). Cengage.

McDowell, T., Knudson-Martin, C., & Bermudez, J. M. (2018). *Socioculturally attuned family therapy: Guidelines for equitable theory and practice*. Routledge. ISBN: 978-1138678217.

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