

FAMILY THERAPY

Family therapy is both a technique and a theory. It offers a way to view clinical problems within the context of a family's transactional patterns. Family therapy allows family members to identify and change maladaptive, self-defeating, receptive repetitive problems, unlike individual therapy. In family therapy, the identified patient (the one who is identified by the family as having the problem) is seen as a "symptom bearer", expressing the family's disequilibrium or current dysfunction. The family system itself is the primary unit of treatment and not just the identified patient.

The 1950's saw a shift in therapeutic paradigms (the methodology that dominates scientific thought). Individuals were getting upset with slow progress in individual therapy or were frustrated when gains made were undermined by the family. Family theorists directed their attention to the family context in which individual behavior occurs, behavioral sequences between individuals, to what is now taking place and how each participant influences and in turn is influenced by other family members.

Family therapy is not simply gathering family members together and continuing to treat the individuals separately in a group setting. The goal is to improve overall family functioning.

Family therapy tends to be short term and directive. Sometimes as few as ten sessions can be helpful. The settings include outpatient offices, school counselor settings, and inpatient hospital wards.

We are all familiar with many of the terms used in family therapy--roles, boundaries, family rules, and organization. This is because this approach is so prominent. It was proposed by Salvador Minuchin and his colleagues in the 1970's. He had nine supervisees many of whom went on to develop their own theories (including Jay Haley). Minuchin developed, brief, direct, concrete, action oriented and problem solving interventions rather than the traditional psychoanalytic ones he was trained in.

It is a contextual rather than an individual approach to problems and solutions. It uses spatial and organizational metaphors and an active therapist.

The main premise of this type of therapy is: That an individual's problems are best understood as rooted in the context of family transaction patterns, that a change in family organization or structure must take place before the symptoms are relieved, and that the therapist must provide a directive leadership role in change the structure or context in which the symptoms is embedded.

THE THERAPY PROCESS

The Initial Stage

Therapist must be careful not to become entangled into taking sides, or become engulfed by family anxiety, or become excessively sympathetic or angry with any member based on what the family member is reporting then he can establish the rules of the game for further family sessions.

The Initial Session

You want as many family members to come as possible. What if some one does not want to come? Some family therapists will not proceed without others. WHAT DO YOU THINK OF THIS? Members are encouraged to sit wherever they want, and the therapist begins to take note of seating arrangements. Welcome each member separately. Recognize that some members may need extra encouragement to talk. Each member's view of the problem must be heard, as well as any attempt to solve the problems. Some would begin to construct the genogram at this stage. Others may begin to negotiate what it is the family would like to change. Others try to adopt an egalitarian role within the family, doing what is

called "joining" the family, making suggestions rather than issuing orders. Accommodate to the family style of communicating, assessing problems, and prepare a treatment plan.

Middle Phase

Directed at helping the family members ~~redefine~~ the presenting problem or symptomatic behavior in the identified patient as a relationship problem to be viewed within the family context. Here the family becomes the patient and together they begin to recognize that all have contributed to the problem and all must participate in changing the ingrained family patterns.

Final Stage

Families learn more effective coping skills and learn better ways to ask for ~~what they want~~ from one another. Termination is usually easier in family therapy than in individual therapy because the family has developed an internal support system and has not become over dependent on the outsider, the therapist.

STRUCTURAL FAMILY THERAPY

Minuchin's structural view focuses on how families are organized and what rules govern their transactions. He pays particular attention to family rules, roles, alignments and coalitions. He is also interested in ~~boundaries~~ and ~~subsystems~~. Symptoms are viewed as conflict diffusers, diverting attention from more basic family conflicts. In therapy, structuralists challenge rigid, repetitive transactions within a family, helping to "unfreeze" them to allow family reorganization.

Subsystems: Minuchin (1974) stated that families consist of a number of subsystems, in which members group together to carry out certain family functions or processes. They may be determined based on age, sex or family function. Each family member is likely to belong to several subsystems at one time. A wife may be a mother, sister and daughter. Families may also split into separate camps: males opposed to females, parents vs. children. While family members may engage in temporary alliances, there are always three subsystems present: the ~~parental~~, the ~~spousal~~ and the ~~sibling~~. The spousal is especially important to any family. Any dysfunction in the spousal is likely to reverberate throughout the family, resulting in the scapegoating of children or encouraging them into alliances with parents. The spousal subsystem should model appropriate and positive marital interaction and teach children about commitment. The parental subsystem provides child care, nurturance, guidance, limit setting, and discipline. Sibling subsystems help members to learn to negotiate, cooperate, compete and eventually ~~attach~~ to each other.

Boundaries: Invisible lines that separate a system, subsystem or an individual from outside surroundings. They protect a system's integrity, distinguishing between those from outside considered outsiders and those that are insiders. Boundaries can be rigid (overly restrictive, permitting little contact with one another) to diffuse (overly blurred, so that roles are interchangeable and members are over involved in each others lives). Excessively rigid boundaries characterize disengaged families in which members feel isolated from one another, while ~~diffuse~~ boundaries identify enmeshed families in which members are intertwined in one another's lives.

Boundaries between the family and the outside world need to be sufficiently clear as to allow information to pass. An ~~open system~~ is one where the family is open to new experiences, is able to alter and discard unworkable or obsolete interactive patterns. A closed system is one where boundaries are not easily crossed, the family is insular, not open to what is happening around it, and suspicious of the outside world.

Clearly defined: help maintain separateness and at the same time emphasize ~~belongingness~~ to the overall family system. A healthy balance is to provide support and communication but also allow for independence and freedom. The autonomy of members is not sacrificed but at the same time boundaries are flexible enough to provide care, support and involvement when needed.

Rigid or inflexible boundaries: lead to impermeable barriers between subsystems. In this case, the

worlds are separate and distinct. The members of subsystems are not willing to enter each other's worlds. Typically, nurturance, involvement and easy exchange of affection are missing, although autonomy is achieved. The child may gain a sense of independence in the family but it comes at the expense of feeling isolated and unsupported by others.

Diffuse boundaries: Excessively blurred and indistinct and thus easily intruded upon by other family members. Parents are too accessible and contact with their children may take the form of hovering and the invasion of privacy. Children run the risk of being too involved with their parents and fail to develop independent thought or behavior. They may fail to learn the skills necessary to develop independent thought or behavior. They may fail to learn the skills necessary to develop outside relationships. An individual's sense of personal identity is often hard to establish in adulthood.

There is a continuum between enmeshment (diffuse boundaries) and disengagement (rigid boundaries).

Enmeshment: extreme form of proximity and intensity in family interaction

Members are over concerned and overenrolled in each others' lives

If someone differentiates it is seen as an act of betrayal

Whatever happens to one family member reverberates throughout the system

Children may act like parents and parental control may be ineffectual

Excessive togetherness leads to a lack of separateness

There is too high a value on family cohesiveness.

Disengaged families: members function separately and autonomously with little sense of family loyalty. There is great interpersonal distance. Members do not ask for help from one another when they need it. Communication is strained and guarded. When one member is in distress, the others fail to notice.

Structural family therapists emphasize:

1. the wholeness of the family system
2. the influence of the family's hierarchical organization
3. the interdependent functioning of its subsystems as the major determinants of the well being of its individual members.

The family's organization structure and its flexibility in responding to changing conditions throughout the family life cycle help make it functional or dysfunctional. The more functional the family, the more willing it is to change as the family progresses through the life cycle.

The therapist's role is to be an agent of change. Structural family therapists believe that when the families' structure is transformed, the position of its members are altered and each family will experience change as a result.

The family's structure is the invisible or covert set of functional demands or codes that organizes the

way family members interact with one another. Typically, these patterns are difficult to change. Example, the son always says no to the mother (for example, a request to clean his room) but does so when the father asks. Thus, mother is seen as ineffectual, and father is viewed as authority figure.

There should be a hierarchy of structure in families, namely, the parents should exercise more authority and power than the children, and the older children should have more responsibilities and privileges than the younger children.

Alignments: the way family members join together or oppose one another in carrying out a family activity.

Power: authority (who is the decision maker) and responsibility (who carries out the decision). Often results from alignments between family members. Power resulting from a strong parental alignment is often beneficial to child rearing and limit setting.

Triangulation: dysfunctional alignment where each parent demands the child ally with him or her against the other parent. However, when the child aligns with one parent, the other feels it as betrayal so that the child is in a no-win situation. Because the problem fails to be worked out between the parents, a third person is brought in and becomes part of the process.

Coalitions: are alliances between specific family members against a third member. Example: Mom whispers to the younger daughter at the table in front of dad and older sister. A stable coalition is a fixed and inflexible union that becomes a dominant part of the family's everyday functioning. Coalitions between two family members may have a negative effect on the family's functioning.

Structural family therapists seek to challenge the family's patterns of interaction, forcing the members to look beyond the symptoms of the identified patient in order to view all of their behavior within the context of family structures. They offer the family leadership, direction, and encouragement to examine and discard rigid structures that are no longer adaptive and make changes that are functional. Examples: Mother is helped to not intervene between son and father's argument, and son and father can continue the argument even if it upsets mother.

First, begin by adjusting to the family style (warm and affectionate or not so affectionate). Adapt by using their mannerisms and language. Each member is greeted by name and encouraged to participate but not forced to respond. The therapist respects the hierarchy by asking the parents first what is wrong.

Minuchin described his role as a distant relative--joining the family and accommodating to their style. Try to understand family myths and themes. Use mimesis (copy) to take on styles like the family's (i.e., play with the baby, relate a personal anecdote). Joining lets the family know that the therapist is a concerned member and wants to work with them for answers. Try to make affirming or positive statements about each family member, so that others may see him or her in a new light. Think of family patterns in terms of transactions between individual. Thus, each person will have to change to take place. Some examples include, "You seem so childish. How did your parents manage to keep you so young?" "You act very dependent on your spouse? What does he do to keep you so incompetent?"

Structuralist use a pictorial device called a structural map to formulate hypotheses about those areas where the family functions well and other areas where dysfunction may be occurring. This is called family mapping. It reveals coalitions, explicit and implicit conflicts, and the ways family members group themselves in conflict resolution.

----- Clear boundary

..... Diffuse boundary

_____ Rigid boundary

_____ II _____ Conflict

There should be clearly defined boundaries so that parents form a subsystem with executive power. (Not grandparents) Alignments between the parents on key issues such as discipline need to be present. Rules related to power and authority must be present.

FAMILY SYSTEMS THEORY

A change in one part causes a change in the other parts and thus the entire system. Thus one needs to study the entire whole and not a separate examination of each part. No element should be examined in isolation. In terms of a family, a family is a system in which members organize into a group, forming a whole that transcends the sum of its individual parts. Gregory Bateson was the first to really propose this notion. He worked with schizophrenic families and believed that there was a certain communication interaction that may contribute to the development of schizophrenia. It is difficult to determine who is responsible for a "problem" in family systems; rather difficulties are viewed as interactive. Any cause is seen as the effect of a previous cause.

The systems oriented therapist might wonder (1) is the family member expressing feelings through symptoms that the other family members are denying or not permitting themselves to experience. (2) What would happen to other family members if the identified patient were to become symptom free? Symptoms thus have a stabilizing effect in families, on an unconscious level.

BOWENIAN OR MULTIGENERATIONAL FAMILY THERAPY

Murray Bowen offered a transgenerational view of family systems, arguing that family members are tied into thinking, feeling, and behavior to the family system, and thus individual problems arise and are maintained by relationship connections with fellow members. People are either fused or differentiated from the family. A family member is differentiated if she can establish a separate sense of self independent from the family--the individual is not overwhelmed by emotional reactivity in the family. Fusion refers to an individual with strong affective connections. Bowen believed that the child who is most vulnerable to dysfunction is the one most easily drawn into family conflict. The most attached child will have the lowest level of differentiation and thus have the hardest time separating from the family. He believed that problems are passed along to succeeding generations by a multigenerational transmission process. He thought that schizophrenia may result from several generations of fusion and vulnerability.

Families in which the children are raised in this country by foreign born parents often present intergenerational conflicts that reflect differing values and attitudes, requiring intervention at the family level if changes in the family are to be achieved.

STRATEGIC FAMILY THERAPY

This involves designing strategies that deal with eliminating undesired behavior. Insight is not the goal. Instead family members are assigned tasks which are designed to change those aspects of the system that maintain the problematic behavior. Sometimes paradoxical interventions are used to force clients to abandon symptoms.

FAMILY LIFE CYCLE PERSPECTIVE

Many family therapists view personality from this perspective. This developmental outlook notes that certain predictable marker events or phases (marriage, leaving home, having a child) occur in all families, regardless of structure or composition, compelling each family to deal in some manner with these events. Situational family crises, (such as the death of a parent during childhood, or the birth of a handicapped child) and certain key transition points are periods of special vulnerability. Divorce, chronic illness, serious financial concerns, are example of sudden, disruptive changes that cause upheaval and disequilibrium in the family.

Several Key Terms:

Family Rules:

Growing up in a family, members all learn what is expected or permitted in family transactions. Parents, children, older, siblings, females, etc. all have prescribed rules for the boundaries of permissible behavior, which may or may not be verbalized.

Scapegoating:

Within some families, a particular individual is held responsible for whatever goes wrong with the family. It has the effect when done with a child of redirecting the parental conflict, making it unnecessary for the family to look at the impaired mother/father relationship, something that would be far to threatening too the family. By conveniently picking out a scapegoat, who becomes the identified patient, other family members can avoid dealing with one another or probing more deeply into what is really taking place. In some families, someone is often labeled the "bad child" and so the child begins to act as such. Scapegoated children often have chronic behavioral problems.

Reframing:

Relabeling of the problematic behavior by putting a new more positive perspective that emphasizes its good intention. (To an adolescent who is angry that mom is invading his privacy, "Your mom is concerned about your welfare and hasn't yet found the best way to help".) Reframing ~~changes the meaning attributed to a behavior without changing the facts.~~ Allows therapist to help clients change the basis for their perceptions or interpretation of events. This altered perspective leads to a change in the family system and brings the problematic behavior under new light. Reframing changes the original meaning of an event or situation by now placing it in a new context in which an equally plausible explanation is possible. The idea is to relabel what occurs in order to provide a more constructive perspective; thereby altering the way the event or situation is viewed. The idea is to change the family's perspective on the problem.

Therapeutic double-bind:

Used by strategic and systemic family therapists. Directs families to continue to manifest their presenting symptoms: obsessive people are asked to obsess for a certain amount of time a day; fighting spouses are instructed to fight and even exaggerate their fighting. By instructing families to enact symptomatic behavior, the therapist is demanding presentation of the symptom, claimed to be involuntary and thus out of their control, to be done voluntarily. Such paradoxical interventions are designed to evoke one of two reactions. If the patient complies, there is admission that the symptom is under voluntary control and thus can be stopped. On the other hand, if the directive to continue the symptom is resisted, the symptom will be given up.

Enactment: a staged effort by the therapist to bring an outside family conflict into the session so that the family members can demonstrate how they deal with it and the therapist can begin to observe the sequence and map it out. Example, using a child's temper tantrum in the session as the time to help the mother regain power and become the disciplinarian. The family enacts the conflict rather than talk about

it, thus the therapist is on hand to intervene and offer more appropriate solutions. The therapist gets to directly observe rather than get second hand accounts of events. A family with an anorexic might be encouraged to bring in lunch so the therapist could observe the interaction around food.

Circular questioning:

Often used by systemic family therapists. Each question posed to the family by the therapist addresses differences in perception by different family members about the same events or relationships. It is a non-confrontational way to address problems. Example: Johnny what did you think when Mark was punished for skipping school?

GOALS FOR FAMILY THERAPY

- (1) Structural change, change boundaries and alliances, subsystems
- (2) Behavioral change, structural therapists, paradoxical interventions
- (3) Experiential, emotional change, help members learn to ask for what they want from one another.
- (4) Cognitive change, insight and understanding

FAMILY THERAPY READING LIST

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