Family Therapy

Concepts & Methods

Eleventh Edition

Michael P. Nichols

with Sean D. Davis

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ELEVENTH EDITION

Michael P. Nichols
College of William and Mary

with Sean D. Davis
Alliant International University

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CONTENTS

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THE STAGES OF THE FAMILY LIFE CYCLE

Family Life-Cycle Stage	Emotional Process of Transition: Key Principles	Second-Order Changes in Family Status Required to Proceed Developmentally
Leaving home: single young adults	Accepting emotional and financial responsibility for self	a. Differentiation of self in relation to family of origin b. Development of intimate peer relationships c. Establishment of self in respect to work and financial independence
The joining of families through marriage: the new couple	Commitment to new system	a. Formation of marital system b. Realignment of relationships with extended families and friends to include spouse
Families with young children	Accepting new members into the system	a. Adjusting marital system to make space for children b. Joining in childrearing, financial and household tasks c. Realignment of relationships with extended family to include parenting and grandparenting roles
Families with adolescents	Increasing flexibility of family boundaries to permit children's independence and grandparents' frailties	a. Shifting of parent–child relationships to permit adolescent to move into and out of system b. Refocus on midlife marital and career issues c. Beginning shift toward caring for older generation
Launching children and moving on	Accepting a multitude of exits from and entries into the family system	a. Renegotiation of marital system as a dyad b. Development of adult-to-adult relationships c. Realignment of relationships to include in-laws and grandchildren d. Dealing with disabilities and death of parents (grandparents)
Families in later life	Accepting the shifting generational roles	a. Maintaining own and/or couple functioning and interests in face of physiological decline: exploration of new familial and social role options b. Support for more central role of middle generation c. Making room in the system for the wisdom and experience of the elderly, supporting the older generation without overfunctioning for them d. Dealing with loss of spouse, siblings, and other peers and preparation for death

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MAJOR EVENTS IN THE HISTORY OF FAMILY THERAPY

	Social and Political Context	Development of Family Therapy
1945	F.D.R. dies, Truman becomes president World War II ends in Europe (May 8) and the Pacific (August 14)	Bertalanffy presents general systems theory
1946	Juan Perón elected president of Argentina	Bowen at Menninger Clinic Whitaker at Emory Macy Conference Bateson at Harvard
1947	India partitioned into India and Pakistan	
1948	Truman reelected U.S. president State of Israel established	Whitaker begins conferences on schizophrenia
1949	Communist People's Republic of China established	Bowlby: "The Study and Reduction of Group Tensions in the Family"
1950	North Korea invades South Korea	Bateson begins work at Palo Alto V.A.
1951	Julius and Ethel Rosenberg sentenced to death for espionage Sen. Estes Kefauver leads Senate probe into organized crime	Ruesch & Bateson: *Communication: The Social Matrix of Society* Bowen initiates residential treatment of mothers and children Lidz at Yale
1952	Eisenhower elected U.S. president	Bateson receives Rockefeller grant to study communication in Palo Alto Wynne at NIMH
1953	Joseph Stalin dies Korean armistice signed	Whitaker & Malone: *The Roots of Psychotherapy*
1954	Supreme Court rules school segregation unconstitutional	Bateson project research on schizophrenic communication Bowen at NIMH
1955	Rosa Parks refuses to move to the back of the bus; Martin Luther King, Jr., leads boycott in Montgomery, Alabama	Whitaker in private practice, Atlanta, Georgia. Satir begins teaching family dynamics in Chicago
1956	Nasser elected president of Egypt Soviet troops crush anti-Communist rebellion in Hungary	Bateson, Jackson, Haley, & Weakland: "Toward a Theory of Schizophrenia" Bowen at Georgetown

(*continued*)

	Social and Political Context	Development of Family Therapy
1957	Russians launch *Sputnik I* Eisenhower sends troops to Little Rock, Arkansas, to protect school integration	Jackson: "The Question of Family Homeostasis" Ackerman opens the Family Mental Health Clinic of Jewish Family Services in New York Boszormenyi-Nagy opens Family Therapy Department at EPPI in Philadelphia
1958	European Common Market established	Ackerman: *The Psychodynamics of Family Life*
1959	Castro becomes premier of Cuba Charles de Gaulle becomes French president	MRI founded by Don Jackson
1960	Kennedy elected U.S. president	Family Institute founded by Nathan Ackerman (renamed the Ackerman Institute in 1971) Minuchin and colleagues begin doing family therapy at Wiltwyck
1961	Berlin Wall erected Bay of Pigs invasion	Bell: *Family Group Therapy* Family Process founded by Ackerman and Jackson
1962	Cuban Missile Crisis	Bateson's Palo Alto project ends Haley at MRI
1963	Kennedy assassinated	Haley: *Strategies of Psychotherapy*
1964	Johnson elected U.S. president Nobel Peace Prize awarded to Martin Luther King, Jr.	Satir: *Conjoint Family Therapy* Norbert Wiener dies (b. 1894)
1965	Passage of Medicare Malcolm X assassinated	Minuchin becomes director of Philadelphia Child Guidance Clinic Whitaker at University of Wisconsin
1966	Red Guards demonstrate in China Indira Gandhi becomes prime minister of India	Brief Therapy Center at MRI begun under directorship of Richard Fisch Ackerman: *Treating the Troubled Family*
1967	Six-Day War between Israel and Arab states Urban riots in Cleveland, Newark, and Detroit	Watzlawick, Beavin, & Jackson: *Pragmatics of Human Communication* Dicks: *Marital Tensions*
1968	Nixon elected U.S. president Robert Kennedy and Martin Luther King, Jr., assassinated	Don Jackson dies (b. 1920) Satir at Esalen
1969	Widespread demonstrations against war in Vietnam	Bandura: *Principles of Behavior Modification* Wolpe: *The Practice of Behavior Therapy*
1970	Student protests against Vietnam War result in killing of four students at Kent State	Masters & Johnson: *Human Sexual Inadequacy* Laing & Esterson: *Sanity, Madness and the Family*
1971	Twenty-Sixth Amendment grants right to vote to 18-year-olds	Nathan Ackerman dies (b. 1908)
1972	Nixon reelected U.S. president	Bateson: *Steps to an Ecology of Mind* Wynne at University of Rochester
1973	Supreme Court rules that states may not prohibit abortion Energy crisis created by oil shortages	Center for Family Learning founded by Phil Guerin Boszormenyi-Nagy & Spark: *Invisible Loyalties*
1974	Nixon resigns Gerald Ford becomes 39th president	Minuchin: *Families and Family Therapy* Watzlawick, Weakland, & Fisch: *Change*

	Social and Political Context	Development of Family Therapy
1975	Vietnam War ends	Mahler, Pine, & Bergman: *The Psychological Birth of the Human Infant* Stuart: "Behavioral Remedies for Marital Ills"
1976	Carter elected U.S. president	Haley: *Problem-Solving Therapy* Haley to Washington, D.C.
1977	President Carter pardons most Vietnam War draft evaders	Family Institute of Westchester founded by Betty Carter American Family Therapy Academy (AFTA) established
1978	Camp David Accords between Egypt and Israel U.S. and People's Republic of China establish diplomatic relations	Hare-Mustin: "A Feminist Approach to Family Therapy" Selvini Palazzoli et al.: *Paradox and Counterparadox*
1979	England's Margaret Thatcher becomes West's first woman prime minister Iranian militants seize U.S. Embassy in Tehran and hold hostages	Founding of Brief Therapy Center in Milwaukee Bateson: *Mind and Nature*
1980	Reagan elected U.S. president U.S. boycotts summer Olympic Games in Moscow	Haley: *Leaving Home* Milton Erickson dies (b. 1901) Gregory Bateson dies (b. 1904)
1981	Sandra Day O'Connor becomes first woman justice of Supreme Court Egyptian president Sadat assassinated	Hoffman: *The Foundations of Family Therapy* Madanes: *Strategic Family Therapy* Minuchin & Fishman: *Family Therapy Techniques*
1982	Equal Rights Amendment fails ratification Falklands war	Gilligan: *In a Different Voice* Fisch, Weakland, & Segal: *Tactics of Change* *The Family Therapy Networker* founded by Richard Simon
1983	U.S. invades Grenada Terrorist bombing of Marine headquarters in Beirut	Doherty & Baird: *Family Therapy and Family Medicine* Keeney: *Aesthetics of Change*
1984	Reagan reelected U.S. president U.S.S.R. boycotts summer Olympic Games in Los Angeles	Watzlawick: *The Invented Reality* Madanes: *Behind the One-Way Mirror*
1985	Gorbachev becomes leader of U.S.S.R.	de Shazer: *Keys to Solution in Brief Therapy* Gergen: "The Social Constructionist Movement in Modern Psychology"
1986	Space shuttle ***Challenger*** explodes	Anderson et al.: *Schizophrenia and the Family* Selvini Palazzoli: "Towards a General Model of Psychotic Family Games"
1987	Congress investigates the Iran–Contra affair	Tom Andersen: "The Reflecting Team" Guerin et al.: *The Evaluation and Treatment of Marital Conflict* Scharff & Scharff: *Object Relations Family Therapy*
1988	George H. W. Bush elected U.S. president	Kerr & Bowen: *Family Evaluation* Virginia Satir dies (b. 1916)

(*continued*)

	Social and Political Context	Development of Family Therapy
1989	The Berlin Wall comes down	Boyd-Franklin: *Black Families in Therapy*
1990	Iraq invades Kuwait	Murray Bowen dies (b. 1913) White & Epston: *Narrative Means to Therapeutic Ends*
1991	Persian Gulf War against Iraq	Harold Goolishian dies (b. 1924)
1992	Clinton elected U.S. president	Family Institute of New Jersey founded by Monica McGoldrick
1993	Ethnic cleansing in Bosnia Los Angeles police officers convicted in Rodney King beating	Israel Zwerling dies (b. 1917) Minuchin & Nichols: *Family Healing*
1994	Republicans win majority in Congress Nelson Mandela elected president of South Africa	David and Jill Scharf leave Washington School of Psychiatry to begin the International Institute of Object Relations Therapy
1995	Oklahoma City federal building bombed	Carl Whitaker dies (b. 1912) John Weakland dies (b. 1919) Salvador Minuchin retires Family Studies Inc. renamed The Minuchin Center
1996	Clinton reelected U.S. president	Edwin Friedman dies (b. 1932) Eron & Lund: *Narrative Solutions in Brief Therapy* Freedman & Combs: *Narrative Therapy*
1997	Princess Diana dies in auto accident Hong Kong reverts to China	Michael Goldstein dies (b. 1930)
1998	President Clinton impeached by House of Representatives	Minuchin, Colapinto, & Minuchin: *Working with Families of the Poor*
1999	President Clinton acquitted in impeachment trial	Neil Jacobson dies (b. 1949) John Elderkin Bell dies (b. 1913) Mara Selvini Palazzoli dies (b. 1916)
2000	George W. Bush elected U.S. president	Millennium Conference, Toronto, Canada
2001	September 11 terrorist attacks	James Framo dies (b. 1922)
2002	Sex abuse scandal in Catholic Church Corporate corruption at Enron	Lipchik: *Beyond Techniques in Solution-Focused Therapy*
2003	U.S. invades Iraq	Greenan & Tunnell: *Couple Therapy with Gay Men*
2004	George W. Bush reelected U.S. president	Gianfranco Cecchin dies (b. 1932)
2005	Hurricane Katrina devastates New Orleans	Steve de Shazer dies (b. 1940)
2006	Democrats regain control of U.S. House and Senate	Minuchin, Nichols, & Lee: *Assessing Families and Couples*
2007	Shootings at Virginia Tech	Jay Haley dies (b. 1923) Lyman Wynne dies (b. 1923) Insoo Kim Berg dies (b. 1934) Albert Ellis dies (b. 1913) Thomas Fogarty dies (b. 1927)
2008	Barack Obama elected U.S. president	Michael White dies (b. 1949)

	Social and Political Context	Development of Family Therapy
2009	Worldwide economic recession	Sprenkle, Davis, & Lebow: *Common Factors in Couple and Family Therapy*
2010	Earthquake in Haiti	LaSala: *Coming Out, Coming Home* Dattilio: *Cognitive-Behavioral Therapy with Couples and Families*
2011	Earthquake and tsunami in Japan	Cose: *The End of Anger*
2012	Mass shootings in Newton CT Barack Obama reelected U.S. president	Betty Carter dies (b. 1929)
2013	Death of Nelson Mandela Affordable Healthcare Act	Alan Gurman dies (b. 1945)
2014	Ebola epidemic in West Africa	Donald Bloch dies (b. 1923)

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FOREWORD

In this volume, Mike Nichols tells the story of family therapy—and tells it very well. It's hard to imagine a more readable and informative guide to the field.

Born in the late 1950s, family therapy seemed to spring fully formed out of the heads of a group of seminal thinkers. Over six decades later, both theory and practice show the uncertainties and doubts that define maturity. But in the beginning—as the storytellers say—there was Gregory Bateson on the West Coast, a tall, clean-shaven, angular intellectual, who saw families as systems, carriers of ideas. On the East Coast was Nathan Ackerman, short, bearded, portly, the quintessential charismatic healer, who saw families as collections of individuals struggling to balance feelings, irrationalities, and desires. Bateson and Ackerman complemented each other perfectly, the Don Quixote and Sancho Panza of the family systems revolution.

For all the diversity of the 1960s that saw the new clinical practice called *family therapy* take a variety of names—systemic, strategic, structural, Bowenian, experiential—there was also a remarkable solidarity in the shared beliefs that defined the field.

As family therapy succeeded and expanded, it was extended to encompass different client populations, with specific interventions for various special groups—clients with drug addictions, hospitalized psychiatric patients, the welfare population, violent families, and so on. All posed their own complexities. Practitioners responded to this expanded family therapy with an array of new approaches, some of which even questioned the fundamental allegiance to systems thinking.

The challenges to systems theory (the official science of the time) took two forms. One was purely theoretical: a challenge to the assumption that systemic thinking was a universal framework, applicable to the functioning of all human collectives. A major broadside came from feminists who questioned the absence of concepts of gender and power in systems thinking and pointed to the distorting consequences of genderless theory when focusing on family violence. The other challenge concerned the connection between theory and practice: a challenge to the imposition of systems theory as the basis for therapeutic practice. The very techniques that once defined the field were called into question. Inevitably, the field began to reopen for examination of its old taboos: the individual, intrapsychic life, emotions, biology, the past, and the particular place of the family in culture and society.

As is always characteristic of an official science, the field tried to preserve established concepts while a pragmatic attention to specific cases was demanding new and specific responses. As a result, today we have an official family therapy that claims direct descendance from Bateson and a multitude of excellent practitioners doing sensitive and effective work that is frequently quite different from what systems theory prescribes.

I see the therapeutic process as an encounter between distinct interpersonal cultures. Real respect for clients and their integrity can allow therapists to be other than fearfully cautious, can encourage them to be direct and authentic—respectful and compassionate—but also at times honest and challenging.

This conception of the therapist as an active knower—of himself or herself *and* of the different family members—is very different from the neutral therapist of the constructivists. But, of course, these two prototypes are entirely too simplified. Most practitioners fall somewhere between these two poles of neutrality and decisiveness.

The choice between action and interventionism, on the one hand, and meaning and conversation,

on the other, is but one of the questions the field is grappling with today; there are many others. Are the norms of human behavior universal, or are they culturally constructed products of political and ideological constraint? How do we become experts? How do we know what we know? Can we influence people? Can we not influence them? How do we know that we are not simply agents of social control? How do we know that we are accomplishing anything at all?

These questions and the rich history and contemporary practice of family therapy are explored in *Family Therapy: Concepts and Methods*. It is a thorough and thoughtful, fair and balanced guide to the ideas and techniques that make family therapy such an exciting enterprise. Dr. Nichols has managed to be comprehensive without becoming tedious. Perhaps the secret is the engaging style of his writing, or perhaps it is how he avoids getting lost in abstraction while keeping a clear focus on clinical practice. In any case, this superb book has long set the standard of excellence as the best introduction and guide to the practice of family therapy.

Salvador Minuchin, M.D.
Boca Raton, Florida

PREFACE

One thing that sometimes gets lost in academic discussions of family therapy is the feeling of accomplishment that comes from sitting down with an unhappy family and being able to help them. Beginning therapists are understandably anxious and not sure they'll know how to proceed. ("How do you get *all* of them to come in?") Veterans often speak in abstractions. They have opinions and discuss big issues—postmodernism, managed care, second-order cybernetics. While it's tempting to use this space to say Important Things, I prefer to be a little more personal. Treating troubled families has given me the greatest satisfaction imaginable, and I hope that the same is or will be true for you.

New to This Edition

In this eleventh edition of *Family Therapy: Concepts and Methods*, I've tried to describe the full scope of family therapy—its rich history, the classic schools, the latest developments—but with increasing emphasis on clinical practice. There are a lot of changes in this edition:

New Digital Enhancements in the Pearson eText

- **Videos:** Links to video clips of therapists have been embedded for students to view throughout the chapters of the Pearson eText. Students are prompted to reflect on and analyze the videos via an accompanying question.
- **Chapter Quizzes:** At the end of each chapter Summary, students will find two self-assessments marked by a checkmark icon. In the Pearson eText, they click on the icon and the quiz appears. The first one prompts them to test their knowledge of chapter concepts by taking a multiple-choice quiz.

  The second quiz icon prompts them to apply their knowledge of chapter concepts by responding to open-ended questions by typing their response and submitting it for immediate feedback. These self-assessments can reinforce understanding of key chapter concepts and support application of newly learned content.

Content Changes in the New Edition

- New section on the impact of the Affordable Care Act
- Recommendations for establishing a fee-for-service private practice
- Revised and expanded section on attachment theory
- Questions to ask when doing a genogram
- More specific interventions from the MRI approach
- Detailed guidelines for making a structural family therapy assessment
- New section with guidelines on using family sculpting
- More specific techniques used in object relations family therapy
- Expanded section on spirituality and religion
- Expanded and updated section on families and technology
- Guidelines for therapeutic letter writing
- New research chapter including a discussion of why research has failed to influence practice and suggestions for bridging the research-practice gap
- New case studies

Instructor Supplements

An instructor's manual, test bank, and PowerPoint slides are available to accompany this text. They can be downloaded at www.pearsonhighered.com/educator.

Acknowledgments

Albert Einstein once said, "If you want to learn about physics, pay attention to what physicists do, not what they say they do." When you read about therapy, it can be hard to see past the jargon and political packaging to the essential ideas and practices. So in preparing this edition, I've traveled widely to visit and observe actual sessions of the leading practitioners. I've also invited several master therapists to share some of their best case studies with you. The result is a more pragmatic, clinical focus. I hope you like it.

So many people have contributed to my development as a family therapist and to the writing of this book that it is impossible to thank them all. But I would like to single out a few. To the people who taught me family therapy—Lyman Wynne, Murray Bowen, and Salvador Minuchin—thank you. Some of the people who went out of their way to help me prepare this eleventh edition were Yvonne Dolan, Jerome Price, Deborah Luepnitz, William Madsen, Frank Dattilio, Vicki Dickerson, Douglas Breunlin, and Salvador Minuchin. And I owe a huge debt of gratitude to Sean Davis for his extensive and thoughtful contributions to this edition. Sean has the rare combination of academic smarts and clinical sophistication that makes his perspective so valuable. To paraphrase John, Paul, George, and Ringo, I get by with *a lot* of help from my friends—and I thank them one and all. I am especially grateful to Julie Peters at Pearson for making a hard job easier.

Finally, I would like to thank my postgraduate instructors in family life: my wife, Melody, and my children, Sandy and Paul. In the brief span of forty-five years, Melody has seen me grow from a shy young man, totally ignorant of how to be a husband and father, to a shy middle-aged man, still bewildered and still trying. My children never cease to amaze me. If in my wildest dreams I had imagined children to love and be proud of, I wouldn't even have come close to children as fine as Sandy and Paul.

M. P. N.

INTRODUCTION

THE FOUNDATIONS OF FAMILY THERAPY

Leaving Home

There wasn't much information on the intake sheet. Just a name, Holly Roberts, the fact that she was a senior in college, and her presenting complaint: "trouble making decisions."

The first thing Holly said when she sat down was, "I'm not sure I need to be here. You probably have a lot of people who need help more than I do." Then she started to cry.

It was springtime. The tulips were up, the trees were turning leafy green, and purple clumps of lilacs perfumed the air. Life and all its possibilities stretched out before her, but Holly was naggingly, unaccountably depressed.

The decision Holly was having trouble making was what to do after graduation. The more she tried to figure it out, the less able she was to concentrate. She started sleeping late, missing classes. Finally, her roommate talked her into going to the counseling center. "I wouldn't have come," Holly said. "I can take care of my own problems."

I was into cathartic therapy back then. Most people have stories to tell and tears to shed. Some of the stories, I suspected, were dramatized to elicit sympathy. We seem to give ourselves permission to cry only with some very acceptable excuse. Of all the human emotions we're ashamed of, feeling sorry for yourself tops the list.

I didn't know what was behind Holly's depression, but I was sure I could help. I felt comfortable with depression. Ever since my senior year in high school when my friend Alex died, I'd been a little depressed myself.

♦ ♦ ♦

After Alex died, the rest of the summer was a dark blur. I cried a lot. And I got mad whenever anybody suggested that life goes on. Alex's minister said that his death wasn't really a tragedy because now "Alex was with God in heaven." I wanted to scream,

but I numbed myself instead. In the fall, I went off to college, and, even though it seemed disloyal to Alex, life did go on. I still cried from time to time, but with the tears came a painful discovery. Not all of my grief was for Alex. Yes, I loved him. Yes, I missed him. But his death provided me the justification to cry about the everyday sorrows of my own life. Maybe grief is always like that. At the time, though, it struck me as a betrayal. I was using Alex's death to feel sorry for myself.

♦ ♦ ♦

What, I wondered, was making Holly so sad? In fact, Holly didn't have a dramatic story. Her feelings weren't focused. After those first moments in my office, she rarely cried. When she did, it was more an involuntary tearing up than a sobbing release. She talked about the future and not knowing what she wanted to do with her life. She talked about not having a boyfriend, but she didn't say much about her family. If the truth be told, I wasn't much interested. Back then, I thought home was a place you left in order to grow up.

Holly was hurting and needed someone to lean on, but something made her hold back, as though she didn't quite trust me. It was frustrating. I wanted to help.

A month went by, and Holly's depression got worse. I started seeing her twice a week, but we weren't getting anywhere. One Friday afternoon, Holly was feeling so despondent that I didn't think she should go back to her dorm alone. I asked her instead to lie down on the couch in my office and, with her permission, I called her parents.

Mrs. Roberts answered the phone. I told her that I thought she and her husband should come to Rochester and meet with me and Holly to discuss the advisability of Holly taking a medical leave of absence. Unsure as I was of my authority back then, I steeled myself for an argument. Mrs. Roberts surprised me by agreeing to come at once.

The first thing that struck me about Holly's parents was the disparity in their ages. Mrs. Roberts looked like a slightly older version of Holly; she couldn't have been much over thirty-five. Her husband looked sixty. It turned out that he was Holly's stepfather. They had married when Holly was sixteen.

Looking back, I don't remember much that was said in that first meeting. Both parents were worried about Holly. "We'll do whatever you think best," Mrs. Roberts said. Holly's stepfather, Mr. Morgan, said they could arrange for a good psychiatrist "to help Holly over this crisis." But, Holly didn't want to go home, and she said so with more energy than I'd heard from her in a long time. That was on Saturday. I said that there was no need to rush into a decision, so we arranged to meet again on Monday.

When Holly and her parents sat down in my office on Monday morning, it was obvious that something had happened. Mrs. Roberts's eyes were red from crying. Holly glared at her and looked away. Mr. Morgan turned to me. "We've been fighting all weekend. Holly heaps abuse on me, and when I try to respond, Lena takes her side. That's the way it's been since day one of this marriage."

The story that emerged was one of those sad histories of jealousy and resentment that turn ordinary love into bitter, injured feelings and, all too often, tear families apart. Lena Roberts was thirty-four when she met Tom Morgan. He was a robust fifty-six. The second obvious difference between them was money. He was a stockbroker who'd retired to run a horse farm. She was waitressing to support herself and her daughter. It was a second marriage for both of them.

Lena thought Tom could be the missing father figure in Holly's life. Unfortunately, Lena couldn't accept all the rules Tom wanted to enforce, and so he became the wicked stepfather. He made the mistake of trying to take over and, when the predictable arguments ensued, Lena sided with her daughter. There were tears and midnight shouting matches. Twice Holly ran away for a few days. This triangle nearly proved the marriage's undoing, but things calmed down after Holly left for college.

Holly expected to leave home and not look back. She would make new friends. She would study hard and choose a career. She would never depend on a man to support her. Unfortunately, she left home with unfinished business. She hated Tom for the way he treated her mother. He was always demanding to know where her mother was going, who she was going with, and when she would be back. If she was the least bit late, there would be a scene. Why did her mother put up with it?

Blaming her stepfather was simple and satisfying. But another set of feelings, harder to face, was eating at Holly. She hated her mother for marrying Tom and for letting him be so mean to her. What had her mother seen in him? Had she sold out for a big house and a fancy car? Holly didn't have answers to these questions; she didn't even allow them into full awareness. Unfortunately, repression doesn't work like putting something away in a closet and forgetting about it. It takes a lot of energy to keep unwelcome emotions at bay.

Holly found excuses not to go home during college. It didn't even feel like home anymore. She buried herself in her studies. But rage and bitterness gnawed at her until, in her senior year, facing an uncertain future, knowing only that she couldn't go home again, she gave in to hopelessness. No wonder she was depressed.

I found the whole story sad. Not knowing about family dynamics and never having lived in a stepfamily, I wondered why they couldn't just try to get along. Why did they have so little sympathy for each other? Why couldn't Holly accept her mother's right to find love a second time around? Why couldn't Tom respect the priority of his wife's relationship with her daughter? And why couldn't Lena listen to her daughter's adolescent anger without getting so defensive?

That session with Holly and her parents was my first lesson in family therapy. Family members in therapy talk not about actual events but about reconstructed memories that resemble the original experiences only in certain ways. Holly's memories resembled her mother's memories very little, and her stepfather's not at all. In the gaps between their truths, there was little room for reason and no desire to pursue it.

Although that meeting may not have been terribly productive, it did put Holly's unhappiness in perspective. No longer did I think of her as a tragic young woman all alone in the world. She was that, of course, but she was also a daughter torn between running away from a home she no longer felt part of and being afraid to leave her mother alone with a man she didn't trust. I think that's when I became a family therapist.

To say that I didn't know much about families, much less about how to help them, would be an understatement. But family therapy isn't just a new set of techniques; it's a whole new approach to understanding human behavior—as fundamentally shaped by its social context.

The Myth of the Hero

Ours is a culture that celebrates the uniqueness of the individual and the search for an autonomous self. Holly's story could be told as a coming-of-age drama: a young person's struggle to break away from childhood and provincialism, to take hold of adulthood and promise and the future. If she fails, we're tempted to look inside the young adult, the failed hero.

While the unbounded individualism of the hero may once have been encouraged more for men than women, as a cultural ideal it casts its shadow on us all. Even if Holly cared about connection as well much as autonomy, she may be judged by the prevailing image of accomplishment.

We were raised on the myth of the hero: the Lone Ranger, Robin Hood, Wonder Woman. When we got older, we searched for real-life heroes: Eleanor Roosevelt, Martin Luther King Jr., Nelson Mandela. These men and women stood for something. If only we could be a little more like these larger-than-life individuals who seemed to rise above their circumstances.

Only later did we realize that the circumstances we wanted to rise above were part of the human condition—our inescapable connection to our families. The romantic image of the hero is based on the illusion that authentic selfhood can be achieved as an autonomous individual. We do many things alone, including some of our most heroic acts, but we are defined and sustained by a network of human relationships. Our need to worship heroes is partly a need to rise above littleness and self-doubt, but it is perhaps equally a product of imagining a life unfettered by all those pesky relationships that somehow never quite go the way we want them to.

When we do think about families, it's often in negative terms—as burdens holding us back or as destructive elements in the lives of our patients. What catches our attention are differences and discord. The harmonies of family life—loyalty, tolerance, solace, and support—often slide by unnoticed, part of the taken-for-granted background of life. If we would be heroes, then we must have villains.

These days there's a lot of talk about dysfunctional families. Unfortunately, much of this amounts to little more than parent bashing. People suffer because of what their parents did: their mother's career, their father's unreasonable expectations—these are the causes of their unhappiness. Perhaps this is an advance on stewing in guilt and shame, but it's a long way from understanding what really goes on in families.

One reason for blaming family sorrows on the personal failings of parents is that it's hard for the average person to see past individual personalities to the structural patterns that make them a family—a system of interconnected lives governed by strict but unspoken rules.

People feel controlled and helpless not because they are victims of parental folly and deceit but because they don't understand the forces that tie husbands and wives and parents and children together. Plagued by anxiety and depression, or merely troubled and uncertain, some people turn to psychotherapy for help. In the process, they turn away from the irritants that propel them into therapy. Chief among these are unhappy relationships—with friends and lovers, and with our families. Our disorders are private ailments. When we retreat to the safety of a synthetic relationship, the last thing we want is to take our families with us. Is it any wonder, then, that when Freud ventured to explore the dark forces of the mind, he locked the family outside the consulting room?

Psychotherapeutic Sanctuary

Psychotherapy was once a private enterprise. The consulting room was a place of healing, yes, but it was equally a sanctuary, a refuge from a troubled and troubling world.

Buffeted about in love and work, unable to find solace elsewhere, adults came to therapy to find satisfaction and meaning. Parents, worried about their children's behavior, sent them for guidance and direction. In many ways, psychotherapy displaced the family's role in solving the problems of everyday life.

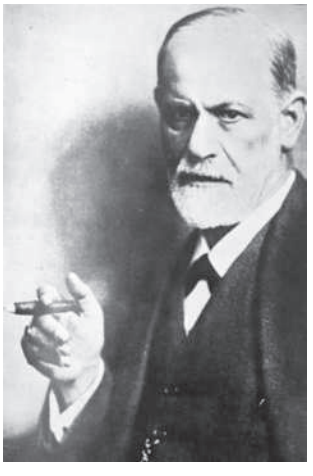
Freud excluded the family from psychoanalysis to help patients feel safe to explore the full range of their thoughts and feelings.

It's possible to look back on the days before family therapy and see those who insisted on segregating patients from their families as exponents of a fossilized view of mental disorder, according to which psychiatric maladies are firmly embedded inside the heads of individuals. Considering that clinicians didn't begin treating families together until the mid-1950s, it's tempting to ask, "What took them so long?" In fact, there were good reasons for conducting therapy in private.

The two most influential approaches to psychotherapy in the twentieth century, Freud's psychoanalysis and Rogers's client-centered therapy, were both predicated on the assumption that psychological problems arise from unhealthy interactions with others and can best be alleviated in a private relationship between therapist and patient.

Freud's discoveries indicted the family, first as a breeding ground of childhood seduction and later as the agent of cultural repression. If people grew up a little bit neurotic—afraid of their own natural instincts—who should we blame but their parents?

Given that neurotic conflicts were spawned in the family, it seemed natural to assume that the best way to undo the family's influence was to isolate relatives from treatment, to bar their contaminating influence from the psychoanalytic operating room. Because psychoanalysis focused on the patient's memories and fantasies, the family's presence would only obscure the subjective truth of the past. Freud wasn't interested in the living family; he was interested in the family-as-remembered.



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Freud excluded the family from psychoanalysis to help patients feel safe to explore the full range of their thoughts and feelings.

By conducting treatment in private, Freud safeguarded patients' trust in the sanctity of the therapeutic relationship and thus maximized the likelihood that they would repeat, in relation to the analyst, the understandings and misunderstandings of childhood.

♦ ♦ ♦

Carl Rogers also believed that psychological problems stemmed from destructive family relations. Each of us, Rogers said, is born with an innate tendency toward *self-actualization*. Left to our own devices, we tend to follow our own best interests. Unhappily, said Rogers, our instinct for actualization gets subverted by our craving for approval. We learn to do what we think others want, even though it may not be what's best for us.

Gradually, this conflict between self-fulfillment and need for approval leads to denial of our authentic selves—and even the feelings that signal them. We swallow our anger, stifle our exuberance, and bury our lives under a mountain of expectations.

The therapy Rogers developed was designed to help patients uncover their real feelings. The Rogerian therapist listens sympathetically, offering compassion and understanding. In the presence of such an accepting listener, patients gradually get in touch with their own inner promptings.

Like the psychoanalyst, the client-centered therapist maintains absolute privacy in the therapeutic relationship to avoid any possibility that patients' feelings might be subverted to win approval. Only an objective outsider could be counted on to provide the unconditional acceptance to help patients rediscover their real selves. That's why family members had no place in the process of client-centered therapy.

Family versus Individual Therapy

As you can see, there were valid reasons for conducting psychotherapy in private. Although a strong claim can be made for individual psychotherapy, equally strong claims can be made for family therapy.

Individual psychotherapy and family therapy each offer an approach to treatment and a way of understanding human behavior. Both have their virtues. Individual therapy provides the concentrated focus to help people face their fears and learn to become more fully themselves. Individual therapists have always recognized the importance of family life in shaping personality, but they have assumed that these influences are internalized and that intrapsychic dynamics become the dominant forces controlling behavior. Treatment can and should, therefore, be directed at the person and his or her personal makeup. Family therapists, on the other hand, believe that the dominant forces in our lives are located externally, in the family. Therapy, in this framework, is directed at changing the organization of the family. When family organization is transformed, the life of every family member is altered accordingly.

This last point—that changing a family changes the lives of its members—is important enough to elaborate. Family therapy isn't predicated merely on changing the individual patient in context. Family therapy exerts change on the entire family; therefore, improvement can be lasting because each family member is changed and continues to exert synchronous change on other family members.

Almost any human difficulty can be treated with either individual or family therapy, but certain problems are especially suited to a family approach, among them problems with children (who must, regardless of what happens in therapy, return home to their parents), complaints about a marriage or other intimate relationship, family feuds, and symptoms that develop in an individual at the time of a major family transition.

If problems that arise around family transitions make a therapist think first about the role of the family, individual therapy may be especially useful when people identify something about themselves that they've tried in vain to change while their social environment remains stable. Thus, if a woman gets depressed during her first year at college, a therapist might wonder if her sadness is related to leaving home and leaving her parents alone with each other. But if the same woman were to become depressed in her thirties, during a long period of stability in her life, we might wonder if there was something about her approach to life that wasn't working for her. Examining her life in private—away from

troubled relationships—doesn't, however, mean that she should believe she can fulfill herself in isolation from other people.

The view of persons as separate entities, with families acting on them, is consistent with the way we experience ourselves. We recognize the influence of others—especially as obligation and constraint—but it's hard to see that we are embedded in a network of relationships, that we are part of something larger than ourselves.

Thinking in Lines, Thinking in Circles

Mental illness has traditionally been explained in linear terms—medical or psychological. Both paradigms treat emotional distress as a symptom of internal dysfunction with historical causes.

Linear explanations take the form of *A* causes *B*. This works fine for some things. If you're driving along and your car suddenly sputters to a stop, go ahead and look for a simple explanation. Maybe you're out of gas. If so, there's a simple solution. Human problems are usually a bit more complicated.

Individual therapists think in terms of *linear causality* when they explore what happened to make individuals behave the way they do. If a young woman has low self-esteem, perhaps it's because her mother constantly criticizes her. Family therapists prefer to think in terms of *circular causality* and consider people's mutual influence on each other. Thus, the young woman's moping around the house might be a response to her mother's fault-finding—and the mother's finding fault might be a response to the young woman's moping around the house. The more the mother criticizes, the more the young woman withdraws, *and* the more the young woman withdraws, the more the mother criticizes.

The term *circular causality* calls attention to the cycles of interaction in relationships. But in fact the term is somewhat of a misnomer, because the focus is not on causality—how something got started—but on the ongoing transactions that sustain it. In some cases, maybe something in the past did trigger an unhappy pattern of interaction. But the past is over; therapists can only work with what's going on in the present. Although the mother in the earlier example may only have started reproaching her daughter when she started avoiding social activities, her continuing attempts to motivate the girl with criticism may only serve to perpetuate a circular pattern of withdrawal-and-criticism.

When things go wrong in relationships, most of us are generous in giving credit to other people. Because we look at the world from inside our own skins, it's easy to see other people's contributions to our mutual problems. Blaming is only natural. The illusion of unilateral influence tempts therapists too, especially when they hear only one side of a story. But once we understand that reciprocity is the governing principle of relationships, we can begin to get past thinking in terms of villains and victims.

Suppose that a father complains about his teenage son's behavior.

Father: It's my son. He's rude and defiant.

Therapist: Who taught him that?

Instead of accepting the father's perspective that he's a victim of his son's villainy, the therapist's question invites him to look for patterns of mutual influence. The point isn't to shift blame from one person to another but to get away from blame altogether. As long as he sees the problem as his son's doing, the father has little choice but to hope the boy will change. (Waiting for other people to change is like planning your future around winning the lottery.) Learning to think in circles rather than lines empowers us to look at the half of the equation we can control.

The Power of Family Therapy

The power of family therapy derives from bringing parents and children together to transform their interactions. Instead of isolating individuals from the emotional origins of their conflict, problems are addressed at their source.

What keeps people stuck is their inability to see their own participation in the problems that plague them. With eyes fixed firmly on what recalcitrant others are doing, it's hard for most people to see the patterns that bind them together. The family therapist's

job is to give them a wake-up call. When a husband complains that his wife nags, and the therapist asks how he contributes to her doing that, the therapist is challenging the husband to see the hyphenated him-and-her of their interactions.

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When Bob and Shirley came for help with marital problems, her complaint was that he never shared his feelings; his was that she always criticized him. This is a classic trading of complaints that keeps couples stuck as long as they fail to see the reciprocal pattern in which each partner provokes in the other precisely the behavior he or she can't stand. So the therapist said to Bob, "If you were a frog, what would you be like if Shirley changed you into a prince?" When Bob countered that he doesn't talk with her because she's so critical, it seemed to the couple like the same old argument—but the therapist saw this as the beginning of change—Bob starting to speak up. One way to create an opening for change in rigid families is to support the blamed person and help bring him back into the fray.

When Shirley criticized Bob for complaining, he tried to retreat, but the therapist said, "No, continue. You're still a frog."

Bob tried to shift responsibility back to Shirley. "Doesn't she have to kiss me first?"

"No," the therapist said. "In real life, you have to earn that."

♦ ♦ ♦

In the opening of *Anna Karenina*, Tolstoy wrote: "All happy families resemble one another; each unhappy family is unhappy in its own way." Every unhappy family may be unhappy in its own way, but everyone stumbles over the same familiar challenges of family life. It's no secret what those challenges are—learning to live together, dealing with difficult relatives, chasing after children, coping with adolescence, and so on. What not everyone realizes, however, is that a relatively small number of systems dynamics, once understood, illuminate those challenges and enable families to move successfully through the predictable dilemmas of life. Like all healers, family therapists sometimes deal with bizarre and baffling cases, but much of their work is with ordinary human beings learning life's painful lessons. Their stories, and the stories of the men and women of family therapy who have undertaken to help them, are the inspiration for this book.

CHAPTER 1

THE EVOLUTION OF FAMILY THERAPY

A Revolutionary Shift in Perspective

LEARNING OUTCOMES

- Describe the circumstances that led to the birth of family therapy.
- List the founders of family therapy and where they practiced.
- List the first family therapy theories and when they were popular.
- Describe early family therapy theoretical concepts.

In this chapter, we explore the antecedents and early years of family therapy. There are two compelling stories here: one of personalities, one of ideas. The first story revolves around the pioneers—visionary iconoclasts who broke the mold of seeing life and its troubles as a function of individuals and their personalities. Make no mistake: The shift from an individual to a systemic perspective was a revolutionary one, providing those who grasped it with a powerful tool for understanding and resolving human problems.

The second story in the evolution of family therapy is one of ideas. The restless curiosity of the first family therapists led them to ingenious new ways of conceptualizing the joys and sorrows of family life.

As you read this history, stay open to surprises. Be ready to reexamine easy assumptions—including the assumption that family therapy began as a benevolent effort to support the institution of the family. The truth is, therapists first encountered families as adversaries.

The Undeclared War

Although we came to think of asylums as places of cruelty and detention, they were originally built to rescue the insane from being locked away in family attics. Accordingly, except for purposes of footing the bill, hospital psychiatrists kept families at arm's length. In the 1950s, however, two puzzling developments forced therapists to recognize the family's power to alter the course of treatment.

Therapists began to notice that often when a patient got better, someone else in the family got worse, almost as though the family *needed* a symptomatic member. As in the game of hide-and-seek, it didn't seem to matter who "It" was as long as someone played the part. In one case, Don Jackson (1954) was treating a woman for depression. When she began to improve, her husband complained that she was

getting worse. When she continued to improve, the husband lost his job. Eventually, when the woman was completely well, the husband killed himself. Apparently this man's stability was predicated on having a sick wife.

Another strange story of shifting disturbance was that patients often improved in the hospital only to get worse when they went home.

CASE STUDY

In a bizarre case of Oedipus revisited, Salvador Minuchin treated a young man hospitalized for trying to scratch out his eyes. The man functioned normally in Bellevue but returned to self-mutilation each time he went home. He could be sane, it seemed, only in an insane world.

It turned out that the young man was extremely close to his mother, a bond that grew even tighter during the seven years of his father's mysterious absence. The father was a compulsive gambler who disappeared shortly after being declared legally incompetent. The rumor was that the Mafia had kidnapped him. When, just as mysteriously, the father returned, his son began his bizarre attempts at self-mutilation. Perhaps he wanted to blind himself so as not to see his obsession with his mother and hatred of his father.

But this family was neither ancient nor Greek, and Minuchin was more pragmatist than poet. So he challenged the father to protect his son by beginning to deal directly with his wife, and then he challenged the man's demeaning attitude toward her, which had driven her to seek her son's protection. The therapy was a challenge to the family's structure and, in Bellevue, working with the psychiatric staff to ease the young man back into the family, into the lion's den.

Minuchin confronted the father, saying, "As a father of a child in danger, what you're doing isn't enough."

"What should I do?" asked the man.

"I don't know," Minuchin replied. "Ask your son." Then, for the first time in years, father and son began talking. Just as they were about to run out of things to say, Dr. Minuchin commented to the parents: "In a strange way, he's telling you that he prefers to be treated like a child. When he was in the hospital he was twenty-three. Now that he's returned home again, he's six."

What this case dramatizes is how parents use their children as a buffer to protect them from intimacy. To the would-be Oedipus, Minuchin said, "You're scratching your eyes for your mother, so that she'll have something to worry about. You're a good boy. Good children sacrifice themselves for their parents."

Families are made of strange glue—they stretch but never let go. Few blamed the family for outright malevolence, yet there was an invidious undercurrent to these observations. The official story of family therapy is one of respect for the family, but maybe none of us ever quite gets over the adolescent idea that families are the enemy of freedom.

Small Group Dynamics

Those who first sought to understand and treat families found a ready parallel in small groups. **Group dynamics** were applicable to family therapy because group life is a complex blend of individual personalities and properties of the group.

In 1920, the pioneering social psychologist William McDougall published *The Group Mind*, in which he described how a group's continuity depends on boundaries for differentiation of function and on customs and habits to make relationships predictable. A more scientific approach to group dynamics was developed in the 1940s by Kurt Lewin, whose *field theory* (Lewin, 1951) guided a generation of researchers. Drawing on the Gestalt school of perception, Lewin developed the notion that a group is more than the sum of its parts. The transcendent property of groups has obvious relevance to family therapists, who must work not only with individuals but also with family systems—and their famous resistance to change.

Analyzing what he called *quasi-stationary social equilibrium*, Lewin pointed out that changing group behavior requires "unfreezing." Only after something shakes up a group's beliefs will its members be prepared to change. In individual therapy this process is initiated by the unhappy experiences that lead people to seek help. When someone decides to meet with a therapist, that person has already begun to unfreeze old habits. When families come for treatment, it's a different story.