

# TRANSFORMING THEMES

Creative Perspectives  
on Therapeutic Interaction

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## About the author

**Paul J. Leslie** is a psychotherapist, researcher, trainer, and author in Aiken, South Carolina. He specializes in resource-directed approaches to working with individuals and families. Paul is a licensed therapist and a National Board Certified Fellow in Hypnotherapy. He has a doctorate in counseling psychology and is presently the coordinator of the psychology program at Aiken Technical College. His website is [www.drpaulleslie.com](http://www.drpaulleslie.com).

# Introduction

A theme is a topic of discourse, a subject of discussion, or a dominating idea. Themes, as literary devices, give underlying meanings to an author's work. The theme of a story is its elemental message and the crucial beliefs that the author attempts to convey. Basically then, a theme is what a story means. Much of how we live our lives is rooted in the themes we use to explain our experiences, and like many works of literature, these themes are often hidden more deeply than we may think. They are the meanings that clients assign to their experiences, and the repetitive activation of these meanings creates overarching themes by which clients live their lives. Themes are self-reflexive and symbolic in nature, and serve to coordinate the internal processes of individuals, families, and even whole societies. Themes are what shape our relationships, values, and traditions, both individually and collectively. These dominating ideas are the higher-order metaphorical constructions that direct our lower-order thoughts, emotions, and behaviors, and if the theme is harmful, the clients' perceptions and reactions create what they perceive as their "problems."

This book is a pragmatic approach to helping clients to change, and the premise of this approach is that by assisting clients to change the

limiting themes that they themselves have constructed, their own natural problem-solving abilities and healing resources can be activated. When therapists work from the higher-order of themes experiences, they have more freedom to increase their therapeutic opportunities. Since themes are a higher-order, therapists should not be restricted to only one specific theory or technique in their interventions. Any ethical action or directive on the part of the therapist may be used to shift the limiting themes in order to free clients and to help begin their self-healing. However, this requires collaborative experiential engagements between therapists and their clients that are spontaneous and experimental.

This method is not pathology-oriented, and the conversations will appear more improvisational, but these conversations provide openings which can lead clients out of their limited themes. From this perspective, client problems are not viewed as linear medical models with explanatory devices such as cognitive distortions, attachment disorders, or chemical imbalances. Instead clients have a “distressed” theme. This perspective shifts the focus of therapy from lower-order symptom pathology to the higher-order of constructed meanings. Since both therapist and client are then able to widen their possibilities of responding, they are not locked into rigid, standardized cause-and-effect interventions. As Papp and Imber-Black (1996) put it, “By identifying the overarching themes that operate repetitively at the individual, family, intergenerational, and socio-cultural levels, the therapist generates a new frame for viewing problems that spans many different levels of experience” (p. 6).

I began working with clients from a “theme” perspective many years ago when I noticed that my attempts to help clients move toward positive change using standardized, predetermined methods often came up short. To be fair, at times these methods could be effective, but I often found that they rarely led to real generative change in clients. Most psychotherapies work from a reductionist perspective in which complex issues are reduced down to their most simple components and from there specific techniques are applied to adjust that particular component. For example, suppose a client says that she has an “anger issue.” From a reductionist perspective, the therapist will first attempt to find the root cause of the anger and then will try to change it using linear applications such as cognitive restructuring or exposure therapy. This can sometimes be effective, but it also ignores the higher-order of complexity that may be present.

As we will discover in this book, higher-order meanings often override lower-order thoughts, emotions, and actions. If change is only attempted at the lower orders of experience, then change may often be overpowered by the dominant meanings of the themes which guide clients' lives. It is only when higher-order complexity is taken into account that true generative change can begin to occur. This is sometimes a problem for therapists who have been trained to only respond to client issues from a reductionist theory. When higher-order complexity maintains the client's theme, and they do not respond to lower-order interventions, it is far too easy for therapists to label such clients as "resistant" or "unchangeable."

When we realize that therapy is a cooperative process that operates within certain agreed-upon themes, the process of therapy becomes less regimented and more spontaneous. Because the themes provided by clients are unique to each one of them, the quest for the perfect technique or theory that works every time will have to be abandoned. When changes are made to the problematic themes that clients bring with them to therapy, the very problems which initially appeared so entrenched will become much more malleable. Actions which took place in old themes can magically take on more empowering meanings in newer themes.

In contrast, working within problem-oriented themes will only continue to reinforce the original problem-oriented themes. As Ray and Keeney (1993) state,

No matter what is said to the client, whether it be inquiring about the behavioral aspects of the problem, descriptions of attempted solutions, hypotheses about its origins, or professional categorizing and stigmatizing, if it contributes to the theme of the problem then the therapist is potentially helping the client stay stuck in a problem context. (p. 3)

Putting more emphasis on the themes which guide clients' emotions and behaviors requires that less emphasis will be placed on the minutiae that is commonly seen as important in therapy. Endless discussion on the topics of etiology and pathology are avoided since these are lower-order experiences that may not change higher-order perceptions.

My goal for this book is to introduce readers to a conceptual therapy that will give them more freedom and will enhance their interactions with their clients. Chapter 1 will first give an overview of how clients create the themes which lead them to seek psychotherapy. The importance of the awareness of the role of themes and contexts in therapy will be explored through perspectives taken from general semantics, cybernetic, epistemological, and postmodern philosophy.

Chapter 2 will explore how psychotherapy is a socially constructed cocreative process in which therapists and clients both agree upon the realities or themes which occur in the session. Research concerning successful “common factors” in therapy will show that technical and theoretical aspects in psychotherapy are not what primarily create change.

Chapter 3 will delve further into how the therapist and the client can cocreate outcomes and can shift focus to the higher-order resource-oriented themes over lower-order pathology-focused themes and thus create healing outcomes. Emphasis is placed on the need for therapists to direct sessions toward clients’ strengths and resources while exhibiting greater levels of creativity, novelty, and improvisation when attempting to transform clients’ limiting themes.

Chapter 4 provides an overview of applications for changing themes involving symbolic and unconscious methods that therapists can use when therapy has become stuck and hindered by the limits of language and attempts at conscious insight. Such tools as therapeutic tasks, rituals, metaphors, and pattern adjustments are covered.

Chapters 5, 6, and 7 are transcripts of therapy sessions with commentary. These demonstrate and explain how adjustments in the clients’ themes can result in surprising levels of healing and positive outcomes. The names and other identifying information of clients in these transcripts and throughout the book have been changed to ensure confidentiality.

As I close this short introduction, I want to acknowledge the influences that have opened my eyes and altered my way of seeing therapeutic interaction. These influences came from my study of such sources as Korzybski (1958), Bateson (1972), Papp and Imber-Black (1996), O’Hanlon and Wilk (1987), Ray and Keeney (1993), and Gergen (2009). I honor their contributions and appreciate their desire to share their profound ideas.