

Chapter 1

THE HISTORY OF FAMILY THERAPY *Conceptual and Clinical Influences*

Family therapy as a distinct method of psychotherapy practice did not actually emerge until the early 1960s. However, the conceptual and clinical influences that informed the development of family therapy can be traced to a much earlier period. The task in this chapter is to identify some of the major social factors as well as those conceptual, research, and clinical efforts that nourished the soil for the growth of family therapy as a treatment modality. Whereas the seeds of contemporary family therapy were planted by those engaged in family-centered research on the etiology of schizophrenia in the 1950s, the tillers of this soil were from a much earlier historical period. Beginning with the development of professional social work in the Progressive Era of the late 19th and early 20th centuries, along with the early group work, marriage counseling, and child guidance movements in the early 20th century, the soil from which family therapy was to spring forth was duly cultivated (Becvar & Becvar, 2000; Nichols & Schwartz, 2008; Sayger, Homrich, & Horne, 2000).

This soil was to be enriched in the late 1940s and early 1950s by the development of cybernetics, systems, and communication theory. These theories, informed by concepts from multiple disciplines including sociology, anthropology, and biology, provided powerful theoretical frameworks for a more in-depth understanding of the complexities of family interaction. These theories provided the conceptual framework for much of the early family-centered research on schizophrenia. These research initiatives challenged the dominant psychoanalytic

understanding that emotional disorders were of intrapsychic origin by postulating the rather innovative and then novel hypothesis that these disorders were symptomatic of troubled family relationships. It was then up to a group of innovative clinicians in the 1960s who applied this research to psychotherapeutic work with families. Based on their creative and groundbreaking work with families, family therapy truly emerged in the 1970s as a clinical method to address issues of emotional suffering in families.

The history of family therapy also reveals profound paradigm shifts in understanding the causative factors that contribute to emotional disorders. In the following discussion, these paradigm shifts will become evident as we examine the many theoretical and clinical influences on the formation of the varied family therapy models. As we will see in this discussion, the historical development of family therapy reveals initially a challenge to the notion of the *autonomous self* with the systems-based concepts of the *relational self*. We will also see how some contemporary family therapy models are now grounded in the notion of the *narrative self*.

It is without saying that one of the earliest and enduring paradigms for understanding the human self is based on the notion of individualism, self-reliance, or what can be labeled as the autonomous self. This notion of the autonomous self as containing the psychological and structural property of self-agency coupled with the belief in the self's ability to stand independently over and against other selves and its environment has been the foundational assumption of much of the psychology treatment models especially in the first half of the 20th century. Based on the paradigm of the autonomous self, emotional disorders were viewed as symptomatic of a disordered (inner) self. Even though the family unit has always been valued as a basic social institution in society, the family was seen as a collection of individuals or an institution that could either support or impede the development of the *autonomous self*.

There were two significant sociological theories, symbolic interactionism and later structural functional theories that challenged the notion of the autonomous self with the understanding that the human self was embedded in a system of human relationships. With the emergence of systems and communication theories, those theorists and researchers who were giving attention to understanding mental disorders such as schizophrenia confirmed that the human self was indeed a relational and communicating being. And this self is embedded in a system of relational networks, the primary one being the family. This concept of the human self as embedded or as the *relational self* was to be the guiding paradigm for early family therapy. For early family therapists, the source of human emotional suffering was seen as symptomatic of disordered family relationships and/or disordered family communication patterns.

The third paradigm, which reflects a more contemporary and postmodern perspective of the self, is the *narrative self*. This postmodern understanding of the self provides a unique insight into understanding families by giving attention to how family members construct their intrafamilial experiences through language. Language is the means of organizing and structuring life experiences. It is the narrative that individuals construct about their lives that provides them with a sense of personal identity. Narratives further reveal the significance of individuals' lived experience within the context of their social worlds (Gergen, 1999; Polkinghorne, 1988). Here the focus shifts from examining relational interactions and communication patterns to examining the meaning embedded in narrative forms of expression. Human actions and relationships as expressed through narratives or stories are seen as efforts to create meaning out of personal experiences. These efforts at meaning construction are reflected in narratives or stories that give organization and structure to a person or family (Kilpatrick & Holland, 2009). Thus family problems are located within narrative constructions of meaning. The narrative emphasis on "meaning" is further supplemented by a focus on ways in which broader sociopolitical influences impact family and individual narratives.

As the history of family therapy unfolds in this chapter it will be apparent that the following account will be both chronological and thematic. The chronological account will attempt to locate key events and movements in the history of family therapy in terms of a timeline. Yet, as will be seen, there were research efforts, social movements, and clinical initiatives that occurred at the same point in time and were independent of each other. These efforts, movements, and initiatives are joined together by a thematic connection as they were addressing the same clinical, research, or conceptual issues often without mutual awareness. It is the confluence of these events and themes that forms the historical narrative of family therapy.

THE PROGRESSIVE ERA AND EMERGING CONCERNS ABOUT THE FAMILY

The opening chapters of the history of family therapy were written in the late 19th century. Beginning in 1890 and ending at the start of the Great Depression, this era in American history known as the Progressive Era was a time marked by the appearance of a wide range of social and political reform movements. It was during this period that the United States witnessed a dramatic shift from an agrarian-based society to an industrialized urban society. Because of this transition many urban families found themselves coping with an array of issues stemming from rapid social change resulting from the impact of the industrial revolution and rapid

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urbanization. Social problems such as poverty, increasing social dislocation, immigration, illiteracy, disease, exploited labor, and slum housing adversely impacted the lives of increasing numbers of individuals and families.

Many of these families often found themselves living in crowded tenements with more than one family living in small and rodent-infested quarters. Many individuals, including children, also found themselves working in the highly dangerous, unsafe, and exploitative conditions in the emerging factory system. Living in such marginally economic and otherwise vulnerable conditions these individuals were without the benefit of health protection and coverage for themselves and their families.

These conditions along with the increasing number of European and Asian immigrants generated concern among many Americans about the seeming deterioration of the social and moral fabric of American society. There were those individuals who viewed these changing social conditions with a sense of moral concern and social responsibility. These individuals, later to be labeled as “Progressives,” engaged in an array of efforts to bring about social reform in such areas as child labor, worker compensation, health care services, and the responsiveness of local governments to the needs of urban residents.



Photo 1.1 Many families at the turn of the 20th century were beginning to experience the impact of the industrial revolution and rapid urbanization

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These reformers, influenced if not inspired by an ideological commitment to the ideas of the potential for social progress, believed that through their reform efforts and initiatives the ills of urban society could be ameliorated. Their efforts were a further expression of a *modernist* view of society. Modernism was descriptive of a period in European culture from the late 19th to the mid 20th century. As an expression of 18th-century European Enlightenment philosophy, modernist thought emphasized a faith in reason, freedom, and social progress. Imbued with an optimistic spirit there was this sense during the Progressive Era that through human reason, science, technology, and political initiatives the ills of society could be understood and ameliorated.

The Emergence of Professional Social Work

The Progressive Era witnessed the emergence of two organizations or movements that herald the beginnings of organized efforts to respond to the needs of those troubled families who became victims of the effects of those rapid social changes borne by urbanization and industrialization. Through the efforts of the Charity Organization Society (COS) and the Settlement House Movement, the concerns about the disruptive influences of urban life on family living became the focus of public interest and social intervention. Each of these movements gave recognition that on some level families required some form of organized and sustained intervention to help them cope with the vicissitudes of urban living. Though both movements were still held captive by the dominant social value placed on individualism and “self-reliance,” both the Charity Organization Society and the Settlement House movement began to indirectly challenge this individualistic perspective by their belief that individuals experiencing problems in living might be best understood and helped by being viewed within the context of their family, community, and social, political, and economic environments (Davis, 1973; Janzen, Harris, Jordan, & Franklin, 2006).

Charity Organization Society

Armed with the belief in the Progressive ideology, these early Charity Organization Society staff, called “friendly visitors,” attempted to build helping relationships with poor urban families. Their goal was to help these families cope with the stresses of urban living. The focus of help provided by the early friendly visitors was through the provision of in-home charity support and concrete assistance. While such services were obviously needed, these helpers were guided by the belief that a family’s failure to cope with the problems of living was as much due to individual character defects and moral failures as to environmental or societal factors.

As the initial work of the friendly visitors was marked by goodwill informed by a parochial and moralistic understanding of human behavior, Mary Richmond, a director of the COS, sought a more systematic method for assessing and understanding family and individual needs. In giving attention to a more in-depth assessment or “social diagnosis” of individual or family needs (Richmond, 1917), she also emphasized the need for supportive counseling of the individuals within their family context. Though Richmond brought the family to the foreground of attention for early social casework diagnosis, her writings did not suggest involving family members as a group in the intervention activities. Still the focus of change remained on the individual though acknowledging that understanding the individual within the context of his or her family was important in developing a social diagnosis.

Settlement House Movement

Whereas the focus of the Charity Organization Society was on the individual within the family, the Settlement House Movement gave attention to the family within the broader environment. The Hull House founded by Jane Addams and Ellen Gates Starr in 1889 viewed family problems as resulting from debilitating environmental conditions. Contrary to the “moral treatment” orientation of the friendly visitors, those within the Settlement House Movement sought to change those societal, city, and neighborhood conditions that had a deleterious impact on family life. As such, this movement shifted the intervention orientation from a sense of “moral responsibility” to one of “social responsibility” (Hull & Mather, 2006). In other words, the concern of the Settlement House workers emphasized increased social and public responsiveness to family and human need rather than addressing defective individual moral character.

Settlement Houses were often set up in immigrant neighborhoods. These community-based settings provided a venue for both individuals and families to learn those life skills that would enable the participants to support their families. These life skills were taught through educational programs, recreation activities, and other forms of social and community involvement. In these various activities the Settlement Houses provided the opportunity for individuals and families to come together for mutual support and assistance. It is important to note that the focus of these activities was more on providing the participants with those life skills that would enable them to better assimilate into a dominant culture that reflected White middle-class values and cultural habits (Hull & Mather, 2006).

THE EARLY RESEARCH ON GROUP DYNAMICS

The activities within the Settlement Houses were often conducted within small informal groups. As such, the use of groups in the Settlement House Movement was a major impetus for the later development of group work as a major modality of helping within professional social work. Concurrent with the use of groups in the early years of professional social work there were a number of social scientists who began to turn their attention to studying group dynamics. For example, in the late 19th century there were studies on the impact of groups on individual behavior (Triplett, 1898). Additional studies on the impact of groups on individual task performance were conducted in the early 1900s (Allport, 1924; Moede, 1920).

In addition to the above studies, there were other social scientists in the 1930s who further examined the influence of groups on individuals. One example is the seminal research conducted by Lewin, Lippett, and White (1939). This work, which examined the influence of groups and group members on different leadership patterns, prompted additional research on such group dynamics including issues such as leadership styles, group productivity, and group decision making. In Lewin's (1946) later research on group dynamics he introduced several key concepts such as roles, norms, and group cohesion that would contribute to understanding the family as a group. Another key insight that emerged from his research was the impact of group dynamics on promoting group members' self-awareness and insight.

One of the major contributions to family therapy that can be gleaned from the early research on group dynamics was the awareness that in order to be effective in working with groups one must have both an understanding of group dynamics and a particular set of skills in conducting small groups. The implication of this awareness was obvious for the field of family therapy. And some early family therapists turned to group therapy and group dynamics as a model for conducting therapy with families.

THE MARRIAGE COUNSELING MOVEMENT

Another precursor to the family therapy movement was the marriage counseling movement in the 1920s. During this period, greater social attention was being given to providing troubled couples with information, support, counseling, and guidance. Though there were no individuals specifically trained as marriage counselors, such counseling was provided by a number of professionals who interfaced with couples as a part of their professional work (Broderick & Schrader, 1981). This diverse group of marriage counselors composed of clergy, lawyers, gynecologists, social

workers, and college professors often presented itself to the public as a group of family life specialists. It was not unlikely that these professionals were perceived as specialists in family life, for it was often these professions that couples turned to at significant times in the life of a family—times that included birth, marriage, illness, and death. Many of the couples who sought the services of these counselors were primarily seeking guidance about the everyday facts of marriage and family life rather than help in resolving relationship issues. These counseling efforts included premarital counseling, guidance to newlywed and married couples who were seeking it, and support and information on the legal and social obligations pertaining to marriage (Barker, Kessler, & Lehn, 1984). Much of this “marital counseling” utilized a range of psycho-educational approaches rather than focusing on an exploration of individual psychological dynamics (Broderick & Schrader, 1981).

As marriage counseling began to gain more public recognition and professional status, two physicians, Abraham and Hannah Stone, opened up a marriage consultation center in 1929 and offered professional marriage counseling at the Community Church in New York City. The next efforts at institutionalizing marriage counseling occurred in the 1930s with the formation of the American Institute of Family Relations, the Marriage Counsel of Philadelphia, the Groves Conference on Marriage and Family, and the National Council on Family Relations. Leaders from these two latter organizations formed the American Association for Marriage and Family Therapy in 1942. While the profession of marriage counseling underwent its own professional development into what is now referred to as marriage or couples therapy, this treatment modality shares some of the same history with family therapy.

THE CHILD GUIDANCE MOVEMENT

As with the marriage counseling movement the child guidance movement had its origin in the Progressive Era and the efforts of Clifford Beers, who sought to improve the care and treatment of people in mental hospitals. Beers emerged as a national advocate for mental health reform after 5 years of psychiatric hospitalization in three different mental hospitals. His exposé of the range of abusive and inhumane treatment of patients in mental hospitals began a movement that, fueled by his vision, brought about major changes in legislation and funding for mental health services. One of the outcomes of this movement was a more enlightened understanding of mental illness. This movement challenged the impression that mental illness was an intractable condition while promoting the understanding that mental illness might reflect a range of troubling human behaviors other than those associated with “insanity.” These insights were the source for the development of

the psychiatric hospitals that provided short-term inpatient care and child guidance clinics that emphasized community-based prevention and treatment of children within the context of their parental relationships (Friedman, 2002). Viewing the parent-child relationship as the nexus for mental health intervention was indeed a clinical precursor for examining relational dynamics within the family system.

The initial goal of the child guidance movement was to address juvenile delinquency through teaching parents how to understand their children and respond to them with the appropriate use of love and discipline. Based on the child development theory of Alfred Adler and later the Adlerian psychiatrist Rudolf Dreikurs, early child guidance practitioners viewed the concept of the inferiority complex as one of the determinate factors in childhood psychological disturbances. Thus early psychological intervention with a child focused on helping the child overcome feelings of inferiority and inadequacy that could in turn deter the child from manifesting behavioral problems. The most important outcome of such interventions was that the child would therefore become a productive and successful adult.

One of the significant outcomes of this movement as it relates to the future development of family therapy was as child guidance practitioners began to understand the child they began to examine the ways in which both social and family dynamics might influence the child's psychological difficulties. For example, these practitioners began to recognize the importance of intervening with the entire family units around child-focused issues. In addition there was a shift in understanding the causative factors in childhood psychological disorders. The child's emotional stability was increasingly being understood as reflective of parental, especially maternal, child-rearing behaviors. While much of this understanding was informed by psychoanalytic theory there was an increased focus on the relational dynamics within the family.

FROM THE *AUTONOMOUS SELF* TO THE *RELATIONAL SELF*: CHANGING PERSPECTIVES IN PSYCHODYNAMIC THEORY

Freud and Psychoanalytic Theory

Even though the child guidance movement represented in part a movement away from traditional orthodox Freudian psychoanalytic theory, this perspective had a dominant influence on ways of understanding human behavior. Freud (1956) took the position that much of human behavior is motivated by unconscious sexual and aggressive instincts and that the expressions of these instincts are shaped by early childhood relationships between children and their parents.

Freudian psychoanalytic theory was based on the concept of the embodied and autonomous self. Attention given to family dynamics was only in terms of exploring the extent to which family members, primarily the parents, had an impact on the development of the patient's inner life. In fact it was the belief by those influenced by traditional psychoanalytic theory that the involvement of family members as a part of analysis or analytically informed psychotherapy would impede the development of the transference relationship between the analyst and the patient. Such an influence would thereby sabotage treatment. Thus there was a strong taboo against seeing family members of the patient while allowing the family to be symbolically represented within the context of the therapy hour. Here the patient was given the opportunity to relive the family drama or key family relationships through the projection of those relationships onto the therapist via transference.

Alfred Adler and Individual Psychology

Alfred Adler (1870–1937), though an early collaborator with Sigmund Freud, was one of the first major figures to break away from Freudian psychoanalysis to establish an independent school of personality and psychotherapy. Adler's formulations challenged Freudian theory, which understood human motivation as being biologically and instinctually driven. For Adler, individuals were social beings and were motivated by the drive to overcome feelings of inferiority and to achieve a sense of self-esteem, adequacy, and power within their social and relational worlds. A person's character and personality including behaviors, perceptions, feelings, and thoughts illuminate how he or she fits into the social milieu (Sherman & Dinkmeyer, 1987). Adler and later Adlerians viewed the family as the primary social matrix that exerts an influence on the formation of personality. A person's sense of self-esteem, self-worth, and ability to establish healthy human relations emerges from observing and interacting with parental models. With a focus on relationships and parenting strategies, Adlerian psychology clearly formed the basis for the child guidance movement. Most important, Adler with his emphasis on understanding the self within the social context provided a conceptual framework for understanding human motivation as relational and social rather than individualistic and autonomous.

Harry Stack Sullivan, Frieda Fromm-Reichmann, and Interpersonal Analysis

Another, though lesser known, psychiatrist whose work in psychoanalysis challenged the intrapsychic orientation of Freudian psychoanalysis was Herbert

“Harry” Stack Sullivan (1892–1949). Influenced by Adler, Sullivan’s (1953) theory of psychiatry, *interpersonal analysis*, was based on the theory that both interpersonal relationships and social forces play a critical role in the formation of the self. In his study of the social sciences, especially the sociological theories of George Herbert Mead, Sullivan understood that human behavior was motivated not only by the desire for physical satisfaction but more important by a drive to attain a sense of security in relationships. This sense of security, which is key to Sullivan’s understanding of the self, develops and is reinforced by the nature of the interpersonal relationship with the caregiver, primarily the mother. The child’s sense of security is shaped by those aspects of his or her behavior that the caregiver responds to either positively or negatively. According to Sullivan, maternal anger or disapproval can contribute to childhood insecurities and anxiety and perhaps future emotional disturbances such as schizophrenia. Thus for Sullivan, parental disapproval and approval within the network of family relationships was key to understanding psychopathology.

Beginning in 1935 Frieda Fromm-Reichmann, a student and colleague of Sullivan, worked in a hospital for mentally disturbed patients. Through her work she began to give attention to the etiology of schizophrenia from an interpersonal orientation. As she states in 1948:

The schizophrenic is painfully distrustful and resentful of other people due to the severe early warp and rejection he encountered in important people of his infancy and childhood, as a rule, mainly in a schizophrenic mother. (p. 265)

In her research Fromm-Reichmann concluded that schizophrenia, especially male schizophrenia, was the result of a cold, domineering, and rejecting yet over-protective mother. She introduced the term *schizophrenogenic mother* to describe this type of maternal behavior. This mother in combination with a passive, detached, and ineffectual father can cause the male child to feel confused, inadequate, and ultimately schizophrenic (Schultz, 1984).

Both Sullivan’s interpersonal approach to personality development and Fromm-Reichmann’s research on schizophrenia heavily influenced the thinking and work of some of the early family therapists. Both Sullivan and Fromm-Reichmann contributed to the shift in thinking about the self as autonomous to the self that was intractably embedded in a network of relationships. For Sullivan and Fromm-Reichmann an understanding of interactions between people rather than the intrapsychic domain was critical to understanding the etiology of emotional disorders. Finally their work, especially the work of Fromm-Reichmann, gave rise to a number of family pathology studies, which extended into the 1950s. These studies gave attention to the relationships between the dysfunctional behavior of individuals

and their family's interpersonal patterns. It was the outcome of these studies that formed the conceptual framework for early family therapy treatment models (Atwood, 1992).

THE IMPACT OF SOCIOLOGICAL THEORY IN THE HISTORY OF FAMILY THERAPY

As stated earlier, Sullivan was influenced by sociology. Though the impact of sociological thinking on the development of family therapy is evident in some of the family therapy approaches (Minuchin, 1974), many of the historians of family therapy do not give much attention to the role of sociological inquiry in the development of models of family therapy. Virginia Goldner (1985) states that all family therapy is influenced by the structural/functional theories of the sociologist Talcott Parsons. Ho, Rasheed, and Rasheed (2004) make similar claims when they describe how the early models of family therapy are informed by either of two sociological theories, symbolic interactionism or structural/functionalism. A discussion of these theories is important as they represent the broader conceptual context that impacted some of the basic theoretical formulations of family development theory, psychosocial theories about the family, and family therapy.

Structural/Functional Theory

Structural/functionalism, one of the dominant sociological theories in the 1950s, had a tremendous impact on family studies during that period. The leading thinker of the structural/functionalist school was Talcott Parsons (1951). This sociological perspective holds that societies and social units are held together by cooperation and orderliness. These social units work best when they function smoothly as an organism with all parts working toward the natural or smooth working of the system. Cooperation and orderliness are maintained through adherence to consensually agreed-upon social norms and roles.

As natural social units dynamically interact with external or natural environments, such interaction requires ongoing adaptation. In order for balance to be maintained within a social unit there must be a division of labor within that unit to enable each interrelated part to work with the others to create efficiency and harmony. Structural strain caused by disturbance within the social unit must be restored; otherwise it can lead to social disorganization. Likewise if significant conflict emerges between social units then there is the necessity for some form of adaptation to maintain equilibrium between these units (Ingoldsby, Smith, & Miller, 2004).

For a structural/functionalist the function of the family is to socialize children to fit into overall society. A structural description of the family would refer to the composition of the family as a social institution and its role within the social order. A functional description of the family would detail the services that the family provides to society as well as the tasks and roles required within the family structure to provide for the physical welfare and emotional and psychological needs of the family. For a structural/functionalist, viewing the family as a mediating system within the larger society, the concern would center on understanding ways in which the family maintains both internal harmony and equilibrium. Additionally a structural/functionalist would be as concerned about how well a family maintains its structural role of instilling and socializing children with social values and norms. As family therapy models incorporated the language of “family dysfunction” they were drawing upon a structural/functional base analysis of families. Families that needed therapeutic intervention were in need of change to correct the interrupted function of the family and thereby restore a form of balance, harmony, and equilibrium.

Symbolic Interactionism

More of a microsociological perspective that emerged around the time of structural/functional theory, the core principles of symbolic interactionism revolve around the concepts of social interaction, language, and the formation of self. Grounded in the pragmatic philosophy of the early 1900s, the sociological theories of George Herbert Mead (1863–1931) and Herbert Blumer (1969), symbolic interactionist theory presents human beings as meaning-generating creatures embedded in social interactions. These interactions are shaped by the meaning people assign to those interactions as meaning is not inherent in the interactions. In the ability to use language to name and generate symbols that have meaning and value, humans have the capacity to assign meaning to people, things, and events. Thus humans do not act toward things as they are but based on the meaning they ascribe to these things. This meaning is not generated based on inward reflection but is based on the social interaction one has with others within his or her interactional field. These meanings are further modified not only by inner reflection but by outward interaction and discourse.

One of the key concepts of symbolic interaction that is important for family therapy is the concept of the self. The self is not found solely through the process of inner reflection (*the “I”*). Rather it is discovered by taking on the role of the “other” and imagining how one’s sense of self is perceived from another’s perspective (*the looking glass self* or the “*me*”). Thus the self has both inner and outer dimensions, but most important the self is subject to the socializing influences of

a community (the *generalized other*) of other selves, in terms of its expectations and responses to the individual self. From this sociological perspective the family is the interactional, communicative, and meaning-generating network that is critical in the formation of self.

SYSTEMS, CYBERNETICS, COMMUNICATIONS, AND ECOLOGICAL THEORIES: THEIR IMPACT ON FAMILY THERAPY

While the sociological perspectives of structural/functionalism and symbolic interactionism shaped in part the conceptual milieu for family therapy, the development of family therapy was influenced in the 1950s by four powerful theories—general systems theory, cybernetics, communications theory, and ecological theory. These four theories formed the theoretical foundations for the development of family therapy models. Furthermore, cybernetics, systems, and communications theories allowed researchers and later clinicians to free themselves from psychoanalytic formulations for understanding emotional disorders such as schizophrenia and to expand their understanding of these disorders as a function of disturbed relational and communication patterns within families. Ecological theories provide a conceptual framework for understanding the impact of the transactions between a family and its broader environment.

Systems, cybernetics, communications, and ecological theories challenged the influences of psychoanalytic thinking, which was the dominant perspective from the early 1920s well into the late 1950s. With the exception of theorists such as Alfred Alder and Harry Sullivan, psychoanalytic theory focused on the individual and intrapsychic conflicts emanating from the experiences of childhood and the fantasy life emanating from the inner psychological world. External family members were only important to the extent that they were symbolic players in the inner drama of the individual's internal psychological world.

These new theories acknowledged that a person's behavior is not determined solely by one's internal world but that the social context is a powerful determinant in shaping behavior. Furthermore individual psychopathology cannot be understood without a detailed appreciation of the psychosocial and ecological context of the individual and his or her family. In terms of a direct impact on the historical development of family therapy, systems, cybernetics, and communication theories informed early research studies on families with schizophrenia. The findings from this research sparked many initiatives to translate such findings into therapeutic interventions with families. Ecological theories though not having a profound impact in the early history of family therapy became more influential as

family therapists began to gain a greater appreciation of the impact of the social, economic, cultural, and political environments on family life. An overview of ecological theory will be presented later in this chapter as the discussion turns to more contemporary conceptual and clinical influences on family.

Systems and Cybernetics Theory

During the 1940s and 1950s an interdisciplinary group including mathematicians, physicists, biologists, engineers, psychologists, cultural anthropologists, and sociologists began to look at inanimate, organic, and human organizations and structures as a complex arrangement of component parts and interacting elements. These interacting elements together form interdependent entities that these theorists labeled as “systems.” It was primarily through the works of biologist Ludwig von Bertalanffy (1969), who is considered the father of general systems theory, and Norbert Wiener (1948), who coined the term *cybernetics*, that these interdependent entities were understood as sharing certain characteristics that allowed them to function as systems, regardless of their type or level or organization. As general systems theory describes the structural aspects of systems, cybernetics addresses the functioning of systems. Structurally these interdependent entities or “systems” are composed of interrelated parts (subsystems) that constitute an ordered whole with each part of the system impacting all other parts as well as the system as a whole. Functionally, systems have a quality of self-organizing, self-directing, and self-governance behaviors through the process of establishing feedback mechanisms by which they can maintain a sense of equilibrium or homeostasis. This process allows for a system, through its own information processing system, to reinsert into its structure the results of its past performance or output in order to alter or correct its functioning.

The impact that systems theory had on the historical development of family therapy is that it provided a conceptual framework in which one could understand the complexities of family dynamics. More profoundly, systems theory represented a challenge to the Newtonian view of analysis and causality in the natural sciences and later in the social sciences. The prevailing Newtonian view of phenomena was from the perspective that physical reality could be reduced to matter consisting of substance, mass, and energy. An analysis of any observable and complex phenomena could be best understood by breaking down or reducing the whole into its parts. Only by analyzing the parts as distinct entities could one make inferences about the whole. Furthermore this understanding is grounded on how the parts impact or act upon other parts. Implicit in this approach is a particular understanding of causality or the causal relationship between the parts, components, or events. In this simple Newtonian view of physical science it made sense to think in terms of linear causality: A causes B, which acts upon C, causing D to occur.

Translated to the arena of human relationships, a linear causal model would involve seeking the causal connection between thought, behavior, and emotions. The goal would be to uncover the primary cause for the expressed thoughts, behaviors, or emotions. From a psychodynamic perspective the primary cause of emotional disturbance resides within the inner world of the psyche. And even these inner-world dynamics are impacted by early childhood experiences.

The systems view by contrast called for a different perspective on analysis and causality. Entities could be understood not in reductionist isolation from other entities in the observational field but in their relationship and interactions with other elements in the observational field. Causality is nonlinear and more circular. Here it is understood that forces do not simply move in one direction in which each event is caused by a previous event. Rather, seemingly discrete events become part of a causal chain with each event both influencing and being influenced by other events in a nonlinear manner. From this perspective the focus of analysis is shifted to a broader field of observation to understand the dynamic interaction of events rather than seek the linear causal relationship between events.

As systems thinking was a new way to think about relationships between entities it provided a conceptual framework that allowed the observer of families to view individuals within families as existing in a web of complex, interacting, and interdependent relationships. Systems thinking further freed the observer from psychoanalytic thinking, which tended to isolate the patient from his or her relational network in order to render a diagnosis. Families could no longer be seen as a collection of autonomous individuals. A systems perspective gave the observer the lens to examine and explore how the individual both influences and is influenced by the dynamics within the interior of a family system. Following in Table 1.1 are some selected concepts from systems theory that have relevance for understanding families from a systems perspective.

Mental Research Institute and Communication Systems Theory

Whereas the systems perspective gives attention to the relationship and interaction between parts of a given phenomenon, interpersonal communication systems theory addresses the interactional *patterns* reflected in the processing of information within the system. From a communication systems perspective the communication patterns within the larger system such as a family shape the operation and function of the system (see Table 1.2). Beginning in the early 1950s research on the role and impact of communication on systems emerged. Drawing on the ideas from systems theory, cybernetics, and the work of anthropologist Gregory Bateson, a group of researchers including Don Jackson and Paul Watzlawick joined with several scholars and researchers to study the communication patterns

Table 1.1 Key Characteristics of Systems

<p>System</p> <p>A set of orderly and interrelated elements that form a functional whole.</p> <p>Boundaries</p> <p>Repeatedly occurring patterns that characterize the relationship within a system and give that system a particular identity. A boundary is like a membrane surrounding and enclosing a living cell.</p> <p>Subsystem</p> <p>A secondary or subordinate system within a larger system.</p> <p>Homeostasis</p> <p>The tendency for a system to remain relatively stable and in a constant state of balance. If something disturbs the system it will strive “to adapt” and “restore the stability previously achieved.” Homeostasis is the status quo—whether that condition is positive or negative.</p> <p>Role</p> <p>A socially expected behavior pattern usually determined by an individual’s status in a particular society.</p> <p>Relationship</p> <p>The mutual emotional exchange; dynamic interaction; and affective, cognitive, and behavioral connection that exists between two or more persons or systems.</p>

Source: Adapted from Ingoldsby, Smith, & Miller (2004). Used with permission.

and interpersonal interaction patterns within the families of schizophrenics. Their work at the Mental Research Institute (MRI) in Palo Alto, California, challenged the assumption that communication within families is motivated by individual motives and personality characteristics. Out of this work on communication and systems came a model of human communication that incorporated a systems perspective (Watzlawick, Beavin, & Jackson, 1967).

In 1952 while affiliated with the Mental Research Institute, Gregory Bateson recruited Jay Haley who was a graduate student in communications. Along with John Weakland, a former chemical engineer trained in cultural anthropology, they became aware of double-bind communication patterns, which represented a contradiction between levels of messages in that what might be communication on one level by one person may be contradicted on another level by the same person. As they observed families with schizophrenic members they found such pathogenic

communication patterns. This pathogenic or double-bind element in this communication reflected the parental invitation for closeness along with an injunction to stay away. This led to the speculation that schizophrenia was the result of disturbed interpersonal communication rather than an intrapsychic disorder. These researchers concluded that contradictory communication patterns and injunctions within a family contributed to the etiology of schizophrenia.

The contributions of those affiliated with the Mental Research Institute extend well beyond the early research on the relationship between communication patterns and family schizophrenia. Many of the early practitioners in family therapy,

Table 1.2 Principles of Interpersonal Communication Systems Theory

1. **One Cannot Not Communicate:** Interpersonal communication occurs on multiple levels including both verbal and nonverbal. An attempt to avoid communication, for example through silence, nonetheless communicates the sender's intent and feelings to the receiver.
2. **Human Beings Communicate Both Digitally and Analogically:** Language is digital communication in that words have no similarity to the things or ideas they describe yet they refer to these things or ideas by name. Analogical communication on the other hand represents things and ideas by likeness. For example, nonverbal communication through tone of voice, facial expression, and touch mirrors gradations of feeling. For example, problems in communication occur when one uses digital communication to label nonverbal communication such as facial expressions, thus leading to difficulties in understanding the range, scope, and depth of the feeling conveyed by the facial expression.
3. **Communication Equals Both Content and the Relationship:** Communication involves the content of what is said, but the relationship shapes and provides the context that virtually surrounds the content and impacts the interpretation of the content. The tone of voice, an emphasis on certain words, and other nonverbal forms such as facial clues direct how the message is to be interpreted. The relationship level influences metacommunication, which is communication about communication.
4. **The Nature of the Relationship Depends on How Both Parties Punctuate the Communication Sequence:** Though communication patterns appear to be sequential, these patterns occur within the context of dynamic and interactive relationships. Drawing upon the systems concept of circular causality one party in a given communication sequence may punctuate the sequence and view him- or herself as either the cause or the reactor to a perceived sequence of interpersonal interactions.
5. **All Communication Is Either Symmetrical or Complementary:** While an understanding of relationships speaks to issues of belongingness, intimacy, and trust, communication theory addresses issues of control, status, and power as each relationship contains elements of control, status, and power. Symmetrical communication is based on equal power; complementary communication is based on a differential in power.

including Virginia Satir, Jay Haley, and Don Jackson, were affiliated with the MRI during its early years. It is without saying that the work at MRI has been profoundly influential in the historical development of family therapy. It is also important to note that many of the contemporary models of family therapy including the MRI brief therapy model, solution-focused therapy, and the Milan systemic therapy orientation trace their heritage to the early work at the MRI. Some of these models will be discussed in more detail later in this text.

SCHIZOPHRENIA AND THE FAMILY SYSTEM: AREAS OF RESEARCH

In the early to mid 1950s there were major research initiatives in the area of schizophrenia within the family. Informed by the early work in systems and communication systems theory there were different centers in which there was research on schizophrenia and the family. Many of these researchers were working independently and were not aware of each other's research until much later in the 1950s. As discussed earlier it was during this period that researchers at the Mental Research Institute were conducting family research in the area of schizophrenia and communication. During this period Theodore Lidz at Yale and Murray Bowen and Lyman Wynne at the National Institute of Mental Health were also exploring the relationship between schizophrenia and family dynamics. What is significant is that many of those who were involved in this early research later translated their findings and observations into clinical models of family therapy.

Theodore Lidz: Schizophrenia and Disturbed Marital Relationships

Theodore Lidz and his wife Ruth Lidz (1949) began their study of schizophrenia at Yale's John Hopkins Hospital. The hospital population included a small group of schizophrenics who had a history of being deprived of one parental figure. These families were further marked by emotional instability and turmoil. Rather than accepting the assumption that schizophrenia reflected a disturbance in the mother-child relationship Lidz expanded his observation to include the marital relationship. As he examined the marital relationship of those families of hospitalized schizophrenics he observed the existence of marital conflict in which each marital partner, being so preoccupied with his or her own problem, failed to create a compatible and reciprocal relationship with the other spouse. Furthermore he observed the partners competing for loyalty, affection, sympathy, and support of the children. These parents also displayed fear that one of the children may grow

up like the other parent. The other marital pattern that Lidz observed were those marriages that, while not threatened with possible dissolution, were nonetheless reflective of a mutual destructive pattern within the relationship wherein the psychological disturbance of one partner dominates the emotional climate of the house. In those situations he found the dependent spouse accepting and normalizing the situation and not being sensitive to the impact of these destructive behaviors on the children. Such parental attitudes created a sense of distortion and denial on the part of the children.

One of contributions that Lidz made to the study of schizophrenia was the attention given to the father's role in the etiology of schizophrenia. Lidz, Cornelison, Fleck, and Terry (1957) identified patterns of pathological fathering of schizophrenics. These patterns involved fathers who, when in constant and severe conflict with their wives, ally themselves with their daughters; fathers of sons who turn their hostility toward their sons rather than their wives; fathers with grandiose and paranoid thinking who create a pathological atmosphere within the family; fathers who have failed in life while becoming nonentities in their home; and passive fathers who demand little for themselves and act like siblings (Schultz, 1984).

Murray Bowen: Schizophrenia as a Family Process

During the period in which Lidz was conducting his study on the impact of the marital relationship on schizophrenia, Murray Bowen, trained as a psychoanalyst, was at the National Institute of Mental Health near Washington, DC. There Bowen arranged for mothers to move into cottages near the hospitalized schizophrenic children for several months. What Bowen observed were periods in which the parents moved between being overly close and being overly distant. This vacillating movement enabled the parents to maintain a degree of emotional balance while keeping the schizophrenic child helpless and needy. Based on further observations, Bowen concluded that schizophrenia is embedded in a family process that spans at least three generations. As parents of schizophrenics experienced emotional conflict with their own parents they subject their children to the same conflict. Consequently these children as adults may in turn seek out marital partners with a compatible upbringing and corresponding psychological difficulties. They in turn pass on the emotional vulnerability to another generation (Goldenberg & Goldenberg, 2008). Bowen (1976) viewed families as open natural systems whose members enter and exit over time and thereby alter the boundaries of the family. Therefore most families are understood from an intergenerational perspective of interlocking, reciprocal, and repetitive relationships.

Bowen, who was one of the pioneers of family therapy, based his theory of family therapy on his early clinical study of schizophrenia. Bowen was impressed

with the “emotional stuck-togetherness” (fusion) of family members with schizophrenia. His theory, later to be called Bowenian family therapy, incorporates important intergenerational processes, allowing family therapists to explore critical historical events and intergenerational patterns affecting current family functioning. Problems related to unresolved family issues of past generations are conceptualized as having a potential emotional impact in subsequent generations.

Lyman Wynne at the National Institute of Mental Health

Lyman Wynne was at the National Institute of Mental Health in 1952, 2 years before Bowen came in 1954. Wynne was trained in both psychiatry and the social sciences. In one of his classic papers on schizophrenia, he and his colleagues stated that the purpose of that paper was to “develop a psychodynamic interpretation of schizophrenia that takes into conceptual account the social organization of the family as a whole” (Wynne, Ryckoff, Day, & Hirsch, 1958, p. 205). Wynne focused his work on two areas. One area was examining how individuals could develop relationships with others while at the same time maintaining a sense of personal identity (Schultz, 1984). The other area of research was on the blurred, ambiguous, and confused communication patterns in families with schizophrenic members.

He identified that some individuals within families display a sense of relatedness and family togetherness even though the family members in fact are emotionally disengaged or distant. In these *pseudomutual* relationships any attempt of the individuals within the family to establish a separate identity is perceived as a threat to the family’s relationship system. Wynne presented the hypothesis in 1958 that intense and enduring pseudomutuality characterizes the family relationship of schizophrenics. On the other hand Wynne contended that in some families one might observe individuals who would use expressions of anger or pseudohostility to mask a need for intimacy.

As individuals attempt to establish their sense of self in those families marked by pseudomutuality, they may encounter patterns of family behavior that counter those efforts at establishing identity. These patterns of family behavior were described by Wynne as a *rubber fence* in which the family is like an elastic boundary that shifts and changes to obviate any attempts at establishing individual identity or autonomy. Through communication patterns within the family the emotional, structural, and role boundaries move to blur differences while keeping the person contained within the unthreatening pseudomutual relationship. In such families individuals develop ways of perceiving, thinking, and communicating that reflect a distortion in their interpretation of their internal states and external events leading to chronic schizophrenia. Such distortions in thinking and feelings can

lead to panic. Though schizophrenia was viewed as a thought disorder, Wynne saw communication patterns within the family as a vehicle for transmitting thought disorders (Nichols & Schwartz, 2008).

RESEARCH TO PRACTICE: CLINICAL APPLICATIONS

Motivated by such powerful insights on the relationship between family dynamics and mental disorders the researchers in these family studies began to explore the implications of their findings for clinical practice with families in the 1960s. The 1960s were a rich period in the history of family therapy. One might even suggest that in the social and political climate of social activism of the 1960s there emerged a group of sometimes iconoclastic and innovative therapists who were staging their own social revolution within the fields of psychiatry, psychology, and social work. It was during this time that as family research studies on schizophrenia moved into family therapy there was also a proliferation of family therapy approaches.

As there were theorists from different theoretical perspectives there was perhaps some ideological tension between those who were influenced by their previous psychoanalytic training and those who were more systematic in their perspective. Yet these therapists did not remain in isolated ideological camps as their ideas began to influence each other. There were different venues and publications, and there were collaborations. A good example of this was when psychodynamically oriented Nathan Ackerman joined with Don Jackson who was influenced by communications and systems theories to collaborate together to publish one of the leading journals in the field of family therapy, *Family Process*.

Moving Through the Generational History of Family Therapy Approaches

As family therapy continues to transition from the 1960s into the early 21st century a shift in perspective is occurring. The first generation of family therapy models was clearly influenced by systems theory. As the early family therapy practitioners embraced systems theory, they positioned themselves as observers outside the family system. The therapist became the “expert” with a toolbox of therapeutic interventions grounded in clearly articulated and conceptually sound theoretical frameworks. Their theories of change were also guided by their understanding of what constituted optimal family functioning. Operating within the assumptive framework of a modernist perspective, these practitioners implicitly believed that the right theories and models could guide them in uncovering and manipulating

salient aspects of a family's systemic interactions in order to bring about change and problem resolution (Becvar & Becvar, 2000). These first-generation clinicians in fact subscribed to either a structural/functional or a communicative/interactive perspective. This latter perspective was clearly influenced by symbolic interactionist theory. In many respects the first-generation therapists, by adhering to the rather conservative and status quo theories of structural/functionalism and symbolic interactionism, only gave minimal recognition to factors of gender, race, and culture in their theories or intervention strategies. This lack of attention to issues of gender, race, and ethnicity generated much critique regarding the applicability of family therapy to diverse populations. Ironically the only possible exceptions to this critique were those approaches influenced by Minuchin's (1974) structural family therapy model and ecological theory.

The second-generation clinicians have provided a postmodern critique of the first-generation system-based approaches (Nichols & Schwartz, 2008). The nature of the critique is that the systems approach represents a mechanist view of families to be manipulated and changed by the "expert" therapist. Such an approach ignores the impact of the therapist's presence on the family system, the dynamics of gender and power, and the larger ecological, historical, and cultural context in which the family is embedded (Nichols & Schwartz, 2008). From this second-generation perspective the families, not the family therapist, are the experts of their own lives. The second-generation clinician sees the family as constituting a language system or narrative with family difficulties constructive in language. In the development of a new language, the clinician is a participant-manager of the conversation about the "problem." In the second-generation approaches, the individual identity is



Photo 1.2 The marriage counseling movement emerged in the 1920s to provide couples with guidance and support in coping with the demands of married life

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embodied in a personal narrative about self. Additionally these self-narratives are context dependent, thus allowing for different versions of the self. As a person moves through the different arenas of her or his life, a different narrative presentation of self may emerge.

In the reality of practice many therapists may move between first- and second-generation approaches. As a corrective measure to systems theories the postmodern critiques do address some of the major limitations of family systems theories. Yet these critiques do not necessitate a rejection of systems-based theories. The focus of the structural/functional practice and communicative/interactive models can provide a framework for understanding the actual structure of the family, and the postmodern language and narrative-based approaches can allow for the therapist to understand the meaning and interpretation of that structure by family members as impacted by ethnic, cultural, historical, economic, and sociopolitical factors.

Whether a family therapist's theoretical perspective falls within a first- or a second-generation framework the level of change sought by family therapists is a fundamental revision of the family's structure, function, interaction patterns, or language system (Goldenberg & Goldenberg, 2008). This level of change, described by Watzlawick, Weakland, and Fisch (1974) as second-order change, is focused on helping the family reach a different level of functioning rather than engage in superficial behavioral or first-order changes. Such first-order changes, while bringing about the possible cessation of the presenting family problem, will fail to address the underlying systemic rules that sustain the presence of the presenting problem. For Watzlawick (1978) family therapy should focus on second-order changes. Given this focus of intervention the family can engage in reconstituting itself in a different way (Goldenberg & Goldenberg, 2008).

FIRST-GENERATION FAMILY THERAPIES: STRUCTURAL/FUNCTIONAL PRACTICE MODELS

As presented earlier in this chapter, the structural/functional framework for family therapy was based on the anthropological and sociological work of Talcott Parsons (1951). Strongly committed to the systems outlook, the structural/functionalist position emphasizes the active, organized wholeness of the family unit. Structural/functionalists are interested in the components of the family system and observe the activities and functions of the family to provide a clue to how the family is organized or structured. Within a structural/functional framework are several systemic orientations. One is the psychodynamic orientations in which family is defined as a group made up of the interlocking dynamics of its members who are

at various developmental stages. Another family systems paradigm defines a family as a system that operates independently and from which individual psychodynamics, including those that created symptoms, emerge. Another orientation is when family is defined as a system that shares isomorphic characteristics with all natural systems in a hierarchy according to classes—from quarks to universes—with higher systems containing those lower in the hierarchy.

The relevance of these approaches from a structural/functionalist orientation lies with their emphasis on the family as a *boundary-maintaining* social system in constant transaction with the environment or other systems. The internal family system is composed of individual members who define both the family as a whole and the various subsystems within the whole—that is, the marital, parent-child, and sibling units. In transacting with the environment, individual members are viewed primarily as reactors who are subject to influences and impingement from the greater social system. The healthy functioning of a family system can be measured by its adaptive boundary-maintenance ability following stressful situations caused by pressures from transactions with other environmental systems or with society as a whole. Hence, therapy as guided by this conceptualization suggests interventions that strengthen the boundary-maintaining ability of the family for adaptive purposes and that serve stability or equilibrium needs.

The following group of clinicians and their therapeutic approaches represents a structural/functionalist orientation to family therapy practice. Bowen's model of family therapy as discussed earlier and whose approach will be represented in more detail later saw the family as an emotional system that shares similar characteristics with other natural systems. Other earlier clinicians who were psychodynamically influenced were Nathan Ackerman and Ivan Boszormenyi-Nagy. John Elderkin Bell viewed families from the position of social groups while Salvador Minuchin, whose approach will be discussed in more detail in a later chapter, articulated a clearly structural model of treatment.

Nathan Ackerman and Psychodynamic Family Therapy

In the early 1950s in New York, child psychoanalyst Nathan Ackerman began to use family interviews in his analytic work with families. Ackerman (1958) was one who theorized that family problems reflected both the individual psyche and environmental issues. Furthermore, not only was a symptomatic family member reflecting an underlying family disturbance in the family system, but that intrapsychic conflict was being manifested in the family system. In many ways Ackerman's work challenged what he felt was the undue emphasis on the research on schizophrenia and its causes. He thought that researchers and clinicians needed to look at the nonpsychiatric disorders in children as they relate to the

family interactions (Ackerman, 1966). Ackerman could not fully move beyond his psychoanalytic orientation, which caused him to maintain his attention on the individual within the family. Yet his work demonstrated that he gave attention to the recursive interaction between a patient's intrapsychic world and the family's interactional and relationship patterns. As such, Ackerman considered that interpersonal conflicts might be a manifestation of unconscious elements operating within the family system.

Ivan Boszormenyi-Nagy and Contextual Family Therapy

Psychiatrist and trained psychoanalyst Ivan Boszormenyi-Nagy's "contextual therapy" approach represented an integration of four dimensions of family life: (a) the factual context of the relationships, (b) the internal dynamics of the individual, (c) the observable patterns in the relationship, and (d) the dimension of relational ethics (Boszormenyi-Nagy & Spark, 1973). While these dimensions were interwoven, they were not reducible to each other. It was the last dimension of relational ethics that spoke to the uniqueness of Nagy's contextual approach. By integrating object-relational psychodynamic therapy, a systems perspective, with the existential and relational philosophy of the Jewish theologian Martin Buber, Boszormenyi-Nagy addresses the ethical dimension of family relationships. Not only do family relationships reflect certain interactional patterns, but these patterns can create transgenerational entitlements and indebtedness within the family. Additionally unconscious or "invisible" loyalties or emotional obligations across generations influence present behaviors. These loyalties create a ledger of what one gives out of obligation and what one is owed based on current or past actions within the family. These ledgers reflect the relational entitlement and indebtedness for each individual within the family system.

John Elderkin Bell and Group Family Therapy

John Bell, a psychologist, was one of the first clinicians to see families conjointly. He integrated group dynamics and group psychotherapy as the conceptual foundations for family therapy. In one of the classics in the field of family therapy, *Family Group Therapy* (1961), Bell described families as small groups. In doing so, he gave attention to the structure, process, and function of families in terms of those roles that allow them to handle intrafamilial issues. Though he borrowed from group therapy and small group theory Bell did recognize the difference between stranger groups and family groups. As groups have a temporary life together, families have a level of emotional bonding that has a history. In using group theory as his conceptual frame of reference, Bell did view family members as individual group members rather than a part of an interactional relationship system.

Salvador Minuchin and Structural Family Therapy

In the late 1960s there was increased attention to the issue of welfare reform with much attention given to those families that seemed to be entrapped in welfare systems and faced not only poverty but issues of delinquency, neglect, and severe health problems. These multiproblem families became the focus of family therapists. The one therapist and clinical model that attempted to address this population is Salvador Minuchin and his structural family therapy model, which will be discussed in more detail in a later chapter. The structural model, while incorporating a generational view, focuses on balancing the structure of the family using a direct, concrete, here-and-now approach to problem solving (Nichols & Schwartz, 2008). Relying somewhat on an ecological systemic perspective, Minuchin's approach emphasizes how stressful contact of the whole family with extrafamilial forces can produce role confusion and power conflict within a family. The major subsystems within the family (spousal, parental, sibling) may need restructuring to restore healthy boundaries and functional roles. Anticipating the critique of post-modern therapists, the structural approach is sensitive to the political, social, and cross-cultural processes of poverty and discrimination that culturally diverse and sociopolitically oppressed families may experience over time.

FIRST-GENERATION FAMILY THERAPIES: COMMUNICATIVE/INTERACTIVE PRACTICE MODELS

Still considered a first-generation approach the communicative/interactive practice models developed and advanced by Carl Whitaker, Jay Haley, Virginia Satir, and the Milan Group are based on George Herbert Mead's (1934) symbolic interactionism. These practice models all place to varying degrees an emphasis on the communicative and interactive process taking place between individual family members and subsystems within the family. While contemporary family theorists may view these practice models as being eclipsed by postmodern constructionist and narrative theories, there is great compatibility with communicative/interactive models and social construction theory in that both practice models give attention to humans' need to make meaning out of everything they experience (Cheung, 1997; Satir, 1988) and the importance of language in creating meaning. One of the assumptions of the communicative/interactive model is that family culture is sustained and maintained through communication and, more important, through the subjective and everyday interpretations of behavior.

The contributions of the interactional framework center primarily on changes within the family unit that are a result of interactions between members. From this framework, an analysis can be made in which individual family members act

and react to the actions of others and the interpersonal meanings attached to these actions. Interactive processes that are of particular importance to therapy include communication, conflict, role relations, and decision making. Because the communicative/interactive framework is concerned primarily with change rather than with stability, the concepts of family *equilibrium* and family transaction with the outside world are less important. The framework, when applied singularly, can easily shift from one that concentrates on interactive processes between system members to one that emphasizes intervention methods that focus primarily on individual actions or behaviors. With the exception of Carl Whitaker, other communicative/interactive clinicians such as Virginia Satir, Jay Haley, and the Milan Group represent the work done at the Mental Research Institute.

Carl Whitaker and the Symbolic Experiential Approach

Whitaker, who was originally trained in obstetrics before moving to psychiatry and psychoanalysis, worked with schizophrenic patients and families, children, and child guidance clinics. Whitaker is considered by many as being quite atheoretical, but he was known for his symbolic/experiential approach. His approach is described as existential (Luepnitz, 1988) in that he was not focused on symptoms as such but he viewed symptoms as symbolic of some of the existential contingences of life, the processes of life and death. Not being psychoanalytical in his overall theoretical orientation, though he studied under Melanie Klein and Carl Jung, Whitaker viewed family symptoms as symbolic expressions of often-unconscious elements operating within family life. These elements reflected the struggle for individual autonomy and family cohesion. In many ways, Whitaker saw therapy as a growth process. Forsaking the rather disciplined and methodical approach of psychoanalysis Whitaker was much more spontaneous and intuitive and a provocateur in terms of technique. His approach was highly interactional, flexible, engaging, and creative.

Virginia Satir and Humanistic Family Therapy

As one of the original members of the MRI, Virginia Satir merged communication theory with a human growth perspective. As will be discussed in a later chapter, Satir focused her systems-oriented approach on the communications patterns within families. Her assumption was that there is a unique pattern of communication within troubled families, as well as a correlation between self-esteem and communications. Satir's approach was to enhance the self-esteem among family members, as well as increase communication and problem-solving skills. Her focus also emphasized the growth potential of all individuals. She further reinforced, through her therapeutic interventions, the family's central and critical function of enhancing

the self-esteem of its members. As will be elaborated later, her therapeutic goal was the facilitation of clear, direct, and honest communication within the family system.

Jay Haley and Strategic Family Therapy

Another original member of the MRI who made profound contributions to family therapy is Jay Haley. With an MA in communications he was one of the early researchers in the studies on schizophrenia and family communication patterns. He was one of the founders of the strategic family therapy model, which is a brief approach of observing and altering the interactional sequences in which the specific family problem is embedded. Influenced by the work of Milton Erickson and hypnotherapy, Haley challenged notions of patient-therapist transference therapy and emphasized the role of relational power within the family system. With his direct therapeutic approach, his strategic methods focused on the sequences of behaviors and communication patterns as revealed within the “here and now” of a therapeutic session. By developing directive and action plans to change behaviors to alter power relationships and hierarchy, the family’s patterns of interaction could be altered. Some of the therapeutic techniques unique to the strategic approach are the use of paradoxical directives or prescribing the symptoms of resistance, metaphoric tasks given to family members to symbolize a problem or issue not discussed by family, or giving the client a task greater than the distress of the symptom. The types of directives given to families to change interpersonal interactions may be straightforward, paradoxical, metaphorical, or playful (Madanes, 1984, 1991). A strategic approach searches for the interpersonal meanings of symptomatic behaviors. For example, illnesses such as alcoholism may mean exerting control over relationships.

The Milan Group

In the mid 1970s Italian psychoanalyst Mara Selvini Palazzoli, along with Luigi Boscolo, Gianfranco Cecchin, and Giuliana Prata, developed an approach to family therapy that initially drew many of its concepts from the strategic family therapy model and the work at the Mental Research Institute. Though this approach has been modified over the years the earlier view of families having difficulties was that though families wanted to address their symptoms there was a paradoxical resistance to change. The goal of therapy was to address those resistant behaviors or games with strategies that would undercut those resistance behaviors. This undermining was not direct as with the strategic approach, but the Milan strategy would be to engage the family through the systematic use of questions that would have an impact on family dynamics. Through the use of circular questions these researchers were able to uncover a family’s history and family interactional patterns. The later-modified

Milan approach called for seeking positive connotation for problematic behaviors and how these behaviors may (or may not) be useful for the individual and others in the family. In addition therapists would use positive connotations on how or why family members may be cooperating with the problem (Boscolo, Cecchin, Hoffman, & Penn, 1987). As the Milan approach evolved they supported a more collaborative nonblaming approach to the family. This newer approach marked a shift in therapists' "expert" role in their relationship to the family.

GENDER AND MULTICULTURAL ISSUES: A CRITIQUE OF FIRST-GENERATION FAMILY THERAPIES



Photo 1.3 A child's emotional stability was viewed by the Child Guidance movement as reflective of parent-child relationship

Source: ©iStockphoto.com/hakinci

The first-generation family therapy models implicitly held certain assumptions regarding what constituted family normality as well as those family structures, interactional patterns, and value orientations that were indicators of family emotional health. In many respects these assumptions were based on middle-class or work-class notions of the ideal family. Yet there was the undeniable fact that families do differ in how they structure their family lives. Due to variables of race, gender, and class, there were alternative family forms that deviated from the generally accepted assumptions about "ideal" families. There was also the increasing acceptance that many of the first-generation family therapy practice theories were apolitical in that they ignored the broader sociopolitical context structuring the lives of families. According to Fish (1993), although many family therapy models understood the dynamics of power in the helping relationship, the client's or family therapist's gender, class, ethnic, or racial location within the larger social order

was not considered as having an impact on the therapeutic process. Without this understanding of the possible power differential association with a client's or therapist's social location, a salient aspect of a client's experience was felt to be ignored.

Gender and Family Therapy

With regard to the issue of gender, first-generation therapy models were challenged for failing to consider the larger social, political, and ideological context when looking at family dysfunction (Hare-Mustin, 1978; Laird, 1989; Luepnitz, 1988). In terms of gender, first-order family therapies were viewed as biased in that they adhered to the notion that all family participants, regardless of gender, contribute equally and have shared responsibility for family problems. And as a consequence of such biases therapists assumed a neutral stance toward those inherent sexist and patriarchal practices that were unquestionably seen as a part of "normal" family life. Those who challenged these sexist assumptions in family therapy theories felt those therapists were continuing to see mothers as the source of pathology in family. Furthermore by not looking at the differential power relationships as structured by traditional gender roles and expectations, these therapists were contributing to maintaining the sexist and patriarchal sexist status quo. As a consequence they could not interrogate the role of women as being exploited, devalued, and oppressed especially within families structured by more traditional and structural/functionalist ideas of gender roles and expectations.

Multiculturalism and Family Therapy

Along with concern about gender biases, there was a greater recognition within the discipline of family therapy of the disparity in the social status of ethnic minorities. Furthermore there was greater awareness that these disparities often reflected the realities of racism, poverty, and oppression. As family therapy practitioners became engaged with racial and ethnic minority families, questions emerged as to what extent these practice models take into account the following stressors that these families encounter (Ho et al., 2004). In addition to coping with racism, oppression, poverty, and societal constraints, there was the recognition that ethnic minority families encounter the following stressors that impact their engagement in family therapy.

1. Concern about immigration status: Aside from the immigrant's possible concerns about legal status, factors such as geographical relocation and intergenerational family emotional disconnection can have adverse implications for family structure and functioning.

2. Language concerns: Ethnicity is often experienced and persists through language. Although many ethnic minority clients are bilingual, problems of miscommunication may still occur.

3. Ethnicity and class status: The intersection of ethnicity and class may be a salient factor for families as they navigate the social terrain of ethnic group membership and social class location. Gordon (1965) uses the term *ethclass* to describe the point at which social class and ethnic group membership intersect.

4. Fluid ethnic identities: Ethnic identity generally refers to attributes of a group of people who view themselves as being bound together by a common history, traditions, language, and geographic origin. Yet for many individuals ethnic identities are experienced as fluid and socially and historically constructed. An example of fluid identities can be found within immigrant, biracial, and bicultural families. Within such families individual members may define their ethnic identities based on a variety of considerations, one being their level of acculturation or their wish to be accepted within a particular sociopolitical context (Cornell, 2000).

For many ethnic minority families, how they are viewed by society may constrain their ability to construct more empowering and potentiating solutions to family problems. Thus as ethnic minority families present themselves for family therapy, family therapists are to acknowledge that they must be culturally attuned to how the family's experience is shaped by its unique ethnic, racial, and/or cultural experiences. Finally there is the increasing acceptance that a family therapist cannot understand the significance of a family's problem without recognition of the material, power-laden, and affectively charged elements of living within certain discriminatory and disempowering environments.

THE ECOLOGICAL SYSTEMS PERSPECTIVE: BROADENING THE VIEW OF THE FAMILY

The concerns about the limitations of first-generation therapies to attend to issues of gender, race, and ethnicity presented a significant challenge to the relevancy of family therapy for diverse families. Remaining within the epistemological framework of systems theory, the ecological or ecosystemic perspective emerged in response to this challenge by broadening the context for understanding families. In an ecological framework families are understood in terms of their location within their environment or habitat (Ho et al., 2004). As the concept of environment is described within an ecological systems framework it becomes much

broader than one's habitat. The environment includes not only the family's physical or geographical location or habitat but the sociopolitical, cultural, and economic context that surrounds one's living space. It is the broader context of culture, economics, and politics that determines if one's habitat is supportive of the mental, physical, and social functioning of the individual and family.

The sustaining and nurturing resources within a family's environment are further determined by one's niche—that is, one's social position, class location, ethnic and racial identity, and economic status within the overall social structure. A good or *enabling niche* is one that avails the occupant the rights of equal opportunity to educational and economic resources (Kilpatrick & Holland, 2009; Taylor, 1997). There are, however, individuals and families with devalued personal or cultural characteristics, such as color, ethnicity, gender, sexual orientation, age, poverty, or other types of bias and oppression, who are entrapped in niches that are incongruent with fulfilling their human needs and well-being (Kilpatrick & Holland, 2009; Taylor, 1997).

The ecological or ecosystem perspective provided a framework for addressing issues of diversity, marginalization, and oppression. From this perspective the therapists could ground their intervention strategies on the following practice principles (Ho et al., 2004).

1. Individual or family problems are not conceived as pathology; instead, problems or difficulties are understood as a lack or deficit in the environment (as in the case of migration or immigration) or a result of interrupted growth and development (role conflict and resource deficits in the environment).

2. Intervention efforts are directed at multivariable systems, and a single effect can be produced by a variety of means. The principle of *equifinality*, which means that a number of different interventions may, owing to the complexity of systems, produce similar effects or outcomes, encourages flexibility and creativity in seeking alternative routes to change. While a therapist may try to relate intervention strategies to existing theories that are Western middle-class American oriented, innovative strategies of change based on the client's cultural background are encouraged.

3. Intervention strategies should make use of natural systems and life experiences and take place within the life space of the client. The family itself is a natural helping system and an instrument of change.

4. Emphasis on the client's life space and family as a natural helping system places the therapist in a role of *cultural broker* instead of intruder, manipulator, or cultural expert.

An ecological systems framework was viewed as providing a lens in which the family and family members could be understood within the context of transactions with a variety of biological, psychological, cultural, and historical environments. By adopting an ecosystem perspective, a family therapist could focus on adaptive (and maladaptive) transactions between persons and between the person and various environments—that is, the interface between them.

POSTMODERN THOUGHT AND SECOND-GENERATION FAMILY THERAPIES

Newer formulations of family therapy that have been influenced by postmodern, constructivist, and social constructionist ideas, however, have provided a critique of all systems-based models of family therapy. The nature of the critique is that the systems approach represents a mechanist view of the family as an entity to be manipulated and changed by the “expert” therapist. Postmodern theorists are also concerned that systems approaches ignore the impact of the therapist’s presence on the family system; the dynamics of gender and power; and the larger historical and cultural context in which the family is embedded (Nichols & Schwartz, 2008).

Described as second-generation approaches, those practice models informed by postmodern thought challenge what can be “known” about the external world. Whereas the first-generation therapies are based on conceptual models that attempt to objectively describe the structure, function, communication, and interactional patterns within a family, the second-generation models question this very effort. For the second-generation therapist the issue is not “what is known” but “how do we know.” In other words, second-generation therapies are concerned about *epistemology*, a philosophical term referring to the study of knowledge.

From a constructivist perspective what is known about the external world is shaped by our innate mental and sensory structures (Maturana & Varela, 1984). From a social constructionist perspective, ideas, beliefs, customs, subjective experiences, values, and myths (and all those things that make up our psychological reality) are socially constructed within the context of human interactions and expressed through the medium of language (Ariel, 1999; Freeman & Combs, 1996). Thus from both a constructivist and a social constructionist worldview, the observable objective world cannot be known as it is or independent from the knower. Rather the objective world is constructed and shaped by the knower. The world is either a product of our mental or sensory makeup or a product of social discourse.

The major postmodern family therapies are based on a social constructionist epistemology. Language as expressed through narrative form is the means of organizing and structuring life experiences. It is the narrative that individuals

construct about their lives that provides them with a sense of personal identity. Narratives further reveal the significance of an individual's lived experience within the context of his or her social world (Gergen, 1999; Polkinghorne, 1988; Semmler & Williams, 2000). Thus family problems are located within narrative descriptions. And as with narrative descriptions, the focus is not on what is described but on the *interpretation* of what is described. Reality is thus a matter of interpretation rather than a description of an objective or external given. Thus a family problem may gain its saliency and potency not on its factual presence and existence but on its effects, interpretive description, and meanings for family members. The therapist's task is to create a therapeutic space for the emergence of alternative and more empowering interpretations of the "problem." Facilitating, in a collaborative manner, a change in the family's language from a problem-oriented discourse to a solution-focused discourse creates a space for increased individual or family competency. In this collaborative relationship the therapist moves from the hierarchical expert position to a collaborative relationship with the family.

One of the important contributions of this perspective is that it can contextualize the meaning of both the family therapist's and the family members' *lived experience* in therapy by locating that experience within a specific ecological, historical, economic, and political context. To say that the "personal is political" underscores one of the basic assumptions of a postmodern orientation. Any understanding of an individual or family system or family narrative must include an inquiry into the family's social, political, economic, and cultural position within the social order. The therapist must view her or his narrative (and the family's narrative) with a critical eye to uncover the extent to which the unique reality of both the therapist's and the family members' lived experience is shaped by the dominant social and political ideology.

The postmodern-oriented practitioner can view liberation from oppressive ideologies and structure as an indispensable condition of the quest for human potential and authenticity (Stevens, 1989). Liberation is attained by first developing a state of "critical consciousness," which is achieving an awareness of how the social, political, and economic ideology constrain a family member's *sense of agency* and identity (Freire, 1973). Informed by this new awareness, the therapist and family members can take action against those oppressive structures and articulate in their own "voice" a *narrative of self* that represents their *unique lived experience*.

One of the interesting implications of the postmodern perspective is that the "self" is no longer viewed as a stable, enduring, embodied, and autonomous object in which the task of the clinical observer is to discover what is within the self. This is the position taken by the psychodynamic and other individual nonsystems approaches to therapy. The postmodern perspective also raises questions about the

relational self or the self that is defined within the context of systems or interactional patterns. While postmodern thought acknowledges that the self is embedded, the embedment is found more in the narrative text of one's own or others' narrative renditions rather than relationships.

Two approaches that speak to this perspective are the solution focus and the narrative approach. As these two approaches will be elaborated later, a brief summary of these perspectives is presented here.

Solution-Focused Approach

The solution approach is marked by a more collaborative stance between the therapist and the family. Family problems are not seen as a sign of failure. In fact problem-saturated narrations of the problem are deliberately ignored (de Shazer, 1985). The focus of the therapist-family collaboration is on discussing patterns for previously attempted solutions. Focusing on the times when the problem or symptom is less or not present allows the therapist with the client to design interventions around the exceptions. It is these "exceptions" that form the basis for a solution. As the solution patterns are amplified the problem patterns can recede into the background.

Narrative Approach

In accordance with the above description of the role of narrative in constructing reality the narrative approach as developed by White and Epston (1990) gives attention to how language shapes problem perceptions and definitions. As the family "stories" its experiences around the problem, a narrative orientation focuses on themes of oppression and liberation and how the family members may be "oppressed" by the problem(s). By externalizing the problem, the problem—not the persons involved—becomes the problem. A narrative therapist helps families notice their own expert knowledge and, through the use of literary metaphors, acknowledge their ability to reauthor their own lives with more empowering narratives.

THE EMERGING THIRD-GENERATION PERSPECTIVE: EVIDENCE-BASED APPROACHES

With the postmodern emphasis on meaning, there was a shift in thinking about family dynamics. The major shift was from observing behavior and communication patterns to how one thinks about and interprets communication and

behavior. There is another major shift occurring as family therapy moves into the 21st century. This shift is predicted as reflecting an increased focus on the effectiveness of family therapy approaches (Hanna & Brown, 2004). Influenced by such societal changes as the emergence of managed care, the major concern in medicine, psychology, and social work is the integration of clinical judgments with research evidence. Thus the third generation of family therapy may not be grounded in theoretical models or concerned with issues of epistemology but rather may be grounded in empirically supported interventions. This emphasis on evidence-based practice is also generating more integrative models and approaches in family therapy. As there is the movement toward integrative models there may be fewer adherences to specific models. The focus is beginning to shift to examining the efficacy of specific interventions as they demonstrate effectiveness with specific client populations. Giving attention to matching interventions to specific client populations is creating a therapeutic climate that calls for deliberate and careful decision making regarding intervention. It is interesting to note that as postmodernism challenged the epistemological basis for theory and model construction, the evidence-based orientation by being “anti-model” is moving family therapy into another, perhaps more viable, era.

One model representing this new generation of family therapy is cognitive-behavioral family therapy. This approach expands traditional cognitive and behavioral family therapy to an approach that is research based and problem focused and addresses multiple levels of the change process. As an integrative model it gives attention to internal processes (thoughts, expectations, images, and affect) and how they influence behavior. The intervention techniques share commonalities with the Milan, structural, and strategic approaches (Hanna & Brown, 2004). This approach has also provided the theoretical foundation for psycho-educational and parent training protocols.

SUMMARY

As we end this chapter on the history of family therapy we can summarize some of the distinguishing features of family therapy as a treatment modality (Collins, Jordan, & Coleman, 2007). As we describe family therapy we can say that the framework for family therapy is directed by thinking of “family as context” informed by the belief systems wherein the family is a special social environment conceptualized as consisting of multiple systems. A family is more than the sum of its individual parts; it is a unique system with particular

responsibilities and functions, and changes within the family system affect all family members.

By approaching a complicated family situation from a systems theory perspective, the practitioner is able to be somewhat more objective about family issues. Utilizing a multiple systemic perspective for family assessment and intervention addresses many important aspects in helping families and the systems interacting and supporting the individuals in families. Practitioners who see the family context as interactions of multiple systems, the family, and its social environment will be better able to build on strengths and resilience in families and promote family self—a notion critical to practice.

The ecosystem perspective, because of its “person-in-environment” focus, provides a lens through which the family and family members can be understood within the context of transactions with a variety of biological, psychological, life cycle, cultural, and historical environments. Families from different cultural, racial, ethnic, and religious groups and representing alternative lifestyles may experience the impact of legal, social, and economic biases and discrimination that may impact family functioning. Finally, families have their own unique narrative or story that defines their identity, their place in the world, and how they interpret significant events and intrafamilial relationships (White, 2007; White & Epston, 1990).

While we have reviewed some of the clinical and conceptual influences on the history of family therapy, we have not included all the major theorists who have made and continue to make a significant contribution to the field of family therapy. But we have given an overview of some of the significant theorists, researchers, and clinicians who have made family therapy what it is. We have further presented some of the conceptual and theoretical influences on family therapy as a psychotherapeutic modality. We have presented some of the issues and critiques that continue to inform the theoretical development of family therapy models.

Let us say in summary that as a corrective measure to systems theories, the postmodern critiques do address some of the major limitations of family systems theories. Yet these critiques do not necessitate a rejection of systems-based theories. The focus of the structural-functional and communicative-interactive practice models, within the context of ecological theories, can provide a framework for understanding the actual structure of the family along with the narrative meaning and interpretation of that structure by family members as they are impacted by ethnic, cultural, historical, economic, and sociopolitical factors. This orientation informed by research can provide the clinician with sound judgments in providing the most effective help to families in need.

RECOMMENDED READINGS

- Becvar, D. S., & Becvar, R. J. (2000). *Family therapy: A systemic integration*. Needham Heights, MA: Pearson Education.
- Broderick, C. B., & Schrader, S. S. (1981). The history of professional marriage and family counseling. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy* (Vol. II, pp. 5–38). New York, NY: Brunner/Mazel.
- Hull, G. H., & Mather, J. (2006). *Understanding generalist practice with families*. Belmont, CA: Thomson Brooks/Cole.
- Sayger, T. A., Homrich, A. M., & Horne, A. M. (2000). Working from a family focus: The historical context of family development and family systems. In A. Horne (Ed.), *Family counseling and therapy* (pp. 12–38). Itasca, IL: F. E. Peacock.

DISCUSSION QUESTIONS

1. The Progressive Era, which began in the late 1890s and ended at the start of the Great Depression, was marked by a wide range of social and political reform movements. How might these reform movements be seen as historical precursors to family therapy?
2. What impact did systems, cybernetics, communications, and ecological theories have on the development of models of family therapy?
3. It is suggested that during the social and political climate of social activism of the 1960s a group of iconoclastic and innovative therapists who were staging their own social revolution within the fields of psychiatry, psychology, and social work emerged. Who were these therapists, and what were their contributions to the development of family therapy?
4. As the field of family therapy has moved into the 21st century, what have been the key paradigm and generational shifts in theoretical perspectives?

REFERENCES

- Ackerman, N. W. (1958). *The psychodynamics of family life*. New York, NY: Basic Books.
- Ackerman, N. W. (1966). *Treating the troubled family*. New York, NY: Basic Books.
- Allport, F. (1924). *Social psychology*. Boston, MA: Houghton Mifflin.
- Ariel, S. (1999). *Culturally competent family therapy*. Westport, CT: Greenwood.
- Atwood, J. D. (1992). *Family therapy: A systematic behavioral approach*. Chicago, IL: Nelson-Hall.
- Barker, R. L., Kessler, H., & Lehn, J. M. (1984). *Treating couples in crisis*. New York, NY: Free Press.

- Becvar, D. S., & Becvar, R. J. (2000). *Family therapy: A systemic integration*. Needham Heights, MA: Pearson Education.
- Bell, J. (1961). Family group therapy [*Public Health Monograph* No. 64]. Washington, DC: U.S. Government Printing Office.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice-Hall.
- Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy: Conversations in theory and practice*. New York, NY: Basic Books.
- Boszormenyi-Nagy, I., & Spark, G. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. New York, NY: Harper and Row.
- Bowen, M. (1976). Theory and practice of psychotherapy. In P. J. Guerin (Ed.), *Family therapy: Theory and practice* (pp. 42–50). New York, NY: Gardner Press.
- Broderick, C. B., & Schrader, S. S. (1981). The history of professional marriage and family counseling. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy* (Vol. II, pp. 5–38). New York, NY: Brunner/Mazel.
- Cheung, M. (1997). Social construction theory and the Satir model: Toward a synthesis. *American Journal of Family Therapy, 25*(4), 331–342.
- Collins, D., Jordan, C., & Coleman, H. (2007). *An introduction to family social work*. Belmont, CA: Thomson Higher Education.
- Cornell, S. (2000). That's the story of our lives. In P. Spickard & W. J. Burroughs (Eds.), *Narrative and multiplicity in constructing ethnic identity* (pp. 41–51). Philadelphia, PA: Temple University Press.
- Davis, A. (1973). *American heroine: The life and legend of Jane Addams*. New York, NY: Oxford University Press.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York, NY: Norton.
- Fish, V. (1993). Poststructuralism in family therapy: Interrogating the narrative/conversational mode. *Journal of Marital and Family Therapy, 19*(3), 221–232.
- Freeman J., & Combs, G. (1996). *Narrative therapy*. New York: Norton.
- Freire, P. (1973). *Education for a critical consciousness*. New York, NY: Beacon.
- Freud, S. (1956). On psychotherapy. In *Collected papers* (Vol I., pp. 256–268). London, England: Hogarth.
- Friedman, M. B. (2002). Clifford Beers: The origins of modern mental health policy. *The Mental Health News*. Retrieved from <http://www.mhawestchester.org/advocates/beers802.asp>
- Fromm-Reichmann, F. (1948). Notes on the development of treatment of schizophrenics by psychoanalytic psychotherapy. *Psychiatry, 11*, 253–273.
- Gergen, K. J. (1999). *An invitation to social construction*. Thousand Oaks, CA: Sage.
- Goldenberg, H., & Goldenberg, I. (2008). *Family therapy: An overview*. Belmont, CA: Thomson.
- Goldner, V. (1985). Feminism and family therapy. In *Family Process, 24*, 31–47.
- Gordon, W. E. (1965). Basic constructs for an integrative and generative conception of social work. In G. Hearn (Ed.), *The general systems approach: Contributions toward a holistic conception of social work*. New York, NY: Council on Social Work Education.
- Griffin, E. (1997). *A first look at communication theory*. New York, NY: McGraw-Hill.
- Hanna, S. M., & Brown, J. H. (2004). *The practice of family therapy: Key elements across models*. Belmont, CA: Thomson Brooks/Cole.

- Hare-Mustin, R. T. (1978). A feminist approach to family therapy. *Family Process*, 17, 181–194.
- Ho, M. K., Rasheed, J. M., & Rasheed, M. N. (2004). *Family therapy with ethnic minorities* (2nd ed.). Thousand Oaks, CA: Sage.
- Hull, G. H., & Mather, J. (2006). *Understanding generalist practice with families*. Belmont, CA: Thomson Brooks/Cole.
- Ingoldsby, B. B., Smith, S. R. & Miller, J. E. (2004). *Exploring family theories*. Los Angeles, CA: Roxbury.
- Janzen, C., Harris, O., Jordan, C., & Franklin, C. (2006). *Family treatment: Evidence-based practice with populations at risk*. Belmont, CA: Thomson.
- Kilpatrick, A. C., & Holland, T. P. (2009). *Working with families: An integrative model by level of need*. Boston, MA: Pearson.
- Laird, J. (1989). Women and stories: Restorying women's self construction. In M. McGoldrick, C. H. Anderson, & F. Walsh (Eds.), *Women in families* (pp. 427–450). New York, NY: Norton.
- Lewin, K. (1946). Behavior as a function of the total situation. In L. Carmichael (Ed.), *Manual of child psychology* (pp. 791–844). New York, NY: John Wiley & Sons.
- Lewin, K., Lippett, R., & White, R. (1939). Patterns of aggressive behavior in experimentally created "social climates." *Journal of Social Psychology*, 10, 271–299.
- Lidz, R., & Lidz, T. (1949). The family environment of schizophrenic patients. *The American Journal of Psychiatry*, 14, 241–248.
- Lidz, T., Cornelison, A., Fleck, S., & Terry, D. (1957). Intrafamilial environment of the schizophrenic patient: I. The father. *Psychiatry*, 20, 329–342.
- Luepnitz, D. A. (1988). *The family interpreted: Feminist theory in clinical practice*. New York, NY: Basic Books.
- Madanes, C. (1984). *Behind the one-way mirror: Advances in the practice of strategic therapy*. San Francisco, CA: Jossey-Bass.
- Madanes, C. (1991). Strategic family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy* (Vol. VII, pp. 396–416). New York, NY: Brunner/Mazel.
- Maturana, H., & Varela, F. (1984). *The tree of knowledge: Biological roots of human understanding*. London, England: Shambhala.
- Mead, G. (1934). *Mind, self, and society from the standpoint of a social behaviorist*. Chicago, IL: University of Chicago Press.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Moede, W. (1920). *Experimentelle massenpsychologie*. Leipzig, Germany: S. Hirzel.
- Nichols, M. P., & Schwartz, R. C. (2008). *Family therapy: Concepts and methods* (7th ed.). Boston, MA: Pearson.
- Parsons, T. (1951). *The social system*. New York, NY: Free Press.
- Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York.
- Richmond, M. (1917). *Social diagnosis*. New York, NY: Sage.
- Satir, V. (1988). *The new peoplemaking*. Palo Alto, CA: Science and Behavior.
- Sayger, T. A., Homrich, A. M., & Horne, A. M. (2000). Working from a family focus: The historical context of family development and family systems. In A. Horne (Ed.), *Family counseling and therapy* (pp. 12–38). Itasca, IL: F. E. Peacock.

- Schultz, S. J. (1984). *Family systems therapy*. New York, NY: Jason Aronson.
- Semmler, P., & Williams, C. B. (2000). Narrative therapy: A storied context for multicultural counseling. *Journal of Multicultural Counseling and Development*, 28(1), 51–62.
- Sherman, R., & Dinkmeyer, D. (1987). *Systems of family therapy: An Adlerian integration*. New York, NY: Brunner/Mazel.
- Stevens, P. E. (1989). A critical social reconceptualization of environment in nursing: Implications for methodology. *Advances in Nursing Science*, 11(4), 56–68.
- Sullivan, H. (1953). *The interpersonal theory of psychiatry*. New York, NY: Norton.
- Taylor, J. B. (1997). Niche practices: Extending the ecological perspective. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 217–227). New York, NY: Longman.
- Triplett, N. (1898). The dynamogenic factors in peacemaking and competition. *American Journal of Psychology*, 9, 507–533.
- von Bertalanffy, L. (1969). *General systems theory*. New York, NY: George Brazziller.
- Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication: A study of interactional patterns pathologies and paradoxes*. New York, NY: Norton.
- Watzlawick, P., (1978). *The language of change: Elements of effective communication*. New York, NY: Basic Books.
- Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York, NY: Norton.
- Weakland, J. H. (1976). Communication theory and clinical change. In P. J. Guerin Jr. (Ed.), *Family therapy: Theory and practice* (pp. 111–128). New York, NY: Gardner Press.
- White, M. (2007). *Maps of narrative practice*. Adelaide, Australia: Dulwich Centre.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.
- Wiener, N. (1948). Cybernetics. *Scientific American*, 179, 14–18.
- Wynne, L., Ryckoff, I., Day, J., & Hirsch, S. (1958). Pseudomutuality in the family relations of schizophrenics. *Psychiatry*, 21, 205–220.