

*The Essentials of*  
**FAMILY  
THERAPY**

SIXTH EDITION

Michael P. Nichols



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# The Essentials of Family Therapy

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Michael P. Nichols

College of William and Mary

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#### **Library of Congress Cataloging-in-Publication Data**

Nichols, Michael P.

The essentials of family therapy / Michael P. Nichols, College of William and Mary.—Sixth edition.

pages cm.

Includes bibliographical references and index.

ISBN-13: 978-0-205-24900-8

ISBN-10: 0-205-24900-0

1. Family psychotherapy. I. Title.

RC488.5.N528 2014

616.89'156—dc23

10 9 8 7 6 5 4 3 2 1

2012037957

**PEARSON**

ISBN-10: 0-205-24900-0

ISBN-13: 978-0-205-24900-8

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# Foreword

It was a great honor to be asked to write the foreword for the sixth edition of *The Essentials of Family Therapy*. Throughout this book, Mike Nichols has given students, as well as teachers of family therapy, a tremendous gift. I have assigned earlier editions to my students so that they might experience a journey through the evolution of this tremendous field. I have relied on this book to convey the excitement of the discovery and elaboration of the new worldview each model of family therapy introduced, as well as the important concepts and unique contributions it offered. My students have been very appreciative of the book's clear presentation of the history of family therapy and its essential principles.

I came of age in the field during what Mike Nichols describes as "The Golden Age of Family Therapy." As a graduate student in the early 1970s, my heroes and heroines were the pioneers of family therapy, such as Nathan Ackerman, John Elderkin Bell, Ivan Boszormenyi-Nagy, Salvador Minuchin, Murray Bowen, Jay Haley, Don Jackson, Cloe Madanes, Mara Selvini Palazzoli, Virginia Satir, and Carl Whitaker. So many of these giants are no longer with us, but Mike Nichols has a unique talent for bringing them to life and, at the same time, placing them in historical context so that they can continue to influence new generations of family therapists.

Reading this edition has given me the rare opportunity to revisit my own personal journey as a family therapist, which has profoundly influenced the direction of my life and career. I was initially drawn to the work of Salvador Minuchin and his colleagues, who were among the first family therapists to work with poor, ethnic minority families. As an intern at the Philadelphia Child Guidance Clinic from 1974 to 1975, I was privileged to learn structural family therapy from Salvador Minuchin, as well as from Harry Aponte, Braulio

Montalvo, Bernice Rosman, and Charles Fishman. I was also trained to incorporate strategic family therapy techniques by Jay Haley. In reading the chapters in this book, I felt again the sensation that I "stand on the shoulders of these giants."

After obtaining my doctorate in psychology over thirty years ago, my first job was at what Nichols describes as another early center of family therapy: The Family Studies Section at Albert Einstein College of Medicine in the Bronx, New York, started by Israel Zwerling and Marilyn Mendelsohn. It was there that I first encountered the work of Murray Bowen, as Phil Guerin, a later director, was strongly influenced by Bowen's work and had incorporated it into the center. Chapter 5, "Bowen Family Systems Therapy," captures the excitement of this model and Bowen's seminal ideas, including differentiation of self, emotional triangles, multigenerational emotional processes, and emotional cutoff. Chapter 5 also shows the model evolved and was elaborated upon by others trained by Bowen, such as Betty Carter and Monica McGoldrick, who developed the concept of the family life cycle. Each has influenced my own work, particularly with multigenerational extended families in ethnic minority groups.

As Nichols has shown, the family therapy movement has really been many movements. It was very interesting for me to revisit the revolutionary role of the feminist critique of family therapy and the transformative power of the post-modern narrative therapy approach. This book addresses the integrative models that have moved away from the orthodoxy of the original theories and the growing movement toward evidence-based practice in the family therapy field.

It was fascinating for me as an author to read the summary of my own work in this book. Nichols does an excellent job of describing my work as well as the seminal contributions of Monica

McGoldrick and Ken Hardy and our emphasis on the importance of understanding the culture, race, and socioeconomic level of the families we treat. Just as it is hard to imagine a time prior to the 1950s when the worldview in the mental health field did not include family therapy, it is also difficult now to imagine the time prior to the 1970s when culture and race were largely ignored in books on psychotherapy. It was the family therapy movement that first opened the door and embraced these concepts.

Consistent with the tradition established in other editions of Mike Nichols's books, this sixth edition includes new material related to important developments in the field, such as an informative section on advances in neuroscience. He also explores one of the most significant developments of the twenty-first century, that is, the role of the Internet and the benefits and challenges that technology has introduced. His discussion of the critical issue of the role of cybersex

in couple relationships will be especially helpful for practitioners of marriage and family therapy. Similarly, he addresses the concern felt by many parents in protecting their adolescents from sexual predators and inappropriate sexual activities that the availability of the Internet has made widespread.

Throughout this book, Mike Nichols has been able to strike a unique balance between giving the leaders of the field the respect they deserve while remaining objective and honest about the challenges they faced. He captures not only the breakthroughs in family therapy but also the controversies and major critiques of the times. He deserves our highest praise for this powerful book and for the major contribution that it has made, and will continue to make through this new edition, to the field of family therapy.

Nancy Boyd-Franklin, Ph.D.

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# Preface

One thing that tends to get 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, narrative reconstructionism, second-order cybernetics. While it's tempting to use this space to say Important Things, I prefer to be a little more personal. Treating troubled families has given me the greatest satisfaction imaginable, and I hope that the same is or will be true for you.

## Changes in This Edition

In this sixth edition of *The Essentials of Family Therapy*, I describe the full scope of family therapy—its rich history, classic schools, latest developments—but with increasing emphasis on practical issues. Changes in this edition include:

- Research findings integrated into each chapter
- New research chapter including a discussion of why research has failed to influence clinical practice and offering suggestions
- Additional case studies and clinical emphasis throughout guidelines for productive problem-solving conversations
- Slightly condensed format and greater focus on clinical practice
- New section on working with transgendered persons
- Significantly revised cognitive-behavioral chapter, with more focus on recent trends in clinical practice

Albert Einstein once said, "If you want to learn about physics, pay attention to what physicists do,

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

## Acknowledgments

So many people have contributed to my development as a family therapist and to the writing of this book that it would be impossible to thank them all. But I would like to single out a few. To the people who taught me family therapy—Lyman Wynne, Murray Bowen, and Salvador Minuchin—thank you.

I'd also like to thank some of the people who went out of their way to help me prepare this sixth edition: Yvonne Dolan, Jerome Price, Deborah Luepnitz, William Madsen, Frank Dattilio, Vicki Dickerson, and Salvador Minuchin. To paraphrase John, Paul, George, and Ringo, I get by with *a lot* of help from my friends—and I thank them one and all. I am especially grateful to Nicole Suddeth and Carly Czech at Pearson for making a difficult job easier.

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

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# The Foundations of Family Therapy

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## CASE STUDY

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 handle my own problems."

I was into cathartic therapy back then. Most people have stories to tell and tears to shed. Some of the stories, I suspected, were dramatized to elicit sympathy. Most people give themselves 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 anyone suggested that life goes on. Alex's minister said that his death wasn't really a tragedy because now "Alex was with God in heaven."



I wanted to scream, but I numbed myself instead. In the fall I went off to college, and even though it seemed disloyal to Alex, life did go on. I still cried from time to time, but with the tears came a painful discovery. Not all of my grief was for Alex. Yes, I loved him. Yes, I missed him. But his death provided me with 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 few minutes in my office, she rarely cried. When she did, it was more of an involuntary tearing up than a sobbing release. She talked about 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 terribly 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 three times a week, but we weren't really getting anywhere. One Friday afternoon, Holly was feeling so despondent that I didn't think she should go back to her dorm alone. I asked her instead to lie down on the couch in my office, and with her permission, I called her parents.

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

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

Looking back, I don't remember much that was said in that first meeting. Both parents were worried about Holly. "We'll do whatever you think best," Mrs. Roberts said. Mr. Morgan (Holly's stepfather) 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 that something had happened. Mrs. Roberts's eyes were red from crying. Holly glowered 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 tales of jealousy and resentment that turn ordinary love into bitter, injured feelings and, all too often, tear families apart. Lena Roberts was thirty-four when she met Tom Morgan. He was a robust fifty-six. The second obvious difference between them was money. He was a successful 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, she 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. The triangle nearly proved the marriage's undoing, but things calmed down when Holly went off to 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 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 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 much about family dynamics and never having lived in a stepfamily, I wondered why they couldn't just try to get along. Why did they have so little sympathy for each other? Why couldn't Holly accept her mother's right to find love a second time around? Why couldn't Tom respect the priority of his wife's relationship with her daughter? 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 experiences but about reconstructed memories that resemble the original events 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 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 see her as a tragic young woman all alone in the world. She was that, of course, but she was also a daughter torn between running away from a home she no longer felt part of and being afraid to leave her mother alone with a man she didn't trust. I think that's when I became a family therapist.

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

---

## The Myth of the Hero

Ours is a culture that celebrates the uniqueness of the individual and the search for an autonomous self. Holly's story could be told as a coming-of-age drama: a young person's struggle to break away from childhood and provincialism, to take hold of adulthood

and promise and the future. If she fails, we're tempted to look inside the young adult, the failed hero.

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

Only later did we realize that the circumstances we wanted to rise above were part of the human condition—our inescapable connection to our families. The romantic image of the hero is based on the illusion that authentic selfhood can be achieved as an autonomous individual. We do many things alone, including some of our most heroic acts, but we are defined and sustained by a network of human relationships. Our need to worship heroes is partly a need to rise above inadequacy and self-doubt; it is also 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 forces in the lives of our patients. What catches our attention are differences and discord. The harmonies of family life—loyalty, tolerance, mutual aid, and assistance—often slide by unnoticed, part of the taken-for-granted background of life. If we would be heroes, then we must have villains.

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

One reason for blaming family sorrows on the personal failings of parents is that it's hard for the average person to see past individual personalities to the

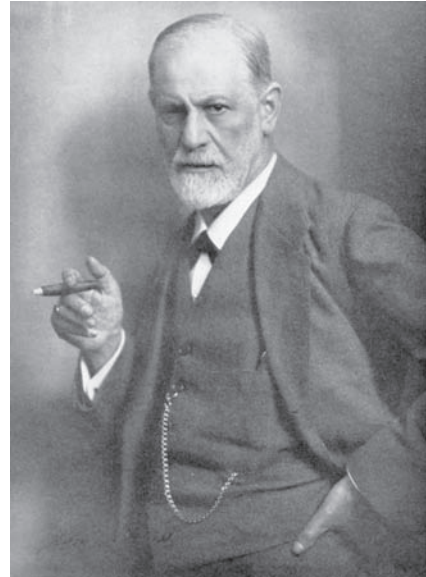
structural patterns that make them a family—a system of interconnected lives governed by strict but unspoken rules.

People feel controlled and helpless not because they are victims of parental folly and deceit but because they don't understand the forces that tie husbands and wives and parents and children together. Plagued by anxiety and depression, or merely troubled and uncertain, some people turn to psychotherapy for consolation. 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

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 wasn't interested in the living family; he was interested in the family-as-remembered. 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.



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

The therapy Carl Rogers developed was designed to help patients uncover their real feelings. Unhappily, said Rogers, our innate tendency toward *self-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 and distortion 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 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.

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## Family Versus Individual Therapy

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

Individual therapy 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 recognize the importance of family life in shaping personality, but they assume that these influences are internalized and that intrapsychic dynamics become the dominant forces controlling behavior. Treatment can and should therefore be directed at the person and his or her personal makeup. Family therapists, on the other hand, believe that the dominant forces in our lives are located externally, in the family. Therapy, in this framework, is directed at changing the structure of the family. When a family's organization is transformed, the life of every family member is altered accordingly.

This last point—that changing a family changes the lives of each of its members—is important enough to elaborate. Family therapy influences the entire family; therefore, improvement can be lasting because each and every family member is changed *and* continues to exert synchronous change on each other.

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 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 was related to leaving home and leaving her parents alone with each other. But if the same woman were to get depressed in her thirties, say, during a long period of stability in her life, we might wonder if there was something about her approach to life that hasn't worked for her. Examining her life in private—away from troubled relationships—doesn't, however, mean that she should believe that she can fulfill herself in isolation from the other people in her life.

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

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## The Power of Family Therapy

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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 those 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 him how he contributes to her doing that, the therapist is challenging the husband to see the hyphenated him-and-her of their interactions.

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### CASE STUDY

When Bob and Shirley came for help with marital problems, her complaint was that he never shared his feelings; his was that she always criticized him. This is a classic trading of complaints that keeps couples stuck as long as they fail to see the reciprocal pattern in which each partner provokes in the other precisely the behavior he or she can't stand. So the therapist said to Bob, "If you were a frog, what would you be like if Shirley changed you into a

prince?" When Bob countered that he doesn't talk with her because she's so critical, it seemed to the couple like the same old argument. But the therapist saw this as the beginning of change—Bob starting to speak up. One way to create an opening for change in rigid families is to support the blamed person and help bring him back into the fray.

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

Bob tried to shift responsibility back to Shirley. "Doesn't she have to kiss me first?" But the therapist said, "No, in real life that comes afterward. You have to earn it."

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In the opening of *Anna Karenina*, Tolstoy wrote: "All happy families resemble one another; each unhappy family is unhappy in its own way." Every family

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

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# The Evolution of Family Therapy

In this chapter, we explore the antecedents and early years of family therapy. There are two fascinating 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 problems as a function of individuals and their psychology. 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 the family system as an adversary.

## The Undeclared War

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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 have 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 was "It" 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, her husband lost his job. Eventually, when the woman was completely well, her husband killed himself. Was this man's stability predicated on having a sick wife?

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

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## CASE STUDY

In a bizarre case of Oedipus revisited, Salvador Minuchin treated a young man hospitalized several times for trying to scratch out his own 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 challenged the man's demeaning attitude toward her, which had made her seek her son's proximity and protection. The therapy was a challenge to the family's structure and, in Bellevue, working with the psychiatric staff toward easing 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 to each other. 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 young child. When he was in the hospital he was twenty-three. Now that he's returned home, he's six."

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

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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.

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## Small Group Dynamics

Those who first sought to understand and treat families found a ready parallel in small groups. **Group dynamics** are relevant to family therapy because group life is a complex blend of individual personalities and superordinate 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 the group being an important idea in the minds of its members; on the need for boundaries and structures in which differentiation of function could occur; and on the importance of customs and habits to make relationships predictable.

A more scientific approach to group dynamics was ushered in during the 1940s by Kurt Lewin, whose *field theory* (Lewin, 1951) guided a generation of researchers, industrial psychologists, group therapists, and agents of social change. Drawing on the Gestalt school of perception, Lewin developed the notion that a group is more than the sum of its parts. This 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.



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

Analyzing what he called *quasi-stationary social equilibrium*, Lewin pointed out that changing group behavior first requires “unfreezing.” Only after something shakes up a group’s beliefs are its members likely to accept change. In individual therapy this process is initiated by the disquieting experiences that lead people to seek help. Once someone accepts the status of patient, that person 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 a symptomatic member’s predicament to consider changing their own ways. Furthermore, family members bring their primary 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’ concerns about disrupting family **homeostasis**, a notion that dominated family therapy for decades.

Wilfred Bion was another student of group dynamics who emphasized the group as a whole, with its own dynamics and structure. According to Bion (1948),

most groups become distracted from their primary tasks by engaging in patterns of *fight-flight*, *dependency*, or *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 likewise had a major impact on family treatment. Experienced therapists learn to attend as much to *how* families 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 a person.” But if the mother expresses her point of view by disparaging her daughter’s wishes, then the *process* of her message is “Your feelings don’t count.”