

GLOBAL
EDITION

*Particular - Clefblatt für das folgende
Wochen und darüber hinaus für den
restlichen Teil des Monats
festen als nach 12. d. d. d. d.
wird, das, sobald das
unser Angewandte der*

Family Therapy

History, Theory, and Practice

SIXTH EDITION

Samuel T. Gladding

ALWAYS LEARNING

PEARSON

Sixth Edition

Global Edition

FAMILY THERAPY

HISTORY, THEORY, AND PRACTICE

Samuel T. Gladding

Wake Forest University

PEARSON

Boston Columbus Indianapolis New York San Francisco Hoboken
Amsterdam Cape Town Dubai London Madrid Milan Munich Paris Montreal Toronto
Delhi Mexico City São Paulo Sydney Hong Kong Seoul Singapore Taipei Tokyo

Vice President and Editorial Director: Jeffery W. Johnston
Head of Learning Asset Acquisition, Global Edition:
Laura Dent
Senior Acquisitions Editor: Meredith Fossel
Editorial Assistant: Janelle Criner
Executive Field Marketing Manager: Krista Clark
Senior Product Marketing Manager: Christopher Barry
Acquisitions Editor, Global Edition: Vrinda Malik
Associate Project Editor, Global Edition: Binita Roy
Project Manager: Jennifer Gessner

Development Project Management: Aptara[®], Inc.
Procurement Specialist: Pat Tonneman
Senior Manufacturing Controller, Production, Global Edition: Trudy Kimber
Senior Art Director: Jayne Conte
Cover Designer: Lumina Datamatics
Cover Image: © LiliGraphie/Shutterstock
Media Project Manager: Allison Longley
Full-Service Project Management: Niraj Bhatt, Aptara[®], Inc.

Credits and acknowledgments for material borrowed from other sources and reproduced, with permission, in this textbook appear on the appropriate page within the text.

Every effort has been made to provide accurate and current Internet information in this book. However, the Internet and information posted on it are constantly changing, so it is inevitable that some of the Internet addresses listed in this textbook will change.

Chapter Opener Photo Credits: Front matter (p. 8): Samuel T. Gladding; Chapter 1: iStockphoto/Thinkstock; Chapter 2: Capude1957/Fotolia; Chapter 3: Jandrie Lombard/Fotolia; Chapter 4: JanMika/Fotolia; Chapter 5: Andy Dean/Fotolia; Chapter 6: iStockphoto/Thinkstock; Chapter 7: Kitty/Fotolia; Chapter 8: Anita P. Peppers/Fotolia; Chapter 9: Yanlev/Fotolia; Chapter 10: Cate Frost/Shutterstock; Chapter 11: WavebreakMediaMicro/Fotolia; Chapter 12: Scott Cunningham/Merrill Education/Pearson Education; Chapter 13: Digitalskillet/iStockphoto/360/Getty Images; Chapter 14: Anthony Magnacca/Merrill Education/Pearson Education; Chapter 15: Judy Barranco/E+/Getty Images

Pearson Education Limited
Edinburgh Gate
Harlow
Essex CM20 2JE
England

and Associated Companies throughout the world
Visit us on the World Wide Web at: www.pearsonglobaleditions.com

© Pearson Education Limited 2015

The rights of Samuel T. Gladding to be identified as the author of this work have been asserted by him in accordance with the Copyright, Designs and Patents Act 1988.

Authorized adaptation from the United States edition, entitled Family Therapy, 6th edition, ISBN 978-0-13-348890-6, by Samuel T. Gladding, published by Pearson Education © 2015.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without either the prior written permission of the publisher or a license permitting restricted copying in the United Kingdom issued by the Copyright Licensing Agency Ltd, Saffron House, 6–10 Kirby Street, London EC1N 8TS.

All trademarks used herein are the property of their respective owners. The use of any trademark in this text does not vest in the author or publisher any trademark ownership rights in such trademarks, nor does the use of such trademarks imply any affiliation with or endorsement of this book by such owners.

ISBN 10: 1-292-05879-X
ISBN 13: 978-1-292-05879-5

British Library Cataloguing-in-Publication Data
A catalogue record for this book is available from the British Library

14 13 12 11 10 9 8 7 6 5 4 3 2 1

Typeset in ITC Garamond Std by Aptara[®], Inc.
Printed and bound by Printed and Bound in Great Britain by Clays Ltd, Bungay, Suffolk.

PREFACE

PHILOSOPHY

Therapeutic work with families is a recent scientific phenomenon but an ancient art. Throughout human history, designated persons in all cultures have helped couples and families cope, adjust, and grow. In the United States, the interest in assisting families within a healing context began in the 20th century and continues into the 21st. Family life has always been of interest, but because of economic, social, political, and spiritual values, outsiders made little direct intervention, except for social work, into ways of helping family functioning until the 1950s. Now, there are literally thousands of professionals who focus their attention and skills on improving family dynamics and relationships.

In examining how professionals work to assist families, the reader should keep in mind that there are as many ways of offering help as there are kinds of families. However, the most widely recognized methods are counseling, therapy, educational enrichment, and prevention. The general umbrella term for remediation work with families is *family therapy*. This concept includes the type of work done by family professionals who identify themselves by different titles, including marriage and family therapists, licensed professional counselors, psychologists, psychiatrists, social workers, psychiatric nurses, pastoral counselors, and clergy.

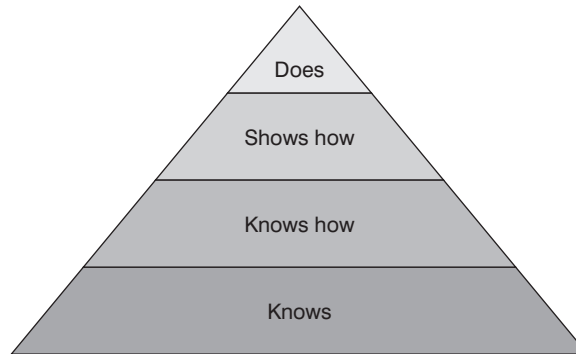
Family therapy is not a perfect term; it is bandied about by a number of professional associations, such as the American Association for Marriage and Family Therapy (AAMFT), the American Counseling Association (ACA), the American Psychological Association (APA), and the National Association of Social Workers (NASW). Physicians who treat families also debate this term. As doctors, are they “family therapists,” or, because they are engaged in the practice of medicine, are they “family medical specialists”? For purposes of this book, the generic term *family therapy* is used because of its wide acceptance among the public and professionals who engage in the practice of helping families. Within this term, some aspects of educational enrichment and prevention are included.

ORGANIZATION

As a comprehensive text, this book focuses on multiple aspects of family therapy.

Part 1 introduces the reader to the foundations on which family therapy is built, such as general systems theory, and the history of the profession. It also acquaints readers with various types of families and family forms (e.g., nuclear, single parent, blended), characteristics of healthy and dysfunctional families, and cultural as well as ethical and legal considerations in working with families.

Part 2 examines the main theoretical approaches to working therapeutically with couples and families. For couples, these theories are behavioral couple therapy (BCT), cognitive-behavioral couple therapy (CBCT), and emotionally focused therapy (EFT). For families, major theories are psychodynamic, Bowen (or transgenerational), experiential (including feminist), behavioral, cognitive-behavioral, structural, strategic, solution-focused, and narrative approaches. Each theoretical chapter emphasizes the major theorist(s) of the approach, premises, techniques, process, outcome, and unique aspects of the theory, and a comparison with other approaches. Case illustrations are also provided.



Part 3 covers professional issues and research in family therapy, with a chapter specifically about working with substance-related disorders, domestic violence, and child abuse and another chapter on research and assessment in family therapy. This part of the book is the briefest, but it is also meaty in focusing on issues that are relevant to society and to the health and well-being of people and the profession.

As you read, consider Miller's (1990) four-level pyramid of clinical competence. In this conceptualization, the base of the pyramid is built on factual knowledge gained by reading and studying didactic information. One level up is "knows how," or the ability to apply the knowledge gained on the previous level. On top of that level is "shows how," which is represented by the person's ability to act appropriately in a practical or simulated situation. At the top of the pyramid is the "does" level, which is actual clinical work in regular practice (Miller, 2010). The present text can be considered as the base of the pyramid, with exercises to help you begin to reach the second and third levels, so that with advanced training you will be able to function effectively at the final level.

NEW TO THIS EDITION

The sixth edition of *Family Therapy* is considerably different from the fifth edition. Highlights of the differences are as follows:

- First, the organization of the book is different. There are now 15 instead of 17 chapters, which makes the book more suitable for a semester-based class.
- Second, to make the chapters better focused for the reader and more user-friendly, learning objectives are placed at the beginning of each chapter, specifically a "chapter overview" and an "as you read consider" section.
- Third, the book has three new chapters and much fresh material. The second chapter is new and focuses on the theoretical context of family therapy. It highlights the importance of understanding general systems theory, cybernetics, individual and family developmental life cycles, and the most prevalent factors leading families to seek counseling over time. In addition, the chapter on healthy and dysfunctional families now covers types of families, as well as functionality. Furthermore, what were formerly separate chapters on working with single-parent families and blended families have been combined because of the overlap and the many similarities in

treatment related to them. Finally, the ethical codes of the American Association for Marriage and Family Therapy and the International Association for Marriage and Family Counselors (IAMFC) have been eliminated, since they are easily accessible online and are subject to change.

- Fourth, while the three-part format of the book has been kept, the content in these sections has changed in order to better lead the reader developmentally into understanding the field of family therapy. Specifically, the chapter on the history of family therapy has been moved into the first section of the book as Chapter 1.
- Fifth, a dozen new illustrations have been added to the text to visually enhance the concepts that are described in words. These illustrations are original drawings by Lindsay Berg, a graduate of the counseling program at Wake Forest University and my graduate assistant while this book was being revised.
- Sixth, while relevant and classic citations have been kept, less-important or dated references have been deleted. In addition, over 175 new sources have been added.
- Seventh, a chart giving models of family therapy that highlights the main points of the family therapeutic approaches covered in the book has been added as an appendix. This reference should be useful in helping readers to quickly grasp the essentials of these theories.

Overall, the sixth edition of *Family Therapy* is a much different text than its predecessors. It is more developmental, better illustrated, and a more reflective book while not sacrificing content or scholarship. There is an emphasis on both the reader's family of origin and families he or she will work with. Overall, the sixth edition of *Family Therapy* takes a broader and more progressive approach to treating families while remaining rich in covering theories and ways of preventing families from becoming dysfunctional.

A PERSONAL NOTE

In undertaking the writing of this work, I have been informed not only by massive amounts of reading in the rapidly growing field of family therapy, but also by my experiences during the last 40 years of therapeutically working with families. Both my family of origin and current family of procreation have influenced me as well. In addition, as a member of both the American Association for Marriage and Family Therapy and the International Association for Marriage and Family Counselors, I have tried to view families and family therapy from the broadest base possible. Readers should find information in this work that will help them gain a clear perspective on the field of family therapy and those involved with it.

Like the authors of most books, I truly hope that you as a reader enjoy and benefit from the contents of this text. It is my wish that when you complete your reading, you will have gained a greater knowledge of family therapy, including aspects of prevention,

enrichment, and therapy that affect you personally as well as professionally. If such is the case, then you will have benefited and possibly changed. I, as an author, will have accomplished the task that I set out to do.

ACKNOWLEDGMENTS

I am grateful to the reviewers who spent many hours critiquing the first edition of this book: James Bitter, California State University at Fullerton; Donald Bubenzer, Kent State University; Harper Gausshell, Northeast Louisiana University; J. Scott Hinkle, University of North Carolina at Greensboro; Gloria Lewis, Loyola University of Chicago; Donald Mattson, University of South Dakota; Eugene R. Moan, Northern Arizona University; and Tom Russo, University of Wisconsin, River Falls.

I also gratefully acknowledge the contributions of time and insightful suggestions from reviewers for the second edition: Charles P. Barnard, University of Wisconsin–Stout; Peter Emerson, Southeastern Louisiana University; and Eugene R. Moan, Northern Arizona University.

Reviewers who provided me with valuable input for the third edition of the book were Michael Carns, Southwest Texas State University; Thomas A. Cornille, Florida State University; Merith Cosden, University of California, Santa Barbara; Vonda Jump, Utah State University; and Jeffrey M. Smith, Kent State University.

I would like to express appreciation to those who critiqued the fourth and fifth editions of this text as well: Joseph F. Bertinetti, University of Nebraska–Omaha; Alan Demmitt, University of Dayton; Grace Mims, University of South Dakota; William H. Quinn, University of Georgia; David A. Spruill, Louisiana State University; Gonzalo Bacigalupe, University of Massachusetts; Linda Horsey, Old Dominion University; and William O’Connell, Xavier University.

Finally, I wish to thank the reviewers of this sixth edition: Eric Albers, University of Nevada, Reno; Kurt D. Baker, California State University, Stanislaus; Kimberly Donovan, Southeastern Oklahoma State University; Tamara Coder Mikinski, University of Kansas; and Sangeeta Singg, Angelo State University.

I especially want to thank my graduate research assistants for the academic year 2012–2013, Lindsay Berg, and the summer of 2009, Ned Martin, for their tireless efforts in helping me find updated statistics and articles for this and the previous edition of *Family Therapy* and for making excellent suggestions about individual chapters and the book as a whole. Ned even proofread a couple of chapters for this edition of the book, which helped me a lot. Similarly, Cassie Cox, my graduate assistant during the academic year 2008–2009, supplied me with valuable materials for this book, and I am most grateful to her. In addition, Trevor Buser, another graduate assistant back in 2006, helped me locate massive amounts of information for the fourth edition. He went on to earn his Ph.D. and is a professor of counseling at Rider University, which does not surprise me, because his work ethic and efficiency, like that of Lindsay, Ned, and Cassie, was exceptional. In addition, Virginia Perry of Winston-Salem, my former graduate assistants Michele Kiely-Briggs and Jenny Cole, and the current program manager of the Department of Counseling, Pamela Karr, of Wake Forest University, have been constructive and positive in their input on previous editions of this text as well. I am most grateful to them. Furthermore, I am indebted to my current editor at Pearson, Meredith Fossil, for her tireless effort,

support, and assistance on my behalf. She has been a pleasure to work, with as was Kevin Davis, my previous editor.

This text is dedicated to my family, especially my parents. My father died in April 1994, at the age of 84, soon after I completed the first edition of this text. My mother died in August, 2000, 2 months short of turning 90, just as I was finishing the third edition of the book. The love and courage of both my parents, along with the legacy left to me by previous generations of my family, have affected me positively. I know I am most fortunate.

Finally, and as important, I am indebted to my wife, Claire, for her encouragement and comfort during the writing process. She has insisted throughout this effort, as through our 28 years of marriage, that we talk and build our relationship as a couple. She has employed all of her communication skills, including a generous dose of humor, to help me be a better spouse. She has also been, throughout this time, my partner, friend, and lover in the raising of our three children: Ben, Nate, and Tim.

Samuel T. Gladding

Pearson wishes to thank and acknowledge the following people for their work on the Global Edition:

CONTRIBUTOR

Neeta Mohan

REVIEWERS

Asmah Binti Ismail, Universiti Putra Malaysia
Timothy P. Carey, The Chinese University of Hong Kong
Haslee Sharil Lim Bin Abdullah, University of Malaya
Reenee Singh

ABOUT THE AUTHOR



Samuel T. Gladding is chair and a professor in the Department of Counseling at Wake Forest University, Winston-Salem, North Carolina. He has been a practicing counselor in public and private agencies since 1971. His leadership in the field of counseling includes service as the following:

- President of the American Counseling Association (ACA) and chair of the ACA Foundation.
- President of the Association for Counselor Education and Supervision (ACES).
- President of the Association for Specialists in Group Work (ASGW).
- President of Chi Sigma Iota (international academic and professional counseling honor society).
- President of the American Association of State Counseling Boards.
- President of the Alabama Association of Marriage and Family Therapists.
- Approved supervisor, American Association for Marriage and Family Therapy.

Dr. Gladding is the former editor of the *Journal for Specialists in Group Work* and the ASGW newsletter. He is also the author of more than 100 professional publications. In 1999, he was cited as being in the top 1% of contributors to the *Journal of Counseling and Development* for the 15-year period from 1978 to 1993. Some of his most recent books include *The Counseling Dictionary*, 3rd edition (2011); *Counseling: A Comprehensive Profession*, 7th edition (2013); *Group Work: A Counseling Specialty*, 6th edition (2012); and *The Creative Arts in Counseling*, 4th edition (2011).

Dr. Gladding's previous academic appointments have been at the University of Alabama at Birmingham, Fairfield University (Connecticut), and Rockingham Community College (Wentworth, North Carolina). He was also director of Children's Services at the Rockingham County (North Carolina) Mental Health Center. He received his degrees from Wake Forest (B.A., M.A. Ed.), Yale (M.A.R.), and the University of North Carolina–Greensboro (Ph.D.). He is a National Certified Counselor, a Certified Clinical Mental Health Counselor, and a Licensed Professional Counselor (North Carolina). He was a member of the North Carolina Board of Licensed Professional Counselors from 2008 to 2014 and has twice been a Fulbright Specialist: Turkey (2010) and China (2013).

Dr. Gladding is the recipient of numerous honors, including the David K. Brooks Distinguished Mentor Award, American Counseling Association; the Arthur A. Hitchcock Distinguished Professional Service Award, American Counseling Association; the Research in Family Counseling Award, International Association of Marriage and Family Counselors; the Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person, American Counseling Association; the Bridgebuilder Award, American Counseling Association Foundation; the Humanitarian Award, Association for Spiritual, Ethical, and Religious Values in Counseling; the Lifetime Achievement Award, Association for Creativity in Counseling; the

Joseph W. and Lucille U. Hollis Outstanding Publication Award Association for Humanistic Counseling; the Professional Leadership Award, Association for Counselor Education and Supervision; and the Eminent Career Award, Association for Specialists in Group Work. He is also a Fellow in the American Counseling Association and the Association for Specialists in Group Work.

Dr. Gladding is married to the former Claire Tillson and is the father of three children—Ben, Nate, and Tim. Outside of counseling, he enjoys swimming, walking, and humor.

BRIEF CONTENTS

Prologue 22

Part 1 Foundations of Family Therapy 25

- Chapter 1** Family Therapy over the Years 27
- Chapter 2** The Theoretical Context of Family Therapy 51
- Chapter 3** Family Types and Their Functionalities 80
- Chapter 4** Therapy for Single-Parent and Blended Families 104
- Chapter 5** Therapy for Culturally Diverse Families 137

Part 2 Therapeutic Approaches to Working with Families 165

- Chapter 6** The Process of Family Therapy 167
- Chapter 7** Couple and Marriage Therapy: Approaches, Theories, Treatments, and Enrichment 193
- Chapter 8** Transgenerational Theories: Psychodynamic Family Theory and Bowen Family Systems Theory 222
- Chapter 9** Experiential Family Therapy 249
- Chapter 10** Behavioral and Cognitive–Behavioral Family Therapies 271
- Chapter 11** Theory, Treatments, and Outcomes of Structural Family Therapy 293
- Chapter 12** Theory, Treatments, and Outcomes of Strategic Family Therapies 311
- Chapter 13** Solution-Focused Brief Therapy and Narrative Family Therapy 331

Part 3 Professional Issues and Research in Family Therapy 357

- Chapter 14** Therapy for Substance-Related Disorders, Domestic Violence, and Child Abuse 359
- Chapter 15** Family Therapy: Research and Assessment 381
- Appendix** Models of Family Therapy 401

Glossary 407

References 427

Name Index 474

Subject Index 485

CONTENTS

Prologue 22

Part 1 Foundations of Family Therapy 25

Chapter 1 Family Therapy over the Years 27

Chapter Overview	27
Inhibitors of the Development of Family Therapy	28
Catalysts for the Growth of Family Therapy	29
Family Therapy: 1940 to 1949	30
Family Therapy: 1950 to 1959	30
Family Therapy: 1960 to 1969	32
Family Therapy: 1970 to 1979	36
Family Therapy: 1980 to 1989	40
Family Therapy: 1990 to 1999	42
Family Therapy: 2000 to 2009	45
Continued Development of the Profession	46
Family Therapy: 2010 to the Present	46
<i>Summary and Conclusion</i>	47
• <i>Summary Table</i>	48

Chapter 2 The Theoretical Context of Family Therapy 51

Chapter Overview	51
Families, Systems, and Systems Theory	52
What Is a Family?	53
What Is a System, and What Is Systems Theory?	55
Systems Theory	55
Cybernetics and Causality	55
Feedback and Feedback Loops	57
Individual Development and Family Life Cycle Development	59
Individual and Family Development	59
Individual Life Cycle Development	61
Family Life Development	62
Unifying Individual and Family Life Cycles	71
Implications of Life Cycles for Family Therapy	73
Match of Life Cycles Between Family and Therapist	73
Ethnicity and Life Cycles	74

Acute and Chronic Illnesses and Life Cycles 74
Special-Needs Children and Life Cycle 75
Poverty, Professionalism, and Life Cycles 76
Summary and Conclusion 77 • *Summary Table* 78

Chapter 3 Family Types and Their Functionalities 80

Chapter Overview 80
Types of Families 81
Qualities Associated with Healthy and Dysfunctional Families 84
 Qualities of Healthy Families 85
Family Life Stressors 90
 Expected Life Stressors 91
 Unexpected Life Stressors 92
Family Structure and Functionality 94
 Symmetrical/Complementary Families 94
 Centripetal/Centrifugal Families 95
 Cohesion/Adaptability 96
Coping Strategies of Families 97
Implications of Health in Working with Families 100
 Summary and Conclusion 101 • *Summary Table* 102

Chapter 4 Therapy for Single-Parent and Blended Families 104

Chapter Overview 104
Single-Parent Families 105
Types of Single-Parent Families 106
 Single Parenthood as a Result of Divorce 106
 Single Parenthood as a Result of Death 108
 Single Parenthood by Choice 108
 Single Parenthood as a Result of Temporary Circumstances 108
Dynamics Associated with the Formation of Single-Parent Families 109
 Dynamics of Single-Parent Families Formed Through Divorce 109
 Dynamics of Single-Parent Families Formed as a Result of Death 110
 Dynamics of Single-Parent Families Formed Through Choice 111
 Dynamics of Single-Parent Families Formed Through Temporary Circumstances 112

Strengths and Challenges Connected with Single-Parent Families	112
Strengths of Single-Parent Families	112
Challenges of Single-Parent Families	113
Approaches for Working with Single-Parent Families	114
Prevention Approaches	114
Educational and Behavioral Approaches	115
Role of the Therapist	116
Process and Outcome	116
Blended Families	117
Forming Blended Families	118
Common Concerns of Blended Families	118
Dealing with the Death of a Parent	119
Dealing with the Divorce of a Couple	120
Dynamics Associated with Blended Families	121
Strengths and Challenges of Blended Families	125
Strengths of Blended Families	126
Challenges of Blended Families	127
Approaches for Treating Blended Families	128
Guidance in Retaining Old Loyalties	128
Focus on Parental Involvement	129
Provide Education	129
Assist in the Creation of Family Traditions and Rituals	130
Role of the Therapist	130
Process and Outcome	132
<i>Summary and Conclusion</i>	133
• <i>Summary Table</i>	133

Chapter 5 Therapy for Culturally Diverse Families 137

Chapter Overview	137
What Is Culture and Why Is It Important?	138
Dynamics Associated with Culturally Diverse Families	140
Issues within Culturally Diverse Families	141
Sensitivity	142
Experience	142
Acceptance	142
Ingenuity	143
Specificity	143
Intervention	144

Approaches for Working with Culturally Diverse Families 144
 Gay and Lesbian Families 144
 African American Families 146
 Asian American Families 149
 Hispanic/Latino American Families 151
 American Indians and Alaska Natives Families 153
 Arab American Families 155
 European American Families 156
Guidelines for Selecting Treatment Approaches in Working
 with Culturally Diverse Families 157
Role of the Therapist 158
 Summary and Conclusion 160 • *Summary Table* 160

Part 2 Therapeutic Approaches to Working with Families 165

Chapter 6 The Process of Family Therapy 167

Chapter Overview 167
Common Factors in Therapy 168
The Personhood of the Family Therapist 169
Common Problems of Beginning Family Therapists 170
 Overemphasis 171
 Underemphasis 173
Appropriate Process 176
 Pre-Session Planning and Tasks 176
 Initial Session(s) 178
 Middle Phase of Treatment 183
 Termination 186
An Example of Appropriate Process in Family Therapy 188
 Initial Session(s) 188
 Middle Phase of Treatment 189
 Termination 189
 Summary and Conclusion 190 • *Summary Table* 191

Chapter 7 Couple and Marriage Therapy: Approaches, Theories, Treatments, and Enrichment 193

Chapter Overview 193
Types of Couple and Marriage Treatments 194

Preventive Approaches to Working with Couples	196
Major Theorists in Marriage Preparation and Couple Enrichment: David and Vera Mace and John Gottman	197
Major Theories for Prevention	198
Marriage and Relationship Education	198
Marriage Enrichment	199
Marriage and Couple Therapy	202
Major Theorists: Susan Johnson	202
Therapeutic Approaches for Working with Couples	203
Behavioral Couple Therapy	204
Cognitive–Behavioral Couple Therapy	207
Emotionally Focused Therapy	209
Infidelity	213
Approaches for Treating Infidelity	214
Divorce Therapy, Mediation, and Collaboration	216
Divorce Therapy	216
Family Mediation	218
Collaborative Divorce	218
<i>Summary and Conclusion</i>	219
• <i>Summary Table</i>	219

Chapter 8 Transgenerational Theories: Psychodynamic Family Theory and Bowen Family Systems Theory 222

Chapter Overview	222
Common Characteristics of Psychodynamic and Bowen Family Therapies	223
Psychodynamic Family Therapy 224	
Major Theorists	224
Nathan Ackerman (1908–1971)	224
Premises of the Theory	226
Treatment Techniques	227
Transference	227
Dream and Daydream Analysis	228
Confrontation	228
Focusing on Strengths	228
Life History	229
Complementarity	229
Interpretation	229

- Role of the Therapist 230
- Process and Outcome 230
- Unique Aspects of Psychodynamic Family Therapy 231
 - Emphases 231
 - Comparison with Other Theories 232
- Bowen Family Therapy 234**
- Major Theorists 234
 - Murray Bowen (1913–1990) 234
- Premises of the Theory 235
- Treatment Techniques 239
 - Genograms 239
 - Going Home Again 241
 - Detriangulation 241
 - Person-to-Person Relationships 241
 - Differentiation of Self 241
 - Asking Questions 242
- Role of the Therapist 242
- Process and Outcome 243
- Unique Aspects of the Bowen Family Therapy Approach 243
 - Emphases 243
 - Comparison with Other Theories 244
 - Summary and Conclusion 246 • Summary Table 247*

Chapter 9 Experiential Family Therapy 249

- Chapter Overview 249
- Major Theorists 250
 - Virginia Satir (1916–1988) 250
 - Carl Whitaker (1912–1995) 251
- Premises of the Theory 253
- Treatment Techniques 253
 - Therapists Who Use Few Techniques: Carl Whitaker 254
 - Therapists Who Use Structured Techniques: Virginia Satir 255
 - Other Experiential Techniques 260
- Role of the Therapist 263
- Process and Outcome 264
- Unique Aspects of Experiential Family Therapy 266
 - Emphases 266

Comparison with Other Theories	266
<i>Summary and Conclusion</i>	269 • <i>Summary Table</i>
	269

Chapter 10 Behavioral and Cognitive–Behavioral Family Therapies 271

Chapter Overview	271
Major Theorists	272
Gerald Patterson (1926–)	273
Neil Jacobson (1949–1999)	273
Premises of the Theory	274
Types of Behavioral and Cognitive–Behavioral Family Therapies	276
Behavioral Parent Training	276
Functional Family Therapy	277
Behavioral Treatment of Sexual Dysfunctions	278
Cognitive–Behavioral Family Therapy	279
Treatment Techniques	280
General Behavioral and Cognitive–Behavioral Approaches	280
Specific Behavioral and Cognitive–Behavioral Techniques	280
Role of the Therapist	285
Process and Outcome	286
Unique Aspects of Behavioral and Cognitive–Behavioral Approaches	287
Emphases	287
Comparison with Other Theories	288
<i>Summary and Conclusion</i>	290 • <i>Summary Table</i>
	290

Chapter 11 Theory, Treatments, and Outcomes of Structural Family Therapy 293

Chapter Overview	293
Major Theorists	294
Salvador Minuchin (1921–)	294
Premises of the Theory	295
Treatment Techniques	299
Joining	300
Disequilibrium Techniques. Eleven Interventions for Changing a Family System	301
Role of the Therapist	304
Process and Outcome	305

Unique Aspects of Structural Family Therapy 305
 Emphases 305
 Comparison with Other Theories 306
 Summary and Conclusion 308 • *Summary Table* 309

Chapter 12 Theory, Treatments, and Outcomes of Strategic Family Therapies 311

Chapter Overview 311
Strategic Family Therapy: The Influence of Milton Erickson (1901–1980) 313
Major Strategic Theorists 314
 Jay Haley (1923–2007) 314
 Cloé Madanes (1945–) 315
Premises of the Theory 315
Treatment Techniques 316
 Reframing 316
 Directive 317
 Paradox 317
 Ordeals 318
 Pretend 318
 Positioning 318
Role of the Therapist 318
Process and Outcome 319
Unique Aspects of Strategic Family Therapy 319
 Emphases 319
 Comparison with Other Theories 320
Milan Systemic Family Therapy 321
Major Theorist 321
 Mara Selvini Palazzoli (1916–1999) 321
Premises of the Theory 323
Treatment Techniques 323
 Hypothesizing 323
 Positive Connotation 324
 Circular Questioning 324
 Invariant/Variant Prescriptions 324
 Rituals 324
Role of the Therapist 325
Process and Outcome 325

Unique Aspects of Systemic Therapy	326
Emphases	326
Comparison with Other Theories	326
<i>Summary and Conclusion</i>	328 • <i>Summary Table</i>
	329

Chapter 13 Solution-Focused Brief Therapy and Narrative Family Therapy 331

Chapter Overview	331
Solution-Focused and Solution-Oriented Family Therapies	332
Major Theorists	332
Steve deShazer (1940–2005)	333
Insoo Kim Berg (1935–2007)	333
Bill O’Hanlon (1952–)	334
Michele Weiner-Davis	334
Premises of the Theory	334
Treatment Techniques	336
Role of the Therapist	338
Process and Outcome	340
Unique Aspects of Solution-Focused Family Therapy	340
Emphases	340
Comparison with Other Theories	341
Narrative Family Therapy	343
Major Theorists	343
Michael White (1948–2008)	343
Premises of the Theory	344
Treatment Techniques	345
Externalization of the Problem	345
Influence (Effect) of the Problem on the Person	345
Influence (Effect) of the Person on the Problem	345
Raising Dilemmas	346
Predicting Setbacks	346
Using Questions	347
Letters	347
Celebrations and Certificates	348
Role of the Therapist	348
Process and Outcome	350
Unique Aspects of Narrative Family Therapy	351

Emphases 351
Comparison with Other Theories 351
Summary and Conclusion 353 • *Summary Table* 353

Part 3 Professional Issues and Research in Family Therapy 357

Chapter 14 Therapy for Substance-Related Disorders, Domestic Violence, and Child Abuse 359

Chapter Overview 359
Substance-Related Disorders and Families 360
 Manifestation of Substance-Related Disorders 361
 Engaging Substance-Related Disorder Families in Treatment 363
 Approaches for Treating Substance-Related Disorder Families After Engagement 365
Domestic Violence and Families 370
 Assessment of Domestic Violence 372
 Approaches for Treating Domestic Violence 372
Child Abuse and Neglect in Families 376
 Approaches for Treating Child Abuse and Neglect 377
 Summary and Conclusion 379 • *Summary Table* 380

Chapter 15 Family Therapy: Research and Assessment 381

Chapter Overview 381
Importance of Research in Family Therapy 383
Research Findings in Family Therapy 383
Two Types of Family Therapy Research 386
Difficulties in Family Therapy Research 388
 Design 389
 Sampling 389
 Instrumentation 390
 Procedure 391
 Theory 391
 Statistics 392
 Validity/Reliability 393
The Importance of Assessing Families 393
 Dimensions of Assessing Families 395

Methods Used in Assessing Families 396
 Informal Methods of Assessing Families 396
 Formal Methods of Assessing Families 396
 Summary and Conclusion 398 • *Summary Table* 399

Appendix Models of Family Therapy 401

Glossary 407
References 427
Name Index 474
Subject Index 485

PROLOGUE

“In 2004, 56.9 million people were seen by marriage and family therapists. This represents 19% of the entire U.S. population. Additionally, 9.4 million couples and 6.6 million families were seen by MFTs, which represents 16% of U.S. couples and 9% of families. It is estimated \$338 million was spent on MFT services in that year” (Northey, 2004, p. 14). Although the numbers have changed, the current percentage of people who seek help for marriage, couple, and family therapy is about the same.

Despite these surprising and somewhat staggering statistics, the practice of family therapy is relatively new, “dating back only a few decades” (Sayger, Homrich, & Horne, 2000, p. 12). As discussed in this text, its theoretical and clinical beginnings were hammered out from the 1940s through the 1960s, while its real growth as a respected form of therapy occurred from the 1970s through the early part of 21st century (Doherty & Simmons, 1996; Kaslow, 1991; Northey, 2002).

Family therapy differs from individual and group counseling in both its emphasis and its clientele (Hines, 1988; Trotzer, 1988). For example, individual counseling generally focuses on a person as if the problems and resolutions for those difficulties lie within him or her. It is **intrapersonal**. Group counseling is more **interpersonal** and includes a number of individuals. However, it usually concentrates on helping people resolve select issues in life through multiple inputs and examples that group members and the group therapist offer. On the other hand, family therapy concentrates on making changes in total life **systems**. It is simultaneously intrapersonal, interpersonal, and systems focused. Family therapy focuses on the relational and communication processes of families in order to work through clinical problems, even though only one member of the family may display overt psychiatric symptoms (Broderick & Weston, 2009). “The power of family therapy derives from bringing parents and children together to transform their interactions” (Nichols, 2013, p. 7).

The rise of family therapy as a practice and, subsequently, as a profession closely followed dramatic changes in the form, composition, and structure of the American family. These variations were a result of the family’s shift from a primarily nuclear unit to a complex and varied institution, involving single parents, blended families, and dual-career families (Pickens, 1997). Family therapy has also been connected to the influence of creative, innovative, and assertive mental health practitioners who devised and advocated new ways of providing services to their clients (Nichols, 1993).

Although some of the theories and methods employed in family therapy are similar to those used in other settings, many are different.

THE RATIONALE FOR FAMILY THERAPY

The rationale for working with families instead of individuals is multidimensional. One reason for conducting family therapy is the belief that most life difficulties arise and can best be addressed within families. Families are seen as powerful forces that work for either the good or the detriment of their members. Because an interconnectedness exists among family members, the actions of the members affect the health or dysfunction of each individual and the family as a whole.

Another reason for working therapeutically with families is the proven effectiveness of such treatment. In a landmark issue of the *Journal of Marital and Family Therapy* edited by William Pinsof and Lyman Wynne (1995), a meta-analysis was conducted on more than 250 studies. The results showed that various forms of family therapy worked better than no treatment at all, and no study showed negative or destructive effects. In addition, family and couple therapy had a positive effect in treating such disorders as adult schizophrenia, adult alcoholism and drug abuse, depression in women who were in distressed marriage, adult hypertension, dementia, adult obesity, adolescent drug abuse, anorexia in young female adolescents, childhood conduct disorders, aggression and non-compliance in children with attention-deficit disorders, childhood autism, chronic physical illnesses in adults and children, and couple distress and conflict. While couple and family therapy was not in itself sufficient to treat a number of severe and chronic mental disorders—for example, unipolar and bipolar affective disorders—it “significantly enhances the treatment packages for these disorders” (Pinsof & Wynne, 2000, p. 2).

Sprenkle (2002, 2012) followed up with two research reviews of couple and family therapy in the *Journal of Marital and Family Therapy*, covering additional 12 years of studies. Like the landmark 1995 compilation of research, these two later quantitative studies found strong support for the effectiveness of couple and family therapy and systemic treatment in such areas as adolescent substance abuse, childhood and adolescent anxiety disorders, adolescent anorexia nervosa, adult alcoholism, and moderate and severe couples discord.

A final rationale for family therapy concerns client satisfaction. In a national survey of family therapists and their clients, Doherty and Simmons (1996) found that greater than 97% of clients were satisfied with the services they received from marriage and family therapists and rated these services good to excellent. An equally large percentage of clients reported that the services they received from marriage and family therapists helped them deal more effectively with their problems; that is, they got the help they wanted.

Given the nature and origin of family troubles, as well as the effectiveness of and satisfaction with forms of family therapy, it is little wonder that this form of treatment has gained and is continuing to achieve recognition and status in the mental health field.

REASONS FOR WORKING WITH FAMILIES AS OPPOSED TO WORKING WITH INDIVIDUALS

Besides the rationale for family therapy, there are advantages to working with entire families as a unit rather than just the individuals within them. First, family therapy allows practitioners to “see causation as circular as well as, at times, linear” (Fishman, 1988, p. 5). This view enables clinicians to examine events broadly and in light of their complexity. It keeps therapists from being overly simplistic when offering help to those with whom they work. For example, a circular view of the problem of anorexia nervosa considers the friction within the whole family, especially the couple relationship. The inward and outward social pressures on the young person displaying obvious symptoms of the disorder are examined but in a much broader interactive context.

Second, family therapy involves other real, significant individuals as a part of the process. There are no surrogate substitutes or “empty chairs” who act as significant people in a client’s life. Instead, therapists deal directly with the family members involved. In

other words, most family therapy does not depend on role-plays or simulations. Therefore, if a young man is having difficulty with his parents or siblings, he is able to address them in person as he strives toward resolution. This type of emphasis usually cuts to the reality of a situation more quickly and more efficiently than indirect methods.

Third, in family therapy, all members of a family are given the same message simultaneously. They are challenged to work on issues together. This approach eliminates secrets and essentially makes the covert overt. This results in an increase in openness and communication within the family. If a couple is fighting, the issues over which there is tension are discussed within the family context. Family members become aware of what is involved in the situation. They deal with conflict directly. They also have the opportunity to generate ideas on what might be most helpful in bringing their situation to a successful resolution.

Fourth, family therapy usually takes less time than individual counseling and has proven to be “substantially more cost-effective than individual or ‘mixed’ psychotherapy” (Crane & Payne, 2011, p. 273). Many family therapists report that the length of time they are engaged in working with a family can be as brief as from 1 to 10 sessions (Fishman, 1988; Gilbert & Shmukler, 1997). Some family therapy approaches, notably those connected with strategic, structural, and solution-focused family therapy, emphasize contracting with client families for limited amounts of time (usually no more than 10 sessions). The stress on time is motivational for therapists and families because it tends to maximize their energy and innovation for creating resolutions.

Fifth, the approaches utilized in working with families focus much more on interpersonal than on intrapersonal factors. This type of difference is comparable with seeing the forest instead of just the trees. The larger scope by which family therapy examines problematic behavior enables practitioners to find more unique ways to address difficulties.

Having examined the reasons for using family therapy as opposed to individual therapy, it is important to understand how it developed. This book explores the development of the profession, the process of working with families, the nature of different types of families, the multiple theories associated with the practice of family therapy, ethical and legal issues in practice, special issues families have, and research and assessment approaches in family therapy. It begins with an overview of the history and development of family therapy and events and people that have shaped it through the decades.

PART

1

Foundations of Family Therapy

CHAPTER 1

Family Therapy over the Years



In the lighting of candles and exchanging of vows
we are united as husband and wife.
In the holiday periods of nonstop visits
we are linked again briefly to our roots.
Out of crises and the mundane
we celebrate life
appreciating the novel
and accepting the routine
as we meet each other anew
amid ancestral histories and current reflections.

Families are a weaver's dream
with unique threads from the past
that are intertwined with the present
to form a colorful tapestry
of relationships in time.

Gladding, 1991a

CHAPTER OVERVIEW

From reading this chapter, you will learn about

- How family therapy has developed over the decades in an evolutionary and revolutionary way.
- What major factors and personalities have propelled family therapy into a profession.
- What recent trends have influenced the growth and development of family therapy.

As you read, consider

- What personal or development event in the history of family therapy you consider most significant, radical, or inevitable and why.

- How the change in a family is like that of a profession and how such change is different.
- The impact of change and new developments on the lives of family therapists and family therapy.
- What trends you see in society that you think will influence the future development of family therapy.

Family therapy is one of the newest forms of professional helping. In an evolutionary way it is an extension of the attempt by people throughout history to cure emotional suffering. “Over 2,000 years ago the first written accounts of an integrative system of treating mental illness were recorded” (Kottler, 1991, p. 34). Prehistoric records indicate that systematic attempts at helping were prevalent even before that time. Family members throughout history have tried to be of assistance to each other. This help initially took two forms:

1. Elders gave younger members of family clans and tribes advice on interpersonal relationships.
2. Adult members of these social units took care of the very young and the very old (Strong, DeVault, & Cohen, 2008).

However, despite a long history, as a profession family therapy is relatively recent in its formal development. Multiple events and personalities, some of them revolutionary in nature, have influenced and shaped the profession (AAMFT, 2010). Although all of the facts and personalities mentioned here had some impact on the growth of the field, some have been more pivotal than others. The exact importance of particular places, people, and actions sometimes changes in scope and magnitude according to who is recounting events. The order in which these developments occurred, however, can be charted chronologically. Some past facts and figures stand out regardless of one’s historical orientation.

INHIBITORS OF THE DEVELOPMENT OF FAMILY THERAPY

Prior to the 1940s, family therapy in the United States had not evolved much beyond advice giving. It was almost a nonentity. Three social influences contributed to this phenomenon. The first involved myth and perception. The myth of rugged individualism was the predominant deterrent to the genesis of family therapy. Healthy people were seen as adequate to handle their own problems. Rugged individualism stemmed from the settling of the United States, especially the American West. Individuals were expected to solve their own problems if they were to survive. Intertwined with this myth was the perception, handed down from the Puritans and other religious groups, that those who prospered were ordained by God (Strong, DeVault, & Cohen, 2008). To admit one had difficulties, either inside or outside of a family context, was to also admit that one was not among the elect in addition to not being among the strong and rugged esteemed by the dominant culture.

A second social factor that deterred the development of family therapy was tradition. Historically, people usually confided with clergy, lawyers, and doctors, rather than with mental health professionals, when they discussed their marital and family concerns. These professionals knew the families in question well because they usually lived with

them in a shared community over many years. Seeking advice and counsel from these individuals was different from talking to a professional specialist.

A third factor that prevented family therapy from evolving much before the 1940s was the theoretical emphases of the times. The major psychological theories in the United States in the early part of the 20th century were **psychoanalysis** and **behaviorism**. Both were philosophically and pragmatically opposed to dealing with more than individual concerns. Proponents of psychoanalysis, for instance, believed that dealing with more than one person at a time in therapy would contaminate the transference process and prevent depth analysis from occurring. Likewise, behaviorists stressed straightforward work with clients, usually in the form of conditioning and counterconditioning. The social and political climate required for family therapy to develop and grow was almost nonexistent.

CATALYSTS FOR THE GROWTH OF FAMILY THERAPY

Despite this inhospitable environment, four factors combined, sometimes in explosive and surprising ways, to make family therapy accepted and eventually popular. The first was the growth of the number of women enrolled in colleges and their demand for courses in **family life education** (Broderick & Schrader, 1991). Educators from a number of disciplines responded to this need in groundbreaking ways. Among the most noteworthy was Ernest Groves (1877–1946), who taught courses on parenting and family living at Boston University and the University of North Carolina. Groves wrote the first college text on marriage, simply entitled *Marriage*, in 1933. His writings also appeared in popular periodicals of the day, such as *Look*, *Good Housekeeping*, and *Parents Magazine* (Dail & Jewson, 1986; Rubin 2008). Later Groves became instrumental in founding the **American Association of Marriage Counselors (AAMC)** in 1942 (Broderick & Schrader, 1991) and in establishing what is now the Groves Conference to study the impact of globalization on families (Rubin, 2008).

The second event that set the stage for the development and growth of family therapy was the initial establishment of **marriage counseling**. In New York City, Abraham Stone (1890–1959) and Hannah Stone (1894–1941) were among the leading advocates for and practitioners of marriage counseling in the late 1920s and 1930s. Emily Mudd (1898–1998) began the Marriage Council of Philadelphia in 1932, which was devoted to a similar endeavor. In California, Paul Popenoe (1888–1979) established the American Institute of Family Relations, which was in essence his private practice. Popenoe introduced the term *marriage counseling* into the English language. He popularized the profession of marriage counseling by writing a monthly article, “Can This Marriage Be Saved?” in the *Ladies Home Journal*—a feature that began in 1945 and continues today.

A third stimulus and initiative in the genesis of family counseling was the founding of the National Council on Family Relations in 1938 and the establishment of its journal, *Marriage and Family Living*, in 1939. This association promoted research-based knowledge about family life throughout the United States. Through its pioneer efforts and those of the American Home Economics Association, information about aspects of family life were observed, recorded, and presented.

The fourth favorable and unexpected event that helped launch family therapy as a profession was the work of county home extension agents. These agents began working educationally with families in the 1920s and 1930s and helped those they encountered to better understand the dynamics of their family situations. Some of the ideas and advice

offered by agents were advocated by Alfred Adler, who developed a practical approach for working with families that became widespread in the United States in the 1930s (Dinkmeyer, Dinkmeyer, & Sperry, 2000; Sherman, 1999).

Family Therapy: 1940 to 1949

Several important and robust events took place in the 1940s that had a lasting impact on the field of family therapy. One of the most important was the establishment of an association for professionals working with couples. As mentioned earlier, the AAMC was formed in 1942 by Ernest Groves and others. Its purpose was to help professionals network with one another in regard to the theory and practice of marriage counseling. It also devised standards for the practice of this specialty. With the founding of the AAMC, professionals with an interest in working with couples had a group with whom they could affiliate and exchange ideas.

A second landmark event of the 1940s was the publication of the first account of concurrent marital therapy by Bela Mittleman (1948) of the New York Psychoanalytic Institute. Mittleman's position stressed the importance of object relations in couple relationships. It was a radical departure from the previously held intrapsychic point of view.

A third significant focus during the 1940s was the study of families of individuals suffering from schizophrenia. One of the early pioneers in this area was Theodore Lidz (1910–2001), who published a survey of 50 families. He found that the majority of schizophrenics came from broken homes and/or had seriously disturbed family relationships (Lidz & Lidz, 1949). Lidz later introduced into the family therapy literature the concepts of **schism**, the division of the family into two antagonistic and competing groups, and **skew**, whereby one partner in the marriage dominates the family to a striking degree as a result of serious personality disorder in at least one of the partners. Now a new language, specific to working with families, was developing.

The final factor that influenced family counseling in the 1940s was the upheaval of World War II and its aftermath. The events of the war brought considerable stress to millions of families in the United States. Many men were separated from their families because of war duty. Numerous women went to work in factories. Deaths and disabilities of loved ones added further pain and suffering. A need to work with families experiencing trauma and change became apparent. To help meet mental health needs, the **National Mental Health Act of 1946** was passed by Congress. "This legislation authorized funds for research, demonstration, training, and assistance to states in the use of the most effective methods of prevention, diagnosis, and treatment of mental health disorders" (Hershenson & Power, 1987, p. 11). Mental health work with families would eventually be funded under this act and lead to new research, techniques, and professions.

Family Reflection: Prior to 1950 most of what would become family therapy was formulated on studying troubled marriages and families with a disturbed or distraught member. Imagine that instead family therapy had been based on researching healthy or culturally unique families. Had that been the case, how do you think it would have developed?

Family Therapy: 1950 to 1959

Some family therapy historians consider the 1950s to be the genesis of the movement (Guerin, 1976). Landmark events in the development of family therapy in the 1950s centered