NINTH EDITION

Family Therapy

AN OVERVIEW

Irene Goldenberg ▪ Mark Stanton ▪ Herbert Goldenberg

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Family Therapy
AN OVERVIEW

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Dedication to Herb Goldenberg, 1926–2008

To Herb, whose compassion, integrity, intelligence, and unwavering support nourished our relationship and made this book possible. Thank you for the life, the love, and the family.

Irene Goldenberg

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Foreword by Michael White

Michael White had a special place in our hearts, both personally and professionally. He is sorely missed.

Irene Goldenberg

The publication of this text represents an achievement of extraordinary scope in which Irene and Herbert Goldenberg bring together more than five decades of developments in the ideas and practices of family therapy. Extraordinary scope, because in doing this these authors have not been content to incorporate just the principal developments in this field. In the space of this one text, Irene and Herbert Goldenberg also trace many of the tributaries that have branched out of those developments in ideas and practice that have been accorded mainstream status in the field of family therapy.

Before reading this text, I had made some assumptions about it. To cover the history of developments in a field like family therapy, one in which there has been little orthodoxy and great diversity, would surely require considerable economy of writing. *Overview*, a word from the book's title, seemed to my mind to imply a very limited perspective. I was expecting the sort of academic writing that would provide a reasoned gloss of developments through the history of family therapy. I had forecast the sort of dry account of these developments that is intended to provide the reader with a passing knowledge of this broad subject matter. I had assumed that the authors of such a text would have little option but to rein in their ambitions for the reader's engagement with this material and to keep modest their hopes for the reader's experience of its reading—perhaps simply to hope to kindle the reader's interest in specific ideas that might be pursued through consulting more dedicated sources.

Not so! Upon reading this book I discovered that Herbert and Irene Goldenberg had not been content to offer their readers a summary account of developments that simply conveys a passing knowledge of this material. Despite the limitations associated with an economy in writing imposed by the circumstances, these authors have produced a highly engaging text that introduces the reader to the profundity of the principal ideas and practices of family therapy, while at the same time rendering the complexities associated with these ideas and practices readily available to the comprehension of the reader. Rather than acquainting the reader with a passing knowledge, this text takes him or her to a vantage point that allows a vital, close-up view of the terrain.

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How is this achieved? This text does not constitute the expected "armchair exposition." Instead, it is alive with the adventures initiated and the journeys traveled through the history of family therapy. The reader gains a strong sense of the authors' significant personal experiences of these adventures and journeys, of their intimate familiarity with many expeditions into new territories of ideas and practices. In the reading of this text, one is left with no doubt that Herbert and Irene Goldenberg have been at the scene, actively joining with others over many years in explorations of new forms of human inquiry. In this recounting, these authors succeed in evoking the original spirit of these developments in human inquiry and the inspiration that was an outcome of numerous efforts to think beyond what has been routinely thought about people's lives and their relationships. These authors also succeed in conveying to the reader the excitement of these adventures and journeys—the sense of actually undertaking these expeditions.

The authors also engage readers vitally through user-friendly writing devices that provide a scaffold for comprehension of the text. The text is organized with functional headings and subheadings, with topics divided into six parts: "Fundamentals of Family Psychology," "The Development and Practice of Family Therapy," "The Established Schools of Family Therapy," "New Directions in Family Therapy," "Clinical Research: The Synergy of Science and Practice," and "Family Theories and Family Therapies: An Overview." Each chapter is thoughtfully structured and replete with helpful and concise summaries and recommended readings. The judicious use of tables, illustrations, and quotes contributes to this easy-to-use composition. Particularly important is the even-handed and respectful way in which Irene and Herbert Goldenberg present the various developments in the history of family therapy and the available critiques of these developments. This fair-mindedness encourages the reader's fuller involvement with the text—it recruits the reader's contemplation and rouses his or her fascination.

I believe there is something for everybody to be found in this book. For those new to the field of family therapy, this book provides a gripping account of the history of developments in the family therapy field, of the continuities and discontinuities in these developments, and of many context- and era-specific influences that have contributed to the shape of these developments. For other readers, this book offers a ready reference to, and will instigate further explorations of, those developments that have most captured their imaginations and exercised their minds. For yet other readers, this text provides a source of renewed reflection on the history of their own family therapy practice and will encourage a richer appreciation of the traditions of thought that have shaped their work. And, of course, this text gives many readers an opportunity to become more fully acquainted with traditions in thought and practice that they might not otherwise be familiar with.

Apart from these comments about what is in store for you as you open the pages of this book, I will include here a few comments about the authors. Although there is much that can be said about their own contributions to the family therapy field over a considerable period of its development, my desire here is to say something about the personae of Irene and Herbert Goldenberg, for I would like you to get to know them just a little as I have known them.

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Although I had been expecting this book to represent a relatively limited summary of the history of developments in the field of family therapy, I was nonetheless not surprised to find these expectations so contradicted in my reading of this text. I had met Herbert and Irene Goldenberg on various occasions over the years, principally in the context of workshops that I have given in the Los Angeles area. I first became aware of their presence in these workshops some years ago. I recall, toward the end of one of these events, being asked some particularly thought-provoking, searching, and persistent questions about some of the ideas and practices I had been discussing. In this workshop context, the questions—coming in particular from two people in the room—provided a foundation for conversations that contributed to significant clarification of certain similarities and distinctions in a range of ideas and practices.

At the end of the workshop, I approached these two figures for personal introductions. Through this and my subsequent contacts with Herbert and Irene Goldenberg, I have come to admire the breadth of their experience, the scope of their knowledge, and their capacity for thoughtfulness. All of these qualities are so evident in this book. But they have contributed much more than this to the family therapy field. I have also come to admire the part that their strong social consciousness and their generosity of spirit play in their personal and professional worlds. Herbert and Irene Goldenberg are always quick to recognize transgressions of the principles of fairness, equality, and justice; and they are never tardy in naming these transgressions. They are also quick to offer support to those who have experienced unfairness, inequality, and injustice. And, in their efforts to challenge these wrongs, Herbert and Irene Goldenberg manage to stay true to their principles of understanding and to their appreciation of difference and diversity. In this way they make it possible for people to find new places in which to stand in the territories of their lives and work. When I am in the presence of Irene and Herbert Goldenberg, I know that I am in good company.

Michael White (*1948–2008)*
Codirector of Dulwich Centre
Adelaide, South Australia

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Preface

With each new edition of *Family Therapy: An Overvi*ew, we have the opportunity to tell once more the evolving story of the profession. Even in the four years since the eighth edition, the theory and clinical practice of family therapy have changed in important ways that affect everyone involved. Students, researchers, professors, and clinicians all need to know not only the origins and history of family therapy but the very latest in what it means to work as a family therapist. Changes emerge from within the field as well as in response to a wide range of pressures and other influences from society at large. In *Family Therapy*, ninth edition, we strive to honor our past as well as understand and explain present-day developments.

Our Mission in Writing *Family Therapy: An Overview*

The purpose of our book is to convey to new and returning readers alike the excitement of the field as it develops over time. We hope to impart to readers an attitude of theoretical and clinical openness that appreciates past, present, and future developments. We feel it is important to constantly challenge our own biases whether in working with clients or in considering different theoretical approaches to our work. Indeed, the ninth edition goes further than previous editions in considering the clinical value of integrating theories both in terms of expanding personal boundaries and in better appreciating how the diversity of our client population reminds us that no one approach to practice can tell us the whole story about how best to work. Postmodernism reminds us again and again that there is no final truth about our theories and practices. As clinicians, we must continually challenge ourselves to accept and celebrate this revelation. We can never know it all, but we can keep learning. *Family Therapy*, ninth edition, is designed to help support this lifelong commitment to personal and professional growth. Indeed, our commitment to revising the book reflects our own ongoing commitment to remaining open to challenging our own biases and remaining open to change.

The Tradition and Present-Day Developments

Family therapy, with its revolutionary emphasis on systems thinking and the search for identifiable and recurrent family patterns, first emerged in the mid-1950s. By the 1970s, having been inspired by such trailblazers as Virginia Satir, Salvador Minuchin, Jay Haley, and Carl Whitaker, many who were accustomed to working with individuals had "caught the bug"—become convinced of the therapeutic power of understanding individual behavior in the context of the family system. The more we learned, the more we came to grasp the influence of larger systems—race, social class, gender, ethnicity, sexual orientation—on the functioning of the family and its individual members. Postmodern thinking introduced us to the further

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importance of language and belief systems in understanding how people construct their views of reality.

The initial edition of this book attempted to provide a comprehensive textbook offering an overview of the field—not merely a biased description of any one of the specific models then vying for the clinician's attention—based on the assumption that an even-handed account could prove a useful guide to others interested in entering the field of family therapy. As stated in the first edition, published in 1980, the goal was to offer readers a balanced presentation of the major theoretical underpinnings and clinical practices in the field. We promised not only to provide an overview of the evolving viewpoints, perspectives, values, intervention techniques, and goals of family therapy but also to attempt to keep pace with the field's clinical and research developments. That promise continues to be the goal in this latest edition.

What's New in the Ninth Edition?

We have introduced new features to the text in this edition to reflect important issues in family therapy and advances in the field. These features include:

- **Highlighted material on key themes of family therapy.** Framed boxes in select colors with an icon designating special themes throughout the text:

  Family Diversity. We have added boxes to highlight individual and group diversity perspectives, issues, and research relevant to the chapter content throughout the book so that students are challenged to think about how the material relates to diverse populations.

  Thinking Like a Clinician. Many new and revised boxes present clinical challenges and opportunities for the reader to respond to and learn from. Readers are asked to address clinical situations—many taken from real-life therapy situations—from different theoretical perspectives. These boxes are intended to heighten self-exploration regarding individual thoughts, feelings, and experiences relative to the different models presented.

  Evidence-Based Practice boxes. Recent research relevant to the chapter content and the practice of family therapy is featured in these boxes.

  Case Study. Examples of therapy cases that illustrate the material in that chapter, these boxes help students apply the concepts to family therapy.

  Clinical Note. These boxes feature succinct information or suggestions about using the chapter ideas in family therapy.

  Therapeutic Encounter. Clinical vignettes and dialogue are featured in these boxes to provide insight into the way in which ideas manifest in the words of the clients and the therapist.

- **Inclusion of professions that practice family therapy.** Examples and material throughout the text illustrate that family therapists come from many professions, including social work (CSWE), MFT (AAMFT), psychology (APA), and counseling (CACREP).

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- **Updated references and cited material.** Every chapter in this edition includes up-to-date references and presents the latest thinking about its issues. Materials from sources (for example, family therapy models or figures and model depictions, as well as direct quotations) have been updated to the latest published versions.
- **Learning Objectives.** Each chapter begins with select student learning objectives that align with the content of the chapter. Content specific to each objective is identified throughout the text.
- **Increased attention to LGBTQ families.** More attention is given to LBGTQ issues throughout the book, including chapter content and the student exercises. Several of the Thinking Like a Clinician boxes raise real-life issues faced by LBGTQ families.
- **More concise content.** We carefully edited the entire volume to provide valuable information aligned to the reading assignments of contemporary classes.
- **New Recommended Readings.** Many chapters feature new or updated texts in the recommended readings section at the end of each chapter. These may help faculty and students reference source materials for themes in the chapter.

In addition to the general changes just outlined, we have made many chapter-specific changes that reflect today's knowledge and clinical practice. The following are included among the important more specific changes:

- **Chapter 1:** Enhanced coverage of social and cultural diversity in family therapy with new material on family forms and diversity perspectives, including a new Family Diversity box focused on how family therapists may assist minority families experiencing natural disasters.
- **Chapter 2:** An increased focus on *family* life cycle development, including expanded coverage of dynamics related to divorce, single-parent families, remarried families, and families with gay or lesbian members. A new figure depicting recent demographics of one-parent families demonstrates key aspects of these families.
- **Chapter 3:** Now titled "Diversity in Family Functioning," this chapter provides a foundation for developing a multicultural framework and sequences from culture and ethnicity to gender issues to socioeconomic diversity and social justice perspectives in family therapy. Recent research, demographics, and theoretical-clinical applications are provided.
- **Chapter 4:** Now titled "Systems Theory and Systemic Thinking," this chapter presents systemic thinking as a paradigm shift from typical Western thought. It presents a new figure to convey a systemic perspective and recent examples of systemic concepts in the practice of family therapy. The section on critiques of systems theory has been revised to reflect recent developments. There are new insets on social media and the family and systemic thinking.
- **Chapter 5:** We clearly delineate the progress of family therapy across decades. New material regarding core competencies for family therapy, including standards created by different professional organizations, is provided in this edition.

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- **Chapter 6:** We explicitly include the legal and ethical perspectives on family therapy by different professional organizations, referencing the ethics codes of those organizations. A new table that compares the ethics codes of four organizations is provided. We reference recent advances in professional practice, including the Affordable Care Act. Information on the practice of and ethical problems associated with "e-therapy" is also included.
- **Chapter 8:** We added material on the assessment and measurement of differentiation in Bowen theory, as well as research about the use of Bowen constructs with diverse populations.
- **Chapter 9:** There is new material about research on therapist practices and the client's experience of emotion in symbolic-experiential family therapy. Material is added on steps in the change process in emotionally focused therapy and recent research that demonstrates evidence for the effectiveness of the approach.
- **Chapter 10:** Material addressing research evidence for the structural model, particularly with diverse populations, is added.
- **Chapter 11:** Information on brief strategic family therapy and the substantial evidence for its effectiveness is added.
- **Chapter 12:** Clarifies the relationship of behavioral and cognitive-behavioral approaches to couple and family therapy. There is a new section on the Gottman method, including an outline of his research-based predictors of divorce and overview of the Sound Relationship House model, with diagram. There is a new summary of recent research regarding behavioral couple and family therapy. Finally, there is substantial new material on functional family therapy and sex therapy, as well as diversity aspects of all the models.
- **Chapter 13:** Recent advances in each model are described. New material on the evidence for solution-focused brief therapy and the use of the approaches with diverse populations is presented.
- **Chapter 14:** A recent model of the life narrative, including a figure, is presented. We also clarify ideas like "the absent but implicit" and "externalizing" in Michael White's thinking and the way techniques like letter writing may adapt with new technology. There is new material about the way narrative functions in diverse populations and the creative use of postpositivist thinking and methods to demonstrate the clinical effectiveness of narrative therapy.
- **Chapter 15:** This chapter is now titled "Population-Based Family Treatments" to capture the variety of client populations served by family therapy. It has significant new material about families and schools; individual mental disorders in the family context (depression, anxiety, substance abuse, eating disorders, schizophrenia); primary medical care and the family; gay and lesbian families; relationship education (including updates on Prepare-Enrich and PREP); family violence; and divorce and stepparenting; all feature recent research and clinical applications.
- **Chapter 16:** This chapter is now titled "Evidence-Based Family Therapy" to recognize the importance of connecting research and practice in contemporary

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family therapy. We present the value of both qualitative and quantitative methods in family therapy research, as well as ways postmodern therapies can demonstrate evidence for effectiveness. There is new material on assessment, including sections on couple assessment and individual assessment in family therapy, and new content on process research, including intersession client input techniques. The findings of three major family therapy review studies are included in the outcome research section, and a new table depicts the evidence for family therapy with particular issues.

- **Chapter 17:** New material is provided on common factors and the role they play in interaction with model-specific change factors in effective family therapy. We clarify the difference between eclecticism without theoretical unification and integration based on some unifying rationale, noting challenges to theoretical integration, yet highlighting recent approaches that advocate for or attempt integration in a coherent fashion. A student exercise in formulation of a personal theoretical orientation has been enhanced for this edition.

Ancillaries

Cengage Learning is committed to providing the most effective and up-to-date ancillaries our audience requires. As with past editions, *Family Therapy: An Overview* is supported with teaching and learning supplements to enhance the course experience. These are outlined below.

MindTap® Counseling MindTap® for Goldenberg/Stanton/Goldenberg's Family Therapy: An Overview, 9th Edition is the digital learning solution that helps instructors engage and transform today's students into critical thinkers and provides students with the tools needed to better manage their limited time, with the ability to complete assignments whenever and wherever they are ready to learn.

Cengage Learning Testing Powered by Cognero® Cengage Learning Testing Powered by Cognero® is a flexible, online system that allows you to: import, edit, and manipulate content from the text's test bank or elsewhere, including your own favorite test questions; create multiple test versions in an instant; and deliver tests from your LMS, your classroom, or wherever you want.

Acknowledgments

This is to acknowledge my new co-author, Mark Stanton. Without his superb up to the minute knowledge, his extraordinary editing skills and his general overall knowledge of the field, I could never have accomplished the completion of this book. He has the best work habits of any academic that I have worked with over my many years.

Thank you Mark!

Irene Goldenberg

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We would like to express our appreciation to Michael Lee, Doctor of Psychology student at Azusa Pacific University, for his outstanding work as a research assistant on this edition. Mark Stanton is grateful for the support he received from his wife, Kathy, and his children, April, Erin, Chelse, and Sean.

In every edition of *Family Therapy: An Overview*, we pay keen attention to the needs of instructors and their students in preparing our new manuscript. The ninth edition is no exception. We wish to thank the following reviewers for their insights as the new edition was evolving. Their comments and suggestions for change were invaluable resources in the preparation of the ninth edition:

Rebecca Koltz – Montana State University
Catherine Weigel Foy – Northwestern University
Cindy Silitsky – St. Thomas University
Victoria Fitton – Michigan State University
Gary Bischof – Western Michigan University

Irene Goldenberg and Mark Stanton

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1

Adopting a Family Relationship Framework

LEARNING OBJECTIVES

- LO 1 Describe the diversity of contemporary families
- LO 2 Explain the importance of family structure and interactive patterns
- LO 3 Justify a resiliency-based understanding of family dynamics
- LO 4 Explain how gender, race, and ethnicity influence families and family therapy
- LO 5 Discuss the evolution of family therapy from cybernetics to constructivism

A family is far more than a collection of individuals sharing a specific physical and psychological space. While families occur in a diversity of forms, cultures, and complexities in today's rapidly changing society, each may be considered a natural, sustained social **system**[1] with properties:

- an evolved set of rules
- many assigned and ascribed roles for its members
- an organized power structure
- intricate overt and covert forms of communication
- numerous ways of negotiating and problem solving that permit various tasks to be performed effectively

The relationships among members of this microculture are deep and multilayered, and they are based largely on a shared history, internalized perceptions, and assumptions about the world, and a sense of purpose. Within such a system, individuals are tied to one another by powerful, durable, reciprocal, multigenerational emotional attachments and loyalties that may fluctuate in intensity and psychological distance between members over time yet persist over the lifetime of the family.

Each family system is itself embedded in a community and society at large. It is molded by its existence at a particular place and time in history and shaped further by a multitude of interlocking phenomena, such as race, ethnicity, socioeconomic status, family life cycle stage, number of generations in this country, immigration status, sexual

[1]Terms in **boldface** are defined in the Glossary at the back of the book.

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orientation, religious affiliation, the physical and mental health of its members, level of educational attainment, and family values and belief systems.

All these factors and many others influence the system's development, beliefs, standards for acceptable behavior, degree of flexibility in meeting both normal developmental challenges and unanticipated crises, and in general its adaptability and stability over time.

Before turning to these influences, we shall examine several basic ideas that characterize most family systems.

Family Systems: Fundamental Concepts

All families create and socialize new members, and although most ultimately give these members autonomy and do not expect them to live under the same roof into adulthood, family membership remains intact for life. The power of the family is such that despite the possible separation of members by vast distances, sometimes even by death, the family's influence remains (Kaye, 1985). Even when a family member experiences a temporary or permanent sense of alienation from the family, he or she can never truly relinquish family membership. Should divorce occur, co-parenting may continue, and the former marriage continues to be recognized with the designation of "ex-spouse" (McGoldrick & Shibusawa, 2012). For most of us, relationships with siblings are likely to represent our longest continuous commitments (Cicirelli, 1995).

As McGoldrick, Carter, and Garcia-Preto (2010) point out, families are subject to unique constraints. A business organization may fire an employee viewed as dysfunctional, or an employee may resign if the structure or values of the company are not to their liking. The pressures of family membership allow few such exits, even for those who move a great geographic distance from their family of origin. Further, unlike members of nonfamily systems, who can generally be replaced if they leave, family members are irreplaceable. Should a parent leave or die, for example, and another person be brought in to fill a parenting role, the substitute, regardless of successful effort, can never replace in the same way the lost parent's personal and emotional ties to the remaining members.

Growth and change in families and the individual members who compose them occur concurrently, and understanding their interactions is essential in carrying out any reparative or preventive work (Nichols & Pace-Nichols, 2000). In the process of growing up, family members develop individual identities but nevertheless remain attached to the family group, which in turn maintains an evolving identity or collective image of its own. These family members do not live in isolation but rather are dependent on one another—not merely for money, food, clothing, and shelter but also for love, affection, mutual commitment, companionship, socialization, the expectation of long-lasting relationships, and fulfillment of other intangible needs. They maintain a history by telling and retelling their family "story" from one generation to the next, thus ensuring a sense of family continuity and shaping the expectations of members regarding the future. To function successfully, members need to adapt to the changing needs and demands of fellow family members as well as the changing expectations of the larger kinship network, the community, and society in general (DeGenova, Stinnett, & Stinnett, 2011).

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Apart from its survival as a system, a well-functioning family encourages the realization of the individual potential of its members—allowing them freedom for exploration and self-discovery along with protection and the instillation of a sense of security.

Constantine (1986) distinguishes between what he calls "enabled" and "disabled" family systems. The former succeeds at balancing system needs as a family unit while simultaneously facilitating the interests of all its members as individuals. Enabled families invent procedures that attempt to satisfy the conflicting interests of their members. Constantine maintains that to do less, or to prevail at the expense of certain members, reflects family disablement, often manifested in unstable, rigid, or chaotic family patterns.

Some families, unfortunately, are so depleted as a result of external or internal stress (poverty, migration to a country where they lack language skills or understanding of unfamiliar customs, serious health problems, legal issues, unforeseen accidents) that they may need community support. Low-income families receiving social assistance and working-poor families in particular may increase their chances for success and self-sufficiency when they receive such social support. Pigott and Monaco (2004), Canadian community workers in a multiservice center in Toronto, describe the debilitating effects of poverty and living in inadequate housing in unsafe neighborhoods. Often led by a lone parent or parents who are unavailable or working for long periods, with few siblings and limited contact with grandparents, such families feel isolated and defeated. They need social networks (healthcare facilities, after-school programs, recreation centers, libraries, community agencies). Being a part of such a social system often represents a step toward reducing isolation and increasing the possibilities of more effective self-care and improved quality of life.

LO 1 Today's Families: A Pluralistic View

Traditionally, entrance into a family system has been seen to occur only through *birth*, *adoption*, or *marriage*. Today's outlook, however, makes room for other *committed* family households beyond legally married heterosexual couples and their children (McGoldrick & Carter, 2010). There are further divisions and complexities within each type of family structure, brought about by early or later marriages, interracial coupling, foster parenting, informal kinship adoptions, social class position, and so forth. In general, an inclusive 21st-century definition of family must go beyond traditional thinking to include people who choose to spend their lives together in a kinship relationship despite the lack of legal sanctions or bloodlines.

It no longer is realistic to speak of a typical American family, since contemporary life is filled with families with differing living arrangements, styles of living, and organizational patterns. As Goldenberg and Goldenberg (2002) observe:

> The idealized, nostalgic portrait of the American nuclear family depicts a carefree, white family with a suburban residence, sole-provider father in a 9–5 job, and a full-time, stay-at-home mother always available when the children return from school. Both parents are dedicated to child-rearing and remain together for life; children are educated in a neighborhood school and attend church with their parents on Sunday; plenty of money and supportive grandparents are available. (p. 10)

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Not only is such a depiction of intact (middle-class) family life alien to the vast majority of people today, but there is doubt about whether it ever existed (Coontz, 1992). Although divorce was less common in the past, families were often disrupted by the early death of a parent or by abandonment by a breadwinner. Changes such as remarriage, child placement with relatives, foster care, and orphanages often followed. So, despite the idealized picture of family life, the risk of not growing up in an intact family has been a part of American life for some time (Walsh, 2012b).

Marriage and intact family life, as Coontz (2005) observes, may be viewed as a social invention that in its earliest form emerged from the division of labor between men and women in early societies and served to ensure family survival and efficiency, as men and women were assigned different but collaborative, complementary roles. Today's occupational opportunities, the evolution of women's rights, a more flexible commitment to marriage as a permanent union, and the expectation of greater love and intimacy in marriage have changed expectations regarding marriage. What has broadened our view of family life is the visible impact of working mothers, single-parent households, dual-earner families, long-term unmarried cohabiting couples, never-married couples with children, stepfamilies, adoptive families, and same-sex couples living together with or without children. Even our very sense of kinship itself has become more fluid over the recent past, as suggested by high divorce and remarriage rates (Diderich, 2008).

Just as our view of how families are formed has changed, so too has our understanding of the structure of family life. We turn now to the structural aspects of the family.

LO 2 Family Structure

Families typically develop certain basic structural characteristics and interactive patterns that they utilize to respond to internal and external stresses. These are founded on shared assumptions and family narratives and determine the manner in which families adapt and cope with life changes and challenges.

Basic Structural Characteristics

Whether traditional or innovative, adaptive or maladaptive, efficiently or chaotically organized, married or committed life partners with or without children, a family inevitably attempts, with varying degrees of success, to arrange itself into as functional or enabling a group as possible so that it can meet its shared needs and goals without consistently or systematically preventing particular members from meeting their individual needs and goals (Kantor & Lehr, 1975). To facilitate the cohesive process, a family typically develops rules that outline and allocate the roles and functions of its members. Those who live together for any length of time develop repeatable, preferred patterns for negotiating and arranging their lives.

Even in a family crisis situation or where there is severe conflict between members, families are typically resistant to change and often engage in corrective maneuvers to reestablish familiar interactive patterns. Regardless of format (e.g., **nuclear family** or **stepfamily**) or ultimate success, all families should work at promoting positive relationships among members, attend to the personal needs of their constituents, and prepare to cope with developmental or maturational changes (such as children leaving home) as well as unplanned or unexpected

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crises (job dislocation or loss, divorce, death of a key member, a sudden acute illness). Sometimes, families will reorganize to develop their own special styles in order to adjust to the challenges of life.

Family Interactive Patterns

Families typically display stable, collaborative, purposeful, and recurring patterns of interactive sequences. These largely go unnoticed by outsiders, frequently are unstated, and are not always understood by the participants themselves. Nonverbal exchange patterns among family members, in particular, represent subtle, coded transactions that transmit family rules and functions governing the range of acceptable behaviors tolerated by the family (for instance, that a son does not speak before his father speaks, and he himself can take his turn only after his wife has spoken). Such patterned interactions are jointly engaged-in, highly predictable transactional patterns generated by all family members on cue, as though each participant feels compelled to play a well-rehearsed part, like it or not.

Minuchin, Lee, and Simon (1996) illustrate this point with the following easily recognizable examples:

> The complementary construction of family members requires long periods of negotiating, compromising, rearranging, and competing. These transactions are usually invisible, not only because context and subject constantly change but also because they are generally the essence of minutiae. Who passes the sugar? Who checks the map for directions, chooses the movie, changes the channel? Who responds to whom, when, and in what manner? This is the cement by which families solidify their relationships. (p. 30)

Shared family rituals—holiday celebrations, christenings, confirmations, bar and bat mitzvahs, graduations, weddings, funerals, wakes—are part of ongoing family interaction patterns that help ensure family identity and continuity. Rituals are symbolic actions that help families adapt to change rather than struggle against it at the same time that they reaffirm their group unity in dealing with a life transition. They anchor family members to the past, providing a sense of family history and rootedness, while at the same time implying future family interactions. Participating in rituals links the members not only to the family system but also to the wider community and culture (Imber-Black, 2010).

Family Narratives and Assumptions

A family is a maker of meaning (Constantine, 1986), and our individual judgment about what constitutes reality is a function of the beliefs and stories that the family (as well as the culture) imparts about their experiences (Becvar, 2000). Throughout the course of its development, a family fashions and helps instill fundamental and enduring assumptions about the world in which it lives. As a result, the meanings and understandings we attribute to events and situations we encounter are embedded in our family's social, cultural, and historical experiences (Anderson, Burney, & Levin, 1999). Box 1.1: Thinking Like a Clinician is designed to help you appreciate how therapists might begin to appreciate the importance of family narratives.

The narratives or stories a family recounts help explain or justify their structure and interactive patterns. Despite any differences or disagreements between members, the core of family

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BOX 1.1 THINKING LIKE A CLINICIAN

Appreciating Family Narratives

Alert therapists pay attention to the unfolding narratives of the families with whom they work. To gain experience in listening to narrative developments, respond to the following prompts as you consider the narrative of your own family.

What family mementos or stories connect your family to a previous generation?	
How does your family express its problems or limitations (by anger, attacking the outside world, withdrawing from the outside world, etc.)?	
What roles do you find the family has assigned to individual members (such as "brother is the smart one," "sister is the athlete," or "father is the depressed one," etc.)? Can you discuss your role?	
Have any losses (of a home, job, family members through death, etc.) affected the way your family values itself?	
Does your family strongly identify with an ethnic, racial, or religious heritage?	
Has your family retained its socioeconomic position over generations?	
Have gender or sexual identity issues been important in your family narrative (gay parents, transgender family member, etc.)? Describe.	
What is the role of education in your family?	
How important is achievement (monetary, social class, education, athletic, etc.) as a value to your family?	
Describe an important family ritual, and explain how it influences the family's appreciation and understanding of itself.	

membership is based on acceptance of and belief in a set of abiding suppositions or shared constructs about the family itself and its relationship to its social environment. These constructs are often limited by social class expectations and restraints that influence what members of that class consider to be possible, acceptable, conceivable, or attainable in their lifetimes. Language and dialogue thus play crucial roles in how human beings come to know the world and how they interpret or make sense of their subsequent experiences.

Some families generally view the world as trustworthy, orderly, predictable, masterable; they are likely to view themselves as competent, to encourage individual input by their members, and to feel comfortable, perhaps enjoyably challenged, as a group coping with life. Other families perceive their environment as mostly menacing, unstable, and thus unpredictable and potentially dangerous; in their view, the outside world appears confusing and at times chaotic, so they band together, insist on agreement from all members on all issues, and in that way protect themselves against intrusion and threat. Thus, the narrative a family develops about itself, which is derived largely from its history, passed on from one generation to the next, and influenced by social class expectations, has a powerful impact on its functioning.

The ways in which individuals and their families characteristically deal with their lives are not based on some objective or "true" view of reality but rather on family social constructions—unchallenged views

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of reality created and perpetuated in conversation with one another, possibly carried on over generations. Such views may act as blinders or restraints—limitations a family places upon itself by its beliefs and values—that prevent its members from noticing other aspects of their lives or seeing other behavioral options. Members of these families typically construct a rationale for why undesirable behavior continues and how they have no alternative but to live their lives in spite of it (Atwood, 1997).

In the **postmodern** outlook, there is no "true" reality, only the family's collectively agreed-upon set of constructions, created through language and knowledge that is relational and generatively based, that the family calls reality. As we will illustrate throughout the book, the postmodern view has had a powerful influence on how many family therapists view family life—the social basis for acquiring knowledge—and how these therapists work collaboratively with families to generate new possibilities and co-construct alternative narratives (Gerson, 2010; White, 2007).

LO 3 Family Resiliency

One aspect of the family is its **resiliency**, that is, its ability to thrive and maintain relatively stable psychological and physical functioning even under adverse conditions. All families face challenges and upheavals during their life cycle from within and without their structure; some are expectable strains (brought on by such potential crises as retirement or divorce or remarriage), while others are sudden and untimely (an unforeseen job loss, the unexpected death of a key family member or family friend, a holdup or rape or other violent and life-threatening experience, an earthquake or flood). However, not all families react to these potentially disturbing and disruptive events in the same way. Some may experience prolonged distress from which they seem never to recover; others suffer less intensely and for shorter periods. For some families, recovery may appear to come quickly, but they later begin to experience unexpected health problems or somehow never again enjoy life the way they once did. Nevertheless, there are large numbers who manage to cope with the temporary upheaval or loss, rebound, and move on to the next challenge. This ability to thrive and maintain relatively stable psychological and physical functioning after extremely aversive experiences, often showing only minor, transient disruption, reveals a great deal about a family's resilience (Bonanno, 2004). Box 1.2 presents such a case.

Few if any families can expect to avoid exposure to stress, loss, or potentially traumatic events at some points in their life cycle. At the same time, as illustrated in Box 1.2, families have the potential for growth and repair in response to distress, threat, trauma, or crisis, emerging stronger and more resourceful than before (Walsh, 2012a). A family as a whole, or one or more of its members, may manifest dysfunctional behavior during periods of persistent stress, but family processes may mediate the person's recovery, allowing the family system to rally, buffer stress, reduce the chances of dysfunction, and support optimal adaptation.

Rather than view resiliency as a rare or special set of qualities a family may or may not possess, Masten (2001) contends that such recuperative skills are common phenomena arising from ordinary adaptive processes successfully mastered by most children in the process of development. She maintains that a relatively small set of global factors support resilience in

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BOX 1.2 CASE STUDY

A Traumatized Family Rebounds from a Sudden Crisis

When Hurricane Katrina hit New Orleans in 2005, thousands of lives were disrupted as people lost their homes and possessions, their jobs, and sometimes loved ones who were caught up in the subsequent floods. Paul and Margaret, both in their early 30s and near the beginning of their careers, had come to New Orleans 3 years earlier, he as an architect, she as a real estate broker. When forced to leave their newly purchased home, which had been devastated by the hurricane, they were unable to recover any articles or possessions. With their 1-year-old daughter, Christine, they fled in their car to the West Coast to move in with his parents for an indefinite period as they planned their suddenly disrupted future.

Although their marriage had been a relatively stable one, it now faced several crises simultaneously: addressing questions of how to earn a living, where to live, how to arrange child care, how to resume a social life, and so forth. Living with Paul's parents was difficult, since the house was crowded, his mother was ill, his father was upset by the intrusion of the baby, and Paul and Margaret felt too old to now be living with and be largely supported by his parents. Arguments broke out between family members, and in general the home was filled with tensions between the couples.

Despite the strain on their relationship, Paul and Margaret, each with a history of personal as well as professional achievement, ultimately retained their belief that together they would meet the challenge. After a short period in which both felt downcast and despondent, Paul looked up old high school friends, finally landing a job at a construction company, where his architectural skills made him a desired employee. Margaret, no longer able to afford child care and struggling with the responsibilities of being a full-time mom, began to recognize some of the satisfactions that came with being a stay-at-home mother, something she had not contemplated in the past. With no choice but to make decisions regarding where and how they would live, they reassessed their priorities, recognized how much being together as a family meant to them, and acknowledged that they were young people with resources who would learn to adapt.

Initially confused and despairing, feeling desperate at times during their first months in a new environment, they gradually realized that they needed to reorganize their lives to face the new challenges. The new situation was hardly to their liking, but they had each other, their child, and faith in their relationship. Forming new friendships, retaining a sense of humor, and recasting the crisis they faced as a challenge rather than a defeat all helped. As they moved into their new small apartment, they retained the dream of returning to New Orleans soon, better prepared as a family to deal with future adversity.

children: connection to competent and caring adults in the family and community, cognitive and self-regulating skills, a positive view of oneself, and motivation to be effective in the environment. Moving away from a search for deficits or pathology in families in favor of seeking its strengths and potentials—family resiliencies—is part of the evolving movement of *positive psychology* (Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001). Here, researchers and therapists have begun to study the nature of effective functioning and adaptation, paying close attention to human capabilities and adaptive systems in individuals and families.

Walsh (2012a) identifies some key family processes in family resilience: (a) a consistent and positive *belief system* that provides shared values and assumptions so as to offer guidelines for meaning and future action (e.g., viewing disruptions as milestones on their shared life passages without assigning blame and recasting a crisis as a manageable challenge);

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(b) the family's *organizational processes* (how effectively it organizes its resources) that provide the "shock absorbers" when confronted with stress (e.g., remaining flexible, open to change, connected to each other); and (c) a set of family *communication/problem-solving processes* that are clear, consistent, and congruent and that establish a climate of mutual trust and open expression among its members (maintaining a shared range of feeling, shared decisions, creative brainstorming). Boyd-Franklin (2010) notes that working with ethnic minority families during trauma requires culturally sensitive interventions (see Box 1.3).

While some families may be (temporarily) shattered by crises, others emerge strengthened and more resourceful. Rather than view a symptomatic family member as a vulnerable victim, thus pathologizing the family, the emerging viewpoint is that while problems may certainly exist within the family, family competencies nevertheless can be harnessed to promote self-corrective changes. Resilience should not be considered a static set of strengths or qualities but as a developmental process unique to each family that enables families to create adaptive responses to stress and, in some cases, to thrive and grow in their response to the stressors (Hawley, 2000). Adopting a resiliency-based approach in working with families calls for identifying and fortifying those key interactional processes that enable families to withstand and rebound from disruptive challenges.

How the family organizes itself, how it retains its cohesion, how openly it communicates and problem solves together to cope with the threat largely forecasts its ability to recover. An affirming belief system aids the process. The support of a network of friends, extended family, clergy, neighbors, employers, and fellow employees and the availability of community

BOX 1.3 FAMILY DIVERSITY

Therapy for ethnic minority families following disasters

Boyd-Franklin (2010) explored how African-American families adapted to Hurricane Katrina in order to inform family therapists as they provide services to ethnic minority families following disasters. Her key points include:

- Disasters require cultural sensitivity and respectful treatment that understands the different perspectives of cultural and racial groups. For example, many African Americans believed that race contributed to slow government response to the tragedy while few Whites endorsed that rationale
- Therapist insensitivity to perceived racism may exacerbate the trauma for African-American families
- Family therapists need to recognize that anger in the face of perceived racism may be a healthy response and facilitate coping
- Disasters that require relocation may fragment kin networks in collectivistic cultures, upsetting the support mechanisms typically used by the families
- Ethnic minority children, adolescents, and the elderly may have special needs in the aftermath of trauma and therapists must pay attention to these concerns
- Spirituality and religion may be especially important to some ethnic minority families in coping with tragedy
- Family systems therapy is appropriate for collectivistic ethnic minority families because it is strengths-based and facilitates resilience
- Family systems approaches recognize the need to assist families as they interface with a variety of agencies and organizations in the aftermath of trauma

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