The Merrill Social Work and Human Services Series

12TH EDITION

FAMILY THERAPY

Concepts and Methods

MICHAEL P. NICHOLS   SEAN D. DAVIS

FAMILY THERAPY
CONCEPTS AND METHODS

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Twelfth Edition

FAMILY THERAPY
CONCEPTS AND METHODS

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This book is dedicated to the memory
of Salvador Minuchin.

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FOREWORD

Sigmund Freud disliked the families of his patients. He complained that relatives often undermined treatment, seemingly preferring the patient remained sick. Following Freud's lead, his successors kept families at arm's length, although they might influence them indirectly through their work with one member. Eventually, however, some therapists came to suspect relatives might not just *prefer* the patient remain sick but actually were *making* the patient sick, and they saw a need for the whole family to be treated. Thus family therapy was born as an attempt to disrupt the web of relationships that entrapped individuals.

But once families and therapists met in person, their relationship changed. Now the family was no longer a distant observer with an obstructed view of the treatment but an active protagonist. Therapists were experiencing the family firsthand rather than through the distortion of one member's view. They learned, or were reminded, that a family is more than just a generator of pathology; it actually shapes its members' whole identities. Whereas working with individual patients inclines therapists to prioritize individuation, self-sufficiency, and personal realization, working with families nudges them toward appreciating belonging, interdependency, and mutual responsibility. It then becomes possible to look at the binds that connect family members as something that can be fine-tuned rather than just dismantled—the family may not be part of the problem but is certainly part of the solution.

The therapist's journey from avoiding families to valuing them has not always moved in one direction, and not everybody has been on board. Therapists' choices of approach are conditioned by the context within which they practice, and at different times that context has been more or less supportive of work with families. In the United States today, some of the contextual realities that discourage such work are the requirement of individual diagnoses for purposes of insurance reimbursement, the reimbursement rates that favor individual treatments, and the ever wider availability of prescription drugs that promise to improve one family member's behavior without inconveniencing the others.

Other realities, however, are redirecting the attention of practitioners and policy makers toward the family. Some see a link between adolescent destructive or self-destructive behavior and the replacement of proximal, in-person connections with the virtual ones facilitated by modern technology or with a pill. Residential treatment, the expensive strategy of temporarily taking disturbed children away from their families, is falling out of favor with cost-conscious administrators who look for ways to keep those children at home. Along the same lines, the 2018 Family First Act bill aims to prevent children from entering foster care by redirecting funding streams to family support programs. Family therapy, originally designed to disrupt negative bonds, is now being applied to the nurturance of positive ones.

For current and future clinicians who contemplate entering the exciting world of working with families, Nichols and Davis's *Family Therapy: Concepts and Methods* provides the best road map. Wide in scope and substantial in content, meticulously researched and clearly written, the text outlines the core rationales and techniques of the foundational models and the ones that followed, illustrating them with abundant clinical vignettes that bring the theories to life. First published in the mid-1980s, each successive edition has been thoroughly revised and updated, keeping pace with the continuous evolution of the field. This version, the twelfth, captures the more recent developments in family therapy and in the sociocultural context where family therapists ply their trade.

Jorge Colapinto, LMFT
Wynnewood, PA

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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, we prefer to be a little more personal. Treating troubled families has given us the greatest satisfaction imaginable, and we hope the same is or will be true for you.

NEW TO THIS EDITION

In this twelfth edition of *Family Therapy: Concepts and Methods*, we'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:

Content Changes in the New Edition

- New case studies throughout
- Revised chapter on research in family therapy, including a discussion on common factors and recommendations for bridging the gap between research and practice (Chapter 15)
- Expanded section on establishing a fee-for-service private practice (Chapter 3)
- Expanded and updated section on technology, including a discussion of the effects of technology on family relationships and adolescent emotional development (Chapter 10)
- List of prominent training centers and recommended readings added to each theory chapter
- New section on immigration (Chapter 10)
- New section on community mental health (Chapter 3)
- Expanded discussion of Bowen theory (Chapter 4)
- New section on emotional affairs (Chapter 3)
- Expanded discussion of narrative externalizing questions (Chapter 13)
- Revised sequence and structure of several chapters to improve readability. The Fundamental Concepts of Family Therapy has moved to Chapter 2 to provide a foundation for the Basic Techniques in Chapter 3. Chapter 10 in the previous edition has been split into two chapters (Chapters 10 and 11)
- Updated photos and references throughout

ALSO AVAILABLE WITH MYLAB HELPING PROFESSIONS

This title is also available with MyLab Helping Professions, an online homework, tutorial, and assessment program designed to work with the text to engage students and improve results. Within its structured environment, students see key concepts demonstrated through video clips, practice what they learn, test their understanding, and receive feedback to guide their learning and ensure they master key learning outcomes.

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organized by topic and searchable by keyword. The Video Library includes every video clip from the MyLab Helping Professions courses, plus additional videos from Pearson's extensive library of footage. Instructors can create additional assignments around the videos or use them for in-class activities. Students can expand their observation experiences to include other course areas and increase the amount of time they spend watching expert helpers in action.

- **Chapter Review Quizzes and Video Examples** give students additional opportunities for practice.

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, we've traveled widely to visit and observe actual sessions of the leading practitioners. We've also invited several master therapists to share some of their best case studies with you. The result is a more pragmatic, clinical focus. We hope you like it.

So many people have contributed to our development as family therapists and to the writing of this text that it is impossible to thank them all. But we would like to single out a few. To the people who taught us family therapy—Lyman Wynne, Murray Bowen, Salvador Minuchin, Fred Piercy, and Douglas Sprenkle—thank you. Some of the people who went out of their way to help us prepare this twelfth edition were Jay Lappin, Jill Freedman, Michele Weiner-Davis, Scott Woolley, Giorgio Nardone, Michael Kerr, Jill Scharff, Frank Dattilio, Norman Epstein, Douglas Snyder, and Jay Lebow. To paraphrase John, Paul, George, and Ringo, we get by with *a lot* of help from our friends—and we thank them one and all. We are especially grateful to Rebecca Fox-Gieg at Pearson for making a hard job easier.

We wish to thank the following reviewers, who provided suggestions for revising this twelfth edition: Catheleen Jordan, University of Texas, Arlington; Tamara Coder Mikinski, University of Kansas; and Joy-Del Snook, Lamar University.

Finally, we would like to thank our postgraduate instructors in family life: I (MPN) thank my wife, Melody, and my children, Sandy and Paul. In the brief span of 50 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.

I (SDD) want to thank my wife, Elizabeth, for enduring my absent-mindedness as I get lost in yet another project. I couldn't ask for a more supportive spouse. Thanks as well to my children, Andrew, Hannah, Rachel, and William. They all get a well-deserved laugh out of the fact that their dad is writing a book on healthy family functioning.

M.P.N.

S.D.D.

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	Committing to the 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 the 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 older adults, supporting the older generation without overfunctioning for them d. Dealing with loss of spouse, siblings, and other peers and preparation for death

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
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

	Social and Political Context	Development of Family Therapy
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 thirty-ninth president	Minuchin: *Families and Family Therapy* Watzlawick, Weakland, & Fisch: *Change*
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, DC
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)

(*continued*)

	Social and Political Context	Development of Family Therapy
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	United States 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)
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	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 Google is founded	Michael Goldstein dies (b. 1930)

	Social and Political Context	Development of Family Therapy
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	United States invades Iraq	Greenan & Tunnell: *Couple Therapy with Gay Men*
2004	George W. Bush reelected U.S. president Facebook is founded	Gianfranco Cecchin dies (b. 1932)
2005	Hurricane Katrina devastates New Orleans Rosa Parks dies (b. 1913)	Steve de Shazer dies (b. 1940)
2006	Enron executives convicted of fraud	Minuchin, Nichols, & Lee: *Assessing Families and Couples*
2007	Shootings at Virginia Tech First iPhone released	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) Paul Watzlawick dies (b. 1921) Ivan Boszormenyi-Nagy dies (b. 1920)
2008	Barack Obama elected U.S. president	Michael White dies (b. 1949)
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 Smartphone ownership surpasses 50 percent in the United States	Betty Carter dies (b. 1929)
2013	Nelson Mandela dies (b. 1918) Affordable Healthcare Act #blacklivesmatter movement protests the targeting of Black civilians by law enforcement	Alan Gurman dies (b. 1945)
2014	Ebola epidemic in West Africa	Donald Bloch dies (b. 1923)
2015	European Syrian refugee crisis U.S. Supreme Court grants gay and lesbian couples right to marry nationwide	Walsh: *Strengthening Family Resilience*
2016	Donald Trump elected U.S. president Britain votes to leave the European Union	Murray Straus dies (b. 1926)

(*continued*)

	Social and Political Context	Development of Family Therapy
2017	Las Vegas mass shooting deadliest in U.S. history Harvey Weinstein sexual misconduct accusations spark worldwide #metoo protests Deadliest wildfire season ever in California	Salvador Minuchin dies (b. 1921)
2018	Conservative Brett Kavanaugh confirmed to U.S. Supreme Court Prince Harry marries Meghan Markle India decriminalizes homosexuality Saudi Arabia allows women to drive	Douglas Sprenkle dies (b. 1941)

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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 (MPN) 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 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 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 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 35. Her husband looked 60. It turned out he was Holly's stepfather. They had married when Holly was 16.

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 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 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 34 when she met Tom Morgan. He was a robust 56. 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 one another? 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 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 individual'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 much as autonomy, she may be judged by the prevailing image of accomplishment.

We were raised on the myth of the hero: Captain Marvel, Robin Hood, Wonder Woman. When we got older, we searched for real-life heroes: Eleanor Roosevelt, Martin Luther King Jr., Nelson Mandela, Elon Musk. 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 hurt 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 individual 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.

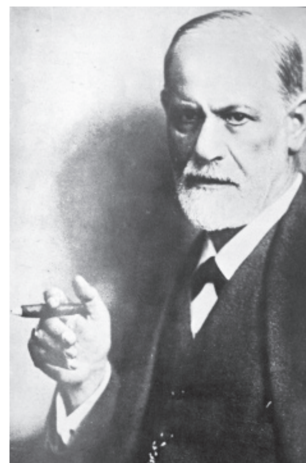
Freud excluded the family from psychoanalysis to help patients feel safe to explore the full range of their thoughts and feelings.

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 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 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 individual 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 she should believe she can fulfill herself in isolation from other people.

The view of individuals 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 one another. 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 have started reproaching her daughter only 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 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 individual 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.

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 individual 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 text.

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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.
- Describe the transition from early to postmodern family therapy theories.

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 EXAMPLE

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, Minuchin worked 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 she'll have something to worry about. You're a good boy. Good children sacrifice themselves for their parents."

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The first people to practice family therapy turned to group therapy as a model.

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 individual has already begun to unfreeze old habits. When families come for treatment, it's a different story.

Family members may not be sufficiently unsettled by one member's problems to consider changing their ways. Furthermore, family members bring their own reference group with them, with all its traditions and habits. Consequently, more effort is required to unfreeze, or shake up, families before real change can take place. The need for unfreezing foreshadowed early family therapists' concern about disrupting family homeostasis, a notion that dominated family therapy for decades.

Wilfred Bion was another student of group functioning who emphasized the group as a whole, with its own dynamics and structure. According to Bion (1948), most groups become diverted from their primary tasks by engaging in patterns of *fight–flight, dependency*, and *pairing*. Bion's basic assumptions are easily extrapolated to family therapy: Some families skirt around hot issues like a cat circling a snake. Others use therapy to bicker endlessly, never really contemplating compromise, much less change. Dependency masquerades as therapy when families allow therapists to subvert their autonomy in the name of problem solving. Pairing is seen in families when one parent colludes with the children to undermine the other parent.

The **process/content** distinction in group dynamics had a major impact on family treatment. Experienced therapists learn to attend as much to *how* people talk as to the content of their discussions. For example, a mother might tell her daughter that she shouldn't play with Barbie dolls because she shouldn't aspire to an image of bubble-headed beauty. The *content* of the mother's message is "Respect yourself as an individual." But if the mother expresses her point of view by disparaging the daughter's wishes, then the *process* of her message is "Your feelings don't count."

Unfortunately, the content of some discussions is so compelling that therapists get sidetracked from the process. Suppose that a therapist invites a teenager to talk with his mother about wanting to drop out of school. The boy mumbles something about school being stupid, and his mother responds with a lecture about the importance of education. A therapist who gets drawn in to support the mother's position may be making a mistake. In terms of content, the mother might be right: A high school diploma can come in handy. But maybe it's more important at that moment to help the boy learn to speak up for himself—and for his mother to learn to listen.

Role theory, explored in the literatures of psychoanalysis and group dynamics, had important applications to the study of families. The expectations that roles carry bring regularity to complex social situations.

Roles tend to be stereotyped in most groups, and so there are characteristic behavior patterns of group members. Virginia Satir (1988) described family roles such as "the placator" and "the disagreeable one" in her book *The New Peoplemaking*. If you think about it, you may have played a fairly predictable role in your family. Perhaps you were "the good child," "the moody one," or "the rebel." The trouble is, such roles can be hard to put aside.

One thing that makes role theory so useful in understanding families is that roles tend to be complementary. Say, for example, that a woman is a little more anxious to spend time with her boyfriend than he is. Maybe, left to his own devices, he'd call twice a week. But if she calls three times a week, he may never get around to picking up the phone. If their relationship lasts, she may always be the pursuer and he the distancer. Or take the case of two parents, both of whom want their children to behave themselves at the dinner table. The father has a slightly shorter fuse—he tells them to quiet down five seconds after they start getting rowdy, whereas his wife would wait half a minute. If he always speaks up, she may never get a chance. Eventually these parents may become polarized into complementary roles of strictness and leniency. What makes such reciprocity resistant to change is that the roles reinforce each other.

It was a short step from observing patients' reactions to other members of a group—some of whom might act like siblings or parents—to observing interactions in real families. Given the wealth of techniques for exploring interpersonal relationships developed by group therapists, it was natural for some family therapists to apply a group treatment model to families. What is a family, after all, but a group of individuals?

From a technical viewpoint, group and family therapies are similar: Both are complex and dynamic, more like everyday life than individual therapy. In groups and families, patients must react to a number of people, not just a therapist, and therapeutic use of this interaction is the definitive mechanism of change in both contexts.

On closer examination, however, it turns out that the differences between families and groups are so significant that the group therapy model has only limited applicability to family treatment. Family members have a long history and, more importantly, a future together. Revealing yourself to strangers is a lot safer than exposing yourself to members of your own family. There's no taking back revelations that might better have remained private—the affair, long since over, or the admission that a woman cares more about her career than about her husband. Continuity, commitment, and shared distortions all make family therapy very different from group therapy.

Therapy groups are designed to provide an atmosphere of warmth and support. This feeling of safety among sympathetic strangers cannot be part of family therapy because instead of separating treatment from a stressful environment, the stressful environment is brought into the consulting room. Furthermore, in group therapy, patients can have equal power and status, whereas democratic equality isn't appropriate in families. Someone has to be in charge. Furthermore, the official patient in a family is likely to feel isolated and stigmatized. After all, he or she is "the problem." The sense of protection in being part of a compassionate group of strangers, who won't have to be faced across the dinner table, doesn't exist in family therapy.

The Child Guidance Movement

It was Freud who introduced the idea that psychological disorders were the result of unsolved problems of childhood. Alfred Adler was the first of Freud's followers to pursue the implication that treating the growing child might be the most effective way to prevent adult neuroses. To that end, Adler organized child guidance clinics in Vienna, where not only children but also families and teachers were counseled. Adler offered support and encouragement to help alleviate children's feelings of inferiority so they could work out a healthy lifestyle, achieving confidence and success through social usefulness.

Although child guidance clinics remained few in number until after World War II, they now exist in every city in the United States, providing treatment of childhood problems and the complex forces contributing to them. Gradually, child guidance workers concluded that the real problem wasn't a child's symptoms but rather the tensions in the family that were the source of those symptoms. At first there was a tendency to blame the parents, especially the mother.