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7TH EDITION

FAMILY THERAPY

History, Theory, and Practice

SAMUEL T. GLADDING

Seventh Edition

FAMILY THERAPY

HISTORY, THEORY, AND PRACTICE

Samuel T. Gladding
Wake Forest University

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Director and Publisher: Kevin M. Davis
Portfolio Manager: Rebecca Fox-Gieg
Content Producer: Pamela D. Bennett
Media Producer: Lauren Carlson
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Executive Field Marketing Manager: Krista Clark
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PREFACE

PHILOSOPHY

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

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

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

ORGANIZATION

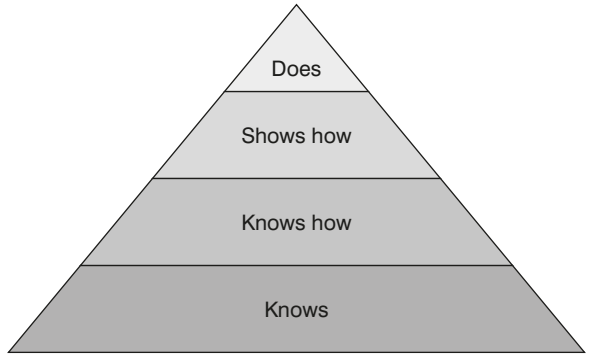
As a comprehensive text, this book focuses on multiple aspects of family therapy.

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

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

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

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



NEW TO THIS EDITION

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

- First, the organization of the book is different. There are now 18 instead of 16 chapters. Each of the eight major theories in family therapy now have their own chapter, which makes focusing on the theories more specific.
- Second, the book has much fresh material. For instance, there are over 240 new sources cited altogether.
- Third, 31 new charts have been added to the chapters in the text. These charts summarize some of the major points in the chapters, such as clinical techniques, and thus help the reader remember important information better.
- Fourth, the glossary of family therapy terms has been updated and refreshed.
- Fifth, new material within chapters have been added on working with singles, stress, intercultural families, ethics, new couple adjustment, emotionally-focused therapy, defense mechanisms, functional family and behavioral family therapy, structural family therapy, and qualitative research.
- Sixth, an Epilogue has been added to the back of the book.
- Seventh, 25 new cases have been added to the eight family theories chapters. These cases are brief and, with only a slight play on words intended, they are titled "Brief Cases."

Overall, the seventh edition of *Family Therapy* is a much different text than its predecessors. It is more developmental and current, better illustrated with examples and charts, and a more thoroughly researched and reflective book, without sacrificing content or readability. There is an emphasis on both the reader's family of origin and families he or she will work with. The seventh edition of *Family Therapy* takes a broader and more progressive approach to treating families, while remaining rich in covering theories and ways of preventing families from becoming dysfunctional.

ALSO AVAILABLE WITH MYLAB COUNSELING

This title is also available with MyLab Counseling, 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.

- **Learning Outcomes and Standards measure student results.** MyLab Counseling organizes all assignments around essential learning outcomes and national standards for counselors.
- **Video- and Case-Based Exercises develop decision-making skills.** Video- and Case-based Exercises introduce students to a broader range of clients, and therefore a broader range of presenting problems, than they will encounter in their own pre-professional clinical experiences. Students watch videos of actual client-therapist sessions or high-quality role-play scenarios featuring expert counselors. They are then guided in their analysis of the videos through a series of short-answer questions. These exercises help students develop the techniques and decision-making skills they need to be effective counselors before they are in a critical situation with a real client.
- **Licensure Quizzes help students prepare for certification.** Automatically graded, multiple-choice Licensure Quizzes help students prepare for their certification examinations, master foundational course content, and improve their performance in the course.
- **Video Library offers a wealth of observation opportunities.** The Video Library provides more than 400 video clips of actual client-therapist sessions and high-quality role plays in a database organized by topic and searchable by keyword. The Video Library includes every video clip from the MyLab Counseling 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 counselors in action.

A PERSONAL NOTE

In undertaking the writing of this work, I have been informed not only by massive amounts of reading in the rapidly growing field of family therapy, but also by my experiences during the last 40 years of therapeutically working with families. Both my family of origin and current family of procreation have influenced me as well. In addition, as a member of both the American Association for Marriage and Family Therapy and the International Association for Marriage and Family Counselors, I have tried to view families and family therapy from the broadest

base possible. Readers should find information in this work that will help them gain a clear perspective on the field of family therapy and those involved with it.

Like the authors of most books, I truly hope that you as a reader enjoy and benefit from the contents of this text. It is my wish that when you complete your reading, you will have gained a greater knowledge of family therapy, including aspects of prevention, enrichment, and therapy that affect you personally as well as professionally. If such is the case, then you will have benefited and possibly changed. I, as an author, will have accomplished the task that I set out to do.

ACKNOWLEDGMENTS

I am grateful to the reviewers who spent many hours critiquing the first three editions of this book. They are: James Bitter, California State University at Fullerton; Donald Bubenzer, Kent State University; Harper Gaushell, Northeast Louisiana University; J. Scott Hinkle, University of North Carolina at Greensboro; Gloria Lewis, Loyola University of Chicago; Donald Mattson, University of South Dakota; Eugene R. Moan, Northern Arizona University; Tom Russo, University of Wisconsin, River Falls; Charles P. Barnard, University of Wisconsin–Stout; Peter Emerson, Southeastern Louisiana University; Michael Carns, Southwest Texas State University; Thomas A. Cornille, Florida State University; Merith Cosden, University of California, Santa Barbara; Vonda Jump, Utah State University; and Jeffrey M. Smith, Kent State University.

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

Finally, and as important, I am indebted to my wife, Claire, for her encouragement and comfort during the writing process. She has insisted throughout this effort, as through our 31 years of marriage, that we talk and build our relationship as a couple. She has employed all of her communication skills, including a generous dose of humor, to help me be a better spouse. She has also been, throughout this time, my partner, friend, and lover in the raising of our three children: Ben, Nate, and Tim.

Samuel T. Gladding

ABOUT THE AUTHOR

Samuel T. Gladding is a professor in the Department of Counseling at Wake Forest University, Winston-Salem, North Carolina. He has been a practicing counselor in public and private agencies since the 1970s. His leadership in the field of counseling includes service as the following:

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

Dr. Gladding is the former editor of the *Journal for Specialists in Group Work* and the ASGW newsletter. He is also the author of more than 100 professional publications. In 1999, he was cited as being in the top 1% of contributors to the *Journal of Counseling and Development* for the 15-year period from 1978 to 1993. Some of his most recent books include *The Counseling Dictionary,* 4th edition (2017); *Counseling: A Comprehensive Profession*, 8th edition (2018); *Group Work: A Counseling Specialty*, 7th edition (2016); and *The Creative Arts in Counseling*, 5th edition (2016).

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

Dr. Gladding is the recipient of numerous honors, including the David K. Brooks Distinguished Mentor Award, American Counseling Association; the Arthur A. Hitchcock Distinguished Professional Service Award, American Counseling Association; the Research in Family Counseling Award, International Association of Marriage and Family Counselors; the Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person, American Counseling Association; the Bridgebuilder Award, American Counseling Association Foundation; the Humanitarian Award, Association for Spiritual, Ethical, and Religious Values in Counseling; the Lifetime Achievement Award, Association for Creativity in Counseling; the Joseph W. and Lucille U. Hollis Outstanding Publication Award Association for Humanistic Counseling; the Professional Leadership Award, Association for Counselor Education and Supervision; and the Eminent Career Award, Association for Specialists in Group Work. He is also a Fellow in the American Counseling Association and the Association for Specialists in Group Work.

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

BRIEF CONTENTS

CONTENTS

PROLOGUE

Each year millions of people are seen by family therapists. Although the numbers change from year to year, the need for and demand for couple, marriage, and family therapy is constant. That is somewhat surprising considering that the practice of this specialty is relatively new. Its theoretical and clinical beginnings were hammered out from the 1940s through the 1960s, while its real growth as a respected form of therapy occurred from the 1970s through the early part of the 21st century (Doherty & Simmons, 1996; Kaslow, 1991; Northey, 2002).

As a practice, family therapy (which encompasses couples whether married or not) differs from individual and group counseling in both its emphasis and its clientele. For example, individual counseling generally focuses on a person as if the problems and resolutions for those difficulties lie within him or her. It is **intrapersonal**. Group counseling is more **interpersonal** and includes a number of unrelated individuals. Groups usually concentrate on helping people resolve select issues in life through multiple inputs and examples that their members and the therapists offer. On the other hand, family therapy concentrates on making changes in total life **systems**. It is simultaneously intrapersonal, interpersonal, and systems focused. Family therapy focuses on the relational and communication processes of families in order to work through clinical problems, even though only one member of the family may display overt psychiatric symptoms (Broderick & Weston, 2009). "The power of family therapy derives from bringing parents and children together to transform their interactions" (Nichols, 2013, p. 7 update).

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

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

THE RATIONALE FOR FAMILY THERAPY

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

Another reason for working therapeutically with families is the proven effectiveness of such treatment. In a landmark issue of the *Journal of Marital and Family Therapy* edited by William Pinsof and Lyman Wynne (1995), a meta-analysis was conducted on more than 250 studies. The results showed that various forms of family therapy, including couple work, was better than no treatment at all, and no study showed negative or destructive effects. In addition, family and couple therapy had a positive effect in treating such disorders as adult schizophrenia, adult alcoholism and drug abuse, depression in women who were in distressed marriage, adult hypertension, dementia, adult obesity, adolescent drug abuse, anorexia in young female adolescents,

childhood conduct disorders, aggression and noncompliance in children with attention-deficit disorders, childhood autism, chronic physical illnesses in adults and children, and couple distress and conflict. While family therapy was not in itself sufficient to treat a number of severe and chronic mental disorders—for example, unipolar and bipolar affective disorders—it "significantly enhances the treatment packages for these disorders" (Pinsof & Wynne, 2000, p. 2).

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

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

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

REASONS FOR WORKING WITH FAMILIES AS OPPOSED TO WORKING WITH INDIVIDUALS

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

Second, family therapy involves other real, significant individuals as a part of the process. There are no surrogate substitutes or "empty chairs" who act as significant people in a client's life. Instead, therapists deal directly with the family members involved. In other words, most family therapy does not depend on role-plays or simulations. Therefore, if a young man is having difficulty with his parents or siblings, he is able to address them in person as he strives toward resolution. This type of emphasis usually cuts to the reality of a situation more quickly and more efficiently than indirect methods.

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

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

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

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

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PART 1

Foundations of Family Therapy

1 The History of Family Therapy: Evolution and Revolution

Chapter Overview

From reading this chapter, you will learn about

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

As you read, consider

- What personal or development event in the history of family therapy you think most significant, radical, or inevitable, and why.
- How the change in a family is like that of a profession and how each change is different.
- The impact of change and new developments on the lives of family therapists and family therapy.
- What trends you see in society that you think will influence the future development of family therapy.


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In the lighting of candles and exchanging of vows
we are united as husband and wife.
In the holiday periods of nonstop visits
we are linked again briefly to our roots.
Out of crises and the mundane
we celebrate life
appreciating the novel
and accepting the routine
as we meet each other anew
amid ancestral histories and current reflections.
Families are a weaver's dream
with unique threads from the past
that are intertwined with the present
to form a colorful tapestry
of relationships in time.

Gladding, 2016

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

1. Elders gave younger members of family clans and tribes advice on interpersonal relationships.
2. Adult members of these social units took care of the very young and the very old (Strong & Cohen, 2017).

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

CATALYSTS FOR THE GROWTH OF FAMILY THERAPY

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

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

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

Home Economics Association, information about aspects of family life were observed, recorded, and presented.

The fourth favorable and unexpected event that helped launch family therapy as a profession was the work of county home extension agents. These agents began working educationally with families in the 1920s and 1930s and helped those they encountered to better understand the dynamics of their family situations. Some of the ideas and advice offered by agents were advocated by Alfred Adler, who developed a practical approach for working with families that became widespread in the United States in the 1930s (Dinkmeyer, Dinkmeyer, & Sperry, 2000; Sherman, 1999).

Major Events Before 1940 Leading to the Development of Family Therapy

- Offering of family life education courses in colleges and universities, e.g., Ernest Groves
- Development and growth of marriage counseling, e.g., Paul Popenoe, Abraham and Hannah Stone, Emily Mudd
- Founding of the National Council on Family Relations (1938)
- Practical work of county home extension agents with families using ideas from Alfred Adler

Family Therapy: 1940 to 1949

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

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

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

The final factor that influenced family counseling in the 1940s was the upheaval of World War II and its aftermath. The events of the war brought considerable stress to millions of families in the United States. Many men were separated from their families because of war duty. Numerous women went to work in factories. Deaths and disabilities of loved ones added further pain and suffering. A need to work with families experiencing trauma and change became apparent.

To help meet mental health needs, the **National Mental Health Act of 1946** was passed by Congress. "This legislation authorized funds for research, demonstration, training, and assistance to states in the use of the most effective methods of prevention, diagnosis, and treatment of mental health disorders" (Hershenson & Power, 1987, p. 11). Mental health work with families would eventually be funded under this act and lead to new research, techniques, and professions.

Major Events in the Development of Family Therapy in the 1940s

Forming of the American Association of Marriage Counselors (1942)
First publication of *Concurrent Marital Therapy* by Bela Mittleman
Studies of schizophrenia in families by Theodore Litz and others
Passage of National Mental Health Act (1946)

FAMILY REFLECTION

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

Family Therapy: 1950 to 1959

Some family therapy historians consider the 1950s to be the genesis of the movement (Guerin, 1976). Landmark events in the development of family therapy in the 1950s centered more on individual, often charismatic, leaders than on organizations because of the difficulty of launching this therapeutic approach in the face of well-established opposition groups, such as psychiatrists.

IMPORTANT PERSONALITIES IN FAMILY THERAPY IN THE 1950s A number of creative and insightful professionals contributed to the interdisciplinary underpinnings of family therapy in the 1950s (Shields, Wynne, McDaniel, & Gawinski, 1994). Each, in his or her way, contributed to the conceptual and clinical vitality, as well as to the growth, of the field.

Nathan Ackerman (1908–1971) was one of the most significant personalities of the decade. Although he advocated treating the family from a systems perspective as early as the 1930s (Ackerman, 1938), it was not until the 1950s that Ackerman became well known and prominent. His strong belief in working with families and his persistently high energy influenced leading psychoanalytically trained psychiatrists to explore the area of family therapy. An example of this impact can be seen in Ackerman's book *The Psychodynamics of Family Life* (1958), in which he urged psychiatrists to go beyond understanding the role of family dynamics in the etiology of mental illness and begin treating client mental disorders in light of family process dynamics. To demonstrate that his revolutionary ideas were workable, he set up a practice in New York City, where he could show his ideas had merit through pointing out results in case examples.

Another influential figure was **Gregory Bateson** (1904–1980) in Palo Alto, California. Bateson, like many researchers of the 1950s, was interested in communication patterns in families with individuals who had been diagnosed with schizophrenia. He obtained several government grants for study, and, with Jay Haley, John Weakland, and eventually Don Jackson, Bateson

formulated a novel, controversial, and powerful theory of dysfunctional communication called the **double-bind** (Bateson, Jackson, Haley, & Weakland, 1956). This theory states that two seemingly contradictory messages may exist on different levels and lead to confusion, if not schizophrenic behavior, on the part of some individuals. For example, a person may receive the message to "act boldly and be careful." Such communication leads to ignoring one message and obeying the other, or to a type of stressful behavioral paralysis in which one does nothing because it is unclear which message to follow and how.

Bateson left the field of family research in the early 1960s after he and his team had published "more than 70 profoundly influential papers, including 'Toward a theory of schizophrenia' [and] 'The question of family homeostasis'" (Ray, 2007, p. 291). Although the Bateson group disbanded in 1962, much of the work of this original group was expanded on by the **Mental Research Institute (MRI)** that **Don Jackson** (1920–1968) created in Palo Alto in 1958. Jackson was an innovative thinker and practitioner who helped lead the family therapy field away from a pathology-oriented, individual illness concept of problems to one that was relationship oriented (Ray, 2000). Among the later luminaries to join MRI with Jackson were Virginia Satir and Paul Watzlawick. A unique feature of this group was the treatment of families, which was resisted by Bateson. In fact, the MRI established **brief therapy**, an elaboration of the work of Milton Erickson and one of the first new approaches to family therapy (Haley, 1976a).

A third major figure of the decade was **Milton Erickson** (1901–1980). The discovery of Erickson and his process of conducting therapy were almost accidental. He was sought as a consultant for the Bateson group, and, while interacting with them, especially Jay Haley, Erickson's distinctive therapeutic work was noted. Shortly thereafter Haley began writing about it and using it in the formulation of his approach to therapy. Erickson, who was largely self-taught, had a powerful impact on those with whom he did therapy. His focus on the unconscious and his procedure for making direct and indirect suggestions and prescribing ordeals gained fame, most notably in the 1960s and 1970s. Through Haley, Erickson became known, as did family therapy.

A fourth leading professional in the 1950s was **Carl Whitaker** (1912–1995). Whitaker "risked violating the conventions of traditional psychotherapy" during this time by including spouses and children in therapy (Broderick & Schrader, 1991, p. 26). As chief of psychiatry at Emory University in Atlanta, Whitaker (1958) published the results of his work in **dual therapy** (conjoint couple therapy). He also set up the first conference on family therapy at Sea Island, Georgia, in 1955.

A fifth key figure of the 1950s was **Murray Bowen** (1913–1990). Beginning in the mid-1950s, under the sponsorship of the National Institute of Mental Health (NIMH), Bowen began holding therapy sessions with all family members present as part of a research project with schizophrenics (Guerin, 1976). Although he was not initially successful in helping family members constructively talk to each other and resolve difficulties, Bowen gained experience that would later help him formulate an elaborate theory on the influence of previous generations on the mental health of families.

Other key figures and innovative thinkers in family therapy who began their careers in the 1950s were **Ivan Boszormenyi-Nagy** (1920–2007), at the Eastern Pennsylvania Psychiatric Institute (EPPI), and his associates, including James Framo and Gerald Zuk. The work of this group eventually resulted in the development of Nagy's novel **contextual therapy** with one of its major constructs being that human suffering is embedded within a biopsychosocial-cultural framework (Gangamma, Bartle-Haring, Holowacz, Hartwell, & Glebova, 2015). "At the heart of this approach is the healing of human relationships through trust and commitment, done primarily by developing loyalty, fairness, and reciprocity" (Anderson, Anderson, & Hovestadt, 1993, p. 3).

Major Events in the Development of Family Therapy in the 1950s

Formulation of the Double Bind Theory by the Bateson Group
Advocacy for working with families by Nathan Ackerman
Creation of Mental Research Institute (MRI) by Don Jackson (1958)
Influence of Milton Erickson's techniques by Jay Haley
Influence of Carl Whitaker and his work on dual therapy (conjoint couple therapy)
Formation of initial ideas about his idea of family therapy by Murray Bowen

FAMILY REFLECTION

The "double-bind theory" states that when two contradictory messages are conveyed simultaneously, the receiver of this communication is stressed and may become mentally unbalanced. Think of times when you have received incongruent verbal and nonverbal messages, whether in your family or not. What did you think? How did you feel? What did you do? What was the outcome?

Family Therapy: 1960 to 1969

The decade of the 1960s was an era of rapid growth and expansion in family therapy. The idea of working with families, which had been suppressed, was now embraced by more professionals, a number of whom were quite captivating and energetic. Four of the most prominent of these figures were Jay Haley, Salvador Minuchin, Virginia Satir, and Carl Whitaker. Other family therapists who began in the 1950s, such as Nathan Ackerman, John Bell, and Murray Bowen, continued contributing to the concepts and theories in the field. Another factor that made an impact at this time was the widespread introduction of systems theory. Finally, in the 1960s, training centers and academic programs in family therapy were started, strengthened, or proposed.

MAJOR FAMILY THERAPISTS OF THE 1960s Numerous family therapists emerged in the 1960s. They came from many interdisciplinary backgrounds and, like their predecessors of the 1950s, most were considered mavericks (Framo, 1996). The following therapists are discussed here because of their significant radical impact in shaping the direction of family therapy.

Jay Haley (1923–2007) was probably the most important figure in family therapy in the 1960s. During this time, he had connections with the main figures in the field, and through his writings and travels, he kept professionals linked and informed. Haley also began to formulate what would become his own version of strategic family therapy by expanding and elaborating on the work of Milton Erickson (Haley, 1963). He shared with Erickson an emphasis on gaining and maintaining power during treatment. Like Erickson, Haley often gave client families permission to do what they would have done naturally (e.g., withhold information). Furthermore, Haley used directives, as Erickson had, to get client families to do more within therapy than merely gain insight.

From 1961 to 1969, Jay Haley edited *Family Process*, the first journal in the field of family therapy, which helped shape the emerging profession. In the late 1960s, Haley moved from Palo Alto to Philadelphia to join the Child Guidance Clinic, which was under the direction of Salvador

Minuchin. Haley's move brought two creative minds together and helped generate new ideas in both men and in the people with whom they worked and trained.

The psychiatrist **Salvador Minuchin** (1921–2017) began his work with families at the Wiltwyck School for Boys in New York State in the early 1960s. There he formulated a new approach to therapy based on structure and used it with urban slum families he encountered because it reduced the recidivism rate for the delinquents who comprised the population of the school. The publication of his account of this work, *Families of the Slums* (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967), received much recognition and led to his appointment as director of the Philadelphia Child Guidance Clinic and to the formulation of a fresh and influential theory of family therapy: **structural family therapy**.

Like most pioneers in the field of family therapy (e.g., Whitaker, Haley), Minuchin did not have formal training in how to treat families. He innovated. Likewise, he had an idea of what healthy families should look like in regard to a hierarchy, and he used this mental map as a basis on which to construct his approach to helping families change. Another innovative idea he initiated at the end of the 1960s was the training of members of the local Black community as paraprofessional family therapists. He believed this special effort was needed because cultural differences often made it difficult for White, middle-class therapists to understand and relate successfully to urban Blacks and Hispanics. Overall, Minuchin began transforming the Philadelphia Child Guidance Clinic from a second-rate and poor facility into the leading center for the training of family therapists on the East Coast of the United States.

Virginia Satir (1916–1988) was the most entertaining and exciting family therapist to emerge in the 1960s, perhaps because she was tall, with a strong voice, and used props in her work. Satir, as a social worker in private practice in Chicago, started seeing family members as a group for treatment in the 1950s (Haber, 2002). However, she gained prominence as a family therapist at the MRI. There she collaborated with her colleagues and branched out on her own. Satir was unique in being the only woman among the pioneers of family therapy. She had "unbounded optimism about people . . . and her empathic abilities were unmatched" (Framo, 1996, p. 311). While her male counterparts concentrated on problems and building conceptual frameworks for theories and power, she touched and nurtured her clients and spoke of the importance of self-esteem, compassion, and congruent expression of feelings.

Satir gained national recognition with the publication of her book *Conjoint Family Therapy* (1964). In this text, she described the importance of seeing both members of a couple together at the same time, and she detailed how such a process could and should occur. Her clear style of writing made this book influential. "Satir's ability to synthesize ideas, combined with her creative development of teaching techniques and general personal charisma, gave her a central position in the field" of family therapy (Guerin, 1976, p. 8).

The male contemporary counterpart to Satir, Carl Whitaker, can be described in many ways. He dared to be different and, at his best, was creative as well as wise (Framo, 1996). He was never conventional. Whitaker, a psychiatrist, became interested in working with families in the 1940s. As already mentioned, he was chair of the psychiatry department of Emory University in the early 1950s. In 1955, he resigned to begin a private practice.

His main influence and renown in the field, however, came following his move to become a professor of psychiatry at the University of Wisconsin in 1965. It was at Wisconsin that Whitaker was able to write and lecture extensively. Beginning in 1965, his affectively based interventions, which were usually spontaneous and sometimes appeared outrageous, gained notoriety in the field of family therapy. In the 1960s, Whitaker also nurtured the field of family therapy by connecting professionals with similar interests.

CASE ILLUSTRATION

Jodi's Magic

Jodi Ortiz, a graduate student in family therapy, was fascinated to read that some major theorists of the 1960s literally learned their clinical skills by trial and error. She was particularly struck by how Carl Whitaker worked. She thought that some of his "antics," as she called them, were outrageous but effective. Jodi was impressed that he seemed to deeply care about families, though, and that he tried to have three generations in the room during the times he did therapy.

It occurred to Jodi that she might become a better therapist if she started relying on her drama background as well as her caring nature. Therefore, she asked several of her fellow students to come to an experimental family therapy session she would conduct. She informed everyone that she would have them play roles and that she would "do" therapy in a different way. Jodi's friends were skeptical, but they agreed.

When time for the role play came, Jodi had her friends assemble as a family of five. After asking preliminary information and gathering a few facts, Jodi excused herself from the mock family and came back later wearing a cape and carrying a wand. She then informed the family of friends she was going to do some magic in their lives.

If you were a part of Jodi's family, what would you think of her appearance and announcement? Would it matter what age you were (or that you were role playing)? Why do you think Jodi's performance might work? Why do you think it might not work? How would it differ from the approaches of therapists you have just read about?

CONTINUING LEADERS IN FAMILY THERAPY DURING THE 1960s Nathan Ackerman continued to be a leader of the family therapy movement throughout the 1960s. In 1961, with Don Jackson, he cofounded *Family Process,* the first journal devoted to family therapy and one that is still preeminent in the field. It was a bold step. One of Ackerman's most significant books during this decade was *Treating the Troubled Family* (1966). In this text, he elaborated on how to intervene with families and "tickle the family's defenses" through being involved with them, being confrontive, and bringing covert issues out into the open.

John E. Bell (1913–1995), like Carl Whitaker, began treating families long before he was recognized as a leader in the field of family therapy. Bell's work began in the 1950s when he started using group therapy as a basis for working with families (Gurel, 1999; Kaslow, 1980). He published his ideas about family group therapy a decade later (Bell, 1961) and proposed a structured program of treatment that conceptualized family members as strangers. Members become known to each other in stages similar to those found in groups. His thinking was in sync with the group movement of the time and caused others to question how a family is similar to and different from a group.

Bell taught his natural family group approach at the University of California, Berkeley, in 1963 in one of the first graduate courses on family therapy offered in the United States. From 1968 to 1973, he directed the MRI in Palo Alto. It was Bell's belief that "all children 9 years or older and all other adult family members living in the home should be included in family therapy and should be present for all sessions" (Nichols & Everett, 1986, p. 43). As noted, Bell's ideas were distinctive and received considerable criticism, thus generating a good deal of discussion about family therapy (Hines, 1988).