Essentials of Family Therapy 7th edition Nichols Test Bank

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Instructor's Manual and Test Bank

For

The Essentials of Family Therapy

Seventh Edition

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Introduction. Becoming of Family Therapist

Learning Outcomes

1. Explain how unresolved family conflicts can complicate an identified patient's problems.
2. Describe how the culture emphasis on individual achievement may obscure our fundamental connectedness to each other.
3. Compare the value of individual therapy to family therapy.

INTRODUCTION

Family therapy isn't just a new set of techniques; it's a whole new approach to understanding human behavior -- as fundamentally shaped by its social context.

SUMMARY OF KEY POINTS AND ISSUES

The Myth of the Hero

While our culture celebrates the uniqueness of the individual and the search for an autonomous self, we cannot deny our inescapable connection to our families. We do many things alone, but we are defined and sustained by a network of relationships. Yet when we think about families, it's often in negative terms. Talk of "dysfunctional families" often amounts to little more than parent bashing. People feel controlled and helpless not because they are victims of parental failings, but because they don't see past individual personalities to the structural patterns that make them a family.

Psychotherapeutic Sanctuary

The two most influential approaches to psychotherapy, Freud's psychoanalysis and Carl Rogers's client-centered therapy, were predicated on the assumption that therapy should be conducted in private, isolated from stressful relationships. Problems were thought to arise from interactions with others and were best alleviated in a confidential relationship between patient and therapist. In some ways, psychotherapy displaced the family's function of resolving the problems of everyday life.

Family versus Individual Therapy

Individual therapy helps people face their fears and learn to become more fully themselves. Treatment is directed at the person and his or her individual make-up. In contrast, family therapists believe that the dominant forces in our lives are located externally, in the family. Therapy based on this framework is directed at changing the organization of the family. Family therapy influences the entire family because every family member is changed -- and continues to exert synchronous changes on each other.

A family approach is often preferable for treating problems with children, complaints about relationships, or symptoms that develop around the time of a major family transition. Individual therapy may be more useful in cases where people identify something about themselves that they've tried in vain to change while their social environment remains relatively stable.

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Although psychotherapy can succeed by focusing on either the psychology of the individual or the organization of the family, both perspectives -- psychology and social context -- are useful for a full understanding of people and their problems. Once, therapists were encouraged to learn models of treatment that focused on either the individual *or* the family, because they were considered different enterprises. Today, family therapists treat individuals, recognize the impact of psychopathology, and see family therapy as an orientation rather than a technique. Individual therapists recognize the importance of family dynamics and direct their efforts to understanding and changing patterns of relationships. In short, a good therapist looks at the whole picture -- barriers in the environment as well as those in a patient's mind.

The Power of Family Therapy

The power of family therapy derives from including people with a significant impact on the identified patient and influencing their interactions. Instead of relying of a client's account of relationship problems, those relationships are brought into the consulting room. Moreover, when changes are initiated in family therapy, the fact that all family members are included means that positive changes in each of them can continue to reinforce progress. The downside of this is that the inclusion of other family members may allow individuals to blame each other for problems and to quarrel about who is responsible for what. Getting past blame in order to help family members recognize their own role in family problems is part of the art of family therapy.

Mental illness has traditionally been explained in *linear* terms, either medical or psychoanalytic. Emotional distress is treated as a symptom of internal dysfunction with historical causes. Such linear explanations take the form of A $\rightarrow$ B. *Recursive*, or *circular*, explanations take into account mutual interaction and mutual influence, A $\leftarrow\rightarrow$ B. The illusion of unilateral influence, or linear thinking, often biases therapists, especially when they only hear one side of the story. But once they understand that *reciprocity* is the governing principle of relationship, therapists can help people get past thinking in terms of villains and victims. Learning to think in *circles* rather than *lines* empowers individuals to look at the half of the equation they can control. The power of family therapy derives from bringing family members together to transform their interactions. Instead of isolating individuals from the emotional origins of their conflict, problems are addressed at their source.

SUGGESTED LEARNING ACTIVITIES

Videos/Films

Salvador Minuchin: Unfolding the Laundry Distributor: AAMFT
Minuchin demonstrates his structural approach with a large blended, recently married, dual-career family with five stepchildren. The IP is the youngest son (age 11) who is acting out. Minuchin defocuses attention on the IP, relabels the sibling behavior, and focuses his attention on the couple. Approximately 147 minutes.

Paul Watzlawick: Mad or Bad? Distributor: AAMFT
In his consultation with a family whose 25-year-old son presents with chronic somatic symptoms, Watzlawick employs the strategic use of Ericksonian-style questions. The systemic function of symptoms in protecting the family from other problems is highlighted. Approximately 136 min.

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Luigi Boscolo and Gianfranco Cecchin: What to Call It? Distributor: AAMFT
This Milan team consults with a couple and their 27-year-old daughter who has a history of hospitalizations for delusions and manic depressive symptoms. Pre-, inter-, and post-session hypothesizing includes beliefs about genetic origins, double binds, incest, and hopes of priesthood. Therapists demonstrate therapeutic neutrality through a range of historical and circular questions. Approximately 138 min.

Virginia Satir: Of Rocks and Flowers Distributor: Golden Triad Films
Satir works with a blended family in which the couple has been married for a year. The husband, a recovering alcoholic, is the father of two boys, ages 4 and 2, who were repeatedly abused by their biological mother. The children are highly active and violent on occasion. The wife, abused by her previous husband who was also alcoholic, is pregnant and afraid the boys will abuse her own child. In a moving segment, Satir interacts only with the two young children--she has them touch her face gently, reciprocates, and then asks if they would like to do the same with their parents. Then she gently coaches the parents how to touch and respond to the children. Following the session, Virginia comments on her use of touching, both in this session and generally.

Carl Whitaker: Usefulness of Non-Presented Symptoms Distributor: AAMFT
Whitaker consults with a grandmother, mother, and two pre-adolescent sons. The women are recent widows and the boys were abused by their deceased, alcoholic father. The intergenerational rules that hypnotize people to act in destructive ways are searched out, as the family is challenged to deal with issues in a healthier fashion. Approximately 93 min.

Internet Resources

Have students look up two or three of the web sites listed below that feature the field of family therapy. Instruct students to write a one-page reaction paper outlining the purpose, nature, and activities of the national organizations in family therapy, major family therapy training institutions, and publishers in the field of family therapy. Several suggested sites include:

American Association for Marital and Family Therapy (www.aamft.org): provides resources for family therapy practitioners, training videos for purchase, instructions on how to become a student member, licensing requirements, announcements for AAMFT sponsored conferences, and information on how to make local referrals to AAMFT-licensed practitioners, etc.

American Family Therapy Academy (www.afta.org): provides resources to practitioners, seeks to promote research and teaching in family therapy, lists information on how to become a member, etc.

Ackerman Institute for the Family, 49 East 78th St, New York, NY 10021-0405 (www.ackerman.org): lists training conferences, continuing education opportunities, training materials for rent or for sale, etc.

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You might also have students search the Internet and compile a list of the most useful web sites devoted to family therapy, and distribute the list to each class member for their resource files.

Discussion Questions

1. What do you believe is necessary for real therapeutic change to occur: a brief but decisive intervention in a family system or long-term exploration of personality? Some argue that changes initiated via family therapy are lasting because change is exerted throughout the entire system--each family member changes and continues to exert synchronous change on each other. Others assert that long-term, insight-oriented therapy is necessary to prevent a patient's personality problems from reasserting themselves.

2. The choice of individual versus family therapy can be based on technical considerations (which approach works best for a given problem--marital conflict, school phobia, alcoholism) or philosophical point of view (one's understanding of human nature and behavior, and the therapist's role in treatment). Discuss how your own views of therapy are shaped by each of these factors.

3. Have students interview a few people and ask them what strategies, successful and unsuccessful, they have used to try to improve their relationships with important others. As a class, have students discuss responses to their inquiries and attempt to extract characteristics of successful vs. unsuccessful relationship strategies.

4. In a family like Holly's, when conflict develops between a child and a stepparent, what is gained by seeing the problem as triangular (rather than as a result of personalities)? What is gained by seeing the problem as transitional?

5. Does the myth of the hero (the ideal of heroic individual accomplishment) have a greater influence on men than on women? To what extent is this changing? What are some cultural narratives (including novels, television shows, movies) that still support the myth of the hero? Are certain story lines that feature women as action-oriented heroes opening space for women or simply casting them into masculine myths?

6. Have the class generate a list of problems for which students believe families typically enter family therapy. Categorize each problem on the list with respect to locus of the problem using a scale ranging from 1 (linear causality) to 7 (circular causality). Divide the class into smaller groups and have each group take a portion of the "presenting problems" and brainstorm creative ways to translate linear explanations of the problems into circular or systemic explanations. Reconvene the class and review students' ideas about how to shift family members' constructions of presenting problems from linear/intrapsychic to systemic/interpersonal.

7. How could a family systems perspective be incorporated into the treatment offered at a college counseling center?

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8. Ask students what is "a family"? Hopefully what will emerge is something about a group of people organized is such a way that the properties of the whole go beyond a collection of individuals. Then ask what is "psychotherapy"? What should emerge is some notion that psychotherapy (as opposed to counseling) involves some kind of transformation. Family therapy, therefore, is a process that considers the family as a group with superordinate properties and attempts to produce change in the organization.

Supplemental Readings

Anderson, C., and Stewart, S. 1983. *Mastering resistance: A practical guide to family therapy*. New York: Guilford Press.

Guerin, P.J., Fay, L., Burden, S., and Kautto, J. 1987. *The evaluation and treatment of marital conflict: A four-stage approach*. New York: Basic Books.

Hoffman, L. 1981. *The foundations of family therapy*. New York: Basic Books.

Imber-Black, E., ed. 1993. *Secrets in families and family therapy*. New York: Norton.

Isaacs, M.B., Montalvo, B., and Abelsohn, D. 1986. *The difficult divorce: Therapy for children and families*. New York: Basic Books.

Kerr, M.E., and Bowen, M. 1988. *Family evaluation*. New York: Norton.

Nichols, M.P. 2009. *Inside family therapy*, 2nd ed. Boston: Allyn & Bacon.

Minuchin, S., and Nichols, M.P. 1998. *Family healing: Tales of hope and renewal from family therapy*. New York: Touchstone/Simon & Schuster.

White, M., and Epston, D. 1990. *Narrative means to therapeutic ends*. New York: Norton.

TEST QUESTIONS

1. Compare and contrast individual and family therapy modalities. What types of clients and client problems may be best suited for each and why? Provide examples to illustrate your answer. Is it possible to integrate individual and family treatment? Take a position and argue for or against.

2. How might an individual therapist counseled Bob or Shirley (in the case example)? How might individual therapy progressed with either one of them that might reinforce the conflict between them? How might an individual therapist, seeing either Bob or Shirley, helped them to reduce their conflicts?

3. What do you believe to be the necessary and sufficient conditions for real therapeutic change to occur: a brief but decisive intervention in the family system or the long-term exploration of one's personality? Some argue that changes initiated via family therapy are lasting because change is exerted throughout the entire system--that each family member changes and continues to exert synchronous change on each other. Others believe that long-term insight-oriented therapy is necessary to prevent the patient's personality pathology from reasserting itself. Take a position for or against and cite evidence to support your view.

4. Make up a brief case in which one person who has trouble in a relationship sees only the contributions of the other person to their mutual problems and acts in such a way as to perpetuate the conflict – even though he or she is trying to improve the relationship.

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5. What advantage does family therapy offer over individual therapy in maintaining positive therapeutic change? What disadvantage does family therapy create in initiating positive therapeutic change?

6. What is gained by seeing family problems, such as those seen in Holly's family, as transitional? As triangular?

IDENTIFY

1. self-actualization

2. transference

Review Questions

1. Why did treating Holly with individual therapy alone reach an impasse?

2. What are the limits of evaluating individuals' behavior as a function of themselves and their personalities?

3. Why did Freud and Rogers exclude the family from treatment?

4. What are the respective strengths of individual and family therapy?

5. What are the primary vehicles of change in family therapy?

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Chapter 1. The Evolution of Family Therapy

Learning Outcomes

1. Describe similarities and differences between small groups and families.
2. Summarize the history of research on family dynamics and schizophrenia.
3. Describe how family therapy was invented by five different individuals and summarize their approaches.

INTRODUCTION

In the 1950s, family therapy emerged independently in four different places: John Bell began family group therapy at Clark University; Murray Bowen treated families of schizophrenics at the Menninger Clinic and later at NIMH (Chapter 4); Nathan Ackerman began his psychoanalytic family therapy in New York (Chapter 8); and Don Jackson and Jay Haley started communications family therapy in Palo Alto (Chapter 5).

The family is the context of most human problems. Like all human groups, the family has emergent properties -- the whole is greater than the sum of its parts. The systemic properties of families can be classified in two categories: *structure* and *process*. Structure includes triangles, subsystems, and boundaries. Among the processes that describe family interactions -- emotional reactivity, dysfunctional communication, and so on -- the most central is circularity. Rather than worrying about who started what, family therapists treat human problems as a series of moves and countermoves in repeating cycles.

Leading Figures

Early Family Researchers. Gregory Bateson, Don Jackson, Jay Haley; Theodore Lidz; Murray Bowen; Lyman Wynne.

Pioneers in Family Treatment. Milton Erickson, Nathan Ackerman, John Bell, Murray Bowen, Don Jackson, Jay Haley, Salvador Minuchin, Ivan Boszormenyi-Nagy, Virginia Satir, Carl Whitaker.

Important Terms

circular causality: the idea that events are related through a series of interacting loops or repeating cycles.

complementary: relationships based on differences that fit together, where qualities of one compensate for lacks in the other.

cybernetics: the science of communication and control mechanisms that focuses on how systems maintain stability and control through levels of feedback.

double bind: Bateson and colleagues' concept for the conflict created when a person receives contradictory messages on different levels of abstraction in an important relationship and cannot leave or comment.

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metacommunication: every message has two levels, report and command; metacommunication is the implied command or qualifying message.

morphogenesis: the process by which a system modifies its structure to adapt to new contexts (and a swell word to impress people with at cocktail parties).

pseudohostility: Wynne's term for superficial bickering that masks pathological alignments in schizophrenic families.

pseudomutuality: Wynne's term for the facade of family harmony that characterizes many schizophrenic families.

quid pro quo: literally, something for something, an equal exchange.

rubber fence: Wynne's term for the rigid boundary surrounding many schizophrenic families, which allows only limited contact with the surrounding community.

undifferentiated family ego mass: Bowen's early term for emotional "stuck-togetherness" or fusion in the family, especially prominent in schizophrenic families.

SUMMARY OF KEY POINTS AND ISSUES

The Undeclared War

Traditionally, clinicians believed that in order to treat hospitalized patients, it was necessary to exclude family contact. Now we know better. In the 1950s, hospital therapists began to notice that when a patient improved, someone else in the family often got worse. These same therapists observed that patients frequently improved in the hospital only to get worse after they got home. Case studies dramatized how parents sometimes used their children's problems to give them a sense of purpose or as a buffer to protect them from intimacy. And although the official story of family therapy was one of respect for the institution of the family, therapists often reverted to an adversarial stance to “rescue” “scapegoated victims” from the clutches of their parents. While it was eventually reasoned that changing the family might be the most effective way to change the individual, the shortsightedness of isolating patients from their families in psychiatric hospitals continues (c.f., Elizur & Minuchin’s *Institutionalizing Madness*). Some 45 years after the development of family therapy, psychiatric hospitals still generally segregate patients from their families.

Small Group Dynamics

Group therapy influenced family therapy through the literature on group dynamics and in the person of many of the pioneers of family therapy (e.g., John Bell, Rudolph Dreikurs) who were trained as group therapists. Group dynamics are relevant to family therapy because group life is a complex blend of individual personalities and properties of the group. The obvious parallels between small groups and families led some therapists to treat families as though they were just another group. The first to apply group therapy methods family treatment were John Elderkin Bell and Rudolph Dreikurs.

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Several group concepts were borrowed for use in family therapy. Kurt Lewin's notion that groups are psychologically coherent wholes, rather than collections of individuals, is one such concept. His ideas about the need for "unfreezing" -- a shakeup that prepares a group to accept change -- foreshadowed early family therapists' idea about disrupting family homeostasis. Wilfred Bion's study of the hidden dynamics of groups (*fight-flight*, *dependency*, *pairing*) guided systems thinkers' understanding of how groups function with their own agendas and hidden structures. Warren Bennis described group development as consisting of several phases. The notion that groups go through predictable phases has been used by family therapists who conduct therapy in stages, and who later consolidated these ideas to form the concept of the "family life cycle." *Role theory* is useful in understanding families, because roles tend to be *reciprocal* and *complementary*. Complementary roles are resistant to change because they reinforce each other -- and both people wait for the other one to change.

Group theories tend to be ahistorical, maintaining a focus on the "here-and-now." A focus on *process* (how people talk), rather than *content* (what they talk about), is critical to understanding how a group functions. This process/content distinction had a major impact on family treatment. Family therapists learned to attend more to how family members talk than to the content of their discussions. However, as family therapists gained more experience, they discovered that a group therapy model was inadequate for families. Therapy groups are composed of strangers with no past or future outside the group, whereas families consist of intimates who have a history and a future together as well as shared myths and defenses. Families also contain generational differences -- their members aren't peers who should relate as equals.

The Child Guidance Movement

At the turn of the twentieth century, major social reforms led to the creation of child welfare laws and greater respect for children's rights. The child guidance movement was born out of these concerns and founded on the belief (e.g., Alfred Adler) that treating problems of children was the best way to prevent the development of mental illness.

Gradually, child guidance workers concluded that tensions in the family were often the real source of children's difficulties. The typical treatment in child guidance centers consisted of a psychiatrist seeing the child while a social worker met with the mother. The mother was seen for purposes of reducing emotional pressure on the child, to redirect hostility away from the child, and to improve parenting skills. In the 1940s and 1950s researchers in child guidance clinics believed that parental psychopathology was to blame for children's problems. It was during this time that Frieda Fromm-Reichmann introduced the concept of the *schizophrenogenic mother* -- an aggressive, domineering mother thought to precipitate schizophrenia in children.

Eventually the emphasis in child guidance shifted to viewing pathology as inherent in family relationships -- a shift with profound consequences. Psychopathology was no longer located within the individual. Parents were no longer seen as villains and children as victims. Once the nature of family interactions was seen to be the problem, this changed the very nature of treatment and resulted in more optimistic prognoses. Instead of trying to separate children from their families, child guidance workers began to support parents in caring for their children. While John Bowlby experimented with family therapy, Nathan Ackerman successfully carried it out.

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Marriage Counseling

Marriage counseling began as a relatively informal procedure and is still widely practiced outside of traditional mental health settings -- by ministers, family doctors, and lawyers. Psychoanalytic and behavioral therapists experimented with both concurrent and conjoint couples sessions, and then, with Jay Haley and Don Jackson, couples therapy was absorbed into the theory and practice of family therapy. But although Nichols and David follow the convention of considering couples therapy a subtype of family therapy, the practice of couples therapy (especially in psychoanalytic, cognitive-behavioral, emotionally-focused, and integrative models) tends to permit more in-depth focus on both the interactional patterns and the psychology of the partners.

Research on Family Dynamics and the Etiology of Schizophrenia

The initial breakthroughs in family therapy were achieved by scientist-researchers. In Palo Alto, Bateson, Haley, Jackson, and Weakland discovered that schizophrenia made sense in the context of pathological family communication. The two great discoveries of this talented team were: multiple levels of communication, and that destructive patterns of relationship are maintained by self-regulating interactions. Lyman Wynne at NIMH, and later Rochester, demonstrated how *communication deviance* in families contributes to schizophrenia. Role theorists (like John Spiegel) described how individuals were cast into social roles within families, and the polemical R.D. Laing pointed out that when parents "mystify" (distort) their children's experience, the children may learn to project a "false self" and keep their "real selves" buried.

These researchers observed that the behavior of schizophrenics fit with their families. Unfortunately, they inferred that since schizophrenia made sense in the context of the family, that the family must be *the cause* of schizophrenia. Moreover, they concluded that family dynamics (double binds, pseudomutuality, etc.) were products of "the system," rather than features of individuals who shared certain qualities because they lived together.

From Research to Treatment: The Pioneers of Family Therapy

Throughout the 1940s and 1950s, research on families of schizophrenics led to the pioneering work of the first family therapists. These pioneers had distinctly different backgrounds and clinical orientations -- not surprisingly, the approaches they developed were also quite different.

John Bell started seeing families in the 1950s. Although he was a significant pioneer in family therapy, his influence on the field wasn't great. Bell's approach was based on the group therapy model. In his "family group therapy," he relied primarily on stimulating an open discussion in order to help families solve their problems.

The greatest discovery of the Bateson group was that every message is qualified by another message on a different level; there's no such thing as a simple communication. Of the Palo Alto group, **Don Jackson** and **Jay Haley** were the most influential in developing family treatment. Jackson rejected his psychoanalytic training and focused on the dynamics of interchange between people. His concept of *family homeostasis* became the defining metaphor of family therapy's first three decades. (*Note*: Today we can see how the emphasis on homeostasis and the cybernetic metaphor led therapists to become more mechanics than healers. In their zeal to rescue family scapegoats, early therapists provoked some of the resistance they

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complained of.) Other concepts, such as the *marital quid pro quo*, *complementarity*, and *symmetry* are still used by family therapists today.

Like Jackson, Jay Haley concentrated on the marital dyad. He believed that everyday relationships were driven by struggles to achieve interpersonal control. Symptomatic behavior was seen as an insidious way to control people while denying that one is doing so. According to Haley, the therapist's job is to outwit patients in such a way as to defeat their resistance. For a more complete description of Jackson's and Haley's work, see Chapter 5.

Virginia Satir was another member of the Palo Alto group who played a major role in the development of family therapy. In her work with families, she concentrated on clarifying communication, expressing feelings, and fostering a climate of mutual understanding. Her 1964 book, *Conjoint Family Therapy*, did much to popularize the family therapy movement.

Murray Bowen believed that the pathological dynamics found in schizophrenic families were present to a lesser extent in all families. Bowen experimented with different methods of working with individuals, couples, and families until about 1964, when he developed the method that stands today (see Chapter 4). Bowen suggested that the best way to become a family therapist was to resolve emotional problems within one's own family of origin.

The goal of Bowen therapy is to help partners achieve *differentiation of self* in the context of their family relationships, to teach them enough about family systems to handle future crises, and to develop the motivation to continue working toward further differentiation after therapy is terminated. Differentiation is best accomplished by developing individual person-to-person relationships with each parent and with as many family members as possible, staying out of triangles, and learning to overcome emotional reactivity. In addition to his work with couples and families, Bowen often worked with single family members. Bowen saw family therapy primarily as an orientation rather than as a set of techniques. As an orientation, it means understanding people in the context of significant emotional systems. Some argue that Bowen's work with individual family members is more exclusively focused on family issues, systems concepts, and emotional processes than any other family therapy approach.

Nathan Ackerman never lost sight of the fact that people are individuals as well as members of families. Like Jackson and Bowen, he came to family therapy from psychoanalysis. While he maintained an emphasis on psychodynamic issues, he also demonstrated a keen sense of family organization. The creative flexibility of Ackerman's approach makes it difficult to describe, yet there were clear themes in his work. He thought it necessary to be deeply committed and involved with families. He believed in the existence of an interpersonal unconscious within every family. His techniques suggest that he was somewhat more concerned with the content of family conflicts than with the process by which family members dealt with them, and more interested in hidden conflicts than patterns of communication. While his clinical writings present few systematic strategies for working with families, he was an artist of family therapy technique, interacting with families in an active, open, highly emotional and effective manner. His contributions as a teacher may be his most important legacy.

Carl Whitaker's view of psychologically troubled people was that they were alienated from their emotions and thus incapable of autonomy or real intimacy. He eschewed theory in favor of creative spontaneity. He pioneered the use of cotherapy in family treatment, feeling that a supportive cotherapist was essential for family therapists to react spontaneously in sessions without fear of unchecked countertransference. His "Psychotherapy of the Absurd" was designed to open individuals up to their own feelings and help them share those feelings within the family. For a description of Whitaker's experiential approach, see Chapter 7.

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Another seminal thinker, **Ivan Boszormenyi-Nagy** came to family therapy from psychoanalysis. In 1957 he founded the Eastern Pennsylvania Psychiatric Institute in Philadelphia, a center for research and training in treatment for families where he attracted a number of highly talented colleagues, including James Framo, David Rubenstein, Geraldine Spark, and Gerald Zuk. Nagy's most important contribution was to introduce ethical accountability into the goals of family therapy. He believed that family members should base their relationships on trust and loyalty. Depending on the integrity and complementarity of their needs, marital partners develop trustworthy give-and-take relationships. His term "invisible loyalties" describes the unconscious commitments and guilt that children take on to help their families, often to the detriment of their own well-being.

Though not one of the first family therapists, **Salvador Minuchin** entered the field early and his accomplishments rank him as one of most influential. In the 1960s, Minuchin and his colleagues (Montalvo, Rosman, and Haley) developed structural family therapy, among the most widely used systems of family therapy. Minuchin's *Families and Family Therapy* is the most popular book ever written on family therapy. Structural family therapy begins with the observation that repeated family transactions develop a patterned regularity, or structure. The nature of family structure is determined by emotional boundaries, which keep family members close or distant. Problems are thought to arise when families fail to modify their structures to fit changing circumstances. The techniques of structural family therapy fall into two general strategies. First, a therapist must accommodate to a family in order to join with them. Once the initial joining is accomplished, a structural therapist uses restructuring techniques, active, directive maneuvers designed to disrupt dysfunctional structures by strengthening diffuse boundaries and opening up rigid ones.

The Golden Age of Family Therapy

The 1970s and 1980s saw the flowering of the famous schools of family therapy -- Bowenian, psychoanalytic, behavioral, experiential, and, especially, structural and strategic. Those two decades may have been the high-water mark of family therapy's enthusiasm and vitality. In the late 1980s and 1990s, however, a reaction set in to the aggressiveness and competitiveness of the original schools. Today, family therapists favor a more collaborative approach to families and are likely to integrate concepts and methods from various models.

SUGGESTED LEARNING ACTIVITIES

Videos/Films

The Case of the Dumb Delinquent Philadelphia Child Guidance Center, Minuchin interviews a 13-year-old pre-delinquent boy and his single mother. Minuchin highlights the complementary patterns that link mother to son, through skillful use of relabeling and reframing, and challenges the mother's plans for institutional placement. Approximately 38 minutes.

Virginia Satir: Of Rocks and Flowers Distributor: Golden Triad Films. Satir works with a blended family in which the couple has been married for a year. The husband, a recovering alcoholic, is the father of two boys, ages 4 and 2, who were repeatedly abused by their biological mother. The children are highly active and violent on occasion. The wife, abused by her previous husband who was also alcoholic, is pregnant and afraid the boys will abuse her own child. In a moving segment, Satir interacts only with the two young children--she has them

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touch her face gently, reciprocates, and then asks them if they would like to do the same with their parents. Then with the parents, she gently coaches them how to touch and respond to the children. During the post- session interview, Virginia comments explicitly on her use of touching, both in this session and generally.

Carl Whitaker: Usefulness of Non-Presented Symptoms Distributor: AAMFT
Whitaker consults with a grandmother, mother, and two pre-adolescent sons. The women are recent widows and the boys were abused by their deceased, alcoholic father. The intergenerational rules that hypnotize people to act in destructive ways are searched out, as the family is challenged to deal with issues in a healthier fashion. Approximately 93 min.

Carl Whitaker and Gary Connell: Creating a Symbolic Experience Through Family Therapy
Distributor: AAMFT
Whitaker demonstrates his Symbolic Experiential Therapy in interviews with two extended families.

The Bridge Between: Contextual Therapy and Its Founder Ivan Boszormenyi-Nagy. www.thebridgebetween.org

Discussion Questions

1. Have students choose a supplemental reading on the family therapist of their choice (e.g., Gregory Bateson, Murray Bowen, Jay Haley, Virginia Satir, Lyman Wynne, etc.) to read and present to the class. Presentations should address the following issues: the author's theoretical formulations, ideas about normal family development and how behavior disorders develop in the family, goals of treatment, techniques used in treatment, and ideas about how and why change occurs in therapy.

2. What are the pros and cons of segregating hospitalized mental patients from their families?

3. What are some of the motives for blaming parents (especially mothers) for the problems of their children? What are some of the clinical consequences of this type of thinking?

4. List the various early leaders of family therapy on individual note cards -- Gregory Bateson, Theodore Lidz, Lyman Wynne, Milton Erickson, Nathan Ackerman, John Bell, Murray Bowen, Don Jackson, Jay Haley, Salvador Minuchin, Virginia Satir, and Carl Whitaker, etc. Break the class into groups and divide the note cards among groups. Have students identify and discuss the major contributions of each leader to the field of family therapy. How have their ideas fared in the current climate of family therapy?

5. What are some of the "basic assumptions" (in Bion's terms) operating in some of the groups of which you have been a part?

6. What roles did students play in their families growing up? What potential roles went unfulfilled or unnoticed?

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Supplemental Readings

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Guerin, P.J. 1976. Family therapy: The first twenty-five years. In *Family therapy: Theory and practice*, P.J. Guerin, ed. New York: Gardner Press.

Gurman, A. S. ed. 1985. *Casebook of marital therapy*. New York: Guilford Press.

Kaslow, F.W. 1980. History of family therapy in the United States: A kaleidoscope overview. *Marriage and Family Review*. *3*:77-111.

Maturana, H. R., and Varela, F. J. 1987. *The tree of knowledge*. Boston: New Science Library.

Minuchin, S. 1974. *Families and family therapy*. Cambridge, MA: Harvard University Press.

Satir, V. 1972. *Peoplemaking*. Palo Alto, CA: Science and Behavior Books.

Whitaker, C.A. 1976. A family is a four-dimensional relationship. In *Family therapy: Theory* and *practice*, P.J. Guerin, ed. New York: Gardner Press.

Wynne, L.C. 1978. Knotted relationships, communication deviances, and metabinding. In *Beyond the double bind*, M.M. Berger, ed. New York: Brunner/Mazel.

TEST QUESTIONS

Multiple Choice (choose the best single answer):

1. Lyman Wynne's term for the facade of family harmony that characterized many schizophrenic families is:

a. pseudocomplementarity
b. pseudomutuality
c. pseudoharmony
d. pseudohostility

2. Hospital clinicians began to acknowledge and include the family in an individual's treatment when:

a. they noticed when the patient got better, someone in the family got worse
b. they realized the family was footing the bill for treatment
c. they realized the family continued to influence the course of treatment anyway
d. a and c
e. none of the above

3. According to Kurt Lewin, changing group behavior first requires _____.

a. unfreezing
b. social equilibrium
c. group process
d. field theory

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4. Paying attention to *how* members of a group interact rather than merely to *what* they say is called:

a. basic assumption theory
b. group dynamics
c. field theory
d. process/content distinction

5. The first to apply group concepts to family treatment was

a. Murray Bowen
b. John Elderkin Bell
c. Virginia Satir
d. Carl Whitaker

6. A second, covert, level of communication which conveys something about how the communicants should relate is called:

a. denotation
b. connotation
c. metacommunication
d. didacticism

7. Frieda Fromm-Reichmann's concept, "_____ mother," described a domineering, aggressive, rejecting, and insecure mother who was thought to provide the pathological parenting that produced schizophrenia.

a. undifferentiated
b. schizophrenogenic
c. reactive
d. symbiotic

8. According to Wilfred Bion, most groups become distracted from their primary tasks by engaging in patterns of:

a. fight-flight
b. pairing
c. dependency
d. any of the above
e. all of the above

9. Ivan Boszormenyi-Nagy emphasized the importance of _____ in families.

a. communication
b. ethical accountability
c. triangles
d. systems dynamics

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10. Gregory Bateson and his colleagues at Palo Alto introduced this concept to describe the patterns of disturbed family communication where someone receives contradictory messages on different levels of abstraction .

a. schizophrenogenesis
b. double bind
c. pseudohostility
d. none of the above

11. Jackson's concept, _____, that families are units that resist change, became the defining metaphor of family therapy's first three decades.

a. emotional reactivity
b. quid pro quo
c. family homeostasis
d. a and c

12. A _____ relationship is one based on differences that fit together.

a. complementary
b. symmetrical
c. homeostatic
d. imbalanced

13. This family therapist's personal resolution of emotional reactivity in his family was as significant for his approach to family therapy as Freud's self-analysis was for psychoanalysis.

a. Salvador Minuchin
b. Jay Haley
c. Murray Bowen
d. Carl Whitaker

14. This family therapist believed that underneath the apparent unity of families there existed a layer of intrapsychic conflict that divided family members into factions.

a. Murray Bowen
b. Nathan Ackerman
c. Ivan Boszormenyi-Nagy
d. Virginia Satir

15. Once a social system such as a family becomes structured, attempts to change the rules would be considered a _____. A change of the system itself would be considered a_____.

a. first-order change, transmuting interpretation
b. first-order change, second-order change
c. second-order change, first-order change
d. transmuting interpretation, first-order change

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16. The group therapy model was not entirely appropriate for families for what reason?
    a. family members are peers
    b. families have a shared history
    c. a and c
    d. none of the above

17. A relationship in which married partners both pursue careers and share housekeeping and childrearing responsibilities is

    A) complementary
    B) unrealistic
    C) competitive
    D) symmetrical

28. Communications family therapists hypothesized that normal families maintained stability through

    A) positive feedback
    B) negative feedback
    C) metacommunication
    D) therapeutic double-binds

Short Answer

1. Describe the "double-bind theory" of schizophrenia. Historically, why was the theory important?

2. How are family systems therapies different from traditional individual therapies?

3. Some would argue that there is a radical divergence between family systems therapies and the more traditional psychotherapeutic approaches. Others would challenge this view, arguing that there are many points of similarity and that the differences are exaggerated. Take one position or the other and defend your stand.

4. Choose **two** of the individuals below and describe how they helped to launch the family therapy movement. Be specific in discussing their contributions to the field.
    (a) Gregory Bateson
    (b) Theodore Lidz
    (c) Milton Erickson
    (d) Nathan Ackerman
    (e) Murray Bowen
    (f) Don Jackson
    (g) Jay Haley
    (h) Salvador Minuchin
    (i) Virginia Satir
    (j) Carl Whitaker

5. How is group therapy similar to and different from family therapy?

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6. What was the positive impact of research on family dynamics and schizophrenia? What was its negative impact?
7. What are some of the factors that have resulted in diminished academic enthusiasm for family therapy?

Review Questions

1. Briefly describe the clinical forerunners of family therapy.

2. What did researchers on family dynamics and schizophrenia learn that led the way to family therapy?

3. Who were the founders of family therapy, and what were each one's major ideas?

4. How has the field of family therapy changed from its golden age until today?

Chapter 2. Basic Techniques of Family Therapy

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Answer Keys

Chapter 1. The Evolution of Family Therapy
Answer Key

Multiple Choice Questions

1. B p11
2. D p 6
3. A p7
4. D p7
5. B p12
6. C p10
7. B p9
8. D p7
9. B p16
10. B p10
11. C p12
12. A p13
13. C p14
14. B p16
15. B p17
16. B p8
17. D p13
18. B p9

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