

Fourth edition



# An Introduction to Family Therapy

Systemic Theory and Practice

Rudi Dallos and Ros Draper

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## Praise for this book

***“This latest edition is for many a bedrock of the family therapy field and it continues to get better and remain relevant. The clear, concise style makes it accessible for many readers at different levels of study. Equally, this is the text I reach for when someone asks: ‘What is family therapy?’ The family therapy field needs texts of this quality, it inspires both learners and teachers in equal measure.”***

*Billy Hardy, The Family Institute,  
University of South Wales*



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## About the authors

**Rudi Dallos** is a psychologist who has been involved in systemic family therapy for more than 25 years. He was previously with the Open University where he wrote various texts on family life and relationships. He is currently Researcher and Professor in Clinical Psychology on the Plymouth University doctoral training course in clinical psychology. He teaches on several family therapy training courses and is involved extensively in research and supervision, including supervising services for young people who have committed sexual offences and evaluating a mentoring scheme for disadvantaged children in Somerset. Over the last two years he has also delivered the family therapy training in Cornwall for the Reclaiming Social Work initiative. His current research involves an exploration of family attachment dynamics and the mental health needs of parents with a child with autism. He is the author or editor of several previous books, including: *Family Belief Systems, Therapy and Change* (Open University Press, 1991); *Couples, Sex and Power: The Politics of Desire* (with Sally Dallos, Open University Press, 1997); *Interacting Stories: Narratives, Family Beliefs and Therapy* (Karnac, 1997); *Working Systemically with Families: Formulation, Intervention and Evaluation* (with Arlene Vertere, Karnac, 2003); *Working Systemically with Attachment Narratives: Formulation, Intervention and Evaluation* (with Arlene Vertere, Karnac, 2003); *Researching Psychotherapy and Counselling* (with Arlene Vertere, Open University Press, 2005); *Attachment Narrative Therapy: Integrating Narrative, Systemic and Attachment Therapies* (Open University Press, 2006); *Reflective Practice in Psychotherapy and Counselling* (co-editor with Jacqui Stedmon, Open University Press, 2009); *Formulation in Psychology and Psychotherapy: Making Sense of People's Problems* (co-editor with Lucy Johnstone, Routledge, 2014); *Attachment and Family Therapy* (with Patricia Crittenden, Andrea Landini and Kasia Kozłowska, Open University Press, 2014).

**Ros Draper** is a therapist and teacher who has made major contributions to the development of family therapy in Britain over the past 35 years. As Senior Clinical Lecturer at the Tavistock Clinic, London, and the Institute of Family Therapy, London, she has worked in both adult and child psychiatric settings. In 1988,



Ros co-founded the influential Systemic Thinking and Practice Book Series and her title *Teaching Family Therapy* (1993) remains a key text in the field. Ros has developed ways of working systemically in primary care, educational settings, and eating disorder services. Until 2007, Ros chaired the Institute of Family Therapy and Birkbeck College MSc in 'A Systemic Approach to Management, Coaching and Consultation'. Currently, Ros has a private practice in Hampshire and London and offers supervision to groups and individuals alongside her therapeutic work with individuals, couples, and families.

# Foreword to the Fourth Edition

Welcome to the fourth edition. I am both excited and delighted to welcome this lovely book, authored by Ros Draper and Rudi Dallos. They have made an enduring contribution to training in the systemic field with their clarity and commitment to systemic ideas and practice, and in leading some of the more recent theoretical and practice developments. The fourth edition builds on the strengths of the third edition, and expands the sections on working systemically with couples, self-reflexivity, formulation practice and the signal relevance of modern attachment theory, trauma theory and research.

Family systems therapy is both a diverse and burgeoning field and it can be difficult for those entering the systemic arena to realise fully the origins and influences on contemporary theory and practice. The authors map out the development of family systems theory over the past four decades and show how these developments have informed and sustained our systemic work with individuals, couples, family groups, teams and other organisational systems. This scholarly attention to the history and development of ideas and practice is important in training, so that we can see how thinking and research has evolved and where our debt of gratitude lies. Their emphasis on research and theory – however lightly held – helps us all to ground our practice in a clearly articulated ethical accountability.

I have long wished that family therapy training would incorporate an understanding of trauma theory, modern attachment theory and theories of affect regulation in the training. This book focuses specifically on relational and inter-generational trauma responses, an understanding of which is essential in helping family members to heal their unresolved losses, hurts and disappointments in their relationships. The authors are careful to highlight that it is lack of resolution in our relationships that hinders the development of trust, intimacy and more satisfying felt experiences of closeness. And it is in this emphasis that we can see the way forward for therapy and other interventions that support and empower family members in predicting and preventing unhelpful patterns of interaction.

Thus if we are to see more integration of theory in the systemic field, for example, relational trauma theories with systemic theories and practice, the role

of formulation becomes clearer. In this fourth edition, the authors have given pre-eminence to the practice of collaborative formulation and demonstrate for those in training how to integrate theories under a systemic umbrella. They describe this as an ongoing and iterative illumination and expansion of understanding that pays attention to the weave of content and process, that follows the feedback, meeting upon meeting, that remains open to revision in the light of new information and is mediated by shared and reflective observation. They provide a framework and structure that promotes understanding and compassionate explanation of complex human dilemmas in ways that show us how to go on in our work. The direction of travel becomes clearer to us all!

The authors continue with and emphasise the ethics of care and effective help giving. They promote contextual sensitivity in practice, show how theory can address questions of social and intimate justice, and how accessibility and responsiveness are the building blocks of trust. They write about the complexity of change processes and the common factors in healing and relationship repair across a culturally and ideologically diverse range of health and social care systems. And they never lose their focus on the detailed processes of support, enablement and help, such as honesty and clarity in communication with families, understanding their appraisals and concerns, and maintaining responsiveness to family members' values and goals.

I hope you enjoy the fourth edition, and find yourself reading and re-reading it. It is a substantial resource and reference text. As I said in the Foreword to the third edition, it now has the status of a handbook in our field of practice. So once again, I offer my thanks and appreciation to Ros and Rudi for their hard work on behalf of us all: practitioners, trainers, supervisors trainees and the communities we serve.

Arlene Vetere  
October, 2015

# Preface

We are proud and delighted to be writing this fourth edition, as we have realized our aim of creating a reliable resource written for our colleagues, students, new and experienced professionals in the field of systemic and family therapy and allied fields such as psychology, social work, nursing, consultancy, and education, to mention a few. In this fourth edition, our aim is to continue to keep readers up to date.

There is already a rich oral and literary tradition in systemic and family therapy, so this book is part story, part chronicle: story, because we describe a series of events and intend to interest and even amuse the reader with our personal descriptions of the complex field of systemic and family therapy, a fascinating variety of ideas and practice that have emerged over the past 60 years or so. To the extent that these pages reflect our perspectives, we can defer to modernist, post-modernist, and constructionist views and, with tongue in cheek, say this book is fictitious. Equally, we claim that this book is our attempt to chronicle and record the people, ideas, practices, and socio-political cultural contexts that have contributed to the field in the second half of the twentieth century and the beginning of the twenty-first century. We want this fourth edition of the book to celebrate 60 years of development in the field and provide for readers on all five continents a useful guide that is both coherent and resourceful. Our wish is that this book, above all, is a user-friendly account that preserves important knowledge and memories of events and facts in a fascinating and developing field of inquiry and practice, and is a reference book for readers spanning the history of the field in the twentieth and twenty-first centuries.

The organization of the book reflects our attempt to offer readers a story, a chronicle, and a reference book. We have divided the 60-plus years of history into a first phase, second phase, third phase, and the twenty-first century, and can thus locate and track people, ideas, and practices as they evolve out of modernism, through postmodernism and constructivism, to constructionism. We also wish to acknowledge the overlap of people and ideas, and the way in which contributions to the field from certain individuals vary in all three phases.

The first phase covers the 1950s to the mid-1970s with some references to the intellectual climate of the 1940s, which permitted the pioneering work of the

following two decades to develop. This phase of systemic and family therapy is comfortably modernist.

The second phase covers the mid-1970s to the mid-1980s. The early part of the phase is characterized by the development of many different models, some of which we describe, and as postmodernism begins to influence the field we describe the emergence of second-order cybernetics and the links in systemic and family therapy theory and practice with constructivism.

The third phase covers the period from the mid-1980s to 2000 and looks at the shift from constructivism to social constructionism as the main theoretical framework for the field.

In this fourth edition, we suggest a fourth phase that we call the twenty-first century, characterized both by a greater integration between different approaches to family therapy and other models of psychotherapy. The growing influence of systemic ideas and family therapy has meant more contact with practitioners from related disciplines, both in the role of fellow clinician, and as 'expert' in systemic ideas. In addition, there has been an extension of 'systemic thinking', seen in the application of systemic ideas to various contexts and service providers, such as institutions and organizations. Family therapists, too, at the same time as they are seeing their ideas more widely accepted, are themselves opening up to incorporate ideas from related disciplines into their practice.

We offer this schema because we are sympathetic to the amount of painkillers trainees need to take in order to assuage the migraines they develop as they attempt to follow overviews of family therapy schools – structural, strategic, solution-focused, Milan, post-Milan, narrative, postmodern, feminist, post-feminist, and so on! We hope to show there are important practical, ethical, moral, and political issues attached to the differences emerging in what we call the first, second, and third phases of development in the field. Once we recognize these more clearly, we can also start to integrate them. As Bateson (1972) suggested, recognition of difference is the key to understanding. Likewise, we agree with George Kelly (1955) that awareness of difference places ideas at contrasting ends of a continuum – this he called a construct. But this does not necessarily imply rejecting either position, rather that an idea only makes sense in contrast to another idea.

In our proposed three phases, we suggest that there are core themes or constructs along which the approaches lie. For example, the approaches differ in terms of whether difficulties are seen to result predominantly from family dynamics as opposed to societal factors, whether there is an assumption of 'normality' as opposed to an emphasis on diversity, or whether family members are seen as self-determined as opposed to constrained by their experiences.

As trainers we know the richness of the field can often be perplexing to both novices and experienced practitioners and teachers alike, so we have included with each of the three phases a series of skill guides congruent with the application of ideas and practices we describe in each phase of development in the field. We have also attempted to contextualize each developmental phase through our descriptions of the cultural landscape out of which ideas grew. Finally, in an attempt to distinguish the chronology from the lenses we, as authors, use, we have

a section in each chapter called 'Commentary', where we offer the reader our more personal reflections.

With each phase there is a story to tell, so we have attempted a more factual summary early in Chapters 1, 2, and 3. To help make sense of each highly productive phase in the development of systemic and family therapy, we have also included a useful list at the end of these chapters chronicling key people, texts, and events of each phase. Recognizing our bias in the choice of texts, we want to repeat that this book can only be our view of the landscape that is systemic and family therapy, but we have tried to offset the effects of our prejudices by pointing the reader to many recognized seminal texts and reference books with which we cannot compete.

Wishing to write a text from the British perspective, we became clearer about the particular contribution of British therapists to this field over the past 60 years. While few distinct 'models' of family therapy have emerged from Britain, a veritable host of creative applications and adaptations of the core systemic ideas and practices have emerged to influence health and welfare services in Britain as well as abroad. This fourth edition therefore includes additional chapters reflecting more up-to-date examples of creative applications that are practical demonstrations of the usefulness of systemic theory and practice, and the commitment of practitioners to innovative multidisciplinary practice in health and welfare professions as well as a chapter on working with a two-person system, with couples.

We offer this book much in the way that as therapists we offer our clients ideas, trusting some will fit and be useful or, if not, will at least serve to clarify the questions you have to ask about this field. If you find this book to be like a guidebook, we will be well pleased. Clearly, in many ways, the whole book consists of the authors' reflections; while we do not dispute this, we also hope that this book offers a useful and usable description of the landscape and territory known as systemic and family therapy, which will give readers confidence as they pursue their own enquiries in this field. We are convinced that key players and contributors to the field of systemic and family therapy also contribute in a major way to the understanding of, and wider debates about, psychotherapy. Just as human beings we cannot *not* communicate, so as systemic practitioners we cannot *not* pay attention to the various levels of context included in the drama of the psychotherapeutic encounter between clients and therapists. We are therefore uniquely placed in the community of psychotherapists to contribute to discussion about both the micro and macro aspects of therapeutic processes.

# Acknowledgements

I want to acknowledge and thank the families, individuals and couples who continue to share their struggles and stories with me over the years as well as the students who have asked me questions and challenged my answers. My thanks to all of you for the many opportunities you provided for me and continue to provide for developing my practice, thinking out loud and expressing ideas in ordinary language that makes sense to you.

Many colleagues and teachers (you know who you are) have also enabled me to hone ideas and my practice over the years for which I thank you. My particular thanks to Helen Riseborough for her research for the chapter on Couple Therapy in this edition, Maggie Cusworth, my assistant, for her help as always in many, many ways and Helen Broadbridge for generously giving us her family tree design.

Thank you, too, to my co-author Rudi Dallos for his fluency and creativity with the pen and the opportunity to collaborate again.

Finally my thanks to Open University Press, McGraw Hill and our editor Monika Lee and the team for their patience, professionalism, support and hard work in bringing this fourth edition into being. Thank you all.

# Introduction

Family life in the West has typically been seen as private, as a 'haven' – yet at the same time there have been repeated attempts to explore, intervene in, direct, discipline, and educate families. There have been attempts to correct the morals of the so-called 'feckless' or 'irresponsible' families, to see single-parent families as 'welfare scroungers', and so on. Aside from such overt attempts at shaping family life and conduct, there is a proliferation of more covert and insidious influences, such as images in magazines, films, and on television about what is desirable and acceptable – from interior decor to children's education and sexual practices.

These images and stereotypes have spread further to embrace not just families but also the activities of professionals in the business of bringing about change in families. Systemic and family therapy, like other therapies, has changed and developed to acknowledge that a consideration of people's understandings and how these are related to the culture in which they live is vital. There is a growing overlap between the various models developed since the 1950s, the psychological frameworks that professionals employ, and 'ordinary' people's knowledge. Most people these days have powerful ideas and expectations about what therapy will be like, as well as their own explanations about what is wrong and what should change.

In this introductory chapter, we will consider some voices from people who have experienced systemic and family therapy and from the therapists who have worked with them. How do people experience this process called systemic and family therapy? Is it really experienced as helpful? Do they feel that something has been done to them? How does it change their relationships with each other? Is there some kind of magical experience that means severe problems can change and disappear?

## Experiences of systemic and family therapy

### *A family's view*

What follows is an interview with the Taylor family, at the end of the last of five one-hour family therapy sessions, which suggests some answers to the questions



above. Present were Mr. and Mrs. Taylor and their daughter Barbara (aged 17). The parents had separated prior to Barbara developing a severe eating disorder (anorexia). She had been an in-patient in an eating disorder unit and had taken part in family therapy towards the end of her stay in the unit.

*Interviewer:* What were your expectations of what this [family therapy] would be like?

*Mrs. Taylor:* We thought it would be pretty stilted for a start and wooden and difficult to talk, and horrible long silences while everyone was staring at their feet and hoping that someone would say something and a wish not to expose the personal things, sort of . . .

*Mr. Taylor:* Being analysed I think . . .

*Mrs. Taylor:* Yes, wanting to curl up and hide everything rather than wanting to properly talk about it, that's my view before we came.

*Mr. Taylor:* Mine was we don't need this. But we've got to go because we have been asked. I've softened about that since because we've got on well.

*Interviewer:* What about you Barbara?

*Barbara:* I thought it was a really bad idea. I thought it was going to be awful, I just wasn't going to say anything at all. Being put on the spot and made to say things that you didn't really want to . . .

*Interviewer:* How has the therapy been different to your expectations?

*Mrs. Taylor:* I thought it was much easier to talk. I was much more relaxed, I was quite surprised and impressed about how easy it was to talk. We all talked, particularly Harry [Mr. Taylor], he doesn't like talking. I've been impressed how my family, we've all talked together, talked about things much easier than at home, possibly because you're the adjudicator and perhaps triggered off questions that would have been difficult to get round to in a sensible way in a more intense claustrophobic atmosphere at home when we are getting wound up about talking about things.

*Interviewer:* Barbara?

*Barbara:* [laughing] I don't know, Mum sort of said it all. Yes, it's been a lot easier here I think.

*Interviewer:* [to Mr. Taylor] How's it been different to what your expectations were?

*Mr. Taylor:* I didn't feel that you were analysing us. It just felt like a discussion, which felt like a relief I suppose . . .

The extract suggests that the Taylor family held a variety of powerful expectations regarding what the experience of family therapy was going to be like. Some of these seem to resonate with general conceptions of therapy based on the popular views of psychoanalytic therapies, for example, that the experience would be emotionally painful and embarrassing.

The family went on to discuss what they found particularly helpful and unhelpful during the course of their therapy:

- Interviewer:* If you were to put your finger on it, what would you say would be the most useful part of what you experienced? And the other side of it, what was the least useful?
- Mrs. Taylor:* I thought what was most useful was hearing Barbara talking about things . . . to hear what was going on in her head . . . can't think of anything that was not useful . . .
- Barbara:* Yeah, getting my point of view across rather than getting into an argument.
- Mrs. Taylor:* I thought these cameras and the two-way mirror would be a bit off-putting but in fact it hasn't bothered me at all . . .
- Interviewer:* Could you focus on anything that strikes you as a turning point or a critical moment in the sessions?
- Mrs. Taylor:* Yeah I can, when Barbara first put her point of view . . .
- Mr. Taylor:* She criticized us [laughter].
- Mrs. Taylor:* Yeah and it's the first time I got an insight into what she was thinking, and it was a big surprise because she was talking in front of you . . .
- Barbara:* What was I saying? I can't remember.
- Mr. Taylor:* You were saying that I was making you nervous, talking about your eating, not eating enough . . .
- Mrs. Taylor:* A particular example of how . . .
- Mr. Taylor:* That's right I'd done something . . .
- Mrs. Taylor:* Focusing on something we had a go at her about.
- Interviewer:* It was about not having milk in her cereal?
- Barbara:* It was because you [Mr. Taylor] had only full-fat milk and I watered it down and you said something like . . .
- Mr. Taylor:* A sarcastic comment . . .
- Barbara:* Yeah . . .
- Mrs. Taylor:* And I'd given you an evil look . . .
- Interviewer:* Do you have a main memory [of the sessions] Barbara?
- Barbara:* I suppose it was that as well because I was thinking about that a lot and I wasn't going to say anything, but perhaps it made me angry in some ways . . . it felt good, I said what I meant . . .
- Mrs. Taylor:* We had to listen to you and take you seriously.
- Barbara:* Yeah, I thought you would say I was being stupid or something . . .
- Mr. Taylor:* It's pretty rare that you criticize us.
- Mrs. Taylor:* No it's not, you do me . . .
- Barbara:* Yeah, I do it quite a lot.
- Mrs. Taylor:* More and more . . . [laughter]

For the Taylor family, the initial prospect of family therapy was clearly quite threatening and anxiety-provoking.

*Two therapists' views*

For therapists, too, the experience of working with a family embraces a variety of expectations and feelings ranging from apprehension to excitement, competence, and impotence at the prospect of being able to assist with what at times appear to be insurmountable mountains of distress. The following is one therapist's description of his experience of family therapy:

The first meeting with a family is often tinged with a sense of apprehension similar in some ways to other important personal meetings. In some ways, it reminds me of the dual feelings of anticipation and apprehension of going to a party or meeting a new group of students, where I will meet strangers who I may in time become close to, or even good friends with. Your thoughts turn over questions: Will we get on? Will we be able to connect? Will I be competent? My feelings also tend to alternate between a pressure that I should be an 'expert' and need to take charge, to make things happen, and alternatively an attempt to reassure myself that it is not my role to do that, things don't work that way.

I still feel an enduring enthusiasm and excitement about meeting families and a sense of privilege of being allowed into their personal world. Even after 16 years of working with families I find myself being surprised at the diversity, complexity, and uniqueness of the ways they live their lives. I think of families through a metaphor of a snowflake – every snowflake has some structures and elements in common in terms of its physical properties but each also has a unique structure. Working with families, I am looking for the patterns that they share but also for the creativity and uniqueness.

Perhaps one of the overriding impressions I have about family therapy is that I anticipate that early on I may feel engulfed, confused, overwhelmed, and sometimes even despairing that I can help to ease the anger, frustration, pain, and suffering they are typically in. However, I now have an expectation that eventually a sense of connection and empathy emerges when I start to gain an insight into how family members see things; their beliefs, understandings, hopes, and dreams. From this I then start to be able to understand why they are acting as they are – how these beliefs shape their dynamics and patterns. I can then start to see their actions in a more positive and sympathetic light. I think families start to pick this up and together, between us, a sense of optimism starts to take over. Usually this also includes an ability . . . to start to joke and tease each other . . . to play with different ways of looking at things. I think it's rare that from this point of connection . . . things don't usually develop positively. When this starts to happen for me, it's one of the most positive and worthwhile experiences I can have.

Another therapist's view of her experience of family therapy goes like this:

These days the anticipation and apprehension of a first meeting with a family includes curiosity about how the impressions I have formed from the referral

process will fit or not with the experience of meeting family members in the flesh. It never ceases to amaze me how different people can be from my imaginings. There is a tension in first meetings that for me is focused on whether or not we can find a way to talk that seems useful to the family. Can I interest them in the way I am talking and thinking about what they are so generously willing to share with a stranger? Conveying respect and appreciation of the courage it takes to come and talk with a stranger about troubling personal issues is important.

For a therapeutic relationship to develop there has, in my view, to be some shared meanings and beliefs about the distresses leading people to seek therapy, and creating these shared ideas is the risky and exciting part of therapy. Can I offer ideas to family members in a way that makes sense or creates a space in which family members can risk exploring new ideas and thinking out loud with one another? I see my job as finding ways that work for family members to speak what may have become unspeakable and to somehow convey that it is safe enough to go together into uncharted and unsafe territory. The territory is uncharted for all of us and does produce butterflies in the stomach. The satisfaction and excitement of working with families comes from the moments when family members realize it is possible for things to change and convey feeling more empowered and less daunted by the work this will take. I hear this less often in words and more often in changes in body language and the emotional atmosphere becoming lighter with less seriousness. In trying to sum up what I believe I hope for as the essence of a therapeutic encounter, I would see it as a meeting from which new connections and meanings emerge for both therapist and family members and all of whom are left at the end with a sense of ‘something potentially good having happened’.

In these accounts from families and therapists, we can hear both their internal voices – their personal beliefs and views of themselves and the world – and also the common or shared voices of the culture in which they live. We might even argue that it is impossible to separate these: that the personal and the public are invariably intertwined. To be a person, a part of a relationship, a member of a family, involves being bound by a wide variety of meanings shared by our cultures. In particular, we all have some ideas about what it is to be emotionally ‘healthy’, what it is to have ‘good’ relationships, what is a ‘functional’ as opposed to a ‘dysfunctional’ family. These values tend to be represented in a variety of images in advertising, books, films, and in our everyday conversations. Even though we may not agree with some of the common values, or even hold that these are relative and pernicious, we will still be influenced by them in setting out the territory of our thinking – our contrasts or points of opposition for which these common values provide an anchor.

### **What is the ‘family’?**

As this book is about families and relationships, it is necessary to offer an overview or map of what the term ‘family’ may be seen to include. There have been

great upheavals and changes in what is meant by the family and family life. In many Western countries, such as the UK, more than 40 per cent of new marriages end in divorce. Many people choose not to marry and there are increasing variations, such as single-parent families and same-sex parental couples. Also, there is greater diversity in people's expectations such that men no longer are expected to be the sole or main breadwinner and there are expectations about greater sharing of domestic roles, such as childcare. Arguably, some of these changes are less extensive than might be assumed – for example, women, even if they work outside of the home, still tend to take on the bulk of domestic duties (Muncie et al. 1997). It is easy to assume that in some ways the family is in 'crisis', and this is also seen as a fundamental threat to the stability of society. However, it is cautionary to note, for example, that due predominantly to death at childbirth, stepfamilies were as common historically as might be indicated in the many negative images of 'wicked stepparents' in folklore. So, though there have been changes, the voices of concern can be seen not just as responding to these changes, but also as attempting to institute or encourage a particular form of family life and values (Robinson 1993). Arguably, some of these traditional values, stressing domestic duties, passivity, and duties to be responsible for providing care of children and ageing relatives, have not been in the best interests of women (Perelberg and Miller 1990; Muncie et al. 1997).

What we take to be 'the family' and 'family life' is influenced by the ideologies and discourses inherent in the society in which we live at a particular historical point. An analysis at the level of society and culture suggests that 'family life' is shaped by dominant ideologies or discourses about what family life *should* be like. We can see families as reproducing themselves, both literally and ideologically. For example, although the roles of men and women in families and other living arrangements have changed significantly in the past 30 years, by and large women still take most of the responsibility for childcare, men are expected to be the main breadwinners, and most of us (in Western cultures) live for the majority of our lives in an arrangement not too dissimilar from a nuclear family. Above all, for many of us the image of the nuclear family still governs our behaviours, expectations, and feelings. We may be 'for' or 'against' the nuclear family, but either way it has, until recently at least, set the agenda of our thinking, feelings, and choices.

Yet, within Western (and other) societies there is clearly a diversity of ways that people choose to live together. Some of these choices are variations on the nuclear family model, others are quite deliberate and explicit attempts to reject it, such as communal and some single-parent relationships. If we accept that many people make such choices, the question remains of how people go about constructing their own varieties of 'family life'. How do they decide how 'normal', as opposed to how 'deviant', they will be? To take a conventional example, a heterosexual couple need to decide when or whether to marry, whether to have children and, if so, how many, how to divide up the family tasks such as childcare, when a child should leave home, whether they should divorce, whether they should marry again, how they should relate to any stepchildren they might have, and so on.

Above all, these decisions suggest the possibility that families do not simply absorb ideologies and discourses but translate them within their own 'family culture' and the traditions and current dynamics in their own families. Between society and the individual is a set of shared premises, explanations, and expectations – in short, a family's own belief system. Metaphorically this can be represented as a deck of cards offering a range of options from which particular choices can be made. These options are derived mainly from personal experiences, family traditions, and societal discourses. Continuing the metaphor, each family has its own unique set of 'cards', which serves to constrain their perceived options and consequently the choices they make; family members make choices, but not simply in circumstances of their own choosing.

Our 'windows' or accounts from families and therapists can be seen to capture two aspects of family life, which, at first sight, might appear contradictory: on the one hand, people do appear to make autonomous decisions about their lives; on the other hand, family life can be seen to be characterized by repetitive, predictable patterns of actions. Families are inevitably faced with various tasks – difficulties and problems that they have to find ways of managing. These tasks alter as they proceed through their developmental cycle.

### *The family life cycle*

To capture this notion of a changing, evolving process, the concept of the 'family life cycle' (Haley 1973; Duvall 1977; Carter and McGoldrick 1980) was developed in order to chart some of the major changes or transitions that family life presents, such as the birth of children, children leaving home, and bereavements. (The family life cycle will be described further in Chapters 1 and 2.) It is argued that families need to continually adapt and adjust to deal with these tasks, but particularly at these critical transitional points. Each family is seen as developing ways of dealing with the tasks facing them – *attempted solutions*. In turn, the choices they make, their attempted solutions, are shaped by the *beliefs* they hold as individuals, as a family, and in common with wider society. The recursive combination of tasks, attempted solutions, outcomes, and beliefs constitutes the family *system*.

It is possible to see a family evolving and changing as it proceeds through its life cycle as needing to develop and negotiate its way through three distinct but interconnected areas:

- 1 *The social, cultural, and spiritual* – what is perceived as acceptable and desirable in any given society, including traditions, local customs, rituals, mores, legal framework, organization of work, and the economy of a group.
- 2 *The familial* – how people in families jointly negotiate decisions; this is based partly on the internalizations of the cultural discourses and partly on their joint evolution of a set of shared beliefs.
- 3 *The personal* – each family member has a more or less unique set of personal beliefs. For the parents, this may emanate from the accumulated experience prior to forming a family; for all members, the personal beliefs also develop as a result of contacts outside the family.