Instructor's Manual for

FAMILY THERAPY: AN OVERVIEW

Ninth Edition

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COURSE SYLLABUS SKELETON

Introduction to Marriage and Family Therapy

Fall 2016/Spring 2017

Instructor:
Office: Phone:
Office Hours: Email:
Time: Location:
Website:

Course Description:
This course is designed as an introduction to the field of Marriage and Family Therapy (MFT). As such, students who successfully complete the course should be well versed in the basics of both the founding and contemporary theories of the discipline. Further, students will be exposed to a number of clinical vignettes and case scenarios that demonstrate the application of the theories in a family therapy session. Through class assignments and discussions, students will be able to make a more informed decision as to whether or not family therapy is a field that holds potential for them in their own professional pursuits. Systems theory guides the majority of what will be discussed in class. Students deficient in this perspective will be responsible for completing appropriate readings to familiarize themselves with these concepts.

Students successfully completing the course will not be prepared to practice MFT. Additionally, students may derive some personal or family insights from the content of this class, but the course is not intended to be a personal therapeutic experience. MFTs are exposed to a wide variety of human behaviors and interactions; therefore, it is possible that vignettes of families in emotional and interpersonal turmoil will be depicted either in readings, video media, or lecture content. If these things make you uncomfortable, this field is probably not for you. It is never the instructor's intention to offend or shock the students, but experience has shown that for various reasons (typically the student's own life experiences) some students can be offended or experience discomfort during discussions of abuse or other forms of emotional or physical trauma.

Course Objectives:
1. To introduce students to the basics of foundational and contemporary MFT theories.
2. To help students understand the link between theory and practice in MFT.
3. To help students develop an awareness of contextual factors that affect the therapeutic relationship.
4. To develop an awareness of ethical principles relevant to therapy.
5. To develop an awareness of individual and family dynamics that affect the therapeutic relationship.

Course Requirements:
Attendance: Policy as dictated by professor and any institutional guidelines placed here.
Exams: Requirements as dictated by professor and any institutional guidelines placed here.
Reaction Papers: Requirements as dictated by professor and any institutional guidelines placed here

Theory of Change Paper: You will be required to write a 5 page double-spaced paper on your theory of change. In the paper you should address your beliefs on psychopathology, dysfunction, and relational distress. What brings people into therapy? How do people change? How would family therapy or psychotherapy figure into your views? Further, you should be prepared to propose a theory on how to help people move from dysfunctional states to states of more functionality.

1st Draft is due __date__ in-class and will be worth 25 points. You should plan on handing in the best possible work you can do. You will not automatically receive full credit on this draft just because you did the assignment. The papers will be graded and you will be asked questions that you'll need to address in the next draft.

2nd Draft is due __date__ in-class and will be worth 25 points. You must turn in the copy of your first draft, on which I made comments, with this copy.

Participation: If you do not contribute to in-class discussions you cannot receive full credit for participation. Participation includes: attending class, asking questions, answering questions, responding to in-class discussions, meeting with the instructor privately to discuss course content, or even emailing the instructor about topics you wish we could address, etc.

Late work policy: Policy as dictated by professor and any institutional guidelines placed here.
Grading scale: Policy as dictated by professor and any institutional guidelines placed here.

Additional Considerations:
1. Academic integrity – Paragraph here to be dictated by institutional policy
2. Americans with Disabilities Act Statement – Paragraph here to be dictated by institutional policy
3. Important Academic Dates - Paragraph here to be dictated by institutional policy

Textbook:
Goldenberg, I., Stanton, M., & Goldenberg, H. (2017). Family therapy: An Overview (Ninth Edition). Boston, MA: Cengage Learning.

CHAPTER 1

Adopting a Family Relationship Framework

LEARNING OBJECTIVES

LO1 Describe the diversity of contemporary families.
LO2 Explain the importance of family structure and interactive patterns.
LO3 Justify a resiliency-based understanding of family dynamics.
LO4 Explain how gender, race, and ethnicity influence families and family therapy.
LO5 Discuss the evolution of family therapy from cybernetics to constructivism.

CHAPTER OUTLINE

I. Family Systems: Fundamental Concepts
II. LO1 Today's Families: A Pluralistic View
III. LO2 Family Structure
    A. Basic Structural Characteristics
    B. Family Interactive Patterns
IV. Family Narratives and Assumptions
V. LO3 Family Resiliency
VI. LO4 Gender, Race, and Ethnicity and Family Therapy
    A. Gender Roles and Gender Ideology
VII. Cultural Diversity and the Family
VIII. Impact of Gender and Cultural Influences on the Therapist and Therapy
IX. Shifting Perspectives of Family Therapy
    A. Shifting Paradigm: From Individual Psyche to Family System
    B. The Origins of Family Therapy: A New Paradigm Begins to Take Shape
X. LO5 Cybernetics: The Paradigm Shift Continues
XI. Reciprocal Determinism
XII. Second-Order Cybernetics and Postmodernism
XIII. The Identified Patient as Seen from the Different Family Therapy Perspectives

CHAPTER SUMMARY

A family is a natural social system that occurs in a diversity of forms today and represents a diversity of cultural heritages. Embedded in society at large, it is shaped by a multitude of factors, such as its place and time in history, race, ethnicity, socioeconomic status, religious affiliation, and number of generations in this country. The way it functions—establishes rules, communicates, and negotiates differences among members—has numerous implications for the development and well-being of its members. Families display a recurring pattern of interactional sequences in which all members participate.

Those considered to be enabled families succeed at balancing the needs of their members and the family system as a whole. Gender roles and ideologies, cultural background, and social class considerations play decisive roles in behavioral expectations and attitudes. The meanings, understandings, and assumptions a family makes about the world reflect the narratives and stories it has created about itself. Its relational resiliency may enable it to confront and manage disruptive experiences; that resiliency is forged through adversity, not despite it.

Adopting a relationship perspective, family therapists do not negate the significance of individual intrapsychic processes but take the broader view that individual behavior is better understood as occurring within the primary network of a family's social system. Such a paradigm shift from traditional ways of understanding a person's behavior calls for a systemic epistemology in which feedback mechanisms are seen to operate to produce both stability and change. The circular causality involved in what transpires between people within a family forces the family therapist to focus on understanding family processes rather than to seek linear explanations.

While most family therapists adhere to some form of a systemic epistemology, there is a developing schism between those who operate from a first- to a second-order cybernetic model. The latter represents the increasingly influential theories of constructivism and social constructionism. Different models of family therapy consider the identified patients in different ways. Early family therapists believed the symptom itself acts to stabilize the system and relieve family stress. Others viewed symptomatic behavior more as a reaction to family stress than as a protective solution to restore family balance. In another view, it is the repeated but unworkable solutions that themselves become the problem. From a postmodern perspective, breaking with traditional cybernetic notions, symptoms are seen as oppressive, and the family is urged to unite to take back control of its members' lives from these burdensome symptoms.

GROUP/DISCUSSION ACTIVITIES

1. In small groups discuss the differences between families and other social groups. What is unique about the family? What would be included in adopting a family relationship framework?
2. Identify any obstacles the class might see in taking this perspective. Are there benefits?
3. Have class members highlight something from their own family that they had not noticed before reading the chapter.
4. Have class members talk about their cultural identity (race, ethnicity, gender, or religion) and how their family life (individual family culture) either confirms or challenges stereotypes associated with their culture. Support anyone who choses to discuss their sexual orientation and gender identity for the same purpose.
5. Sentence Stems: Write the following sentence stems on the board and have class members fill in the blanks with a variety of responses. Then, discuss the responses and

help the class understand how the manner in which they have completed the sentence stems speaks to their own epistemological positions.

- Families are _____
- Healthy families have _____
- When a family is dysfunctional the cause is most likely related to _____
- Most families need _____
- Family therapists can be most helpful to a family by _____

KEY TERMS

circular causality: The view that causality is nonlinear, occurring instead within a relationship context and through a network of interacting loops; any cause is thus seen as an effect of a prior cause, as in the interactions within families.

constructivism: The belief that an individual's knowledge of reality results from his or her subjective perceiving and subsequent constructing or inventing of the world, rather than resulting from how the world objectively exists.

cybernetics: The study of methods of feedback control within a system, especially the flow of information through feedback loops.

double-bind concept: The view that an individual who receives important contradictory injunctions at different levels of abstraction—about which he or she is unable to comment or escape—is in a no-win, conflict producing situation.

dyad: A liaison, temporary or permanent, between two persons.

ecosystemic approach: A perspective that goes beyond intrafamilial relationships to attend to the family's relationships with larger systems (schools, courts, health care).

epistemology: The study of the origin, nature, and methods, as well as the limits, of knowledge; thus, a framework for describing and conceptualizing what is being observed and experienced.

ethnicity: The defining characteristics of a social grouping sharing cultural traditions, transmitted over generations and reinforced by the expectations of the subgroup in which the individual or family maintains membership.

feedback: The reinsertion into a system of the results of its past performance, as a method of controlling the system.

first-order cybernetics: A view from outside of the system of the feedback loops and homeostatic mechanisms that transpire within a system.

identified patient (IP): The family member with the presenting symptom; thus, the person who initially seeks treatment or for whom treatment is sought.

interpersonal: Interactional, as between persons.

intrapsychic: Within the mind or psyche; used especially in regard to conflicting forces.

linear causality: The view that a nonreciprocal relationship exists between events in a sequence, so that one event causes the next event, but not vice versa.

monad: Properties or characteristics of a single individual.

narrative therapy: A postmodern therapeutic approach in which the therapist and family members co-construct new stories about their lives that encourage the possibility of new experiences.

nuclear family: A family composed of a husband, wife, and their offspring, living together as a family unit.
paradigm: A set of assumptions, delimiting an area to be investigated scientifically and specifying the methods to be used to collect and interpret the forthcoming data.
postmodern: A philosophical outlook rejecting the notion that there exists an objectively knowable universe discoverable by impartial science, and instead arguing that there are multiple views of reality ungoverned by universal laws.
resilience: The ability to maintain stability and rebound in response to loss or trauma.
second-order cybernetics: A view of an observing system in which the therapist, rather than attempting to describe the system by being an outside observer, is part of what is being observed and treated.
stepfamily: A linked family system created by the marriage of two persons, one or both of whom has been previously married, in which one or more children from the earlier marriage(s) live with the remarried couple.
system: A set of interacting units or component parts that together make up a whole arrangement or organization.
triad: A three-person set of relationships.

CHAPTER 2

Family Development: Continuity and Change

LEARNING OBJECTIVES
LO 1 Understand the family life cycle model
LO 2 Recognize how individual family diversity may modify that family's life cycle
LO 3 Learn the stages of the family life cycle

CHAPTER OUTLINE
I. LO 1 Developing a Life Cycle Perspective
II. Identifying Developmental Tasks
III. Conceptualizing the Life Cycle: Some Preliminary Cautions
IV. LO 2 Family Diversity May Modify Life Cycle Stages
V. The Family Life Cycle Framework
VI. LO 3 Family Life Cycle Stages
VII. Continuity and Change Throughout the Family Life Cycle
VIII. A Family Life Cycle Stage Model
IX. The Developmental Stages
X. Family Transitions and Symptomatic Behavior
XI. Family Life Cycles: A Multidimensional, Multicultural, and Multigenerational Perspective
XII. Critiques of the Stage Model
XIII. The Stages of Family Development
XIV. "Coupling" and Preparing for Parenthood
XV. The Arrival of Children
XVI. Coping with Adolescence
XVII. Leaving Home
XVIII. Reorganizing Generational Boundaries
XIX. Retirement, Illness, Widowhood
XX. LO 2 Other Developmental Sequences in Families
XXI. Single-Parent–Led Families
XXII. Remarried Families
XXIII. Families with Gay or Lesbian Members

CHAPTER SUMMARY
Generations within a family have an enduring, reciprocal, life-shaping impact on one another as they move through family life cycle stages. In this multigenerational view, continuity and change characterize family life as the family system progresses through transitions over time. While the progression is generally orderly and sequenced, certain discontinuous changes may be particularly disruptive. Socioeconomic status and cultural background influence the options, opportunities, and resources available to families for coping with unforeseeable demands for adaptation. The appearance of symptomatic behavior in a family member at transition points in the family life cycle may signal that the family is having difficulty in

negotiating change.

The family life cycle perspective—dividing family development into a series of stages through which each family inevitably passes—offers an organizing theme for viewing the family as a system moving through time. Specific developmental tasks are expected to be accomplished at each stage en route. Family therapists, particularly structuralists and strategists, are especially interested in how families navigate transitional periods between stages. Passing expected milestones as well as dealing with unexpected crises may temporarily threaten the family's usual developmental progress, causing realignments in the family's organization. Among immigrant families, migration presents an especially stressful set of circumstances that may be traumatic and negatively affect family life cycle development. Intact families typically proceed chronologically through a series of family growth phases—coupling (partners moving from independence to interdependence), expansion (accommodating children), and, later, contracting (as children move on). Old hierarchical boundaries between parents and children are likely to be replaced by a greater peer relationship as the children reach middle age. Retirement, grandparenthood, widowhood, and chronic illness/ caregiving all represent major adaptational challenges for the family system as parents reach old age. Alternative families, such as those led by single parents (as a result of divorce, adoption, out-of-wedlock births, donor insemination, widowhood) or those for which remarriage has created a stepfamily (most often a stepfather and custodial mother) inevitably experience disruptions in the family life cycle before resuming their orderly development. Families led by gay or lesbian couples are likely to experience life cycle stresses and transitions similar to those of heterosexual families, in addition to those unique to their marginalized status in society. Children raised by gay or lesbian parents are apt to develop patterns of gender-role behavior similar to those developed by all other children.

GROUP/DISCUSSION ACTIVITIES

1. Have random students identify the stage of development their own family is currently at. Ask, "Is it possible that one member of your family sees themselves as being in a very different stage than you? How?"
2. Play: Name that stressor. Prepare on cue cards (or write on the board) a random list of stressors, both vertical and horizontal. Have the students identify the stressor as either vertical or horizontal according to the reading in the chapter. Throw in some trick questions (stressors that might be both) for the purpose of discussion. Wrap up by facilitating a discussion on the topic of, "How helpful is it to classify these stressors as either vertical or horizontal?"
3. Invite a panel of gay and/or lesbian adults to the class to discuss the family life cycle and how "coming out" and subsequently living openly has affected the life cycle. (You will need to prepare the guests and familiarize them with the life cycle stages prior to the activity.)
4. Discuss the impact of natural disasters on family development (i.e., hurricanes, tornadoes). Then, contrast natural disasters with man-made trauma, sexual assault, war, mugging, etc. to see how the family life cycle is impacted differently.

5. Briefly have pairs of students discuss the developmental sequence of their family of origin, noting how their family moved through the transition points.

GLOSSARY TERMS

binuclear family: A post-divorced family structure in which the former spouses reside in separate households and function as two separate units; in living separately, their nuclear family is thus restructured but remains intact.

developmental tasks: Problems to be overcome and conflicts to be mastered at various stages of the life cycle, enabling movement to the next developmental stage.

family life cycle: The series of longitudinal stages or events that mark a family's life, offering an organizing schema for viewing the family as a system proceeding through time.

joint legal custody: A term used in the law to denote the rights of divorced parents to share in certain major decisions (e.g., religious upbringing or choice of schools) regarding their children.

CHAPTER 3

Diversity in Family Functioning

LEARNING OBJECTIVES
LO 1 Understand how ethnicity and culture impact family life
LO 2 Describe gender in family therapy from a feminist perspective
LO 3 Recognize how men's studies have contributed to gender role awareness
LO 4 Explain the characteristics of a gender-sensitive family therapist
LO 5 Describe the effects of socioeconomic status and poverty on family functioning

CHAPTER OUTLINE
I. LO 1 Multicultural and Culture-Specific Considerations
II. Culture-Sensitive Therapy
III. Developing a Multicultural Framework
IV. Cultural Specificity and Family Systems
V. Gender Issues in Families and Family Therapy
VI. LO 2 Feminism and Family Therapy
VII. Feminist Reexamination of Family Therapy Theory and Practice
VIII. Gender, Work, and Family Life
IX. LO 3 Men's Studies and Gender-Role Awareness
X. LO 4 Therapy from a Gender-Sensitive Perspective
XI. LO 5 Socioeconomic Status and Family Functioning
XII. Therapy and Social Justice

CHAPTER SUMMARY
Culture, gender, and socioeconomic status are key interrelated factors in shaping lives. Cultural diversity is an important part of American life, and family therapists have widened their focus from the family to include larger sociocultural contexts that influence behavior. A multicultural emphasis urges therapists to be more culturally sensitive before undertaking assessments, forming judgments, or initiating interventions with families whose backgrounds are different from theirs. Otherwise, therapists risk misdiagnosing or mislabeling unfamiliar family patterns as abnormal. Gaining greater awareness of their own culturally based values, assumptions, and beliefs should help therapists work more effectively with ethnic families. A culturally specific emphasis asserts the importance of learning about culturally based family patterns of specific groups. In regard to gender, men and women are reared with different expectations, experiences, attitudes, goals, and opportunities, and these differences influence later culturally prescribed role patterns in family relationships. Family therapists have only recently begun to fully recognize the impact of these early patterns on current family life. Feminists contend that psychological research and clinical practice have been filled with outdated patriarchal assumptions and offer a male-biased perspective of sex roles and gender-defined functions within a family. They reject certain cybernetic concepts such as circular causality because such concepts fail to acknowledge differences in power and control between

men and women, in effect blaming the victim for her victimization. The entry of women across all socioeconomic statuses in large numbers into the workforce has also helped break some long-held stereotypic views regarding the distribution of work and family responsibilities between husband and wife. Gender-sensitive therapy is directed at empowering clients, male and female, to move beyond prescribed sex roles based on biological status to ones in which they can exercise choice. Social class considerations also influence family lifestyles. Living in poverty, whether temporarily or as part of poverty patterns extending over generations, may erode family structure and create underorganized families. In poor families, life cycle progression is sometimes accelerated by teenage pregnancy, which limits educational or financial security and future marital stability.

Many therapists today assert a link between the professional values they hold regarding the important considerations of culture and gender in clinical work and the broader values of social justice. They connect clinical practice and the values of social equity and human rights in the community and
throughout society as a whole.

GROUP/DISCUSSION ACTIVITIES

1. Have groups of 3–4 students with (if possible) males and females within each group. Discuss what "gender sensitive family therapy" means for males and females. Identify what core issues might be involved given the differences in behavior, attitude, and socialization.
2. Within groups of 3–5 students have each student discuss what "cultural filters" they bring with them. Have them process where they are in developing a "culturally sensitive framework."
3. Ask the men in the class to consider the following: When you walk on campus at night what goes through your mind? After receiving their answers (maybe write them on the board) ask the women the same question and put their answers on the board as well. Contrast the difference between men and women in the area of safety and escape planning in case of attack. (Men tend not to think about safety issues to the same degree as women.)
4. Discuss the idea of being a hidden minority. How is it that some people feel that they are minorities in a particular setting even though they may look like the rest of the group? (This is typically experienced by people with a specific set of religious beliefs, gay people who are not yet "out," or racial minorities who do not seem to identify with the stereotypes often attributed to their specific group.) Why would this be important to know as a family therapist?
5. Think – Pair – Share: Have students get into dyads and answer the following personal questions:
   - I am prejudiced against _____
   - My earliest memory of being different than the majority culture was _____
   - The group of people I understand the least are _____
   - The minority group I most identify with is _____

- Sometimes I do not like the views I have about certain groups of people. True or False
- After the students have shared their answers with each other have them comment on the exercise. (Do not require the students to share their answers unless they are totally willing to do so, and the classroom environment is willing to accept the answers.)

GLOSSARY TERMS

culture: Shared behaviors, meanings, symbols, and values transmitted from one generation to the next.

feminist family therapy: A form of collaborative, egalitarian, nonsexist intervention, applicable to both men and women, addressing family gender roles, patriarchal attitudes, and social and economic inequalities in male-female relationships.

gender: A learned set of culturally prescribed attitudes and behaviors as masculine or feminine, associated with but distinct from the biological status of being male or female.

gender-sensitive family therapy: A therapeutic perspective, regardless of theoretical persuasion, that examines the impact of gender socialization on the outlooks, attitudes, behaviors, and interpersonal relationships of men and women; its aim is to empower clients to make sexist-free role choices rather than be limited by roles determined by their biological status as male or female.

ethnicity: the fact or state of belonging to a social group that has a common national or cultural tradition

CHAPTER 4

Systems Theory and Systemic Thinking

LEARNING OBJECTIVES
LO 1 Describe potential problems with using only the scientific method to explain family functioning
LO 2 Explain systemic functioning using a paradigm or descriptive model
LO 3 Discuss some characteristics of a family system
LO 4 Apply systemic thinking to family therapy

CHAPTER OUTLINE
I. LO 1 Extending Beyond the Scientific Method
II. LO 2 Seeing the System
III. LO 3 Some Characteristics of a Family System
IV. Organization and Wholeness
V. Family Rules and Patterns
VI. Family Homeostasis or Adaptation?
VII. Feedback, Information, and Control
VIII. Subsystems and Suprasystems
IX. Boundaries
X. Open and Closed Systems
XI. Families and Larger Systems
XII. Family–School Interventions
XIII. Family–Healthcare Interventions
XIV. Family Interventions with Other Populations
XV. LO 4 Systemic Thinking in Family Therapy Practice
XVI. Critiques of Systems Theory

CHAPTER SUMMARY
Systems theory provides the theoretical underpinnings for much of current family therapy theory and practice. It is important for family therapists to see the system, using an organizing framework or paradigm to include the relevant systemic factors in treatment.

The concepts of organization and wholeness emphasize that a system operates as an organized whole that is greater than the sum of its parts and that such a system cannot be adequately understood if broken down into its component parts. A family represents a complex relationship system in which causality is complex and multidimensional. Family rules, for the most part unstated but understood by family members, help stabilize and regulate family functioning. Change is common in families as they face life cycle adjustments and continue across time. When changes are called for, negative as well as positive feedback loops may facilitate change and help restore equilibrium, in the latter case by promoting discontinuity and the achievement of homeostasis at a new level.

Subsystems carry out specific family functions. Particularly significant are the spousal, parental, and sibling subsystems. Boundaries help separate systems, as well as subsystems within the overall system, from one another. Their clarity and permeability are more germane to family functioning than is their membership composition. Families vary in the extent to which they are open systems; relatively closed systems run the risk of entropy or decay and disorganization. Schools, healthcare, substance abuse treatment, and severe mental illness programs represent an interlocking of systems, in which interventions at various levels can offer a coordinated and successful approach to changing problem behavior. On the other hand, the unbending rules of some institutions may negate any therapeutic gain. Although these systems are often effective in solving problems, confusion may result from competing definitions of the family problem and conflicting solutions offered by different helpers. Ecomaps offer useful visual devices for clarifying the family's relations with interlocking programs to improve coordination among agencies.

GROUP DISCUSSION/ACTIVITIES

1. Have groups of 3–4 students discuss their own family of origin by identifying one or two rules that were operative as they were developing. Make a list of these rules and then each group reports to the class.
2. In the same size groups (3–4 students) have the students identify at least two other larger systems (such as religion, health care, private or public schools) that interacted with their family of origin. Describe in some detail what the nature of this interaction was.
3. Invite one student to "sculpt" their family system of origin in front of the class. Assign to each participant something that the person they are representing would say during a typical family interaction (have them repeat the words). Have each participant comment on what it felt like to be part of that family system and things that they felt compelled to do in their role. Finally, process with the individual his or her response to seeing the sculpt. Ask the class for questions or comments.
4. Present a video clip of a family dinner setting or similar family gathering from a popular movie. Have the class comment on systems concepts they saw highlighted in the clip.
5. Have students describe a time when they realized that their family system was dramatically different from the family life of their friends. Process with them their reactions to this discovery. Did they envy their friends, were they more appreciative of what their own family was like?

GLOSSARY TERMS

boundary: An abstract delineation between parts of a system or between systems, typically defined by implicit or explicit rules regarding who may participate and in what manner.
closed system: A self-contained system with impermeable boundaries, operating without interactions outside the system, resistant to change and thus prone to increasing disorder.
digital cry for help: insight into the inner thoughts and lives of people through hashtags,

vague or implicit comments/images, as well as identification with certain sites and groups.
digitally tethered: shifting relationships due to ease of accessibility through mobile devices
ecomap: An appraisal tool designed to graphically depict a family's connections with outside agencies and institutions, enabling the therapist to examine pictorially those relationship bonds that connect the family to these systems.
entropy: The tendency of a system to go into disorder, and if unimpeded, to reach a disorganized and undifferentiated state.
epistemology: a set of thinking rules used by groups of people to define reality or "how we know what we know."
feedback loops: Those circular mechanisms by which information about a system's output is continuously reintroduced back into the system, initiating a chain of subsequent events.
geolocation-based services: computer program-level services that use location data to control features.
homeostasis: A dynamic state of balance or equilibrium in a system, or a tendency toward achieving and maintaining such a state in an effort to ensure a stable environment.
information processing: The gathering, distilling, organizing, storing, and retrieving of information through a system or between that system and larger systems.
marital quid pro quo: An initial rule arrangement or bargain between husband and wife regarding the ways in which they intend to define themselves vis-à-vis one another in the marital relationship.
metarules: A family's unstated rules regarding how to interpret or, if necessary, to change its rules.
negative feedback: The flow of corrective information from the output of a system back into the system in order to attenuate deviation and keep the system functioning within prescribed limits.
negentropy: The tendency of a system to remain flexible and open to new input, necessary for change and survival of the system.
open system: A system with more or less permeable boundaries that permits interaction between the system's component parts or subsystems and outside influences.
organization: The notion that the components of a system relate to each other in some consistent fashion, and that the system is structured by those relationships.
paradigm: a systemic framework
positive feedback: The flow of information from the output of a system back into the system in order to amplify deviation from the state of equilibrium, thus leading to instability and change.
redundancy principle: Repetitive behavioral sequences within a family.
sexting: sending and receiving sexually explicit messages, primarily between mobile phones.
suprasystem: husband, wife, children, and extended family members
subsystem: An organized, coexisting component within an overall system, having its own autonomous functions as well as a specified role in the operation of the larger system; within families, a member can belong to a number of such units.
suicide: the action of killing oneself intentionally.
systemic thinking: the process of understanding how those things which may be regarded as

systems influence one another within a complete entity, or larger system.
systems theory: A generic term in common use, encompassing general systems theory and cybernetics, referring to the view of interacting units or elements making up the organized whole.
textual harassment: sending multiple texts in succession
wholeness: The systems view that combining units, components, or elements produces an entity greater than the sum of its parts.

CHAPTER 5

Origins and Growth of Family Therapy

LEARNING OBJECTIVES
LO 1 Explain key developments in the historical roots of family therapy
LO 2 Describe how marital and sex counseling played a role in the origins of family therapy
LO 3 Discuss how the child guidance movement and group therapy influenced the emergence of family therapy
LO 4 Explain at least one trend in each decade of the progressive development of family therapy

CHAPTER OUTLINE
I. LO 1 Historical Roots of Family Therapy
II. Studies of Schizophrenia and the Family
III. Fromm-Reichmann and the Schizophrenogenic Mother
IV. Bateson and the Double Bind
V. Lidz: Marital Schism and Marital Skew
VI. Bowen, Wynne, and NIMH Studies
VII. LO 2 Marriage and Premarriage Counseling
VIII. LO 3 The Child Guidance Movement
IX. LO 4 Group Dynamics and Group Therapy
X. LO 5 The Evolution of Family Therapy
XI. From Family Research to Family Treatment (1950s)
XII. The Rush to Practice (1960s)
XIII. Innovative Techniques and Self-Examination (1970s)
XIV. Professionalization, Multiculturalism, and a New Epistemology (1980s)
XV. Integration, Eclecticism, and the Impact of Constructionism (1990s)
XVI. Ecological Context, Multisystemic Intervention, and Evidence-Based Practice (2000s)
XVII. The Core Competency Movement (2000–present)

CHAPTER SUMMARY
Five seemingly independent scientific and clinical developments together set the stage for the emergence of family therapy: systems theory, exploring how relationships among parts of a system make up an integrated whole; schizophrenia research, helping establish the role of the dysfunctional family in schizophrenia and setting the stage for studying interaction patterns in other kinds of families; marital and premarital counseling, bringing couples into conjoint treatment to resolve interpersonal conflicts rather than treating the participants separately; the child guidance movement, focusing on intervention with entire families; and group dynamics and group therapy, employing small-group processes for therapeutic gain and providing a model for therapy with whole families.

Stimulated by the research-oriented study of families with schizophrenic members, the family

therapy movement gained momentum and national visibility in the 1950s. However, technique continued to outpace theory and research well into the 1970s. Innovative therapeutic techniques were introduced, including behavioral approaches to family-related problems. By then, the field was growing at a rapid rate, and a number of efforts aimed at self-awareness and self-evaluation were undertaken. Most noteworthy was the feminist critique of family therapy, challenging family therapy tenets that reinforced sexist views and stereotypical sex roles.

In the 1980s, marital therapy and family therapy became an all-but-unified field. Practitioners from a variety of disciplines made "family therapist" their primary professional identification when joining interdisciplinary organizations. A new epistemology, challenging the early cybernetic notions, gained attention. Medical family therapy was introduced, increasing collaborative efforts with physicians. Psychoeducational programs, especially with schizophrenics and their families, gained prominence, as did efforts to develop cultural competence in working with diverse ethnic groups.

The trend, begun in earnest in the 1990s, was away from strict adherence to "schools" of family therapy and toward integration. Today the constructionist paradigm concerns itself more with helping families examine their belief systems than with intervening in order to change their underlying structure or behavior patterns. At the same time, managed care has imposed limitations on the customary ways of practicing family therapy. Today's family therapists are paying closer attention to gender and cultural issues and to ecosystemic analyses as well as spiritual and religious considerations in the lives of their clients. Researchers, practitioners, consumers, and insurance company payers are seeking evidence-supported interventions in an effort to improve the quality and cost effectiveness of clinical services. These efforts are mirrored by the ongoing examination and revision of core competencies that ensure trainees and practitioners remain fully able to practice their profession. The establishment of core competencies also helps a field gain and deepen professional status and influence.

GROUP/DISCUSSION ACTIVITIES

1. In-class discussion: Have the class discuss why is it important to know and understand the history of the field.
2. Have students list what they see as the benefits and the detractors to marriage and family therapists joining the mainstream of mental health practitioners.
3. After reviewing the major happenings in each decade, have the class identify a phrase or saying to help them remember the key family therapy related events of each time period (i.e., the Schizophrenic Sixties, Satir in the Seventies, etc.)
4. Internet In-class Activity: On the Internet go to a major search engine. Have the students identify key words to do a search on the topic of schizophrenia and its origins. Examine two or three of the result pages. Explain or have the students draw conclusions about how the research in this area has changed dramatically from what has been presented in this chapter.
5. On the board: list the six core competency domains as determined by the AAMFT.

How do the competencies support both therapists and clients. Discuss difficulties that can emerge in clinical practice when considering competencies from different theoretical perspectives. Are competencies and theories always compatible? Explain.

GLOSSARY TERMS

conductor: A type of family therapist who is active, aggressive, and charismatic, openly and directly confronting the family's dysfunctional interactive patterns.

encounter group: A kind of therapeutic group in which intense interpersonal experiences are promoted in order to produce insight, personal growth, and sensitivity to the feelings and experiences of others.

family crisis therapy: A crisis-oriented therapeutic approach in which the family as a system is helped to restore its previous level of functioning; in some cases, as with schizophrenia, rehospitalization can be avoided.

family group therapy: The intervention technique developed by Bell based on social-psychological principles of small-group behavior.

managed care: A system in which third-party payors regulate and control the cost, quality, and terms of treatment of medical (including mental health) services.

marital schism: A disturbed marital situation characterized by family disharmony, self-preoccupation, the undermining of the spouse, and frequent threats of divorce by one or both partners.

marital skew: A disturbed marital situation in which one partner dominates the family to an extreme degree, and in which the marriage is maintained at the expense of the distortion of reality.

medical family therapy: A form of psychoeducational family therapy involving collaboration with physicians and other health care professionals in the treatment of persons or families with health problems.

multiple family therapy: A form of therapy in which members of several families meet together as a group to work on individual as well as family problems.

multiple impact therapy: A crisis-focused form of intervention in which members of a single family are seen all together, or in various combinations, for intensive interaction with a team of professionals over a two-day period.

network therapy: A form of therapy, typically carried out in the home of a patient (for example, a schizophrenic recently discharged from a hospital), in which family members, friends, neighbors, and other involved persons participate in treatment and rehabilitation.

pseudohostility: A process by which families employ bickering and turmoil to maintain their relationship, avoiding tenderness and covering up deeper feelings, often of greater underlying hostility.

pseudomutuality: A homeostasis-seeking relationship between and among family members that gives the surface appearance of being open, mutually understanding, and satisfying, when in fact it is not.

psychodrama: A form of group therapy in which participants role-play themselves or significant others in their lives to achieve catharsis or to resolve conflicts and gain greater spontaneity.

reactor: Therapist whose style is subtle and indirect, and who prefers to observe and clarify the family process rather than serve as an active, aggressive, or colorful group leader.
rubber fence: As proposed by Wynne, a shifting boundary around a family, intended to protect them from outside contact, arbitrarily permitting certain acceptable bits of information to penetrate, but not others.
schizophrenia: A group of severe mental disorders characterized by withdrawal from reality, blunted or inappropriate emotion, delusions, hallucinations, incoherent thought and speech, and an overall breakdown in personal and social functioning.
schizophrenogenic mother: According to Fromm-Reichmann, a cold, domineering, possessive but rejecting mother (usually married to an inadequate, passive husband) whose behavior toward her son is thought to be a determining factor in his schizophrenic behavior.

