The University of Manitoba

Family Therapy For Families With a Delinquent Member: A Theoretical and Experiential Knowledge Base

by

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Introduction

The phenomenon of juvenile delinquency has been a subject of much concern as reflected by the numerous writings on the subject over the years. Authorities in various fields, such as psychology, sociology, religious studies, et cetera, have offered their views on the subject as well as proposing possible causes and treatment of the problem. Past attempts to determine causal factors have lead investigators to examine the delinquent's character, his background, the content of his dreams, the shape of his skull and/or body type, the substance of his thoughts and so forth.

The concern for determining causal factors is probably best represented with the analogy of delinquency as a form of illness or disease. That is, by finding the causes of the disease or illness the disease process may stand a chance of being halted or reversed. If further action is indicated, a number of different possible alternatives naturally lead one to consider the question of techniques to be employed in the intervention and finally the question of values, in that, "are we willing to pay the price, in terms of resources, undesirable side effects and restrictions on human freedom, entailed in intervening at this point or that?" (Cohen, 1966, p. 38)

Not withstanding the general theories of deviance, which also apply to juvenile delinquency, such as psychoanalytic theory,

labeling theory, and anomie theory, there have been a number of theories developed specifically to explain juvenile delinquency. Major approaches to delinquency have focussed upon either psychological or sociological variables. Some psychological theories have really been presented as "microtheories" rather than full-scale theories and can best be worded in single propositions. For example, delinquency varies directly with the existence of broken homes (Glueck and Glueck, 1950), delinquents are more likely to come from homes marked by parents' marital maladjustment or unhappiness (Nye, 1958), delinquents are more likely to have fathers with confused role identity (Maslow and Diaz-Guerrero, 1960), and so on. These propositions can hardly be called theories in that there is no attempt at interrelating the propositions and can be described as interpretations from a single study.

Major sociological approaches to delinquency have emphasized the importance of socioeconomic deprivation as a determinant of delinquency. The examples provided comprise more of a series of interrelated propositions. Differential opportunity theory, developed by Cloward and Ohlin (Cloward and Ohlin, 1959, 1960), is an extension of anomie theory, or "normlessness and deregulation." (Cohen, 1966, p. 75) They point out that legitimate means of "success" are more available in the middle class, while illegitimate means are more available in the lower class. Delinquency is the result when failure of access to legitimate means occurs and a youngster seeks and gains access in a delinquent subculture.

Sutherland's theory of differential association is composed of a series of propositions. Delinquent behavior is learned and is learned in a process of communication with small, intimate groups. This learning includes techniques of committing crime as well as the specific direction of motives, rationalizations, drives and attitudes. The specific direction is learned from definitions of the legal codes as favorable or unfavorable. A person becomes delinquent because of an excess of definitions favorable to violation of law. This theory implies that the larger culture contains contradictory definitions of behavior. (Sutherland, 1960).

Other theorists have attempted to put together groups of propositions and employ both psychological and sociological variables. Drift theory (Matza, 1964) was proposed as an alternative to subcultural theories. This theory notes that delinquency is only one part of the total behavior of delinquents and is associated with guilt feelings. Delinquency only takes place when guilt is neutralized and the delinquent "drifts" between conformity and delinquent behavior on a continuum. Superego lucane theory (Johnson, 1949, 1959, 1964) addresses delinquency in "normal families" with no influence of gangs. Delinquency is explained as the result of acceptance of standards of parents who outwardly support conventional morality, but unconsciously harbour secret wishes for certain kinds of forbidden conduct and who seek to satisfy these wishes through their children.

The previous selected examples were provided to illustrate the diversity and variety of theories available regarding etiological factors in delinquency. Not withstanding the problems of defining a delinquency or delinquent, the possibilities of multi-definitions with

cultural and sub-cultural systems, the range of possible answers is so vast and multi-causal that any complete definition or description is impossible. But a theory or structure is essential if we are to effectively interrelate and interpret our observations in any field of knowledge. Without a theory, information remains a hodge-podge of fragments. Without a structure, knowledge is a mere collection of observations, practices and conflicting incidents. Without a structuring procedure, it is difficult to learn from experience; it is difficult to apply this knowledge to practice.

In addition, as observed in the previous examples, much of the work done in the behavioral sciences can be said, essentially, to be devoted to finding causes for given, observed effects. These causes are supposed to be linearlly related to their effects; i.e., event B happens or happened because event A is happening or previously happened. This point will be further pursued in a later chapter concerning systems' theory.

One writer, Virginia Satir (Satir, 1967 in Erickson and Hogan, p. 212-214), has noted the development of theories of causality and their resultant treatment forms in a historical perspective. Deviancy, such as delinquency, was first looked upon as unknown and,one of the first ideas about causation was as a form of unknown infiltration from the outside, some kind of magic. Later it was developed that maybe it had something to do with genetic heritage. Treatment for this was segregation from the others. After this it was determined that this had to do with the will or that he was an "ornery cuss." Treatment of punishment was determined. The next logical step was that where a person lived had something to do with

behavior. Custodial care then came into vogue. After this came the theory that behavior was due to motivation outside of awareness, or the unconscious. Treatment was aimed at discovering the unconscious and helping the individual take charge of his behavior. Finally, the theory that the way the person behaved had something to do with his interacting relationships with others was developed, and the treatment of interpersonal relations grew. In addition, the development of child guidance clinics have to be considered. They firstly concentrated on the relationship between mother and child and later added the father. After World War II, marital counselling, for husband and wife together, began. "If you look at this in terms of a family, you will see that there are only two other units present in the family, but still left out, the father-child unit and the sibling unit." (Satir, 1967, in Erickson and Hogan, p. 213).

Many theories of delinquency assume that most of the variance in behavior can be accounted for in terms of differences on the actor side. This is especially important when we view the symptom as our starting point and that the system of labelling delinquency is almost totally individually-oriented. This poses a problem when one considers the interpersonal context in which an individual's behavior takes place.

The main interpersonal context to be examined in this paper is the family. E. W. Burgess defines and describes a family as:

> ...a unity of interacting persons. By a unity of interacting personalities is meant a living, changing, growing thing. The actual unity of family life has its existence not in any legal conception, nor in any formal contract, but in the interaction of its members. The family lives as long as interaction is taking place and only dies when it ceases. (Burgess, 1926, p. 5-6)

In virtually all societies, the culture depends largely upon the family to convey its mores and instrumentalities to its children. In essense, the family is the natural bridge between the larger forces of culture and the individual members within the family. Yet the family has its own needs, which may take precedence over its educational functions. It may be deviant from the remainder of society, provide inconsistent emotional experiences, teach paralogical reasoning, et cetera. Although the family is not by any means the only influence upon the developing individual, it provides the most consistent or inconsistent set of influences impinging upon the child.

As noted earlier, Glueck and Glueck, Nye, Johnson, et cetera have noted the apparent influence of the family and hypothesized that patterns of juvenile delinquency are learned in the home and are maintained through peer associations. But Virginia Satir has emphasized the narrow focus of sociology and psychology regarding learning and that the therapy professions have ignored the family.

> Sociologists point to delinquent neighborhoods as a major factor in producing delinquency in children. Yet many families live in these neighborhoods and do not produce delinquents while others in the same neighborhood produce delinquents in droves. Psychiatry generally tries to explain these different outcomes by saying that the child who becomes delinquent has a deficiency in psychic functioning; a deficiency in ego development or super-ego controls. These of us who have studied family interaction as it affects behavior in children cannot help wondering why the therapy professions have so long overlooked the family as the critical intervening variable between the society and the individual. The family is the main learning context for individual behavior, thoughts and feelings. How parents teach a child is just as important as what they teach. Since two parents are teaching the child, we must study family interaction if we are going to understand what the family learning context is like.
>
> (Satir, 1967, p. 27)

In addition to the premise of the family being a "bridge" between the larger culture and the individual family members, as well as, a teacher and reinforcer of values and behavior, additional rationale for therapeutic intervention at the family level is provided by observation of change in patients in the therapy process. Firstly, it should be noted that in Freudian theory, the therapist is seen as an agent who provides a situation to help bring about self-understanding and when the patient achieves a deep understanding of himself he will change. Haley has noted this linear change framework has a built-in rationale for why change does not occur:

> One can always say that if a person has changed without self-understanding, he has not really changed, and if a person does not change despite massive amounts of self-understanding one can still say that he has not yet sufficient self-understanding. (Haley, 1963, p. 1-2)

The concern for why change does not occur as well as other factors seems to provide additional rationale for family intervention. When individual therapy has failed or is slow, difficult and subject to frequent relapses, it is argued that the family environment of the patient is inhibiting change. In addition, the appearance of distress and symptoms in other family members when individual patient change takes place, raises the question of therapeutic responsibility to other family members. (Haley, 1962) A third rationale concerns the view of the patient as a symptom.

> It is said that the person with symptoms is serving some family function by experiencing the psychopathology; he is satisfying the needs of relationships in the family by serving a scapegoat function, he is holding the family together, he is providing a focus for family discontent, and so on. (Haley, 1963, p. 151)

What is being suggested here is that psychopathology of the individual, whether it be neuroses, psychoses, or even delinquency, is a product of the ways the individual deals with intimates, the way they deal with him and so forth.

Intervention with families with a child labelled as a delinquent seems to be indicated when one considers that often a discontinuity can result between change agent and the family when using an individual approach with the offender. This intervention also appears warranted with a youth who has been committed to a juvenile institution and his family during the committal period as well as preparatory work for release back to his family and the community. If change occurs within the family, it may be difficult to return to the family or the return will be short-lived. One need only recall the "culture shock" which the Vietnam prisoners of war experienced upon their return to the United States to see what it would be like for a committed youth to be removed from society for a term and then deposited back into society--either as a changed individual going back to an unchanged environment or as an unchanged individual going back to a changed invironment.

The shift from analysis and treatment of the individual to analysis and treatment of relationships within families is difficult to pinpoint historically as evidenced by several authors' views on this occurrence. Murray Bowen refers to a "family movement that occurred in the mid-1950's" and that this movement developed as an evolutionary process with some early antecedents of family methods discovered after the movement started. He believes the movement began with the development of psychoanalysis. (Bowen, 1971) In

contrast, Erickson and Hogan note, "From our review of the literature, we can find no evidence that family therapy completely 'grew out of' any previously existing theoretical base or set of concepts." "It thus appears likely that, in addition to 'normal' evolutionary changes affecting psychotherapy as a whole, a direct outside influence greatly stimulated the growth of family therapy. This influence was the adaptation of the systems' approach coupled with communications theory." (Erickson and Hogan, 1972, p. 2) Haley emphasizes that the family movement of the 1950's occurred simultaneously with other changes in the social sciences.

> At midcentury the social sciences became more social: the study of small groups flourished, animals were observed in their natural environments instead of in the zoo or laboratory, psychological experiments were seen as social situations in experimenter-bias studies, businesses began to be thought of as complex systems, mental hospitals were studied as total institutions, and ecology developed as a special field, with man and other creatures looked upon as inseparable from their environments. As part of this shift to a social view, research investigators and people-changers took the unprecedented step of bringing whole families under direct observation. (Haley, 1971, p. 1)

It would seem that several investigators began family research as an out-growth of work with schizophrenia. For example, Lidz in Baltimore and New Haven; Jackson, Haley, Satir and others on the Bateson communication project in Palo Alto; and Bowen and co-workers in Bethesda. Following these early beginnings in research, practice and theory, there occurred an "explosion of theory and methodology." (Erickson and Hogan, 1972, p. 3)

Because of this lack of consensus with respect to the theoretical foundations of family therapy as well as the apparent ebullition

of theory and methodology, a bewildering picture of family treatment has been produced or has occurred over the past 25 years. That is, one wonders whether there are as many forms of family treatment as there are therapists. N. W. Ackerman has indicated the vast divergencies in treatment methodology, theory and values.

> A given therapist may lean toward one or another conception of human nature, of social change, of family process, of personality development in health and illness, and finally toward one or another theory of therapy and the role of the therapist as a change agent. Accordingly, treatment procedures differ in the degree to which they emphasize intrapsychic, interpersonal, or situational factors. They differ also in the extent to which they focus on conscious or unconscious forces, content or affect, the past or the present. They differ further in the degree to which social factors are implicated in the etiology of psychological illness, and in the extent to which psychopathological phenomena are related to divergent value systems. Finally, family therapists differ in the degree to which they rely on re-education, manipulation, or the treatment of emotional conflict in depth as a means of effecting change. (Ackerman, 1972, p. 444)

From this statement by one of the originating pioneers or forerunners in family therapy it is quite clear there are many theories, methods of practice, philosophies or values, and so on. In addition, it would seem that any development of an integrated theory of family behavior or family treatment appears remote in the near future. But a unifying force can be seen in the sets of concepts about the family in an orientation to produce change.

This naturally poses a series of problems for any beginning family therapist. Which theory is the best or which theory should I

use? What techniques are the most productive and useful? Whose philosophy is on the firmer ground? Perhaps a similar analogy to these problems is encountered when one purchases an automobile. First, both represent major investments of time and/or money on the part of the purchaser. Secondly, it would seem there are basically four variables in acquiring a car and/or methodology:

1) one can acquire the desired product and continue to keep it even though it may not work well or has faulty parts;

2) one can buy the desired item and if and when it does not work, can trade it in on a new item or method at a considerable loss of prestige, time and/or money;

3) one can "shop around" for a considerable time until a particular product is found that best matches the particular needs of the purchaser with the understanding that every product or theory has its strengths and weaknesses;

4) make or construct one's own product, taking into consideration the strengths and weaknesses of past products.

With this analogy in mind, one can see that the choices available are on a continuum from total acceptance of an existing model to a total creation of a new model. But a case could be made that the main reason for the existence of many different theories and methodologies is that theorists have chosen the fourth alternative and have constructed their own unique models within a common orientation to practice using the strength-weakness concepts.

This author, in the practicum proposal project and description, has also not chosen one particular method or theory, or even two or three, as being the total basis for application. Instead, concentration

and study have focussed on many therapists and theorists in order to provide the author the best possible alternatives to presenting problems and families.

In order to help focus and clarify this perspective in learning, I have chosen to apply a particular classification system in categorizing and analyzing various therapists using a scheme devised by C. Beels and A. Ferber. This classification divides a number of major therapists into basically two groups--the "conductors" and "reactors." They are roughly divided according to how they keep control of a family meeting.

> In a general way, conductors remain on the dominant side of dominance-submission complementarities or on the senior side of a generation heirarchy. They maintain that position, staying in the group by staying on top of it and leading it. Reactors may shift out to the boundary of the group from time to time, such as when consulting with co-therapists, and they may join in symmetrical same-generation relationships with family members. (Beels and Ferber, 1972, p. 175)

A further division of the reactors is made into the groups of "analysts" and "systems' purists." The "analysts" tend to observe family interactions in terms of psychoanalytic concepts, such as transference, counter-transference, and so forth. "Systems' purists" view the family as "...a system of countervailing power--a network of influence governed by rules that shape and constrain it. They have a minimal 'black box' model of the individual psyche and are not concerned about what is happening 'inside.'" (Beels and Ferber, 1972, p. 176) It should be noted that the differentiation between "analyst" and

"systems' purist" relates to differences in theory and values whereas the differentiation between "conductor" and "reactor" emphasized differences in methodology.

A word of caution should be mentioned in use of this classification system of therapists. That is, this division should be viewed as a continuum rather than sharply defined groups. Obviously, most therapists can be categorized to some degree in all three groups but the emphasis is on the main characteristic. There are potential problems in using any classification scheme, but this system was employed to help give a rough idea of therapist variables in family therapy.

In order to present a more comprehensive and understandable analysis of the three groups of therapists to be examined, four components or indices will be illustrated, (as proposed by Reid and Epstein, 1972):

1) treatment model or methodology
2) supporting theory
3) empirical base
4) value premises

That is, each therapist's writings and/or practice will be analyzed from these four perspectives.

A treatment model or methodology is basically a set of directives which indicate how a particular kind of treatment is to be implemented. It states what the therapist is expected to do. This includes methods of diagnosis and assessments, treatment goals, techniques and strategies.

Supporting theory provides a "set of assumptions and hypotheses which provide a rationale for the treatment model and explanations of

its operations." (Reid and Epstein, 1972, p. 12) It usually consists of formulations regarding etiology of problems and the effects of interventions.

This division between methodology and theory poses somewhat of a problem in that in the literature little differentiation is made. Thus interpretation along these lines is often difficult to group and may result in "blurring edges" at some points.

The empirical base of a system of treatment involves information or data concerning the testing of the theoretical hypotheses as well as the operations of the model.

Values premises, the last component of the treatment system, are not easily traced in the literature and are usually obscured by theoretical formulations. Any treatment model, however, is "ultimately rooted in explicit or implicit value assumptions." (Reid and Epstein, 1972, p. 15)

The use of this model (method, theory, empirical base and value premises) is to be employed in the theoretical development and "practical application of knowledge" as well as an illustration of skill development in this description of the practicum project. It is the assumption of this author that the acquisition of knowledge and the development of skill cannot be separated.

Summary of Chapters

This introduction has attempted to introduce the general topic of deviance and the specific topic of delinquency and to relate this to psychological, sociological and social psychological theories of delinquency. An introduction to the study of the family was provided as well as some reasons or rationales for treatment intervention at

the family levels for problems such as delinquency. The problem of the genesis of family therapy was offered as well as a discussion of the outgrowth of divergent theories and methodologies. A framework of analysis of therapists was introduced using two types of classification schemes:

1) division of major therapists into conductors, reactor analysts and systems' purists; and

2) divisional component breakdown of therapeutic systems into methodology, supporting theory, empirical base and value premises.

Chapters II, III, IV, and V of this paper will employ the use of these two classification schemes in analyzing fifteen major family therapists: Nathan Ackerman, Virginia Satir, Murray Bowen, Salvador Minuchin, Robert MacGregor, Carl Whitaker, Alfred Friedman, Ivan Boszormenyi-Nagy, James Framo, Lyman Wynne, Jay Haley, Don Jackson, Gerald Zuk, Lynn Hoffman, and Warren Brodey. Chapter II will examine the treatment methodology of these major therapists; Chapter III, an analysis of supporting theory; Chapter IV, a reportage of the empirical base, emphasizing treatment outcome, studies involving delinquent or behavioral-problem children; and Chapter V, an attempt to examine the value premises involved in the represented treatment systems--special emphasis will concentrate on the "healthy" or "normal" family concept.

Chapter VI will provide a description of the author's practicum project. Chapter VII will consist of a case description from the second half of the practicum as well as a description and analysis of family interventions. Illustrations of the knowledge base including methodology, theory and/or values will be presented in conjunction with this case.

The last chapter, Chapter VIII, will include a description and summary of the questionnaire used in the second part of the practicum, analysis of the outcome, as well as a final summary and conclusions.

Summary of Practicum Project

The practicum was composed of two parts:

1) From September to December, 1973, my objective was to develop and experience a couple and family-centered practice in a university training and service centre. It was my intent to develop an experiential base in family-centered practice as well as a sound knowledge base through tutorial sessions. Contracted treatment sessions were developed with two couples and two families at the Psychological Service Centre at the University of Manitoba. Of these, one couple and one family were handled within a co-therapy framework in order to provide the author with experience in working with another therapist. One family and one couple were also seen at the Assiniboine Clinic on a consultative and contracted basis;

2) From January to April, 1974, I used the facilities of the Manitoba Youth Centre and Winnipeg Probation Services in attempting to work with families with one or more children who had allegedly committed a delinquent act. I functioned as a probation intake worker with six families, completed the necessary intake procedures as well as Juvenile Court assessments and reports and provided an intensive, short-term crisis family therapy. This family-centered therapy was undertaken on a voluntary basis by the families involved and took place during the remand period, i.e., the period of time between initial arrest and final court appearance.

An evaluative questionnaire was used with the six families in the second part of this practicum.

CHAPTER II

Treatment Methodology

A treatment methodology has been defined as a set of directives which state how a given treatment is to be carried out. Ideally, these describe techniques, designs and/or contrivances which implement a rationale or theory of therapy.

As noted in the introductory chapter, the methodology employed is almost as vast as the number of therapists. But basically there are five different ways of conducting family therapy:

1) family counselling, consisting of guidance and re-education, to influence the conscious organization of family relationships;

2) therapy focused on the emotional interchange and complementarity patterns among family members;

3) therapy to modify communication patterns, with emphasis on systems' theory, on observable behavior and on patterns of action;

4) therapy with multiple families--families treating families under the guidance of the therapist;

5) the eco-psychiatric approach and network therapy. (Ackerman, 1972)

Primary emphasis in this chapter, as well as in the following chapters, will be centered on the first three groupings.

In order to provide a general overview of common methodology, mention should be made of an unpublished survey of family therapists undertaken in 1966 by the Committee on the Family of the Group for the Advancement of Psychiatry (GAP). This report was entitled The Field of Family Therapy. (Reported on in Zuk, 1971, p. 35-6)

This survey was based on replies to a lengthy questionnaire completed by 312 respondents. Typically, one therapist saw the family:

only six percent regularly worked with a co-therapist. The majority saw a family once weekly in sessions lasting approximately one hour. The majority saw a family once weekly in sessions lasting approximately one hour. The majority preferred to see the entire nuclear family in sessions, and most agreed to hold sessions in the event one or more family members were absent. There was a tendency for respondents to include anyone in the sessions that the nuclear family considered important. A very small number did any multiple family therapy (15%). Only six percent saw families in the families' homes. Also the majority excluded children when the sex life of the parents was discussed but not when sex in general was the topic. As far as the knowledge of this author, this is the only survey ever conducted of family therapists and this survey was done eight years ago. Obviously, the percentages noted have no doubt changed, but the direction of change would be difficult to predict. Nonetheless, it does provide a general background to further analysis of methodology.

To provide a rather complete descriptive analysis of these fifteen therapists' methodologies would require extensive viewing of video tapes or live sessions, conversation with the therapists concerning methods, and so forth. Because this was not possible with the exception of a few therapists who have visited Winnipeg within the past few years, major reliance has been placed on the therapists' writings, writings by others on specific techniques as well as written transcriptions of selected therapists.

Conductors

The conductors, to be described in this chapter: Ackerman, Bowen, Satir, Munichin and MacGregor (Multi-Impact Group,) have been described

previously as being very domineering and active while attempting to keep control of the session. "Many of the conductors are vigorous personalities who can hold audiences spellbound by their talks and demonstrations." (Beels and Ferber, 1972, p. 175) Critics have often responded to them as being sadistic, exhibitionistic, manipulative, and insensitive.

In general, Nathan Ackerman, views his therapeutic role as playing an active and continually changing part in the family interaction processes; acting as a referee in conflicts, playing favorites, protecting the weaker from the stronger members, undercutting defenses and so forth. In essence he is an observer, participant, supporter, activator, challenger, and reintegrator of family processes. He takes the center of the stage as a catalyst, making the family react to him as he reacts to the family and taking complete and active control and direction of the family therapy sessions. Upon viewing an interview that Ackerman was "conducting," Beels and Ferber commented that:

> Ackerman worked rapidly, paying careful attention from the beginning of the interview to the non-verbal relationship messages of the family members. He engaged them directly with his own posture and gaze, and talked to them about the ways in which they were covering themselves from him with their behavior. He spent some time clearing away what he called 'hypocrisy in the verbal channel,' and tried to read what the family was telling him directly. He worked quite literally as a catalyst. By his availability and what he called 'tickling the defenses,' he opened interpersonal balances in the family members that then became available for interaction between them. Once that interaction was going, he interpreted it in terms of sex, aggression, dependency, and so on; a language he then shared with the family. (Beels and Ferber, 1972, p. 205)

Ackerman describes what he means by "tickling the defenses" as a method of "catching the family members by surprise, by exposing dramatic discrepancies between their self-justifying rationalizations and their sub-verbal attitudes. I reach out for more honest and meaningful kinds of communication." (Ackerman, 1966, p. 97)

Some of Ackerman's stated goals in the therapy process are to reeducate the family through guidance, reorganize through change in the patterns of family communication and to resolve pathogenic conflict and induce change and growth. His stated optimal unit of intervention is the family constellation moving across three generations. This relates more to his theory that the processes of conflict, pathogenic influence and associated devices of control are passed down through the three generations. (Ackerman, 1961, p. 163)

Beels and Ferber have noted, in response to viewing a live interview with Ackerman, that it was most impossible to both listen to the content of the interview as well as being involved in the context of the interview. In addition, they stated, "We suspect that one of the reasons Ackerman had so few successful imitators was that the personal use he made of the nonverbal material was almost impossible to teach." (Beels and Ferber, 1972, p. 206)

Ackerman and Virginia Satir, the next conductor to be described, have been called the "East and West coast charismatic leaders of the field." (Beels and Ferber, 1972, p. 176) Satir basically presents herself in a therapy session as a teacher and a communications expert. She believes that a therapist must view himself as a resource person and as a model of communication. One must be aware of his own prejudices and assumptions. How one structures and interprets the process of therapy right from the start helps to introduce new

techniques in communication to the family. Through modeling of clear communication, one can tell the family to achieve it themselves. "Like any good teacher, the therapist will try to be crystal-clear." (Satir, 1967, p. 101)

> Our parents are our first teachers. We got our ideas of how to behave from what we see, what we experience and what we are told, and this comes to us from our first teachers. You got your ideas from your respective first teacher. (Satir, 1967, p. 124)

In addition, heavy emphasis is placed on differentiating and teaching roles to the family. She notes three types of roles available to the parents: individual, marital and parental. Through the process of making patients aware of how they are responding or what role they are using, the therapist can show them other ways to respond and then they choose among these ways.

Communication among family members is viewed as a primary problem of presenting families and Satir is present in order to teach the family a new language with which they can solve their communication problems.

Similar to Ackerman, she states there are very few problems of control in the sessions as long as the therapist actively takes charge of the therapy process.

The first two interviews are viewed as extremely important to Satir and she usually sees the marital pair or the parents in the case of a child being the "identified patient." Also, to help get a complete picture of understanding of the family, she employs what is called a "family life chronology" which is very similar to a social history. This is also done to demonstrate to the family that the

therapist is in charge of what happens in the sessions.

In employing the "family life chronology," four indices of analysis are used in assessment. Firstly, an analysis of the techniques used by each member for handling the presence of differentness is an index to the ability to adapt to growth and change. Secondly, an analysis of role function to observe whether family members are playing roles different from those which their position within the family demands. Thirdly, the "self-manifestation analysis" to indicate whether what a person says fits with non-verbal clues. She feels that if "manifesting incongruency behavior" is present to a large degree, there is great potential for pathology. Finally, to analyze how the early life of each member has affected his present behavior and determine early models of influence is important. (Satir, 1967, p. 104-5.)

In addition, throughout the therapy process, she employs a variety of verbal techniques, action techniques, such as communication games, etcetera, structural techniques and so forth. All are geared toward helping improve the communication patterns and as well as teaching new behaviors or offering new experiences. This point is further confirmed by her recent book, Peoplemaking (1972), which is primarily aimed for reading by the families themselves, in contrast to her first book, Conjoint Family Therapy (1967), which was addressed to professional practitioners.

Similarities to Ackerman and Satir are also observed in Murray Bowen's style. He retains absolute control of the therapy process and refuses all other responsibilities. Rather than presenting himself as a teacher, he prefers to view "himself as a researcher teaching families to be researchers." (Beels and Ferber, 1972, p. 178) His

type of psychotherapy is aimed directly at changing the central triangle within the family through which all other triangles will change automatically. His central concept is the "undifferentiated family-ego mass" and the specific therapy technique is to create a situation through which the central triangle can attain a higher level of differentiation of self. Further elaboration of the concepts of triangles and "undifferentiated family ego mass" will be found in the chapter on theory.

Bowen's three approaches in family therapy help reveal the variety of forms and techniques he employs:

1) psychotherapy with both parents or both spouses;

2) psychotherapy with one family member; and

3) psychotherapy with one spouse in preparation for a long-term effort with both spouses. (Bowen, 1971)

In addition, Jay Haley described, in a talk at the University of Manitoba (Haley, 1972), a peculiar method of treating families in groups. That is, he treats a series of couples, while calling them a group of families, in the presence of one another. He will talk to one family for awhile, allowing communication between the individual family members and himself, and then talk to another family for awhile, and so forth. According to Haley, he allows no communication between families and thus allows no group process and is quite vague in discussion of why the other families are included in the process.

His method in using the concept of "undifferentiated ego mass" is to choose the more mature parent or spouse, who is theoretically closest to "differentiating" and through either joint or individual sessions to discuss the marital relations and stress the "becoming independence." When success is achieved with one spouse or parent, the

other will be easily influenced to move in the same direction. (Beels and Ferber, 1972, p. 178)

More recently he has used the techniques of sending family members to visit parents and in-laws. This is directly the result of his "differentiating"work with his own extended family, which was published recently anonymously. (Framo, 1972) His suggestion is to settle disputes that have been dormant for years.

The only examples of his therapeutic technique that are available have emphasized keeping the communicational network or system under his control at all times.

The Multiple-Impact Group is probably represented best in the literature by the project co-ordinator, Robert MacGregor. This type of therapy arose from a Youth Development Project in an outpatient psychiatric clinic for adolescents, at the University of Texas in Galvaston, who had been referred by the Juvenile Court authorities.

In essence, the object of the therapy is to devote the entire time and facilities of an orthopsychiatric team to one family for approximately two or three full days. The team comprised of doctors, a social worker, psychologists, ministers (if appropirate), nurses and so forth. The term, "multi-impact," derives from the number of disciplines involved as well as the number of people involved in the therapy process.

MacGregor has described the process more as an intake procedure:

> We have tried to identify and intensify therapeutically effective aspects of clinic intake procedures. Multiple Impact Therapy (MIT) is, in a sense, an expanded intake procedure involving the assimilation of our team into the family group in a manner that bespeaks our desire to participate in their problems. (MacGregor, 1972, p. 151)

The process proceeds through a series of different combinations with different people involved. It includes multiple-therapist situations, individual interviews and group therapy, interspersed with brief staff conferences, as well as team-family conferences. Prior to the first day, the family is invited to the clinic to look around. They are briefly interviewed and generally given the impression that the proposed two-day session will be very intensive as well as being very productive for them. This is emphasized in order to create an attitude that the two full days will be utilized to the fullest. A brief description of the two-day process should illuminate the various methods employed.

On the first day, the team has a briefing prior to the family arrival in order to make tentative plans. In the initial team-family conference, the plan of therapy is openly discussed with the family. Each team member then takes a family member for an individual interview. Use of over-lapping interviews, with therapists switching rooms and reporting information from the prior interview, occurs. During a noon team conference, strategy is planned for the afternoon. In the afternoon, again individual and perhaps couple interviews are used as well as over-lapping and "cross-fertilization" interviews. The first day ends with a team-family conference for group discussion and summary.

The second day is very similar to the first and continued individual, couple and group interviews are held with different therapists from the first day. The final team-family conference is used for specific questions from the family members directed to team members.

> These conferences provided clues to the weaknesses and strengths of the family and helped the team to determine a treatment plan suited to the particular family. They ensured that the treatment procedures were not only the product of expert advise but also a group decision. They prepared the family for understanding of their part in the treatment and for the hard task of channelling constructively the energy mobilized by the crisis the family faced. (MacGregor, 1964, p. 58)

In addition, the team provides a model of role differentiation, flexibility, open criticism, and communication, at the same time it is examining the family's difficulties in these areas. (Beels and Ferber, 1972, p. 180)

At the end of the final team-family conference, the family is informed that the team will make a home visit within six months to evaluate the learning and progress the family has made. This is intended to put the family in the position to digest and utilize what they have learned. As Jay Haley facetiously stated in a talk at the University of Manitoba (Haley, 1972), "the Multi-Impact group exposes a family to a large team of experts for two days and then sends them home to practice what they have learned. If after six months, their situation hasn't improved, they /the team/ threaten to do it again."

The last of the conductors to be analyzed, Salvador Minuchin, appears to have some similarities to Bowen but is probably more elaborate in his stage direction. That is, his view of himself as a therapist is akin to an actor and director in a "family play."

> ...he functions like a director as well as an actor. He creates scenarios, choreographs,

> highlights themes and leads family members to improvise within constraints of family drama. (Minuchin, 1974, p. 138)

Minuchin's therapy is called structural family therapy, which is directed toward changing the organization of the family. It is a therapy of action that is not intended to explore and/or interpret the past, but to modify the present. "The therapist joins the family not to educate or socialize it, but rather to repair or modify the family's own functioning so that it can better perform." (Minuchin, 1974, p. 14)

His first book, Families of the Slums (Minuchin, 1967),dealt with his work with poor or slum families who displayed little ability to delay impulses or examine verbally pointed out processes. He described the role of the therapist into four parts or sequences:

1) diagnose the family structure in relation to conflicts and recurrent interactions that impede effective problem solving;

2) assign participant roles to centrally involved members and remove others to observe the process;

3) instruct participants in new and unfamiliar ways of dealing with conflict; and

4) guide removed members in observer's roles.

An example of this method was supplied by a video-tape, presented by Jay Haley in March of 1974, of a family with a girl who was setting fires. Minuchin brought the problem into the interview by having the mother teach the girl how to light fires properly and by implication interpreted the girl's behavior as not knowing how to light fires very well.

This example provides an illustration of what he calls "enactive formulations." He found in his work with poor families that "... members are generally action prone, concretistic, restricted in use of verbal symbols and thus not readily reachable by abstract, conceptual or symbolic interventions." (Minuchin, 1967, p. 248) Stimulation is provided toward the actual enactment of problems.

Instead of a question such as, "Why doesn't your mother talk to you?" instead, it would be, "see if you can get your mother to talk to you."

Participants are gradually moved, rather than abruptly moved, toward more symbolic levels. Through task-oriented therapy, the therapist directs family members to participate in familiar tasks under conditions that are different from and sometimes opposed to the usual familiar patterns of interaction.

In a more recent book, Families and Family Therapy, (Minuchin, 1974), he seems to describe basically the same type of therapy, although more emphasis is placed on verbal techniques, with the addition of a system framework of analysis. He views the target of intervention as the family system. The therapist joins the system, thereby creating a therapeutic system and by changing the positions of the system's members; both psychologically and geographically, he changes their subjective experiences.

An example provided was a twelve-year-old girl who had asthma which was psychosomatically induced. She was on heavy medication, missed school often, and so on. The therapist insisted on seeing the entire family--two parents and the identified patient's two older sisters.

> During the first interview the therapist directed the family's attention to the older girl's obesity. The family's concern then shifted to include worry about the newly identified patient. The asmatic child's symptoms then diminished to the point that her asthma was controllable on considerably less medication and she stopped losing school time. Change in the family structure moved from the two parents protectively concerned with one child's asthma to two parents concerned with one child's asthma and another child's obesity. The identified patient's position within the family changed and her experience changed. She began to see her older sister as a person also with difficulties. The parents' concern and overprotectiveness diminished with the new target for concern. (Minuchin, 1974, p. 13)

Minuchin also lists two requirements or tasks expected of a therapist:

1) accomodate to the family, and

2) maintain oneself in a position of leadership within the therapy unit. One must resist being "sucked into" the family system. The implication here is that one must "seduce" the family into the therapeutic system, but the therapist must not be "sucked into" their system. This is intended to maintain the freedom necessary to make interventions and challenge the family organization.

The techniques employed by Minuchin are varied but built around one theme of being the "director." "He also uses himself, entering into alliances and coalitions, creating, strengthening and weakening boundaries and opposing or supporting transactional patterns. He uses his position of leadership within the therapeutic system to pose challenges to which the family has to accomodate." (Minuchin, 1974, p. 139)

In addition, a therapist can only gather limited data from family verbal descriptions. To add to this data, he asks family members to transact, in his presence, the ways they would normally resolve conflicts, enter into alliances, diffuse stress, and so on. He may also direct a person to talk to another member rather than talk about him, refuse to respond to direct questions, leave the room to observe through a one-way mirror and so on.

An important technique often used is "geographical moving." Location is noted as often indicating a metaphor for closeness or distance between people. He also uses this to encourage dialogue and as a way of strengthening or creating a boundary with a sub-system.

Minuchin also employs two types of tasks:

1) directed tasks during session--e.g., "Talk to your child in such a way that he hears you." (Minuchin, 1974, p. 150) This example is intended as a highlight for an area the family needs work with.

2) Tasks as homework--by assigning tasks to be done at home and they accomplish them, they are in effect taking the therapist home with them. He then becomes a maker of rules beyond the structure of the therapy session.

In summary, the "conductors" conduct a therapy session or process with a definite goal or end in sight and rarely waver from this format. In addition, their unique, striking personalities reflect their uniqueness in "directing" strategies.

Reactors-Analysts

This first group of reactors, to be distinguished from systems' purists, includes Lyman Wynne, Carl Whitaker, Ivan Boszormenyi-Nagy,

James Framo, and the editorial leader of the Philadelphia Family Institute, Alfred Friedman. In general, reactors respond to what the family presents rather than "conducting or directing." This is probably very indicative of their theory, methodology and philosophy of using the psychoanalytic framework of therapy. They concentrate on the unconscious and non-rational motivations in order to add meaning and "depth" to the process. Frequent use of co-therapy is used because of their hypothesis that each needs to support the other as well as providing twice as much power in confronting the family. (Beels and Ferber, 1972, p. 184-5)

It should be noted that Lyman Wynne has written very little about the therapy process, with the exception of one article (Wynne, 1965). He views his therapy as being long-term, exploratory, conjoint family therapy. This implies a heavy reliance upon the exploration and clarification of the nature and sources of family difficulties as a means of resolving these difficulties. The focus of the process is on the immediate or present, ongoing transactions of family members with one another and with the therapists and are thus "regarded as the most significant standing point to be explored and understood." (Wynne, 1965, p. 290)

The foregoing statement implies a deeper and more complete understanding and he further emphasizes that like psychoanalysis, the therapist may illicit awareness of that which has been unconscious, but in his approach the focus is more on the unnoticed but observable rather than the unnoticed but inferable. The therapist's activity thus, largely consists of helping the family to notice their immediate ongoing behavior, and to become aware of the sequences and patterns

into which this behavior falls. Therefore he terms this method as "clarification" rather than interpretation in the psychoanalytic sense. (Wynne, 1965, p. 291)

Beels and Ferber have responded to Wynne's method of therapy, while watching a session with Wynne and Harold Searles in co-therapy, in terms of trying to avoid the confusion and uncertainty of the family system.

> ...they count on each other very much for support as they register the confusion, blurring of focus, futility, anger and so on, induced in them by the family system. Their struggle to be empathic with what is happening at the moment in the family, and to talk with family members about it with intuition. Candid self-revelation is followed, sometimes, by a demand that comes from the therapist's involvement: that the family clarify something to help him out of his confusion, for example, or fight openly because the therapist is oppressed by their deviousness. (Beels and Ferber, 1972, p. 186)

In addition, in a slightly milder contrast to the "conductors," Wynne states that a theraist needs to be rather active, aggressive and insist upon certain conditions that will allow family members the opportunity to change.

In a similar fashion, Carl Whitaker likes to view himself in the role of an activator in families. "His intent is to invade the family as a person, either by usurping one or another family member's place or by forcing a new mobility of roles within the family." (Beels and Ferber, 1972, p. 189)

Whitaker can be best termed an "experiential therapist" and thus the process of his therapy is difficult to describe. In one article,

he does describe a standard diagnosis and treatment format. That is, he first takes a history with the couple jointly, followed by a joint interview with the couple, and a colleague. After diagnosis, the couple is seen as a unit by the main therapist. He does note that in a later phase of therapy it is possible to change the rule of seeing only as a unit, and see one member alone, as long as the absent member was fairly sure that the therapist was working for the couple and not just the spouse. (Whitaker, 1961, p. 166)

But this stated format seems to be the exception rather than the rule and seems to be well exemplified by this later statement:

> I'm convinced that my therapy is mostly operated by my unconscious. It's as though I were on a bank fishing, not really trying to catch anything, but every once in awhile something gets hooked on my line and I haul it up. (Whitaker, 1967, p. 275)

In this rather free-floating, experiential type of therapy, Whitaker does use some techniques that are not totally unconscious. He is likely to link with a father to help him become more dominant, be seductive with mother in order to make father jealous, or create and organize a conflict between generations. (Beels and Ferber, 1972)

Use of siding procedures seems to be a common practice. In a transcribed interview (Whitaker, 1967) he would start out relating to one, then to another. Then he moved to the twosomes, then to the dyads, and finally the whole. "As I see it the way I establish the whole is by this movement from one to the other." (Whitaker, 1967, p. 280)

Whitaker also likes to use the introduction of a stranger into an interview to set up a new therapeutic framework, much like Minuchin's structural changes.

> This is the way I add an extra quantum, a random element, which can give the whole process a twist; whatever comes of it will be unforeseen and unexpected. (Whitaker, 1967, p. 270)

At the Manitoba Association of Social Workers' Annual Meeting (April, 1974) he described a free atmosphere at his clinic where schizophrenic patients are free to wander in and out of different interviews. Also at this conference, in a live interview, he demonstrated the use of "metaphors." That is, instead of discussing a subject directly he will use a metaphor. In this live interview, he talked about sex using the metaphor of "cuddling." This is no doubt a result of many years of working with schizophrenics in a necessarily abstract language.

Also, like Wynne and the other analysts, he feels co-therapy is a must in working with families.

> I don't think one therapist alone possesses the amount of power necessary to get in and change the family and get back out again, without getting stuck in the people salad. (Whitaker, 1967, p. 307)

He also advocates co-therapy because of the freedom it affords him in the process. Or as Haley has remarked, "he advocates co-therapy so he can go crazy in the interview." (Haley, University of Manitoba, 1972)

Alfred Friedman, of the Philadelphia Family Institute also is an advocate of working in co-therapy teams. His main operational procedure can be described along the interactional and transactional lines, with an analysis of family roles, expectations, misunderstanding and delineation of the pathological family system. His therapy tends

to be of a long-term nature because he wants to provide more than temporary symptomatic or behavioral, or relief from a family crisis: "...do more than just getting the pressure or focus of the family problems transferred from one member to another member." (Friedman, 1971, p. 30)

Friedman finds there is a distinct advantage to initiate work with a family during a crisis, such as delinquent behavior, since most families are anxious for change at that time. In the initial session, the concept of the problem being family-based as distinct from the problem being individually based is discussed and the composition of family treatment group is determined. There is an attempt to orient the family to the idea of working as a unit for a solution to the problem(s).

Many goals and tasks expected of the therapist are listed.

> Make group goals explicit, affecting compromise and integration, improving communication within the family, helping members express feelings, helping members listen and hear, correcting distortion, acting as communication bridge, focus attention on non-verbal reactions, providing feedback and mirroring, verbalizing for group, giving information, and so forth. (Friedman, 1971, p. 31)

After examining this list of therapeutic expectations, one can begin to imagine the rationale for long-term therapy more completely.

Most of the therapeutic time in the session seems to be spent in dealing with "the here and now" and the interaction of family members. But, "we do not shy away from using intra-psychic expression of feelings, the working through of key emotional conflicts, blocks,

catharsis and on occasion even fantasies and dreams." (Friedman, 1971, p. 25) Mention is also made frequently of the therapist adopting the role of a superego figure.

These types of techniques or strategies appear to be in direct contrast to the technique of encouraging positive new behavior rather than confronting one with part of the problem which might be either conscious or unconscious. Also in contrast, in this case to the systems purists who hold that an individual cannot change unless the whole family changes, he believes that helping one family member who is probably the most emotionally mature, to change and continued support and encouragement not to regress when other family members demand this, can eventually bring about a major realignment of relationships as well as a new family pattern. (Friedman, 1971)

A strong case is also made for the use of co-therapy exclusively. The therapists can support each other in attempting to find meaning in family behavior, are able to devote more attention to each person as an individual member, there is more of an opportunity for "cross-fertilization dialogue" between therapists and family, and so forth. Haley has also noted that in contrast to Whitaker who needs a co-therapist in order to "go crazy" in the interview, Friedman needs a co-therapist "to stop from going crazy." (Haley, University of Manitoba, 1972)

The last two reactor-analysts to be described, James Framo and Ivan Boszormenyi-Nagy, have been grouped together for analysis, partly because Beels and Ferber could see little difference in style and approach. (Beels and Ferber, 1972, p. 186) Also this author's

examination of the literature revealed little difference. Beels and Ferber studied both the literature as well as observing therapeutic interviews. Nagy and Framo have co-authored several papers, co-edited books and have worked as co-therapists.

They cite their unit, the Philadelphia Family Institute, as one of the few in the United States where long-term family therapy is conducted. Like Friedman, they believe there are certain "deep parameters" of the family system which can only be revealed by extended work with the family. "Extended work" is defined as usually being four years or longer. (Framo, 1965, p. 146 and Nagy, 1965, p. 115)

Nagy has emphasized that during family therapy, concentration is placed on the "relational rather than the characterological implications of a member's relationship with his own introjects is explored." (Nagy, 1965, p. 121) This psychoanalytic tradition is further stressed in relating that through their experience and work, they had to learn to represent parental objects who could remain discrete individuals and thereby motivate family members to "... extricate themselves from their wishful symbiotic fantasies." (Nagy, 1965, p. 127)

Various "musts" are insisted upon in describing the role of the therapist.

> Therapists should guide but not take over real life decisions. They should help make sense out of the chaos; should interpret where there is projecting, filabustering, denial of manipulations and a variety of other resistance games. Finally, the therapists should reward the pursuit of mourning and serious exploration of the introjects by taking notice of these efforts as they occur. They must act as good parents through their incorruptible strength and their constructive empathy. (Framo, 1965, p. 154)

colleague in the co-therapy relationship, he is apt to selectively ignore defensive facades that resemble those of his own family." (Nagy, 1965, p. 129)

Systems'-Purists

The second group of reactors to be analyzed, the systems'-purists, consists of Don Jackson, Jay Haley, Gerald Zuk, Lynne Hoffman and Warren Brodey. In general, the systems'-purists view the family in terms of a systems' framework of countervailing power, a unit of influence that is governed by a system of rules that define and constrain it. In contrast to the "analyst" group of reactors, they are not concerned with intra-psychic phenomena, but rather with directly observable behavior.

> They adopt a 'black box' model of the mind, comparing it to an electronic instrument so complex that the investigator pragmatically leaves speculation about its inner workings to the psychoanalysts and concentrates instead on its input and output--what it is actually seen to do in response to certain stimuli. (Beels and Ferber, 1972, p. 189)

Don Jackson, as reflected in his writings and transcripts of interviews, concentrates on the family's communication system and control of power within interviews. The family is viewed as a mutual causative system, whose complementary communication reinforces the nature of their interaction. This complementary communication forms patterns that are redundant and are going to be repeated. As part of the assessment and therapy, the therapist watches for patterns and rules and the therapy largely "consists of the therapist behaving

in such a way that the rules must change." (Jackson, 1967, p. 144)

He feels strongly that the therapist must gain control of what happens in therapy and does this by out-maneuvering the family by posing paradoxical questions (worded so that only one response is possible), by disinvolving himself of any responsibility and by passive silence. He also disavows any attempts of family members to form coalitions with him and usually instructs the most actively controlling member of the family to take charge of the therapy situation, thus making it impossible for that member, if he follows the instructions to be in control of the therapist. (Jackson, 1967, in Haley and Hoffman)

Also in keeping with this control concept, is his technique of defining any behavior, no matter how bizarre, in a positive sense--that is, taking a motivation or behavior that has been labelled in a negative way and labelling it in a positive way.

> If they have been defining what they are doing in one way for many, many years and if I can suddenly define it another way, it shocks them a little out of believing that they're always right. (Jackson, 1967 in Haley and Hoffman, p. 200)

Another possible technique is what Jackson calls the "reductio ad absurdum." For example, a woman who is complaining of the heavy responsibility she has at home, might be affronted by Jackson who would "talk about the cross she bears and the scientific fact that anyone else would have been completely crushed by it, so that finally she has to say, 'you know, I didn't say it was that bad'." (Jackson, 1967, in Haley and Hoffman, p. 224) Along this similar line is a

strategy of "prescribing the symptom." For example, a depressed widow of an alcoholic who has moved in on her married son is instructed to have a drink with him each night, no matter how much she dislikes it. (Beels and Ferber, 1972, p. 193) This is in effect a controlling procedure by the therapist, and often the symptom will disappear before the task is carried out. This is also referred to as producing a runaway.

When observing a pattern of interaction that should be broken, Jackson would not point it out to the family but would rather disturb it. For example, if a sequence involving A and B went A-X, B-Y, and this was pointed out to them, B may agree while A may think it was B-Y, A-X. One can upset this system by simply stating you think it's C-Q, and thus confounding both of them. (Jackson, 1967, p. 145)

Jay Haley is more of a student and reporter of other therapists' methods and theories. Yet he has written two articles that implicitly reveal his methods (Haley, 1972 in Ferber, Mendelsohn and Naper; Haley, 1963, in Erickson and Hogan)

In comparing the methods of beginning therapists with more experienced therapists he notes several differences. He generally gives the family members more equal weight in discussions, and interventions in the family system are intended to change a sequence of behavior involving several people. He will see a sequence occur, and when it begins again, he will intervene. The goal is to give the sequence a different outcome, and he may or may not point out to the family the nature of the sequence. Discussion about the past is only used when he cannot understand the present. (Haley, 1972, p. 156-158)

The more experienced therapist usually works with a family with minimal information about them,and the beginning interview is not only considered a diagnostic one, but one requiring a therapeutic intervention as rapidly as possible. The first session is usually ended with a therapeutic aim accomplished so that the family has an idea of what the experience will be like. In addition, the therapist always includes himself in the description of the family.

Less concern is given to interpreting feelings and attitudes and even less concern is granted to confronting family members with their negative behavior. Instead, the therapist can make two types of comments or interventions. First, an intervention could be made to emphasize the positive side of the interaction observed. For example, "...if a husband is protesting his wife's constant nagging, the therapist may comment that the wife seems to be trying to reach her husband and achieve more closeness with him." (Haley, 1963, in Erickson and Hogan) Second, the therapist may redefine or emphasize the opposite of what the couple is emphasizing. That is, if a wife protests that she is the only responsible one in the family and must supervise her husband, the therapist may agree and suggest that the husband is arranging that she be the responsible one, thereby raising the question of who supervises whom.

Like Jackson, Haley is of the opinion that siding with one part of the family against another will produce poor therapeutic outcome. But when he does take sides, he states this explicitly and therefore defines it as a temporary siding procedure.

The power of a family or couple is noted when indicating that a therapist can only direct one to behave differently if the conflict

is a minor one or where the person or system is likely to behave that way anyhow and is looking for an excuse. (Haley, 1963 in Erickson and Hogan, p. 20)

The second method of directing is also related to the concept of control or power. He states that encouraging a couple, sub-system or system to behave in their usual way is one of the most rapid ways to bring about a change. "When they are directed:

> ...to behave in their usual way he gains some control of their behavior because what occurs is being defined as occuring under his direction. At this point he may shift his direction to bring about change. (Haley, 1963, in Erickson and Hogan, p. 204)

If he encourages them to continue in their usual ways, the couple is faced with a situation which is difficult to deal with without undergoing a change. It also utilizes whatever rebellious forces are latent within the system. And if the therapist makes it an ordeal to continue in their usual way, the problem is further compounded.

Throughout Haley's description of therapy and therapeutic techniques can be seen the pervading influence of the "master," Milton H. Erikson, with whom Haley studied. This is especially revealing in the techniques of relabeling, therapeutic paradoxes, emphasis on brief therapy, change, positive redefinition, et cetera. Readers are directed to Uncommon Therapy (Haley, 1973) for further comparison.

Gerald Zuk also views himself as mediator in a therapy process and refers to this as the "go-between process." This is a systems'-

oriented approach in which the therapist casts himself alternatively in the role of a mediator and side-taker in the family in order "to intervene in the pathogenic relating he observes."

As the"go-between," he may employ such devises as confrontation, reflection, advise, denial, evasion, and so on to maintain and increase his therapeutic leverage as "go-between" or block efforts to undermine him in his role. This concept of therapeutic power, similar to Jackson and Haley, means the capacity of the therapist to define the "therapist-patient" relationship and to initiate actions to control the relationship in ways that are in the best interest of the client or patient. (Zuk, 1966, p. 45)

Pathogenic relating refers to conflict between "principals" (those directly involved in conflict) which might engender violence, silencing strategies, scapegoating, inappropriate labelling, and the promotion of family myths. (Zuk, 1971, p. 84) Therapy is directed at shifting the balance of pathogenic relating among family members so that new forms of relating become possible.

The therapist can be described as being very active, intrusive and confronting or inactive and passive. He may move into the role of go-between by attacking two parties that he hopes to make into principals; or he may move into the role by calmly pointing out a difference between two parties. On the other hand, he may become a go-between by refusing to take sides in a dispute. (Zuk, 1966, p. 170)

But Zuk also notes that side-taking is an inevitable occurence in family therapy and can be put to good use.

> By judicious siding, the therapist can tip the balance in favor or more productive relating or at least disrupt a chronic pattern of pathogenic relating. (Zuk, 1971, p. 73)

It should be noted that throughout Zuk's writings, he remains quite vague as to specific techniques, does not present examples, and continually reemphasizes the same general strategies in varying forms of verse.

Lynn Hoffman's therapeutic methodology is also difficult to determine from the literature and there are no available videotapes or interview transcriptions. Like Haley, she is more prone to be a reporter or describer of other therapists. In a verbal conversation with Carl Whitaker in Winnipeg in April, 1974, he noted that she is compiling a book describing more completely her methodology and theory but it will not be available until the fall of 1974. Use will therefore be made of two articles, (Hoffman and Long, 1970 and Hoffman, 1971, in Haley), which deal with the systems' network approach and systems'-cybernetic theory. Implicit interpretations will thus be made of the methodology.

Like other systems'-purists, Hoffman places little emphasis on insight therapy as a change agent and concentrates on concrete action interventions in order to reach more logically obtainable goals.

In the network article, reference is made to helping agencies or systems inadvertently combining together to create a system of confusion to the target system being helped. The worker's role is defined as being a "social broker" or "advocate" in the sense that the worker becomes a "super-authority" in mediating between the family and social agencies; a very close similarity to Zuk, Jackson and Haley. But in addition, while attempting to equalize involvement in these relationships, attempts are made to lessen the authority of the worker.

"Whenever possible, the task of dealing with the agencies was turned back to the family, using this tactic to resist becoming too omnipotent a figure in family affairs." (Hoffman and Long, 1970, p. 229)

In addition, each intervention serves a double purpose: a piece of help, suggestion or a task is not pursued only for itself but also to help equalize the balance of power in the therapeutic situation.

Discussion of the concept of control is revealed in an article comparing Brechtian theatre with therapy.

> The issue is one of control between playwright and audience. Whichever path they take, they cannot avoid taking a path the playwright suggests. In the same way, exposing discrepancies in family life usually depends on counteracting one person's or group's perception of helplessness or involvement in relation to others in the same system with a different perception which is incompatible with it. As the therapist makes no move to say which faction is right, he in a sense supports both simultaneously. Everyone can be both responsible yet not responsible, and whichever way they see it, they see it the therapist's way. This gives the therapist the final control, and at the same time, by expecting his patients to get well and not need therapy, he insists that they take the final control. (Hoffman and Kantor, 1966, p. 227-228)

In a discussion on systems'-cybernetic theory and the concepts of deviation-amplifying and deviation-counteracting processes (Hoffman, 1971), she does not explicitly point out her own methodology, but rather cites other theorists, such as Auerswald (ecosystems' view), Laqueur (multiple families), Langsley and Kaplan's brief crisis work and Bowen's use of triangles, as methods most approaching a systems' viewpoint. Also disrupting the system, as Haley does, promotes change.

> If one thinks in terms of systems and their tendency to rigidify rather than undergo change, one takes an opposite view. The problem then is that the patient is caught in an increasingly inflexible set of patterns, and the task is to loosen them up. Therapy may require the introduction of complexity rather than the restoration of order. (Hoffman, 1971, p. 306)

An example of Minuchin's structural changes through induced crisis is given. That is, the purpose of the therapy is to induce a crisis or series of crises to upset the equilibrium of the family and force the family by virtue of the disequilibrium to invent new techniques to deal with it. (Minuchin, 1969 in Sager and Kaplan)

Warren Brodey, the last systems'-purist, to be examined, has some similarities to the other four therapists but also some unique differences. First, like Hoffman, he emphasizes the importance of a family crisis in that this is time for growth and change. This is related to the family's self-regulation system, in that his therapy is directed toward unlocking this system so that the family can evolve "more efficient contact with its environment in terms of its purposes, as well as to release fresh techniques for solving problems" (Brodey, 1968, p. 74) Any interventions made by the therapist are designed to break the old sequences of behavior.

Where he differs from the other purists is in how to break the recurring patterns. He points out that it is the therapist's function to help the family become aware of the "vicious cycle" in which it is caught and the reinforcement procedures that trigger the same cycle on its next occurence.

> The family therapist has as his function making conscious the unconscious family dynamics. Using

> the field concept, this means making aspects of the family operations that were previously unknown to the family, out of awareness, available to scrutiny and decision. (Brodey, 1968, p. 63)

Mention is made here both to unconscious processes as well as insight development. One technique mentioned for insight development is "absurdity." "It may be the only way to break the all-encompassing spiral system that sweeps like a tornado." (Brodey, 1967, p. 70) That is by making comments that are not related to the family system or by standing outside their system, this focuses their attention on their relationship rather than their relationship with him.

In summary, the "systems'-purists" are very similar to the "conductors" in their insistence on control of the therapy, but their methods of gaining control are more subtle and indirect. Also, their methodology appears to be quite similar with the exception of Brodey.

CHAPTER III

Supporting Theory

The theory of a treatment system or methodology consists primarily of a set of assumptions and hypotheses in order to provide a rationale for the methodology. Usually this consists of formulations regarding the etiology of problems and the proposed effects of intervention.

It should be noted that in the literature, there is usually no distinction made between therapy and methodology. This is partly based on the conception that method and theory are difficult to separate. When viewed in a mutual network framework, one can see that both method and theory constantly reinforce and constrain each other and any development in one would mean a similar shift or rearrangement in the other. But this also poses an etiological problem which should be formulated first.

> In many cases the theories advanced were a rationalization for the practice of the therapy and not what we thought a real theory in this area should be: an ordering of diverse clinical phenomena to a scheme that would organize their diversity and provide a reason for different therapeutic measures. (Beels and Ferber, 1972, p. 171)

Jay Haley, as an observer of the development of family therapy, offers an explanation for the development of a methodology before the establishment of a theory.

> A theoretical framework for these new ways of thinking was difficult to conceptualize. Actually observing families and trying to change them produced information which had never been gathered before. Rather than family therapy's developing because of a theory,

> it appeared that people were struggling to find a theory to fit their practices. There was no theoretical model which could be used to describe behavior in natural ongoing groups, and there was no language for describing their relationships. (Haley, 1971, p. 4)

Haley also points out that group theory, role theory, information theory, games theory and learning theory were tried, but the most popular was a systems' theory derived from cybernetics. "This model could deal with interacting elements responding to one another in a self-corrective way, which is the way family members seemed to behave." (Haley, 1971, p. 5)

Instead of attempting to examine the literature for the "set of assumptions" that support each specific methodology and/or technique, this chapter will concentrate on three topics of concern:

1) theory of problems or pathology;

2) theory of change; and

3) the use of systems' theory in the respective supporting theories.

Concentration on rationale for specific methodologies and/or techniques is also made difficult by many writers in the field, especially in their lack of concern for making rationalizations explicit.

Conductors

Nathan Ackerman views the "family constellation of three generations" as being the optimal unit of intervention. That is, he assumes the processes of conflict and pathogenic influence are being passed down through three generations. (Ackerman, 1961, p. 163) Tension and conflict within the family affect the external adaptation

of the family to community as well as the "internal psychosocial balance of the individual member." (Ackerman, 1956, p. 68)

He also notes that "deviance" or "illness" performs a function for the family. That is, in some families, one particular child is made a "scapegoat" and is susceptible to a breakdown. This may be organized around a prejudice of differences; e.g., male vs. female, obedience vs. defiance et cetera, or a set of qualities; e.g., tall or short, light or dark skin, et cetera. He feels the more disturbed the family the stronger the reliance on prejudice. (Ackerman, 1966, p. 85) Also emotional illness itself may serve to integrate or disintegrate family relationships and that some forms of illness may be slowed or hastened by the quality of a family relationship. (Ackerman, 1956, p. 76)

In addition, his view of interpersonal and intrapsychic conflict presents a general statement regarding his theory of change as well as use of systems' theory.

> Conflict between the minds of family members and conflict within the mind of anyone member stand in reciprocal relation to one another. The two levels constitute a circular feedback system. Interpersonal conflict affects intrapsychic conflict, and vice versa. Generally speaking, interpersonal conflict in the family group proceeds establishment of fixed patterns of intrapsychic conflict. Psychopathic distortion and symptom formation are late products of the processes of internalization of persistent and pathogenic forms of family conflict. (Ackerman, 1966, p. 75)

His theory of therapeutic change is directed at development of insight. That is, psychopathic distortion and symptom formation can be reversible if the intrapsychic and symptom-producing conflict

can be externalized or reprojected into the field of family interaction where a new solution can be found. Reversible in the sense that through a series of directed manipulations, confrontations, et cetera, insight is developed, and changed behavior naturally follows.

Ackerman seems to accept, basically, the systems' framework but also adds his own "twist" or interpretation of it. He states that homeostatic mechanisms (resistance to change) are applicable to the physical fields whereas "homeodynamics" apply to the psychosocial fields. That is, the principal of homeodynamics functions not merely to restore a pre-existing equilibrium, but it also allows room for accomodation to new experience, for learning, change and growth. (Ackerman, 1966, p. 101)

Virginia Satir theorizes problems into three main areas: marital conflict, scapegoating and communication. The first two, marital conflict and scapegoating appear to be mutually connected. She states that the parents or "mates are the architects of the family." (Satir, 1967, p. 2) If the parents have low self-esteem or little trust in each other, they will expect their child to enhance their self-esteem "or to be an extension of themselves and to serve crucial pain-relieving functions in the marital relationship." (Satir, 1967, p. 45) The identified patient is defined as being the family member who is most obviously affected by the dysfunctional marital relationship. His symptoms are seen as a "message that his own development is being stunted in favor of trying to alleviate and absorb his parents' conflicts." (Satir, 1967, p. 64) In turn, the parents find it least threatening to use the child to cross monitor the marital conflict, or to be the vehicle through which

hostility can be indirectly conveyed to the other mate. A rationale for choosing a child as the scapegoat is given:

> If parents show hostility toward each other directly, they run the risk of inviting retaliation. (The child cannot retaliate as successfully) If the parents try to express their disappointment to each other by scapegoating the environment, they may lose community and risk an attack on their self-esteem. (Satir, 1967, p. 31)

She also observes that in some families the same child remains the identified patient from birth, but in others the role may be shared or passed on from one child to another.

Satir refers to a dysfunctional individual or dysfunctional family as one that has not learned to communicate properly. Because this unit (individual, couple or family) does not have a means of perceiving or interpreting messages accurately from the outside, the assumptions upon which the unit bases its actions will be faulty and thus adaptation efforts will be difficult. This "faulty communication"appears to be quite closely related to the self-image or self-esteem concept that was referred to in the marital conflict phenomena. That is, low self-esteem or low self-image is the result of "faulty communication." But she negates this implicit assumption by stating that "low self-esteem leads to dysfunctional communication." (Satir, 1967, p. 95)

Although Satir is quite vague with regard to her theory of change, in that she does not state it directly, an examination of both her method and theory of problems seems to implicitly indicate it. As noted previously, Satir presents herself as a teacher and communications'expert. One of her main functions is to teach the

family a new language, for the family to use in resolving communications problems. Once this is learned, insight into their own problems, communicational and marital, is revealed, changed behavior occurs and "the deepening of their relationship is a by-product." (Satir, 1967, p. 127)

With regard to systems' usage, Satir refers to two types of systems--closed and open. Closed systems are those in which participating members must be cautious about behavior and communication. Honest self-expression or communication is impossible and she notes that emotional or behavioral disturbance is a certain sign of a closed family system. An open system permits honest communication and self-expression. In open systems, because of this freedom of expression, growth is a viable adaptation. (Satir, 1967, p. 185) She also states that she is "not satisfied with the language we have worked out for talking about systems." (Satir, 1967, in Erickson and Hogan, p. 215) It seems quite clear that Satir has adopted some parts of systems' theory and discarded that which is not compatible with her method, theory and philosophy. This is consistent with her statement that she has made use of dance, drama, religion, medicine, communications, education, speech, behavioral science and the physical sciences (systems' theory), in formulating her ideas. (Satir, 1967, p. 179)

Murray Bowen offers a conceptualization of emotional illness or sickness as on a continuum. He observed in his research families the same patterns in all types of families, with varying degrees of intensities. Patterns that were originally thought to be characteristics of only schizophrenics were also present in families with

less severe problems and even in normal families. (Bowen, 1960 in Jackson). He saw this as evidence of emotional illness belonging on a continuum; the difference being one of a degree of impairment rather than a qualitative difference.

One such pattern is referred to as the "theory of triangles." The triangle is the smallest stable relationship system. A two-person system is unstable in that it will immediately form a series of interlocking triangles. During a "calm" period, the triangle is a close twosome and a less comfortable outsider. But during a stress period, the outside position becomes the most comfortable and most desireable. Each part of the system attempts to get to the outside position in order to excape the tension of the twosome. When it is not possible to shift forces, one part of the system or the entire system will "triangle" in a fourth person, leaving the former third unit aside for reinvolvement later. Thus when tensions in families are high and available family triangles have been exhausted, the family system will triangle in people from the outside such as police, social agencies and so forth.(Bowen, 1971 in Kaplan, p. 390)

Triangles in moderate tension have two comfortable sides and one side in conflict. As the patterns repeat, the units come to have fixed roles in relation to one another. The most common role pattern is tension between parents: the father gains the outside position (and is usually called weak and passive), leaving the conflict between mother and child.

Another pattern Bowen refers to is the "undifferentiated family ego mass." This is used to refer to the "emotional system" in the nuclear family (father, mother and children). He theorizes

that the greater the undifferentiation between the spouses, the greater the potential for problems. That is, people pick spouses who have equivalent levels of differentiation of self and that in the marriage, the "two pseudo-selfs fuse into emotional oneness." (Bowen, 1971 in Jackson, p. 397) Undifferentiation in the marriage focuses on three areas:

1) marital conflict--neither gives in to the other on major issues;

2) dysfunction in one spouse--one spouse becomes adaptive or submissive and the other dominant and the one in the adaptive position is vulverable to dysfunction;

3) impairment of one or more children--the parents operate as "we-ness" and project their undifferentiation to one or more children.

This process of projecting undifferentiation to the children is referred to as the "family projection process." The parental problems are projected to children, which appears to be very similar to Johnson's "super-ego lucanae theory." (see Introduction, socio-psychological theories) He views the process somewhat like this: the mother who has an emotional system more focussed on the children than on the husband and the father who is sensitive to his wife's anxiety and who supports her emotional involvement with the children. The"usual mother" has one child in which "emotional fusion" is more intense. This child may have a possible attachment to mother or may be considered or treated as a scapegoat. Bowen states this process is selective in that it usually focuses on one child, and this process exists in all families to some degree. (Bowen, 1971 in Jackson)

Finally, his "multigenerational transmission process" attempts to explain the occurence of emotional impairment.

> If the process begins with parents with low-level differentiation and the family is one that focuses maximal maturity on one child, in several generations, it will eventually produce a child impaired (e.g., schizophrenic). (Bowen, 1971 in Jackson, p. 398)

Like Satir, Bowen is ellusive with regard to his theory of therapeutic change but an implicit analysis can be attempted based on his methodology and theory of "pathology." As previously mentioned, his method is to select one parent or spouse, who is theoretically the closest to being "differentiated" and then to work either individually or jointly to attain "differentiation of self." The other spouse is then motivated "to follow suit." When this is accomplished, a new level of emotional balance occurs, symptomatic behavior is alleviated, and so forth. What is unclear is whether the theory of insight is involved in view of his rather general description of methodology.

Throughout his writings, his use of systems' terminology is prevalent although he assumes the reader is aware of the operational definitions involved.

Whereas Bowen was more concerned with development of theory of problems and offers no explicit statement of his theory of change, Robert MacGregor and the Multiple Impact Group, have concentrated on describing their theory of change with little mention of their theory of problems.

Instead they divided their 62 research families into four groups:

1) families presenting infantile functioning in adolescence (6 schizophrenics);

2) families presenting childish functioning in adolescence and pre-adolescence (autocrats);

3) families presenting juvenile functioning in adolescence (intimidated youths); and

4) families presenting pre-adolescent functioning in adolescence (rebels). (MacGregor, 1964, p. 77)

This is meant as more of a classification scheme for presenting problems rather than as a theoretical framework. They view the behavior of the presenting adolescent research patients as a family problem that could be shown to be an expression of an arrest in development at a level beyond which the family could not foster further development.

> The arresting forces in the family seem to issue from mutually exploitative relationships which limit communication and force each family member into repetitive roles incompatible with growth. (MacGregor, 1964, p. 9)

Thus recognizable patterns of parental interaction are apt to produce and maintain in "dynamic equilibrium" specific forms of developmental arrest in offspring which issue in various types of behavioral maladjustment in adolescence.

Their theory of change is multi-faceted, which is probably a natural consequence of their "multi-approach." First, the team serves as a model of healthy group functioning. That is, the arresting forces in the family by participating in family communications as a healthy model of interpersonal interaction, by communicating

about the communication process, using extended examples to make concrete the give and take and so forth. Thus the family learns to meet conflict within itself "by observing how mature members of a therapy team can keep face while they disagree with and even criticize one another during the prolonged sessions." (MacGregor, 1964, p. 10) Secondly, messages from the team to the family concerning the family's predicament and capacity for change may have a favorable impact on the family's self-evaluative and self-revisory functions--family self-rehabilitative process. (MacGregor, 1964, p. 16) This emphasis on establishing team-family rapport at the conclusion of therapy is seen as a vital, dynamic force in the homework the family does on its problems in the interval between returning home and the time of the follow-up program. Thirdly, the growth potential of family members, when enhanced by awareness and understanding of their recurring difficulties, would yield further improvement during extended periods of living without therapy and supervision. In addition, insights that are acted on in the presence of the family while in treatment will serve as a further stimulus to alter their stereotyped responses. Through minimal insight development in "movement" of family members away from stereotyped or specialized functioning in one area "can be associated with increased ability to function in other areas. This is regarded as increased flexibility which makes possible the adaptability appropriate to growth."(MacGregor, 1964, p. 239)

It is further noted that change does not occur as a

> ...movement up straight line scales or from one arrest in development to another, but as a departure from a relatively closed system of neurotic checks and balances into a relatively open system of freer communication and accessibility to life's challenges. (MacGregor, 1964, p. 11)

Although the Multiple Impact Group uses some systems' terminology throughout the literature, they do not agree fully with the entire theory. They fail to see how roles and illnesses in the observed families can be totally comprehended by the model of homeostasis (resistance to change).

> We find that the model does not embrace the aspects of growth that have to do with emergence from the family matrix; nor does it adequately cover the therapeutic mobilization of self-rehabilitative processes. (MacGregor, 1964, p. 64)

The last "conductor," Salvador Minuchin, to be analyzed, poses another variation with regard to theory. That is, he concentrated upon developing a theoretical structural framework of the family, while attempting to relate to a theory of pathological or dysfunctional patterns or development.

Minuchin begins with the postulate that the structure of a family is a "hidden set of functional demands that organizes the ways in which family members interact." He defines a family as a system that operates through transactional patterns. (Minuchin, 1974) Thus, repeated transactions establish patterns of relations and the foundation for the family system.

> When a mother tells her child to drink his juice and he obeys, this interaction defines who she is in relation to him and who he is in relation to her, in that context and at that time. Repeated operations in these terms constitute a transactional pattern. (Minuchin, 1974, p. 51)

Minuchin states that transactional patterns regulate family members' behavior and they are maintained by two systems of constraint:

1) Generic--the universal rules governing a family organization. For example, a power hierarchy of parents and children.

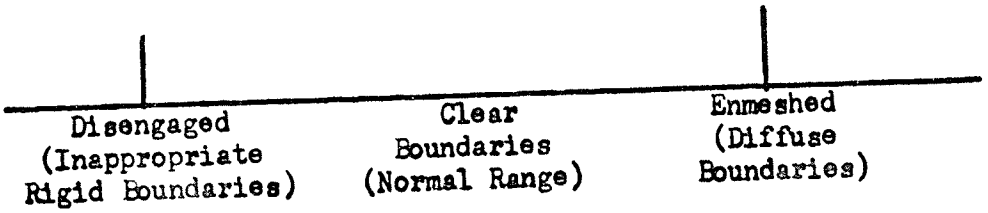
2) Idiosyncratic--mutual expectation of particular family members. The origins of these expectations "are buried in the explicit and implicit negotiations of family members." (Minuchin, 1974, p. 70)

Further, the family system distinguishes and performs its functions through sub-systems. These are usually formed by generation, sex, or by function. Thus, as indicated above, each individual would belong to different sub-systems in which he would have varying degrees or levels of power or authority.

Minuchin also uses the concept of "boundaries" for sub-systems and defines this as "the rules defining who participates and how." (Minuchin, 1974) The function of the boundaries is to preserve the differentiation of sub-systems.

> For proper family functioning boundaries of sub-systems must be characterized or be well-defined enough to allow the sub-system to carry out functions without interference from other sub-systems but also to allow enough contact with other members. (Minuchin, 1974, p. 52)

According to Minuchin, all families can be depicted as varying along a continuum whose extremes are "diffuse boundaries and overly rigid boundaries."



(Reproduced from Minuchin, 1974, p. 54)

Thus family system operations at either extreme indicate areas of pathology. "The enmeshed family responds to any variation from the normal with excessive speed and intensity, while the disengaged family tends not to respond when a response is necessary." (Minuchin, 1974)

The family is subject to fluctuations in the form of internal tension from developmental changes of its own members and sub-systems and also to outer pressure from social change demands. Thus response to these two demands will require a constant transformation of the family members in relation to one another. (Minuchin, p. 60)

This systems' framework, as well as viewing family functioning on a continuum, is representative of Minuchin's recent work. (Minuchin, 1974) In reporting his work with poor families, his emphasis was not on a systems' framework. (Minuchin, 1967) His observation that three-quarters of the families either had no father or father figure present and poor communication between the generations, lead to his formulation of therapeutic goals:

1) restoration and institution of executive functioning in the head of the family; and

2) increase the areas of effective communication between parents and children. (Minuchin, 1967)

Minuchin's theory of change is built upon three axioms:

"1) The individual's psychic life is not entirely an internal process. The individual influences his context and in turn is influenced by it in constantly recurring sequences of interaction;

2) Changes in family structure contribute to changes in the behavior and the inner psychic processes of system members; and

3) When a therapist is involved with the family, they form a new therapeutic system, and this system then governs the behavior of its members." (Minuchin, 1974, p. 9)

Minuchin thus views change as occuring through a process of the therapist's affiliation with the family and the restructuring of the family in a planned way, so as to transmute dysfunctional transactional patterns. "When the structure of the family is transformed, the positions of members in that group are altered accordingly. As a result each individual's experiences change." (Minuchin, 1974)

He perceives three possible responses from a family to therapeutic intervention:

> The family may assimilate the therapist's input to its previous transactional patterns without difficulty. This produces learning but not growth. The family may also respond by accomodating itself, either by expanding its transactional patterns or by activating alternative patterns. Finally the family may respond to the therapist's input as if to a completely novel situation. In this case the probe has become a restructuring intervention. If the family does not reject it, there will be an increase of stress in the system. The homeostasis of the family will be unbalanced, opening the way for transformation. (Minuchin, 1974, p. 91-2)

Reactor-Analysts

Lyman Wynne states that in his clinical practice he has observed that "disturbed families" are integrated differently into the larger social system, society or culture, than those that are "better adapted," or "normal families." Psychologically and/or sociologically disturbed families tend to have an "absent or defective subsystem boundaries or psychological boundaries with an abnormal impermeability, maintained partly through shifting the boundary location." (Wynne, 1965, in Nagy and Framo, p. 309) In addition, there is very little "genuine" transaction with the broader community. His theory of causality of this phenomena seems to rest with an implicit statement concerning the intrapsychic elements and his theory of change.

He views the therapeutic process as passing through a series of phases. One main focus is intrapsychic conflict (e.g., cognitively confused power struggle involving all of the family's relationships).

> As various foci of these kinds come into view, long range changes in the nature of the presenting problem and the nature of the emotional organization of the individual family members and the family as a whole, may make appropriate a shift of main focus from family therapy to individual therapy or the reverse. (Wynne, 1965, in Nagy and Framo, p. 313)

Thus what is meant by "come in view" is awareness or development of insight into the intrapsychic conflicts or problems. After revealing one conflict, a shift of main emphasis to another conflict can occur as well as a possible shift in methodology. Again the implication is once an awareness of conflict is developed, change in behavior follows.

Throughout his writings, Wynne makes use of systems' terminology, without defining his use of the terms, with the exception of this statement regarding failure of change efforts.

> With families which are all too highly patterned in their use of homeostatic mechanisms, the therapist who 'lets' the family work out their own problems,' will be confronted by a staggering monotony and failure to change. (Wynne, 1965 in Nagy and Framo, p. 319)

Carl Whitaker, has concentrated on describing his method, theory of change and philosophy of therapy, and has left "theorizing to the theorists."* Nonetheless, he has offered some commentary with regard to children as presenting problems. Like Ackerman, Bowen and Satir, he views the problem child as being a mediator between the parents and a way of avoiding the "larger battle of the marriage." (Whitaker, 1967) He further points out that if the home were happier, a child would not have to mediate.

> It's part of family theory that children can only have a happy home. The only way you can pay your parents back for having given you your life is to make sure they're happy parents. (Whitaker, 1967 in Haley and Hoffman, p. 279)

Whitaker's theory of change appears to be a rather complicated one and this is probably a reflection of his "experiential" type of therapy. First, his view of therapy is an expansion therapy that leads fundamentally toward growth. Second, he states that insight is a by-product of change. (Whitaker, 1967, in Haley and Hoffman, p. 329) Third, the therapist tries to stimulate his own "affective investment"

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*personal communication with Carl Whitaker.

in the family. Fourth, emphasis is given to the <u>therapist</u> changing.

> Only as I changed was I able to verbalize, since insight, though not a cause for growth, was a by-product and if there was no growth there probably was no insight. (Whitaker, 1973, p. 50)

Thus his theory of change begins with a "transference" relationship with the family, moves over time into an "esistential" relationship. While the therapist continues to grow and the family grows with him because of the existential relationship, changes occur. Insight is the final item and is a by-product of change.

In the chapter on methodology, Whitaker noted that in the past few years he has been taken by the value of a systems' approach and began seeing larger units in therapy. He also mentions what he calls the "psycho-therapy of the absurd," by which an "induced chaos is now called a positive feedback." That is, the pathology is augmented until the symptoms destruct.

In attempting to understand the various components of the theory of Ivan-Boszormenyi-Nagy and James Framo, one must keep in mind that their original research design was aimed at the exploration of the potentials of a psychoanalytically-based but strongly relationally inclined psychotherapeutic approach with schizophrenics. (Nagy, 1965, p.89)

Family pathology is thought to be a series of interlocking "object conservative manoeuvers." (Nagy, 1965) That is, the strong emotional attachments of family members prevents the necessary individuation that would lead to autonomy. Also the incomplete detachment of past relationships (especially parents) is stressed.

> The lingering presence of important attachments to partly introjected, partly reprojected past relationships, constitutes the constellation of what its familial context amounts to a multipersonally-acted-out deferment of mourning. (Nagy, 1965, p. 131)

With regard to problem children, it is noted that whenever there are disturbed children there is a disturbed marriage, even though all disturbed marriages do not create disturbed children. In some poorly differentiated families, the marriage exists largely on the basis of what the children provide. (Framo, 1965, p. 190)

> It is interesting to speculate how often an act of juvenile delinquency can be looked upon as the only 'safe' way of calling attention to an intolerable family situation. (Framo, 1965, p. 155)

Nagy and Framo regard their unique perspective of intrapsychic (based on psychodynamic principles) with the goal of deep reconstructive change as well as interpersonal relational factors as co-determinants of psychotherapeutic change. Again this is insight theory, in that the goal is to uncover hidden factors and bring into awareness, with the expectation that change will occur soon after.

In relation to this theory, Nagy and Framo have adopted systems' theory and integrated it with psychoanalytic theory. They state that family systems are based primarily upon "deep existential and experiential structures," and only secondarily on communication and other observable transactions. Further that a system is a dynamically regulated set of processes, distinguishable by its homeostatic properties and that internal motivation can be explained by systems'

theory is pointed out. "An important motivational feedback system exists between the self and its introjects." (Nagy, 1965, p. 118)

Alfred Friedman and his group have concentrated most of their efforts in working with families with a delinquent member. Using a linear -- causal model, he agrees with Adelaide Johnson (Super-ego lucanae) and indicates that parents who unwittingly sanction indirect encouragement, or provocation are the major cause and specific stimulus for delinquency and anti-social behavior.

> Parents sometimes express their poorly inhibited anti-social impulses by unwittingly and unconsciously provoking their offspring into delinquent behavior which they then overtly find objectionable. (Friedman, 1971, p. 24)

In addition, he states that a parent's disturbed reaction to a child's behavior is often evoked by the parent's associating a problem or a feeling which he had in childhood toward his own parent over a similar issue.

> The affective release and insight which that parent experiences when encouraged by the therapist to recollect and relive the feelings associated with that early parent-child problem seems often to enable these parents to respond in a new way to their children's current behavior. (Friedman, 1971, p. 33)

Friedman believes that the therapist's actions, interventions, and manoeuvers can precede and lead to insight, as is noted in the above quotation. He also notes that he has found little evidence that action in the form of manipulation of family structure or relationships and task prescriptions has ever brought about a permanent

improvement in family relationships when it was not accompanied by a corrective emotional experience and a new level of awareness. (Friedman, 1971, p. 35) In addition, changes in the family system cannot be separated from internal changes in each family member. "The change must have an effect in both places for it to be constructive and permanent. (Friedman, 1971, p. 32) As noted, his theory of change is formulated more in reaction to the "systems'-purists" rather than a positive statement regarding change.

Systems'-Purists

Analysis of the five "systems'-purists" will be developed within a different format than the other two groups. A more generally-accepted theoretical baseline will be presented as representative of the mutual agreement of the therapists under consideration. More specific variations in their theories will then be examined.

This group generally focuses on comprehending the sources of leverage and power in the context being examined, prefers to explain pathology and change in terms of "feedback" rather than in terms of linear cause-effect sequences, and does not use the concept of insight to account for change. In addition, change is evaluated as an outcome of bargaining or negotiation between therapist and family.

Their approaches can be states as interaction-oriented because of the belief that personality, deviance and character are shaped by the individual's relations with others. As noted previously by Haley (1971), finding a theoretical framework to fit this new orientation or way of thinking was difficult, but "the most consistently popular model was a systems' theory derived from cybernetics." (Haley, 1971, p.5)

Buckley (as quoted in Speer, 1970, p. 263-4), defines a system as:

> A complex of elements or components (individuals, family members, dyads, coalitions) which are directly or indirectly related in a mutually-causal network.

The notion of linear causality, that is, A causes B to do C, is not particularly appropriate when applied to a family. Family members act constantly on each other, modifying each other's behavior in the most complex ways, thus a conceptual model that delineates event A from event B, much less putting them in a causal order, as above, is not of much help.

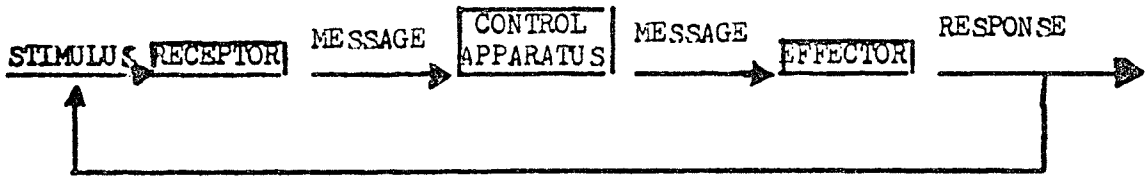
In using the concept of mutual causality, it matters little how an event started, since once underway it tends to be self-perpetuating and thus mutually causative. The response each member makes, shapes or modifies the next response and the longer the process continues, the more rigidly the responses become. Communication is the medium by which this process occurs.

Some axioms concerning the regulation of human communication have been developed. First, all behavior is communicative, in the sense that it is not possible not to communicate. (Beels and Ferber, 1972, p. 189) Second, messages have both a "report" and a "command" function. Every message has both a content (report) and a relationship (command) aspect; the former conveys information about facts, opinions, feelings, experiences, et cetera and the latter defines the relationship between the communicants. (Jackson, 1965, p. 7-8) Other axioms, such as family rules and norms have been presented by Jackson, which will be described later.

Thus communication can be demonstrated when:

> ...people are in each other's presence, if it can be shown that each adjusts his behavior in relation to the other's, though they may not be gesturing or talking with one another, then we shall say that these individuals are in communication with each other. (Kendon, 1972, p. 354)

Communication is implied to have both intrinsic causal and constraining effects on communicators and their relationships, and that this is accomplished through a feedback process. A simple illustration of a feedback process is given below:



F E E D B A C K

(Bertalanffy, 1968, p. 43)

> Our traditional model of causality does not encompass those feedback processes of a system which achieves outcomes. The problem of like causes which do not produce like results has been analyzed in cybernetics in terms of positive and negative feedback. (Jackson, 1967, Family Process, p. 142)

The science of cybernetics, introduced by Norman Weiner, was intended to develop a language and techniques for dealing with the problem of feedback information and control. The theory basically tries to show that mechanisms of feedback are the basis of purposeful behavior in man-made machines as well as in living organisms, and in social systems. (Weiner, 1967, p. 27) An essential component of

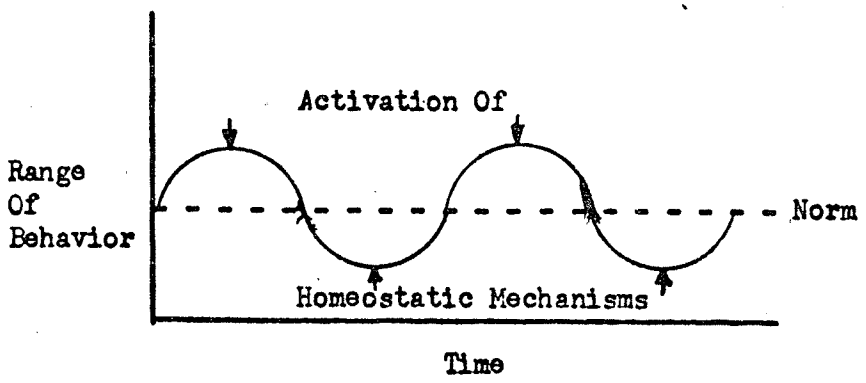
cybernetics is control and the model designed to examine this concept is referred to as homeostasis (Jackson, 1957) or the first cybernetics, deviation-counteracting mutual causal feedback processes. (Maruyama, 1968; Hoffman, 1971)

In essense, this process counteracts a departure from an accepted standard through a feedback mechanism in a mutually causal fashion. This feedback mechanism, or negative feedback, can be subdivided into primary and secondary. (Deuttsch, 1948) Primary negative feedback is input information from outside the system indicating a discrepancy, incongruity, or divergence between the system's behavior and some environmental (outside the receiving system) standard. Secondary negative feedback is essentially the same process except that the information, indicating a divergence, originates from within the system.

The possible result of this feedback process is referred to as homeostasis. Jackson coined the term "family homeostasis" and further described family interaction as "a closed information system in which variations in output or behavior are fed back in order to correct the system's response." (Jackson, 1957, p. 79-80) The family is viewed as a rule-governed system and its members behave among themselves in an organized repetitive manner. Each family operates on a small number of rules and constantly repeats itself. "A rule is a formula for a relationship." (Jackson, 1965, p. 11)

In addition, Jackson notes that family relationship rules refer to a set of norms. These norms are usually phenomenalogically unique for each family and the set of norms is a baseline on which family behavior is measured.

Thus, the combination of rules, norms and homeostatic mechanisms can be illustrated below:



(Jackson, 1965, p. 12)

With regard to causality of problems, Jackson as probably the other "purists," views the circular or feedback model of causality as the basic axiom of his theory. For example, if A does X to get B to do Y, and establishes a pattern of A-X, B-Y, then once the pattern has been established, A does not know whether it is A-X, B-Y, or whether its really B-Y, A-X. Jackson compares this to the joke about the "mouse in the psychological experiment who says, 'I get that guy to feed me every time I push the lever.'" (Jackson, 1967, in Haley and Hoffman, p. 201) On the other hand, he has noted that the child with a problem is usually a mediator between the parents who are distant from each other. (Jackson, 1967 in Haley and Hoffman, p. 181)

Both Jackson and Haley, as members of the original Bateson project on communication, have commented on the roles of the "double-bind" in the formation of pathology. The necessary characteristics and components of this type of communication are threefold:

1) an individual must be involved in an intense relationship in which he feels it important to actually perceive a message;

2) the individual is caught in a situation in which the other person in the relationship is expressing two commands of the message and one command denies the other;

3) the individual is not able to comment on the messages being expressed to correct his discrimination of what order of message to respond to. Jackson later clarifies this in terms of mutual causality:

> There is really no binder and no victim in a double bind when viewed in mutual-causal terms. This is obvious when one realizes that there is no possible response to a double bind except an equally or more paradoxical message, so if neither can escape the relationship, it can be expected to go on and on until it matters little how it started. (Jackson, 1967, Family Process, p. 142)

Another variation of the double bind, is the "split-double bind" which specifically refers to communication patterns among "delinquent families." (Ferreira, 1960)

Instead of the source of conflicting messages only being one, the victim is caught in the middle of bipolar messages. Characteristics of this are again threefold:

1) two binders, A and B, ordinarily the parents in a dominant position;

2) a victim, C, ordinarily a child in the family, in a dominated position; and

3) a series of messages from A and B to C of different logical types or levels of abstraction such that B's message is a comment about A's message to the effect of opposing or destroying it. Thus, if the father laid down a law to govern the boy's behavior and the mother proceeded to make implicit destructive comments about the law and its originator, the boy would be incapable of living up to both A and B's messages. For example, if the father states, "you will stay home tonight and do your duties" and mother replied, "go out to the store and buy me some magazines," the messages would be confusing to the boy. To receive the full impact of these messages, the victim must be in a position of ascribing relatively equal value or importance to both messages.

Jay Haley has emphasized the homeostatic or deviation-counteracting nature of family processes in his First Law of Human Relationships:

> When an organism indicates a change in relation to another, the other will act upon the first so as to diminish and modify that change. (Haley, 1963, p. 165)

Haley also adds that the model of the simple homeostasis is not adequate to describe families. The actual setting of possible behavior is made by a metagovernor, or someone outside the system. Although cultural influence may function partially in this way, the limits of the family system are set at two levels:

1) "Error corrected response by a member if any member exceeds a certain range of behavior;

2) "Attempts by family members to be the metagovernor--the one who sets the limits of that range. It is at this metagoverning level that the control problem enters the picture because the governing process at this level will manifest itself as a struggle by each member to be the one who determines the limits of the behavior of the others." (Haley, 1963, p. 160)

Haley has also proposed the complexity of triangles in families as a potential source of pathology. In an average-sized family, where there are two parents and two children, and each parent has two parents, this group of eight people composes 56 triangles. Any one person in the family is thus involved in 21 family triangles simultaneously. (Haley, 1967 in Zuk and Nagy, p. 19) Thus if one assumes that an individual's behavior is adaptive to his intimate relationships, it will follow that one must not behave in one triangular group in a way which would disrupt another triangular grouping in which he is involved. For example, if a child pleases his father and his paternal grandmother, he might disturb his relationship with his mother and her mother. To potentially adapt and survive in a network may mean some exhibition of strange and/or conflictual behavior.

Haley also differentiates perverse triangles. This is one in which the separation between generations are breached in a covert way. That is, the ways in which parents form coalitions with the child against one another may "appear" causal to disturbance in the child.

He has further reiterated the concept of "scapegoat" in noting that a person with problematic symptoms is serving some family function.

> He is satisfying the needs of relationships in the family by serving a scapegoat function; he is holding the family together; he is providing a focus for family discontent. (Haley, 1963, p. 151)

Haley, Jackson and perhaps to a certain extent, Lynn Hoffman, believe that change occurs when the therapist intervenes in certain ways to reorganize the family system and that it is not necessary for the family members to know what is happening to them (insight). It is more important that the therapist gain insight into what is dysfunctional in the family system than the family members to each gain insight. After achieving this insight, and "if a therapist is going to change the 'setting' of a family system, he must become a metagovernor of the system." (Haley, 1963, p. 174) and devise some prescription or "manipulation" for change. The key to securing beneficial change is to enforce a dominant position vis-a-vis the family, to the extent that he controls the relationship, decides what its goals should be, and wards off any attempts to undermine this control. "The therapist is skillful at setting up paradoxical situations in which the patient thinks he can win against the therapist but loses. In the losing, the patient comes to accept the therapist's control and direction and changes accordingly." (Haley, 1963, p. 185)

Gerald Zuk, in noting possible causal factors in pathology, refers to "pathogenic relating," which are formulations by the therapist about the distortions in patterns of relating among family members which might be important in a causal sense in producing symptoms in members: scapegoating, silencing strategies, inappropriate labeling and so on.

> Pathogenic relating is often triadic-based in that it involves the coalition of two or more family members against a so-called victim. (Zuk, 1971, p. 31)

Similar to Haley and Jackson, Zuk's theory of change is embedded in therapeutic control. Zuk defines power in human relationships as "the capacity of a person to define, characterize or otherwise control relationships with others; also, and at the same time, it is the capacity to initiate actions leading to a predicted increase in control." (Zuk, 1966, p. 45) Thus the concept of therapeutic power would mean the capacity of the therapist to define the therapist-patient relationship, to initiate actions, increase control of the relationship in ways he believes to be in the best interests of the patient. Related to this concept of control are negotiations, conflicts and shifts.

He considers change as an outcome of negotiations between the therapist and family members, rather than as the working through of emotional resistance to the therapist's insights.

Related to this, as well as control, he states that conflict within the therapy session "generates the energy required to shift fixed patterns of relating among family members. (Zuk, 1971, p. 65)

Families tend to oppose any direction of the therapist that raises the specter of change in the status quo.

> Families change in order to forestall the therapists's expected demands for much greater change or in order to foil his other attempts to control the relationship. (Zuk, 1971, p. 80)

Lynn Hoffman has written about the use of two cybernetic models

of analysis of families:

1) deviation-counteracting (homeostasis) and

2) deviation-amplifying mutual causal feedback processes. (Hoffman, 1971 and Maruyama, 1968)

Deviation amplifying is a process that amplifies a departure from an accepted standard or norm through a feedback mechanism in a mutually causal fashion. Deviation amplifying also begins with negative feedback or mismatch information resulting from a comparison of data about behavior of the system, but the effector operations do not act to reduce the discrepancy but rather act to increase the divergence between the system's and environmental goal. Thus there is a positive feedback loop that increases the deviation instead of counteracting the deviation.

Maruyama notes that a "small kick" in the right direction with sufficient push (from negative feedback) and then positive feedback takes over the process and that the development will be disproportionately large as compared to the original "kick." (Maruyama, 1968)

In order to provide a rationale when deviation amplifying and deviation counteracting occurs, Hoffman has used Maruyama's beginning explanation. First, similar conditions may produce dissimilar products. Thus a small initial deviation may develop into a deviation of very probability when viewed from a level of probabilistic, unidirectional causality. When viewed from a mutual causal system, probability of this deviance occuring increases. Second, if a system has an odd number of negative links, and through a process of cancelling each other out, by definition, negative feedback will remain and tend toward a state of stability. Conversely, if a system has no negative

links or an even number of negative links, the negative influences will cancel each other out and become positive feedback in the total effect. (Hoffman, 1971, p. 291)

The two models, in combination, may appear to function in this fashion. A random initial kick produces a deviation in a certain direction. Deviation amplifying takes over and this deviation is amplified in the same direction. Deviation counteracting takes over and the system becomes fixed at a new point.

Writers such as Haley, Wender and Speer have noted the potential negative effects of deviation amplifying in providing a mechanism of abnormal development--abnormal in the sense that interpersonal conflicts may be amplified and later maintained at a deviated pattern. This deviated pattern is not necessarily pathological as long as it is constructive or retains system solidarity.

Another author has used these models to account for delinquency.

> Most delinquent behavior can be classed as being maintained either by the removal of aversive controls or by the attainment of positive reinforcement following aversive responses. (Stuart, 1971, p. 190)

Hoffman's theory of change is difficult to pinpoint at this juncture, in view of the lack of material available regarding her methodology, nevertheless using these two models, one can illustrate a possibility. Because the system (individual, couple or family) indicated a desire for therapy, this could suppose two possibilities:

1) the system is unstable and wishes to return to former homeostasis; or

2) the system is stable but is fixated at a deviation level not desirable (e.g., delinquency, mental patient).

Continued efforts to return to the former equilibrium or counteract the deviation would only serve to reinforce it. Through the process of making the system unstable (runaway, reductio ad absurdum etc.), to introduce a deviation and let the amplifying process take over, would mean that the counteracting process would soon take over again and the system would be at a new level of fixation. This is also pointed out by Stuart:

> Treatment of choice in efforts to overcome delinquency would stress the acceleration of positive response emission by both the delinquent and his parents. (Stuart, 1971, p. 184)

When viewed in these terms, one can see that this is very similar to Zuk's theory of shifts when considering therapeutic change theory.

The last "systems'-purist" to be described, Warren Brodey, seems to apply much of the other collected "purist" theories in his formulation.

With regard to communication feedback, he notes that families vary enormously in their capacity to sort information from outside the system and at the same time make "a pretense" of informed decisions for action. (Brodey, 1967 in Zuk and Nagy, p. 74) Also very similar to the "split double bind":

> On two different channels they send irrelevant messages without sending on a third--a key for decoding this kind of signal system. in some families the intricate message-sending-receiving systems have many different sets relaying different information and the receiver may be unable to decode this matched message in a way that makes his reply coherent. (Brodey, 1968, p. 117)

In relation to communication, but more specifically on "family rules," he compares families with "old rules" that stultify growth, with families that collect old furniture, books and papers. (Brodey, 1968, p. 61) Finally, with regard to the usage of symptoms, he described their use as "coping" or "surviving" within the family system. He defines a symptom as "an extending growing predicament requiring a self-reinforcing situation in which each effort toward recovery makes the situation worse." (Brodey, 1968, p. 31) Brodey views the "information transmission points between generations" or the linking of generations as the points where families naturally change, evolve and grow. (Brodey, 1968, p. 78) These "transmission points between generations" are unstable because they are at a switching point and because of these unstable conditions, change occurs.

Thus his theory of therapeutic change is based on the instability factor. That is, when a system is unsettled or in a process of decision, a small change that at other times would be irrelevant becomes a deciding factor. The question of the direction of change is less important than the problem of the system becoming sufficiently unstructured enough so that a small change can be used to establish a new level. (Brodey, 1967, in Nagy and Zuk, p. 83)

But unlike the other systems'-purists, Brodey seems to place more emphasis on insight development.

> Once a family has achieved more contact with the functioning of its own operating systems, it will by definition, function as a place of better reality testing. (Brodey, 1968, p. 73)

In summarizing the three topics to be emphasized in this chapter--pathology, change and systems' theory usage--naturally both similarities and differences are discovered. Generally the therapists have stressed the role of parental or marital conflict in symptom or problem formulation by way of scapegoating, "binds," "pathogenic relating" and so forth. Theories of change seem to reveal the importance of insight development in roughly half of the theories, which transcend Beels and Ferber's "boundaries" of "conductors," "reactor-analysts" and "systems'-purists." Lastly, in virtually all of the various writing, some acceptance and adaptation of systems' theory is evident.

CHAPTER IV

Empirical Basis

The empirical base of any treatment model consists of data that either relates to the model operations or to the validity of its theory. This data can be extracted from clinical observations or from formal research studies. (Reid and Epstein, 1972, p. 14)

This chapter will attempt to present four different categories of empirical data:

1) outcome research by the therapists previously analyzed;

2) outcome research by other authors pertaining to families with problem children;

3) examples of research focus by the therapists who have not pursued outcome research; and

4) research studies pertaining to families with a delinquent member.

It should be noted that this survey is not intended to be an analysis of all studies pertaining to the family, for research on the family has been undertaken by many disciplines; sociology has studies the family in terms of role distribution and division of labor, anthropology has focused on cross-cultural family patterns and so forth. Family therapists and family researchers have examined interaction and behavior in a therapeutic context.

> Only the family therapists have gained access to the essential, intrinsic,gut issues of family life. While the requirements of scientific theory requires an objective, impersonal, descriptive language in order to delineate the formal characteristics of family organization, there are certain family experiences that go beyond words or scientism. (Framo, 1972, p. 3)

This implies first that family therapy research is a new arena of knowledge, even though it has its methodological problems, and also there is a split between family researchers and family therapists.

> Despite its value as a way of gaining impressions about families that can revolutionize a therapist's ideas about psychopathology and change, family therapy cannot provide an adequate sample, a standard context, reliable measurements, statistical results or controlled replication. (Haley, 1972, in Framo, p. 19)

A major weakness noted by most studies is the nature and size of the sample. Some reports do not describe the sampling methods and the samples are often small. "Experienced family testers have often found that results appeared good with a few families but disappeared with larger groups."(Haley, 1972 in Framo, p. 32) Another author has rationalized this by observing:

> We literally do not know enough about the universe of family dynamics to be able to draw meaningful and representative samples. (Framo, 1965, p. 443)

In addition, there appears to be a split, with regard to research, between the clinicians and the researchers. Systematic researchers argue that although clinicians provide vital information for the formulation of theory, opinions remain opinions, unable to be proven or refuted.

> They argue that observation must be organized into theory, that theories should be operationally stated and put in the form of testable hypotheses and that variables should be manipulated by certain rules so as to permit the data

> to confirm or disprove the hypotheses by other than personal means. Only in this way can laws of broad applicability be abstracted from the individual instance. (Framo, 1972, p. 3-4)

The clinicians counter by saying that the problems tested by the researchers are the most convenient to research and are usually "not germane to what the clinician feels to be the essense of his problems." (Boszormenyi-Nagy, 1972, p. X)

This problem of "scientific vs. relevant" is also implicitly noted by Beels and Ferber regarding outcome studies:

> We know of only three reports of any substance on outcome:
>
> (1) the multiple impact therapists report a favorable result in seventy-five percent of their sixty-two families of disturbed adolescents at one and one-half year follow-up. All their schizophrenics got better.
>
> (2) Murray Bowen, looking back over twelve years of practice with five hundred families feels that in four years' time he can change the dynamics of most families, providing they are not schizophrenics.
>
> (3) Langsley in Colorado has used a family approach to prevent hospitalization in over ninety percent of acute crises judged to require hospitalization in the emergency room. (Beels and Ferber, 1972, p. 169)

Naturally, this does not speak very highly for the outcome studies attempted (in fact the one noted by Bowen is based on a personal observation), but an attempt will be made to present those studies pertaining to the therapists already considered.

Minuchin (1967, p. 349) used two groups of disadvantaged families:

1) Experimental--twelve families that had more than one delinquent child, and

2) Control--ten families with no delinquent children. It was It was noted the experimental families communicated with more difficulty-- misunderstood, misinterpreted, avoided task assignments, et cetera. Seven out of twelve research families were judged to be clinically improved at the end of treatment.

The Multi-Impact group, also noted above, in a sample of 62 families, had a favorable outcome in 49 and unfavorable in 13. In a follow-up study after 18 months of 50 families, 43 families' "self-rehavilitative processes remained effectively mobilized. In the remaining seven, the families were unchanged or worse." (MacGregor, 1972, in Erickson and Hogan, p. 158)

Carl Whitaker did an outcome study of 30 couples, all of whom were in outpatient treatment between 1955 and 1957. Of the 30, six dropped; in two cases, the marital therapy was preliminary to individual treatment. Ten couples showed no progress in at least one member and it is unclear what happened to the other couples. (Whitaker, 1972, in Erickson and Hogan)

Nagy and Framo make mention of approximately 50 families in treatment. Later in their book they note:

> A systematic, controlled evaluation of the results of the approach is naturally even less possible at this time than is an objective evaluation of intensive individual therapy. Lack of sufficient time and number of cases is but one reason for the difficulty. (Nagy and Framo, 1965, p. 139)

Haley, in a review of their book states:

> From this psychoanalytic orientation of the Nagy group, it is necessary to carefully avoid any evidence to support the claim that one's own therapy is better than that of other people, but a case history which shows a patient is improving is often offered. (Haley, 1966, p. 289)

Other outcome studies to be illustrated have dealt with families with "a problem child." Cuttler and Hallowitz (1962) used a treatment program with families with a child diagnosed as character disordered. Of the 56 cases, 40% showed "good progress." Hallowitz (1963) reported also on the treatment of children with a character disorder, with 61% having a favorable outcome with treatment averaging 17 hours per case.

Hahn (1964) suggested that family treatment offered advantages over "typical psychoanalytic approaches." In a sample of 15 families where the identified patient was the child, all cases improved and a telephone follow-up in seven cases after six months "corroborated the results." Safer (1966) used short-term therapy with 29 families containing children with behavior disorders and 40% showed improvement. Schreiber (1966), in a family agency, used 72 families for research purposes. Within three months, 61% showed improvement in communication processes and 56% in presenting behavior of the child. Of those who continued beyond thre months (no maximum time is indicated), 96% showed improvement in communication and 92% in the behavior of the child.

As noted by Beels and Ferber (1972), in the Langsley study, (1969), families were randomly assigned to either the traditional

hospital treatment or to family crisis therapy (FCT). At a six month follow-up of 150 FCT and 150 hospital, it was demonstrated that the FCT group was less likely to be rehospitalized.

With regard to the other therapists described in the previous two chapters, their absence in research efforts varies considerably. In a survey of the research literature, Ackerman was not associated with any research project but he has contributed several articles and books on theory and method. Jackson and Satir (1961), were involved in a project, examining the first five minutes of an interview, without knowing a diagnosis of a family, to illustrate a method of analyzing a family system. Wynne has been involved in several research attempts to analyze schizophrenic components. (Wynne, 1963, 1961, 1965) Likewise Friedman (1970), has compared families of schizophrenics and normals using the task of telling a story. Zuk and Boszormenyi-Nagy (Zuk, 1966; Zuk and Nagy, 1963), have studied the role and phenomena of laughter in schizophrenic families. Brodey (1959), as well as Bowen (1960), have been associated with projects of hospitalizing and observing whole families of schizophrenics. Finally, Haley (1962, 1964, 1967(a), 1967(b), 1968) has tested the variables of speech sequences, experimental games and communication patterns in schizophrenic families.

As illustrated by some of these studies, in attempts to establish, on a fairly sound experimental ground, a connection between pathology existing in the individual and in the nuclear family unit, a group of workers tried to develop evidence of the existence of the "schizophrenogenic family". Also to determine whether the intimate relationships of psychiatric patients were different from those of

"normal" individuals, investigators began to bring them together to observe their interactions. Questions raised were thus:

> Are families that contain a member who is 'abnormal' in a psychiatric sense different from families in which all members are 'normal'? Is the family that has a member with one type of abnormality different from a family with a member of another type? For example, is the family with a schizophrenic member different from the family with a delinquent, a hysteric, or a phobic? (Haley, 1972, in Framo, p.15)

When attempting to answer these questions hypothetically, the question of "normality" itself was raised. Haley notes that in individual psychotherapy it was assumed that if a person sought psychiatric treatment, he was different from a "normal" person and that this difference was a stable characteristic or personality trait. (Haley, 1972, in Framo, p. 34)

To illustrate Haley's point, consider an unpublished study by Temerlin* of the University of Oklahoma, which was started in 1963 and completed in 1967. He trained an actor to respond normally or"in a healthy manner" to typical questions of various disciplines. He then sent him to various hospitals and mental health centres to be diagnosed. His findings regarding diagnoses of a serious nature by ranking of disciplines are as follows:

1) psychiatrists--100%,
2) social workers--85% and
3) psychologists--63%.

In a follow-up to determine the basis of diagnosis, the usual

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*Personal observation by Dr. S. Opochinsky, University of Manitoba.

one presented was paranoid-schizophrenic, because the actor showed up to be diagnosed, and he was not showing any symptoms.

Haley further adds that there is no examination of "normal" individuals or families in clinical training and thus therapists have no "normal" baseline to judge psychopathology.

The emphasis on the study of schizophrenia is evident from the numerous references on the subject. Haley and Glick (1971), in a survey of literature, 1950--1970, list 223 articles or books pertaining to the study, descriptions, research projects, observations, of schizophrenia and families. Several articles used abnormal families (delinquents, asmatics, phobics, et cetera) as control groups or part of abnormal classifications.

Winter, Ferreira, and Olson (1966(a) and 1966(b)) used Thematic Apperception Tests (TAT) in relating stories to determine differences in normals, neurotics, schizophrenics and delinquent families. When scored on "hostility" themes, the normal and schizophrenic groups produced stories low in hostility; neurotics produced high in hostility and delinquents scored high on one hostility variable and low on another. In examining the decision-making process (Winter and Ferreira, 1965, and 1968) in "abnormal" and "normal" families, they found that the amount of information exchanged was greater in "normal" when compared with "abnormal" families. It was also found that "abnormal" families spent a greater amount of time in silence during the decision-making process.

In a study using three sets of tests to compare delinquents, schizophrenics, and "normals" (Stabenau et al , 1965) in the delinquent and schizophrenic families, there were noted "individual thought disturbance processes" and impaired communication at the

family level. No evidence of communication impairment was noted at the family level in "normals."

In specific relation to studies with delinquents and their families, four studies are of interest. Brownings (1960) used 60 delinquents and 60 nondelinquents and compared questionnaires, data from police, school and probation authorities, regarding family solidarity and marital adjustment scales. The only reliable indicator was that the incidence of broken homes was higher in delinquent group. Harms (1962) analyzed and interviewed 300 families where children were lying or stealing. In 264 cases, "at least one parent was, in one respect or another difficient." Where the father was the defective factor, boys were found lying and girls stealing. Where the mother was found deficient, girls were lying and boys were stealing. Rutter (1970) used a questionnaire to investigate the impact on the child of marital problems. Anti-social behavior in boys was directly correlated with family relationships'disturbance but no relation was found in girls.

In a conditioning study of two parts, Stuart (1971), studied the interaction of family members with a delinquent as the I.P. (identified patient). In study I, he matched 18 delinquents and 18 nondelinquent families to measure the use of aversive stimulation (negative feedback). Delinquent's families registered 620 negatives and 533 positives in a single interview, while the nondelinquents registered 1079 positives and 303 negatives ($X^2 = 16.08$, $p<.001$). Study II was a variation in that families were asked to score their responses. The results were: delinquents--4281 positives and 4014 negatives and nondelinquents--5276 positives and 4021 negatives. ($X^2 = 23.7$, $p<.001$)

Regarding the question of "normality" and "abnormality," one can conclude that the evidence, at this date, for the differences between a "normal" family and a family with an identified patient is no more than indicative. Thus, Haley observes:

> This does not mean that a schizophrenic is not produced by a type of family nor does it mean that a family with a schizophrenic is grossly different from the average family. It means that sufficient reliable evidence of a difference has yet to be provided; the methodology for providing that evidence is still being devised.
> (Haley, 1972, in Framo, p. 36)

In considering the individual differences in schizophrenic, delinquent and "normal" families, although this knowledge may provide some insights into patterns, there still remains the question of symptomatic behavior of the child. Haley notes that

> ...the next step in family research will be away from bringing samples of supposedly different families into the laboratory and observing them, and more toward testing a quite specific hypothesis with an experimental procedure designed for just that purpose. (Haley, 1972, in Framo, p. 35)

Yet on a more positive viewpoint, abnormal families appear to have more conflict, to have different coalition patterns, and to show more inflexibility in recurring patterns of behavior.

CHAPTER V

Value Premises

The last component of a treatment model or system to be examined, value premises, has been described in relation to methodology. That is, "the directives /methods/ that constitute a treatment model are ultimately rooted in explicit or implicit value assumptions." (Reid and Epstein, 1972, p. 15)

The concept of "value" itself is difficult to explain and define because there has been no definition or delineation developed that has generated any significant degree of acceptance. Webster's New Collegiate Dictionary (1961) defines value as "the quality or fact of being excellent, useful or desirable." An operational definition chosen to be applied in this paper is "a conception, explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences the selection from available means and ends of action." (Kluckholm, 1958, p. 79)

Thus as Reid and Epstein have implied, although having a certain value is obviously different from having a particular goal or method, the goal or method one adopts or prefers is a reflection of an indication of one's values.

> In the reasoned analysis of the springs of human action, one expects to find an appeal of values in two contexts: in deliberation and decision-making /method/ and in the explanation of human behavior /theory/. (Rescher, 1969, p.20)

In addition, a value judgement rather than a verified or researched hypothesis usually underlies the entire treatment model or system. But the importance of empirical research can tell us how to maximize the values we have selected. As research displays the causal links in which values are embedded, we can see the "cost" in terms of other values, of attaining the particular goals or methods we have set our sights upon.

> But it is commonplace that no amount of empirical knowledge about 'what is' can settle the issue of 'what ought to be,' The choices of values involves an irreducible element of individual option. (Smith, 1959, p. 675)

The point that was illustrated in this "circular-causal" discussion of methods, theory, empirical knowledge and values, is the mutual interrelationship of the components in a treatment system and the inherent difficulties in separating them.

Values are intangibles. They are,in the final analysis, things of the mind that have to do with the vision people have of the "good life" for themselves and others. Values also manifest themselves concretely in the ways in which people talk and act, and it is primarily through their concrete manifestations that values secure their importance and relevance to observers.

As in any treatment system, values are of relevance for analysis. In family therapy systems, examples of values could be the importance of observing both verbal and non-verbal interaction, manipulation of membership, gestures, posture, relationships, and so forth. The point to be made is that any statement, movement, and explanation can be interpreted as being"value-laden."

It is not the intent of this author to examine each and every facet of the fifteen therapeutic models but rather to present descriptive highlights of each model to illustrate an example of both common and individual value premises. Special emphasis will also be devoted to analysis of the "normal vs. abnormal" conceptual framework.

In the previous chapter on empirical research, Haley (1972, in Framo) noted the difficulty in dealing with the "abnormal vs. normal" question. Normality is inherently an evaluative concept, in the sense, that personal and social values as standards of the preferable are somehow crucially involved in any discourse on normality. It is further noted that:

> During the past four decades or more, psychology, the science of behavior, has attempted to evade coming to terms with ethics, norms, good, right and choice. The purpose of psychology is to explain conduct, not to judge it. (Ausubel, 1971, p. 217)

As long as psychology as well as mental health, were preoccupied with pathology and malfunction, it was easy for the value issues to remain implicit, since values are taken for granted when everyone agrees with them.

Naturally, the issue of values arose again when observation of small groups and natural groups, such as families, took place. That is, the observation of "abnormal" families naturally lead one to compare them with "ideal" or "normal" families.

Like other theories, various authors have suggested different criteria in attempting to describe "normality." Contrasting

theories ultimately lead to an integrated theory or a "multiple criterion approach." Marie Jahoda (1950) formulated six major themes or categories of criteria that will help in reviewing family theory's "normality" or a basis of value premises. These are:

1) attitudes toward self--self-concept, self-acceptance;

2) growth, development and self-actualization;

3) integration--balance of psychic forces, unifying outlook on life, resistance to stress;

4) autonomy;

5) perception of reality--freedom from need-distortion, empathy and social sensitivity; and

6) environmental mastery--ability to love, adequacy in love, work and play, adequacy in interpersonal relations; capacity for adaptation and adjustment; efficiency in problem solving. (Jahoda, 1950)

With these categories of criteria in mind, we can now analyze the various therapists to be considered in terms of these criteria, as well as in terms of the "abnormal-normal" concept.

Beels and Ferber (1972), have remarked about the abundant value-statements inherent in writings of the "conductors." "Ackerman's writing is replete with statements about what the good life is." (Beels and Ferber, 1972, p. 183)

Ackerman is also very specific concerning what he calls the "true" or "ideal" family.

> The true family group as a social unit is externally integrated with the community, as are also its individual members. The

> family group is internally integrated, cohesive, stable; its members are compatible and hold compatible values and interests. Family roles are sexually-appropriate, well defined and fulfilled successfully, both in relation to individual and group needs. (Ackerman, 1966, p. 74-5)

Thus in analyzing this one key paragraph, one can note his value-emphasis on environmental mastery, integration (psychic balance), autonomy (separation of individual and group and family roles), and growth, in relation to his theory and method. His conception of the "ideal" or "normal" family is so sure that "mature," "health" and "good values" are intertwined.

> Surely healthy people often assert healthier values than do sick people. Still there is the paradox that "normal" people sometimes express sicker values than "sick" people. Generally speaking, mature people hold better values than immature ones, but not always. (Ackerman, 1966, p. 46)

Satir, like Ackerman, has a very definite idea of the "healthy" or "normal" family.

> In these vital and maturing families, I consistently see a different pattern--self-worth is high; communication is direct, clear, specific and honest; rules are flexible, human, appropriate and subject to change; and the linking to society is open and hopeful. (Satir, 1972, p. 4)

Again, her value premises regarding the "healthy" family include: positive attitude toward the self, autonomy, integration, perception of reality and environmental mastery.

Her role as a therapist, communications expert and, generally, teacher, focus on providing a "new growth experience for the family or the individual." (Satir, 1967, p. 181) And a further extension of the growth model is the premise that people's behavior changes through this process. It should be noted the difficulty in determining whether this is a part of change theory or a value premise is apparent.

Bowen, as a therapist, concentrates both his theory and methodology on one particular category--autonomy. He regards as one of the family's most important functions, the promotion of differentiation. This applies to children in their ultimate separation from the nuclear family unit and to the individual (parent, spouse, child) from the "undifferentiated family ego mass." Through the process of "differentiation," a family system or individual grows. This value assumption of autonomy or "differentiation" is extended to its logical extreme in theory with Bowen's "differentiation of self scale." (Bowen, 1971) He evaluates individuals on a single continuum from the lowest to the highest possible level of human functioning or mental health, using a scale of 0-100. At the lowest point (0), is the individual with the greatest possible degree of no-self or undifferentiation. The highest point is postulated to be complete "differentiation" of "perfect self," which no one has or will achieve. He further holds that most people spend their entire lives at the same level on the continuum they were on when leaving their parental families. Also, "he/Bowen/ is confident that he can rate people within five points or so" (Beels and Ferber, 1972, p. 184) on the continuum.

Minuchin also employs a continuum model for "normality vs. abnormality" in describing "boundary functioning." Whereas Bowen holds the premise that the higher the "differentiation of self score," the "healthier" the person, Minuchin notes that the two extremes of boundary functioning, enmeshment and disengagement, "indicate areas of possible pathology." (Minuchin, 1974, p. 55) He thus implies that within the two extremes are the "normal" families and he does not specify if the families closer to the mid-range are "healthier" or more "normal" than those approaching the extremes.

But Minuchin does indicate his concern for a more precise knowledge of "normality."

> Structural family therapy must start with a model of normality against which to measure deviance. Interviews with effectively functioning families from different cultures (three) will illustrate the normal difficulties of family life which transcend cultural differences. (Minuchin, 1974, p. 15)

In addition, in comparing and contrasting his two books (1967 and 1974), the former dealing with slum families and the latter dealing with more "middle-class families," one can see a deliberate effort to modify theory, methodology and a values' stance in relation to the presenting or identified families.

Contradistinctively, MacGregor and the Multiple-Impact Group do not deny the fact that they intend to reinforce "middle-class values."

> Our methods and theories have to do with assisting families to realize goals

> within a value system weighted in favor of integrity of the family. We have observed that even in families which are not intact and in families of other social classes, the values of the middle, intact family continue to have greatest currency. (MacGregor, 1964, p. 134)

Inherent in their "multi-impact" methodology is the shear "power" of their number, "the solidarity and depth of their relationships to each other and their experience with their own and other families." (Beels and Ferber, 1972,p. 180) That is, they explicitly model behavior, attitudes, personal values, et cetera as well as implicitly conveying societal and/or cultural values.

In addition, the communication, by the team, of the value assumption that a family can do something constructive about themselves and their problem child, without continual assistance of a therapist(s), is highly stressed.

> It is our view that emphasis upon positive and constructive efforts contribute to therapeutic movement at home. (MacGregor, 1964, p. 151)

The "reactors", both "analysts" and "systems'-purists," have respectively expressed explicit and implicit concern with "dangers, pitfalls and need for help," (Beels and Ferber, 1972, p. 185) in therapy with families. Based upon this value assumption of the overwhelming "power" of the family, the "analysts" have stressed the necessity of a co-therapist in attempting to counter-act this "power" while the "systems'-purists" have accentuated the postulate that the therapist must retain absolute control through "paradoxes" and other therapeutic manoeuvers.

As noted in the chapters on method and theory, Wynne has written very little about his therapy process and theory and thus not much is available with regard to explicit values. From what little is available, he holds that illiciting awareness of the unconscious is essential to his therapy as well as for therapeutic change. This would seem to indicate a preference or desirability for the category of integration, or balance of psychic forces.

In contrasting "normal" and "abnormal" families, Wynne emphasizes the theme of environmental mastery in that "disturbed families" are integrated differently into the larger social system, than are "better adapted" or "normal" families. Thus integration and environmental mastery are intertwined in adaptation of families to their environment. (Wynne, 1965)

Whitaker has probably written more explicitly about his values and philosophy in therapy, than any other therapist. (Whitaker, 1973)

Like the other "analysts," he is

> ...convinced that no team is powerful enough to 'handle the family.' (Whitaker, 1965, p. 191)

This explicit assumption helps to rationalize the necessity of a co-therapy team.

Whitaker avoids making a clear and direct comment on his conception of an "ideal" or "normal" family, but does imply a piece of family behavior as "normal."

> The family is the place where you're dealing with life and death voltages. Every family has its life and death

> quality and I don't care what you fight about; Oedipus or money or sister's a horror; it's still a normal family fight. (Whitaker, 1967, in Haley and Hoffman, p. 341)

But his opinions and views of his therapy process reveal a confident expression of his own personal value system and what it means for his "patients."

> I became more and more convinced that psychotherapy was something I did for myself and the patient merely participated. (Whitaker, 1973, p. 50)

> I believe craziness is where life is. Personal confrontation, like accented fantasy and sharing my own irrational free associative and symbolic experiences, is a stimulus for the other to expand his own model and mode of operating. (Whitaker, 1973, p. 51)

> If something comes up that bores me in an interview, I'll frequently start reading a book, or put on some music, or make a phone call. (Whitaker, 1967, in Haley and Hoffman, p. 360)

Framo and Nagy accentuate the theme of environmental excellence in conjunction with the value of co-therapy.

> Without a good and openly communicative co-therapy relationship, the therapist may lose unnecessary amounts of sleep at this stage. The fate of the therapy clearly does not depend on what is being communicated verbally but on whether the family's relational system can be made to yield or not. The therapist's relational strength has to survive the pathological familial strength that it challenges. (Nagy, 1965, p. 138-139)

Also, with regard to value of "autonomy," they note that change in an individual in an autonomous direction can be threatened by the needs of the family system to restore a form of equilibrium. It is the therapists' duty or responsibility to sustain this "autonomy" or "growth" and pressure the system to "grow" in the same direction. (Framo, 1965)

Instead of offering an "ideal" family for contrast, Nagy and Framo imply that only through family therapy can one "witness" the "sick"behavior of members interacting with each other.

> No matter how mature some people seem to be in ordinary social relationships, certain childish features of their personality emerge only when they are in the presence of members of their family. (Framo, 1965, p. 207)

That is, the value of uncovering hidden meanings or the "unconscious" is crucial to therapeutic understanding and change itself.

Friedman seems to best represent his value premises and opinions in discussion of the goals and tasks expected of a therapist.

> Make group goals explicit, affecting compromise and integration, improving communication within the family, helping members express feelings, helping members listen and hear, correcting distortion, acting as a communications' bridge. (Friedman, 1971, p. 31)

Thus the themes of integration (psychic balance), reality perception and mastery of environment are highly valued in the process of therapy. Also, the category of autonomy, with relation to growth is emphasized in his methodology of helping one family member who is probably the most "emotionally mature" to change and "grow," along with encouragement of similar growth of the remaining family members.

Additional emphasis on integration--or countertransference, psychic balance--is crucial for the co-therapy relationship, as well as in family members, because co-therapists "were constantly bombarded with situations and conflicts which touched off deep and painful areas in their own lives, past and present." (Weiner, 1971, p. 77)

Antithetical to the "analysts," whose ultimate, explicit value assumptions were rooted in the unconscious, unobserved, motivational patterns, the systems'-purists "have a minimal 'black box' model of the individual psyche and are not concerned about what is happening 'inside'." (Beels and Ferber, 1972, p. 176) As previously mentioned, the overriding theme for "systems'-purists" is the attainment of absolute control of the therapy process by the therapist.

Jackson's use of this value of control has been shown through the use of "paradoxical questions or manoeuvers." In keeping "one-up," he devalues the attempts of family members to form coalitions with him and generally avoids any responsibilities.

He also makes use of positive techniques in defining or interpreting any behavior, no matter how bizzare or contrary to his own values,as being a positive and functional one. This is usually employed as a tactic of inducing family clarification of their own values.

Jackson, like other "systems'-purists" holds the assumption that pointing out a mistake or dysfunctional pattern of interaction is not productive and that "disturbing" the pattern brings about a different and often more preferable result.

He does not refer to a "normal" "ideal" or "healthy" family and prefers to view families on a continuum with no extremes. That is, he states that family relationship rules refer to norms and these norms are phenomenalogically unique for each family.

Haley, on the other hand, has come to define a "normal" family as one that has not come to the community's attention for a problem.

> After observing a considerable number of "normal" families in testing situations, this writer lost his confidence in his ability and the ability of other people to determine what type of family was conversing by listening to a tape recording of a family conversation--or even whether it was a "normal" family or a family with a psychotic child. (Haley, 1972, in Framo, p. 27)

This can be partly attributed to his assumption that clinicians are trained to discover "abnormality" and whe n asked to judge "normality," it is difficult, if not impossible to do so.

In general, Haley holds certain basic values in common with Jackson, concerning therapy, and thus will not be reiterated here. But he does not place any value with having prior information or a social history of a family and with interpreting feelings and attitudes of family members. His main goal or value is to achieve change as rapidly as possible and then disengage from the family.

Zuk seems to emphasize the categories or themes of growth, adequacy in interpersonal relations, efficiency in problem solving

and finally the capacity for adaptation and adjustment.

> The therapist aims to fashion a context that is different from the established pathogenic pattern of relating among family members. Temporarily freed by the therapist's action from a vicious repetitive pattern, the family may experience the good feeling of more positive and productive relating and explore the possession of new means to relate in the future. (Zuk, 1971, p. 72)

Again, although he does not explicitly indicate an "ideal," these indicated four themes may represent his "ideal" of "properly functioning" family.

Liek Jackson and Haley, Zuk's role of "go-between" is based on the implicit premise of retaining control by delegating control. In addition, his concept of "pathogenic relating" is a dysfunctional term based on a subjective evaluation by the therapist.

Hoffman, in her particular theory of change, deviation-counteracting and deviation-amplifying, illustrates an example of a departure from a normally accepted value. That is, she begins by stating that change is a deviation in the sense that it is a divergence from an accepted norm. To deviate is defined as "to turn or wander, often by slight degrees, from what is considered the most direct or desirable approach to a given physical,intellectual or moral end." (American Collegiate Dictionary, 1966). Thus using her concept of change as a deviation and an accepted definition of deviation as a departure from the desirable, change "should" or "ought" to be considered as undesirable by definition. She implies that any change, valued as either "good" or "bad," is desirable

and should be actively sought in therapy. She acknowledges that deviation-amplifying mutual-causal feedback processes can have positive or negative effects upon the system, but change is more highly valued than constant stability or continual equilibrium.

The last therapist to be considered, Brodey, is perhaps the most difficult, not because of his use of implicit value assumptions but because of his constant use of explicit value premises. His method and theory are replete with assumptions structured in a poetic form that make study and analysis difficult. An example will explain this point.

> A husband and wife in contact speak a million, million words in every breath. It is this richness that encompasses a family into a living unit and carries on its life into an evolving generation. A child is born into the livingness or deadness of a family and is joined by his moment-to-moment learning to the family way of evolution. (Brodey, 1968, p. 9.)

In summary then, two points need to be re-emphasized and perhaps rephrased. First, in real-life situations, "optimal", "normal," or "ideal" functioning seems likely to be attained only at the cost of some limitation in other respects. That is, it is difficult to conceive that individuals can at once, in all social situations, be fully adjusted, integrated and accurate in their grasp of presenting reality. Second, it might be argued that an explanation of an "ideal-type" is a circular procedure. A acts in this or that way because he espouses such and such value. But how would one know he has this value? Simply because he acts in this or that way.

Similarly, it would seem that the development or construction of a treatment model or system can be either conceptualized as a linear-causal model or a mutual-causal model.

For example, in the linear model (see figure 1, p.111), one begins with an implicit or explicit value premise, such as, "treatment of mental health is good." One could then either formulate a theory of mental health or a set of hypotheses to support the value assumption, or develop a methodology for treating mental health to implement or actualize the value premise. In order to further test, affirm or disaddirm one's theory, methodology or ultimately one's value premise, one could then attempt to collect empirical data through research.

Thus using Haley's observation (Haley, 1971), therapists began by using family practice and later tried to develop theories to fit their methddologies. Later and/or concurrent to development of theories, research with families was undertaken to further validate both the theory, methodology and the value premise that therapy with families is constructive and advantageous--a point that Haley does not mention.

A second way of conceptualizing development of a treatment system is using a mutual-causal model. (See figure 2, p.111) Initially, in a theoretical sense, one begins with a value premise in which either a theory, methodology or the working through of a problem using empirical methods is employed. No matter which one component is chosen as the second formulation, it is obvious that the other two will follow in order to fully validate the model.

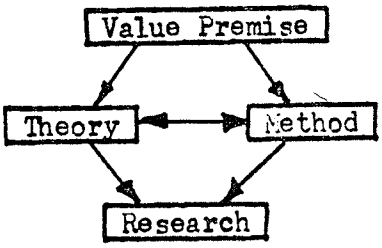
The illustration (Figure 2) can be termed as a closed-system model. If one assumes that the four components are equally weighted, one can further assume the system has inherent homeostatic properties. That is, if there is a variation or deviation in one component, there will, by definition, be necessary deviations or changes in the other components. For example, if the value premise of "treating mental illness is good" is changed to "treating mental illness within a family context is good," this value change would naturally lead to a change in method, a change in theory to support the method and value premise as well as renewed research efforts to either validate or invalidate the original premise. Naturally, when one is considering the nature of a mutual-causal network of components, analysis of this sort is simplistically applied in that there are numerous feedback possibilities, as illustrated by figure 2, which are constantly occurring.

Finally, value statements or premises are "tricky" items, and the sciences are not in the habit of passing value judgements. A scientist may be doing so, but science never does. This is probably a positive aspect of scientific research but as a practitioner, one cannot forget the potential negative effects of ignoring our values. If empirical data verifies our value positions and we accept these positions as infinite, our theory to support the methodology and values becomes unnecessary, and we remain "clinging" to our method.

(Figure 1)

DEVELOPMENT OF TREATMENT

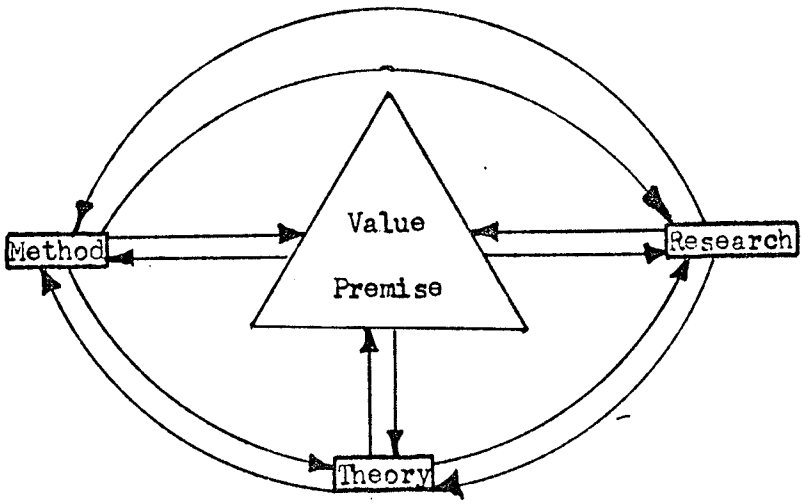
SYSTEM IN LINEAR TERMS



(Figure 2)

DEVELOPMENT OF TREATMENT

SYSTEM IN MUTUAL-CAUSAL TERMS



CHAPTER VI

Description of the Practicum Program

The practicum proposal of May, 1973, contained two sections--one concerned with the acquisition of skills as a family therapist and the related knowledge base; the other concerned with carrying out a program centered on alleged delinquents and their families. Both parts will be reported in this and a succeeding chapter.

In the first part of the practicum, from the last week in August, 1973, to the end of December, 1973, this student functioned as a clinician in training at the Psychological Service Center, a university training center for psychology and social work students. Through comprehensive reading of articles and books pertaining to family therapy and family theory, as well as through tutorial sessions with the advisor, a theoretical knowledge base for working with couples and families (knowledge base reported in chapters II, III, IV and V) was developed. In addition, an "experiential" knowledge base was developed in working with selected couples and families.

Referrals to the Psychological Service Center are made by several professional agencies in Winnipeg--social service agencies, medical doctors, psychiatrists, corrections' authorities and so forth. When a referral of an individual, couple or family is made, an intake interview is scheduled. A preliminary assessment and/or diagnosis as well as a preliminary contract for treatment are made. This report is then submitted to the intake committee for assignment to a primary worker.

During the year, a variety of therapeutic units are seen at the center--individuals, couples, groups, families and networks (both related individuals, couples and families as well as important individuals involved with these basic units).

The intake committee selected and assigned four cases to this student during August - September, 1973. Although specific description of the couples and families along with an analysis of the transactional dynamics and interventions will not be made for these cases (they were intended for development of an "experiential" knowledge base), a simple reportage of the cases involved as well as the number of treatment sessions will be included.

Voluntary contracted "treatment" sessions were conducted with two couples and two families. Of these, one family and one couple were seen for seven and eight sessions respectively, by the author as a solo therapist over a two and one-half month period. Voluntary termination of the therapy process, for both cases, was mutually agreed upon by both the therapist and the couple or family. Of the remaining two cases, one couple and one family, contracted sessions were held in conjunction with a co-therapist. With the couple, three sessions with the author and a co-therapist were held, as well as one session with the couple and the author alone. In addition, two sessions were conducted in co-therapy with a staff member. Voluntary termination of sessions was mutually arrived at between the co-therapists and the couple. The remaining case, a family, was seen in an intake interview by a staff member, and the author was selected to continue with them as a co-therapist. Two co-therapy sessions were held, after which the family decided to terminate therapy. It was later learned that the eldest

daughter, the identified patient, had run away from home,and after she had been hospitalized, the family continued in family treatment at the designated hospital.

In order to provide the author with a broader "experiential" knowledge base, I accepted referrals in the capacity of a consultant, representing the Psychological Service Center, from the Assiniboine Clinic, located in St. James-Assiniboia; This community clinic offers a range of medical, dental, optical services and makes use of the Psychological Service Center for cases where psychological testing or therapy is indicated.

Two cases were referred by two of the doctors who specialize in"family practice medicine." Of the two cases, one was a family and the other a couple.

The family was composed of two parents and two children. In total, eight sessions were held during a two-month period as well as a follow-up interview in April, 1974. Of the eight sessions, four sessions were held with the entire family and four with the husband and wife alone. The follow-up interview was with the entire family.

A total of four interviews were held with the couple over a three and one-half month period. The husband was stationed in Halifax and commuted to Winnipeg approximately every three weeks.

In the second part of this practicum, the student developed and implemented a "family-centered treatment" approach with families with one or more children who had allegedly committed a delinquent act. Use was made of the facilities of the Winnipeg Probation Services and the Manitoba Youth Centre for implementation of this part of the practicum.

The student acted in the capacity of a juvenile probation intake worker with the selected cases by completing the necessary intake procedures for the Winnipeg Probation Service and the Winnipeg Juvenile Court. A summary and description of the juvenile corrections process will help illuminate the procedures involved and the "flow-chart" on page 117 will provide an overall perspective.

A delinquency is committed, and the juvenile is arrested by the police for allegedly (preliminary term used before court finding) committing a delinquency. The police decide whether the youth should be returned home or temporarily placed in the Youth Centre. Also, at the discretion of the police, a first offender may be required to attend a voluntary class at the police station. If not, a report is submitted to the Winnipeg Probation authorities.

The director of intake decides whether an intake worker should be assigned or whether no further action is necessary, or if a referral to another agency is indicated. If an intake worker is assigned, based on the supplied information and/or interview with the juvenile and his family, he may decide no further action is necessary, referral to another agency is more appropriate, a non-judicial handling (no court appearance) is all that's needed, or that the youth should appear in court. If an appearance in court is indicated, the worker prepares a report based on the information obtained and observations he made together with a recommendation for disposition of the case in court.

As noted in the "flow-chart," the court judge basically poses three questions in adjudicating a case:

1) is continued surveillance or "treatment" needed?

2) is "enclosed treatment" indicated?

3) does the home provide the "necessary supports"?

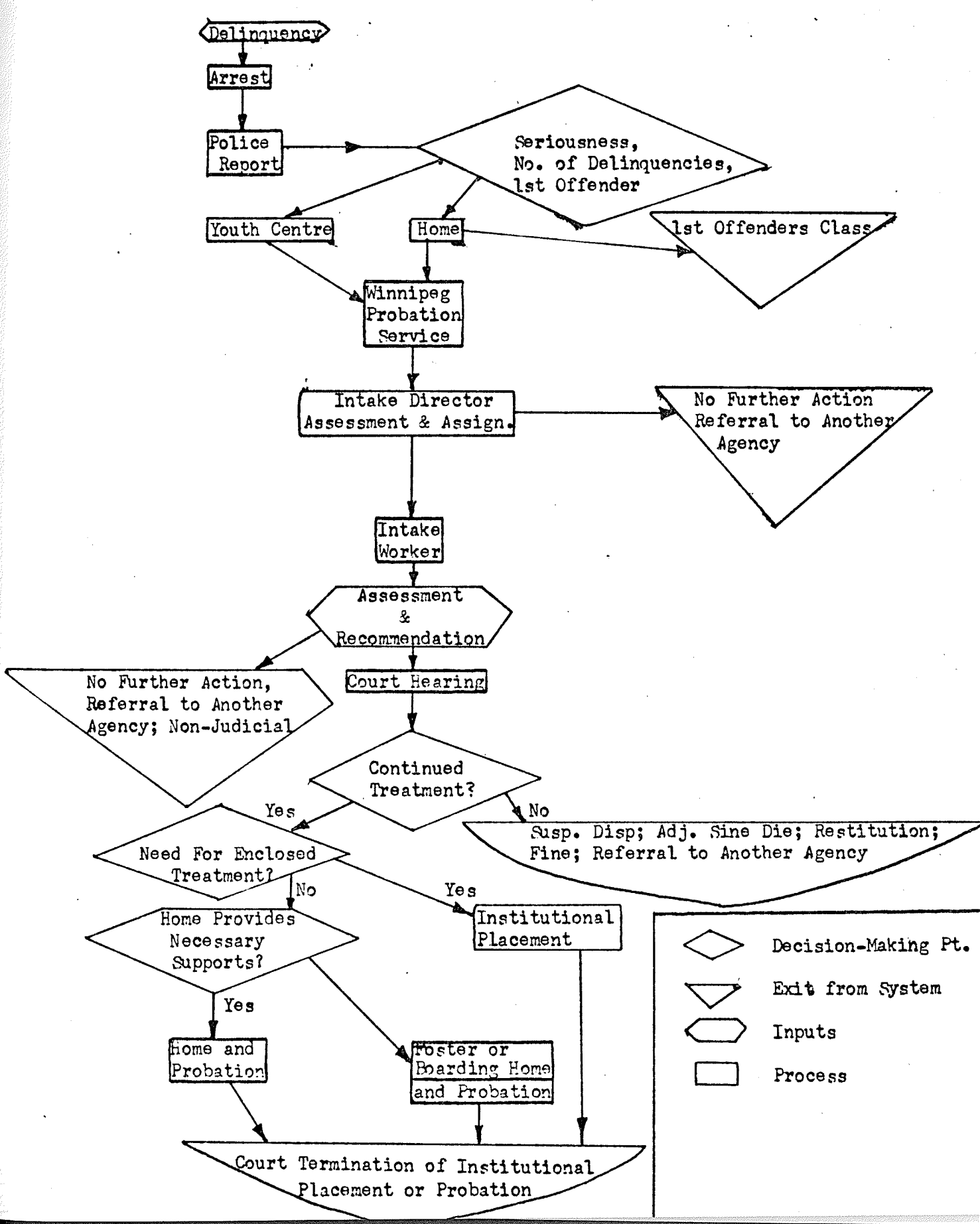
(See Figure 3, page 117)

Based on these questions, a variety of dispositions are available to the court judge--suspended disposition, restitution, fine, adjournment sine die (no further action), referral to another agency, probation, probation and placement away from home and institutional placement (e.g., MANITOBA HOME FOR BOYS, MANITOBA HOME FOR GIRLS, KNOWLES, HUGH JOHN MACDONALD HOSTEL)

In attempting to develop and implement this program of intervention with families with a delinquent member, this student began with certain value premises or assumptions. First, delinquency is a product of the social situation and/or social interaction. Second, the family unit is the basic "intervener" between the larger culture and the individual. Third, the juvenile delinquent or the "child" (legalistic sense) is the "scapegoat," the "mediator" between the parents and their marriage problems. Fourth, intervention and "treatment" at the family level is more productive, more rewarding (for worker, delinquent member and the family) and more capable of producing change, than traditional corrections' methodology.

Fifth, during the intervening period of time prior to the court appearance, the family, because of the delinquency and/or detention of the juvenile, is in a state of extreme stress or crisis and is thus susceptible to change-producing interventions. Finally, sixth,

(Figure 3)


Delinquency
Arrest
Police Report
Seriousness, No. of Delinquencies, 1st Offender
Youth Centre
Home
1st Offenders Class
Winnipeg Probation Service
Intake Director Assessment & Assign.
No Further Action Referral to Another Agency
Intake Worker
Assessment & Recommendation
No Further Action, Referral to Another Agency; Non-Judicial
Court Hearing
Continued Treatment?
Yes
No
Susp. Disp; Adj. Sine Die; Restitution; Fine; Referral to Another Agency
Need For Enclosed Treatment?
Yes
No
Institutional Placement
Home Provides Necessary Supports?
Yes
Home and Probation
Foster or Boarding Home and Probation
Court Termination of Institutional Placement or Probation
Decision-Making Pt.
Exit from System
Inputs
Process

intervention with a family on a short-term, crisis basis, can produce favorable changes and results. This was mainly based on Langsley and Kaplan's work with mental patients and their families. (Langsley and Kaplan, 1968)

Selection of potential families was based on the following criteria, with noted exceptions:

1) Limited to first offenders because the emphasis of the intervention and treatment is based upon prevention through early family intervention and the selection of a recidivist increases the possibility of the youth not being released back home and thus not qualifying for this "treatment " program. This criterion was followed with all cases, except two, where the juvenile was a second offender.

2) If the nature of the alleged delinquency is of a serious nature, such as non-capital murder, armed robbery et cetera, it would not be feasible to undertake a family centered intervention on an intensive short-term basis. Serious delinquencies would increase possible variables such as transfer applications, committals to training centres, et cetera. Again, with two exceptions of an armed robbery and an attempted armed robbery, this criterion was followed.

3) The necessity of two-parent families as opposed to one-parent families was a criterion. Once again, the emphasis of this short-term contact is the prevention of delinquency through early family intervention, and the potential problems posed within one-parent families would seem to present many more variables and make the "treatment" process more difficult. (e.g., viewing the therapist as a surrogate or substitute parent or mate) As in the other two criteria, two of the cases were one-parent families and thus exceptions to this criterion.

Thus, this student operated as an intake worker with families and a youth who had recently committed an alleged juvenile delinquency, and the police had submitted a police report to the probation authorities for further intervention. The method of selection of families was made through the director of intake in two ways:

1) the intake director was briefed on scanning new police report referrals with special emphasis upon jeveniles detained in

custody, for indicators of "family problems" (at discretion of intake director) for direct assignment to this student.

2) On selected sample days, this student would scan the intake referrals in order to select potential "family problem" cases. This criterion indicator of "family problems" was used in a highly subjective way through any information provided in the police report, any probation service information on file, "hunches and assumptions," et cetera. In total six cases were selected--three by method 1 and three through method 2.

During the initial session with each selected family, a voluntary agreement between the student and the family was arranged; a contracted number of sessions was scheduled during the remand period, i.e., the period of time between the initial arrest and the final court appearance (normally, four to six weeks);and the goals of the sessions were as clearly spelled out as possible. In addition, during the remand period, this student was responsible for handling any delinquencies that allegedly were committed by any family member (child or adult), as well as preparing an assessment and recommendation report for the final court disposition of each case.

A description and analysis of one of these cases will be found in the following chapter. Of the remaining five cases, a short descriptive analysis and report of the final disposition of each case is presented in Appendix

Other Practicum Activities

During the course of this practicum, a number of activities related to skill acquisition was carried out. They will be

briefly listed here.

1) Participation in live supervision groups

2) Member of the program planning committee of the M.A.S.W.

3) Presentation of an edited sequence of five family interviews at the M.A.S.W. Annual Meeting and Conference

4) Presentations of theory papers and case illustrations at two basic family therapy workshops.

5) Co-instructor at a five-day "Advanced Family Therapy Workshop" sponsored by the School of Social Work and the University Extension Division.

CHAPTER VII

A Case Illustration Using the Theoretical Knowledge Base for Analysis

The case to be presented in this chapter is intended to be representative of the six families in the second part of this practicum. A description and analysis of the remaining five families will be found in Appendix A.

It should be noted that all identifying information regarding this family has been modified in order to protect the confidentiality of the family involved. Family dynamics, transactions, interventions and the nature of the delinquency(ies), will be reported factually.

The case to be described was selected by method 1, through the director on intake, and was referred as soon after the initial alleged delinquencies, as possible.

The juvenile, Frederick F. 16 years of age, had been arrested and detained in the Youth Centre for two alleged delinquencies:

1) breaking into and driving his father's truck without permission, and

2) theft of a neighbor's motorcycle.

The following morning, he was released by the court to his parents and informed he would be appearing in court again within six weeks.

Arrangements for an initial family session were made by telephone, and the following information concerning the family was obtained:

The father, Mr. F., 50 years of age, has been employed as a truck driver for a local transfer company for the past 25 years. He is also employed on a part -time basis as a door-to-door salesman.

Mrs. F. is 46 years of age and works part-time as a telephone operator. Mr. and Mrs. F. have been married for 27 years. In addition to Fred, they have two other children--Felicia, age 25, is married, has three children, and lives in Transcona; Frank, age 20, is an artist, specializing in painting and pottery, and currently lives in Halifax. Fred is in grade 10, is a good student, and is described as being an excellent football player. In essense, the family unit, at the time of intervention, includes Fred and his parents who live in a duplex in the west end of Winnipeg and can be described as an upper-lower class family.

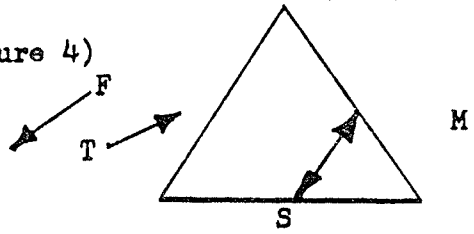
A description and analysis of the six family sessions will be interspursed with the various theories and methods previously described. In addition, an overall analysis in line with the general theoretical knowledge will be covered and finally, a report of the follow-up interview four months later.

At the beginning of the first interview, the therapist clarified the general goals of the sessions, the therapist's role, the expectation that the whole family will attend, and so forth. In essense, to establish the therapist as the leader or the "ultimate therapeutic control,"was deemed necessary. (Haley, Minuchin, Jackson) Through an open-ended question to the family concerning the nature of their problem, the father began.

He described an elaborate history of stealing, lying et cetera on Fred's part, and also mentioned they "covered up" for him for years. This can be interpreted as negative feedback (Hoffman) or attempting to return the system to the former "homeostasis" (Hoffman, Jackson) Mrs. F. interrupted and provided further negative feedback about Fred and implied the real conflict was between Fred

and her. Father's lack of involvement in the process from this part on, seemed to validate Bowen's theory of triangles. That is, the therapist had been "triangled" into the system,and the father "gained the outside position." (Bowen, 1971) The arrows in the figure below indicate the conflict.

(Figure 4)



During this interchange of negative feedback, the therapist tried to use positive reinterpretations or redefinitions in order to balance the power (Haley, Jackson) or upset the system (Haley, Jackson, Hoffman, Minuchin)

Evidence of parental conflict is revealed when Mrs. F. explained that Fred committed a theft because his parents were fighting. Again, Bowen notes that the most common role pattern of tension is between the parents,and one parent will gain an outside position leaving conflict between child and the other parent.

At the end of the interview, a contract for short-term therapy (MacGregor, Langsley), five to eight sessions, is made, with the understanding that the therapist will decide the number. (Haley, Jackson) The therapist also assigned a "task" for the family (Minuchin, Haley), that is, for each person to try to do something positive rather than negative for the other two persons. This was intended to plant the "seed" of positive interaction, as well as to allow the therapy to continue in the interval.

In the second interview, the therapist began by discussing the task and discovering that no one had followed the task. During

the first interview and upon viewing the video tape, it was noticed that when one parent spoke, the other person appeared not to listen. But when one parent spoke to Fred,or the therapist spoke to him, they both appeared as a "parental team." The therapist showed a segment of the video tape representing this non-verbal behavior and "confronted" the parents about this, in an attempt to make them "aware" or find out what the behaviors meant. (Zuk, Friedman, Wynne, Ackerman, Bowen) Both parents denied they were not listening and even noted that when in different rooms, they know each other's thoughts. This attempt by the therapist can also be interpreted as trying to change the focus from Fred to his parents. (Minuchin)

The mother described a recent theft by Fred and continued with a monologue of how "bad" he is. This can be thought of as continued negative feedback to return to the former equilibrium. (Hoffman, Jackson) Fred was continually cut off by his mother while he was talking.

Father, at the end of the interview, asked how Fred could be able to talk more in these interviews. Mother suggested only Fred should come but the therapist reemphasized the rule of the whole family attending these sessions. This was a further step in confirming ultimate therapeutic control. (Haley, Jackson) The therapist suggested instead that Fred should talk for the first 15 minutes of the interview without interference from the parents or the therapist. Again this represented a further attempt by the therapist to accept and redefine a situation. (Haley, Minuchin, Jackson)

Fred began the third interview by negotiation with the therapist about his expected task (Minuchin--task in the interview).Through

this interview Fred decided he would ask questions instead. Again by allowing Fred to chose the framework without modification, the therapist emphasized a new structural arrangement (Minuchin) and balance of power. (Zuk, Haley)

Fred questioned the therapist, then the father and then the mother in a circular fashion. Questions to the therapist and the father were of an informational nature while the questions to his mother continually revealed the marital conflict, her depression, and so forth. This process could be interpreted as an "enactive formulation" (Minuchin) or a "metaphoric experience" (Whitaker). When Fred was questioning his mother, she repeatedly tried to stop the process by changing direction of the questions, by asking a question of Fred. Depending upon the timing or the nature of her tactic, the therapist allowed some and refocused others. This could be interpreted as an attempt to protect Fred from his mother (Ackerman), side-taking function (Zuk), or re-emphasizing "executive" authority (Haley, Bowen, Jackson). The questions continued for forty-five minutes until the therapist stopped to examine the process.

The therapist praised Fred's skill in questioning and emphasized the extreme ease with which he accomplished it. Again, this intervention could be interpreted as a side-taking function (Zuk), shift of power (Haley and Jackson), planting a "seed" by way of positive feedback (Hoffman) and so forth.

Mother took over the discussion by talking about her depression, their marital conflicts and the need for therapy only for the parents. Both parents stated that their marital relationship was poor, but that Fred was the main problem.

The therapist ended the session by suggesting that Fred and his father get together during the week to form a strategy of helping to relieve pressure on the mother, while she should be receptive and alert for their attempts. (Minuchin).

In the fourth session, Fred and his father reported that they did not discuss the task together but rather did it individually. Mr. F. stated that he had brought Mrs. F. a flower today. Mrs. F. did not comment, and Fred immediately said that he had talked with her more this past week. Mother then listed three other behaviors she noticed about Fred:

1) He dug up her flowers for her

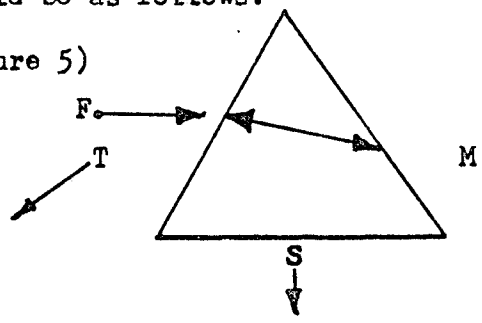
2) He took her leather coat off the line for her, and

3) He turned down an opportunity to go stealing with friends.

She mainly emphasized the first two behaviors.

When the therapist attempted to shift back to Mr. F.'s attempt (flowers), Mrs. F. began to list complaints about him, their marital problems, et cetera. Thus Bowen's triangular arrangement would be as follows:

(Figure 5)



The rest of the interview was spent with the parents in conflict. Mrs. F. suggested that only she and her husband should attend the following week. Mr. F. protested that Fred was still the problem

and not them (attempting to gain an outside position--Bowen).

The therapist suggested that the parents should spend fifteen minutes a night arguing (Satir) with Fred as the referee to keep them on the right track. Thus, prescribing Fred as the referee, in essense redefining his role as mediator in a positive sense (Haley, Minuchin, Jackson)

During the fifth interview, they explained that they did not follow the suggested task and agreed not to disagree with each other as much. This can be viewed as an attempt to regain the former equilibrium (Hoffman and Jackson), while the father tries to regain the outer position (Bowen) and shift the conflict back to Fred and his mother.

The entire interview was spent with Mrs. F. complaining that Fred could not vacuum correctly and with Fred saying that he wouldn't do it her way. The therapist tried to use "reductio ad absurdum" techniques, (Haley and Jackson), but the conflict intensified. This vacuuming issue can be interpreted as a "split double bind" (Ferreira) in the sense that Mrs. F asked that a chore be done and Mr. F. said he could not do it because of a bad back and the fact that this was "woman's work."

The parents were asked to prepare a list of chores to be done and define in the chores what was meant by "clean." Both argued with the therapist, but finally agreed to try it.

Two days later, Mrs. F. phoned to ask what direction the therapist was going. I informed her to ask this in the next session instead of my answering only to her. The next scheduled session was cancelled by the family.

The sixth and final contracted session began with the

notification that the task had not been followed again. Both parents talked about Fred's past delinquencies, his lying and household chores. The therapist noted that their original goal in therapy, Fred's delinquent behavior had been solved and he was no longer stealing.

Mrs. F. continued to berate Fred about vacuuming while the therapist pressed for the contract. This interchange between Mrs. F. and the therapist continued until the therapist stopped the interview and stated they were not prepared to stop the conflict. But, if they ever wanted to stop arguing, they could simply leave a list of jobs for Fred to do and he would do them. A follow-up interview was scheduled in four months to check their progress. (MacGregor)

In summarizing these contracted sessions, it should be noted that the therapist attempted to use himself as a model for clear communication (Satir) and patience in dealing with Fred. (MacGregor)

Change in the therapy process can be viewed from many perspectives: from a cybernetics viewpoint, by emphasizing Fred as a"family helper," a deviation is amplified and a new homeostasis (Hoffman, Jackson) or structural position (Minuchin) is created; the family system was prepared to shift or change to a certain extent (delinquencies), but the "request for further change will be foiled" (Zuk); or by "differentiating" Fred--this forced one of the parents to "differentiate" even though the second attempt was negated. (Bowen)

In addition, the side-taking procedures could be viewed as "transference" and "countertransference"by the "analysts." (Wynne, Framo, Nagy)

The follow-up session at the end of the recess was intended as a "reporting session" of what the family had done regarding their situation in the meantime and to help in some durability of change.

The general atmosphere in this session was a remarkable change. Both parents were mutually cooperative regarding Fred, were pleased with his improvements at home and in school, and so on. Mrs. F. had a part-time job again and was not subject to headaches that prevented her from fully working before.

The two-sided conflict had again shifted to the parents, leaving Fred in the outside position of the triangle.(Bowen) Mrs. F. asked Fred to leave the room and both mates argued about their marital problems. Mrs. F. was insistent that Mr. F. take the responsibility of finding someone for help. The therapist suggested the name of a counsellor specializing in sex because their marital problems were allegedly of a sexual nature. This counsellor had been a former minister and was recommended because both parents were extremely religious. Mr. F. assured Mrs. F. that he would make the necessary arrangements.

Thus when analyzing from a "differentiation" perspective, Fred first "differentiated" and during the intervening period, Mrs. F. also became more independent as witnessed by her stand regarding further therapy.

Throughout the session there was very little emphasis given to exploring feelings (Satir) and there was little accentuation of insight development, although the following chapter regarding evaluation will reveal that this did take place.

CHAPTER VIII

Evaluation of the Practicum

The brief therapy described and illustrated in the previous chapter, was not originally designed to seek change in long-term behavioral patterns within families. Instead, it attempted to relate to family functioning, adaptation, symptom reduction (delinquency) and avoidance of further delinquencies and the resultant incarcerations. In the second half of this practicum, the design included a systematic evaluation.

In attempting to gather data on the outcome of therapy, one can employ two basic modes of observation. "We can watch people do and say things and we can ask people about their own actions and the behavior of others." (Kerlinger, 1964, p. 504) It would seem that the most common approach of ourcome research of therapy is using the judgements of the therapist involved.

But, there have been two studies conducted (Feifel and Eells, 1963; Ballard and Mudd, 1957) using both therapist and client judgements of the outcome of therapy. In the former study, a statistically significant relationship was noted between the client and therapist's estimates of change. The latter study employed the use of an open-ended questionnaire related to changes that had taken place as well as ideas concerning what was helpful and unhelpful.

A similar type of open-ended questionnaire was adopted for evaluating family judgements of therapeutic change in the second part of the practicum. The data requested basically covered five areas:

1) changes in the family

2) changes in the individual

3) helpful parts of the therapy

4) unhelpful parts of the therapy, and

5) suggestions.

See Appendix B for an example of this questionnaire.

Both during the initial interview with each family and after the final appearance in court and the resultant disposition, each family was informed that an envelope containing separate questionnaires for each participant in therapy as well as a pre-stamped, self-addressed return envelope would be mailed within a two month period of time. In addition to explaining the intent and use of the follow-up questionnaires for research purposes, a covering letter explaining and stressing the confidentiality of these forms was stressed. Four fully completed family questionnaires were returned, one partially completed (one out of three respondents in the family) and one never returned.

The potential problems in analyzing an open-ended questionnaire should be observed. First, responses may be difficult to categorize into workable data. Second, important variables may be ignored through oversight or through chosen design of categorization. Third, respondents may assess their experiences in therapy at varying levels of interpretation. Fourth, the transposition into open-ended inquiries may produce a certain degree of over-simplification and perhaps even a distortion of meaning.

But, open-ended questions also have their advantages. They are flexible and offer the possibility of depth. They can also suggest possibilities of relations and hypotheses by giving unexpected

answers that may indicate the existence of relations originally not anticipated.

The other serious limitation is inherent in the sample tested. First, the sample was extremely small, six families, and would thus hamper any potential hypotheses or conclusions. Second, the sample employed was a "judgemental" or "purposive" sample. (Miller, 1964) Sampling errors and biases naturally could not be computed for such samples, and the data from this small, judgemental sample could at best suggest or indicate conclusions.

Finally, it must be perceived that a judgemental evaluation must represent a subjectively-weighted summation of individual and family changes, and the subjective weights would be affected appreciably by the personal values of the judging agent. That is, the therapist as observer, could potentially make incorrect inferences from his observations and data, due to human error. This is further compounded when the observer or therapist has been part of the observational situation. Even though it would be impossible to construct an evaluative design that would be completely objective, the use of independent raters, who were not a part of the observational process, in assessing the questionnaire responses would seem to offer a more objective method of analysis.

An independent rater framework was used in analysis of two types of data relating to therapeutic outcome:

1) rating of the individual questionnaires, and

2) rating of therapeutic change by comparing an initial therapy session with a final therapy session.

Independent Rater Analysis of Questionnaires

In order to enable the independent rater to make an assessment of the response to a question, a rating scale (Kerlinger, 1964) was used. This scale required the rater to assign the response to a continuum of categories that had numerals assigned to them, to be used directly in statistical analysis. Five categories were selected in order to provide ease of understanding and use:

1) highly positive
2) moderately positive
3) neutral
4) moderately negative, and
5) highly negative

"Negative"was defined as lacking in constructiveness, helpfulness or optimism. Conversely, "positive" was defined as being hopeful, expressions of good or laudible.

All identifying information from each questionnaire from each family was deleted and responses to each individual question were numbered accordingly. The range of responses to questions were from one to ten, with the majority of multi-responses related to question one, changes in the family. A total of twelve questionnaires for five* families were used for analysis.

The independent raters were selectively sampled, rather than randomly sampled because of time, lack of a sufficient sample to choose from,and financial considerations. A social worker, psychology student and a teacher were selected.

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*included is partial return of "P" family

The raters were supplied with a form that gave instructions for the exercise as well as a list of questionnaire numbers, question numbers, response numbers and a space for the numerical rating for each response. They were informed this exercise would take approximately 15 to 30 minutes to complete and also an operational definition of "postive" and "negative" responses was given. The twelve numbered questionnaires, randomly sorted, were given to the rater with the following instructions: "Rate each numbered response on the continuum from highly positive to highly negative." They were also informed that the responses related to therapy sessions which the respondents had been involved in. Based upon the ratings, the table reproduced on the following page summarizes the gathered data.

In analyzing,each separate questionnaire was grouped into the respective five families ("F", "P", "G", "C", and "T"). A mean ($\bar{M}$)family score for each rater (A, B and C) was calculated. A sum total (Σ) mean for the individual rating of each question was determined. Finally a sum total of the means for the questions relating specifically to therapeutic change (questions one, two and three) was computed. A sum total mean for questions four and five was not included because most of the responses were left blank and thus rated as neutral (3).

Families "F" (case study in previous chapter) and "T" showed the highest positive feedback responses, 1.37 and 1.33 respectively, indicating between moderately positive and closer to highly positive. These two sets of family questionnaires also included the highest number of average responses to each question. In addition these

($\bar{M}$) Independent Rater Analysis of Questionnaires

Families	Q's	$\bar{M}$ Raters A	B	C	$\Sigma\bar{M}$ (ABC)	$\Sigma\bar{M}$ (1+2+3T)
"F"	1	1.41	1.43	1.31	1.38	1.37
	2	1.86	1.00	1.31	1.39	
	3	1.50	1.39	1.11	1.33	
	4	2.00	1.78	3.44	2.41	
	5	2.17	2.92	3.33	2.81	
"P"*	1	3.50	2.50	3.50	3.17	2.50
	2	2.50	2.50	3.00	2.67	
	3	2.00	1.00	2.00	1.67	
	4	4.00	4.50	4.00	4.17	
	5	2.00	1.00	2.50	1.83	
"G"	1	1.43	1.00	1.24	1.22	1.89
	2	2.16	2.75	2.00	2.30	
	3	2.50	2.00	2.00	2.17	
	4	2.38	2.63	2.75	2/59	
	5	2.70	3.00	2.40	2.70	
"C"	1	2.00	1.67	2.00	1.89	2.00
	2	2.33	2.00	2.67	2.33	
	3	2.33	1.33	1.67	1.78	
	4	2.67	3.33	3.33	3.11	
	5	4.00	4.00	4.00	4.00	
"T"	1	1.00	1.67	1.22	1.30	1.33
	2	1.60	1.00	1.37	1.32	
	3	1.33	1.00	1.78	1.37	
	4	2.00	3.00	3.00	2.67	
	5	3.00	3.33	3.00	3.11	

*One respondent

Questions
1. Family changes
2. Individual change
3. What helpful?
4. What unhelpful?
5. Suggestions

Responses Key
(1) highly positive
(2) moderately positive
(3) neutral
(4) moderately negative
(5) nighly negative

independent ratings seemed consistent with the therapist's noted family inprovements in functioning, symptom reduction, adaptation, and so forth.

Families "G" and "C" sum total mean score with regard to change, was 1.89 and 2.00 respectively, indicating their responses to the therapy as being moderately positive. Again, the more subjective judgement of the therapist supported these findings. In the "G" family, symptomatic relief was the most noted change as well as an attitudinal change in the mother. The "C" family was involved in the shortest number of sessions and also had the fewest number of responses to the questions of any of the families. (See Appendix for description of families).

The last family, "P",only returned one of the three mailed questionnaires. The sum total mean score relating to change approached the neutral category (3), or 2.50. In the subjective opinion of the therapist, this family showed the least improvement of any of the original six and it was expected that responses would have centered more in the negative categories.

In summary, although a Cohen's k statistic was not calculated for the reliability of the raters in determining the mean scores, an examination of the table will reveal a highly significant correlation in comparing the various means.

Independent Rater Analysis Comparing First and Last Therapy Sessions

The second method of analysis of outcome in a therapy process is based upon Stuart's (1971) research on family interaction with a delinquent member. As observed in chapter IV, Empirical Basis, he

observed that:

> ...most delinquent behavior can be classed as being maintained either by the removal of aversive controls or by the attainment of positive reinforcement following aversive responses. The treatment of choice in efforts to overcome delinquency would stress the acceleration of positive response emission by both the delinquent and his parents. The resulting changes would increase the probability that both would engage in reciprocal exchanges of positives, in turn increasing the likelihood that each would be positively reinforced. (Stuart, 1971, p. 184)

Based upon the results of his first two studies, Stuart indicated they offered support to the belief that interactions between non-delinquents and their parents are characterized as being more positive than comparable interactions involving delinquents. (Stuart, 1971, p. 190)

In a third study, he evaluated the feasibility of changing communication between delinquents and their families using a signal feedback system for conditioning and increasing the rates of positive reinforcements. Thus using the basic research methodology developed by Stuart, an independent rater analysis comparing two therapy sessions was planned.

A student was randomly picked from a sample population of N=30 and asked to rate a series of statements in a recording of a "family discussion." The rating categories were--negative, positive or neutral.

The first and fifth sessions of "T" family were selected for examination. Three five-minute segments from each audio tape

(beginning, middle and end) were randomly selected.

Although a typed transcript would have proved far easier to analyze and would not have required a supervisor present, again because of time and financial considerations, these five-minute segments were played on a tape recorder. The recorder was stopped if the rater so desired.

An added limitation in using an observer or rater not familiar with the family or the therapist, meant there could be no attempt on the rater's part to discriminate the voices and thus be able to do a separate count for each person.

The individualized rater count of positive and negative statements in the segments of each interview, as well as the total number of each interview, are itemized in the table on the following page. It was found that in the first interview, the interactions were decidedly more negative (223 negatives, 65 positives), while the fifth interview was decidedly more positive (161 positives, 45 negatives). The difference yielded a highly significant X^2 of 30.55, with $p<.001$, df=1. That is, in statistical terms, the probability of the difference being correct is more than 99%.

In order to further validate whether these variables are related, a second independent rater was randomly selected to rate and categorize the same segments of the same tapes, using the previously-outlined procedures. A similar, although very slightly lower, relationship was found. The totals for the first interview were again decidedly negative (199 negatives, 78 positives), while the fifth interview was decidedly more positive (148 positves, 59 negatives). Again, the difference yielded a statistically significant X^2 of 26.38 with $p<.001$, df=1.

Rater Analysis of Two Therapy Sessions

Rater #1

Interviews	Segments	Negative	Positive
1st	1st	76	13
	2nd	80	30
	3rd	67	22
	T	223	65
5th	1st	10	74
	2nd	15	44
	3rd	20	43
	T	45	161

$X^2 = 30.55 \quad p < .001$

Rater #2

Interviews	Segments	Negative	Positive
1st	1st	61	22
	2nd	73	29
	3rd	65	27
	T	199	78
5th	1st	19	61
	2nd	16	39
	3rd	24	48
	T	59	148

$X^2 = 26.38 \quad p < .001$

These results seem to correlate Stuart's findings of $X^2 = 16.08 (p < .001, df=1)$. (Stuart, 1971, p. 186)

This small sample of one, even though statistically verified by two independent raters, cannot be considered as completely verifiable unless substantiated by a considerably larger population sample. Nonetheless, the results seem to suggest or indicate a definite change in communication patterns, with the added theory that they will be self-reinforcing.

This practicum report has presented an extensive theoretical knowledge base, consisting of a categorization of treatment models into methodology, theory, empirical bases and value premises. The knowledge base acquired was integrated into an "experiential" family therapy training program. Any attempt to acquire skill in family therapy without the integrated development of both bases, theoretical knowledge and "experiential" learning, would be meaningless if not impossible, because they mutually complement each other. In addition, more concentration on one base as opposed to the other seems inapplicable. But one source has emphasized the importance of "doing":

> The most important approach is to do family therapy oneself. This is the only way to integrate the literature with one's experience. Reading or talking about it from the perspective of other therapies is an empty exercise.
> (Beels and Ferber, 1972, p. 170)

Many methods, theories, and philosophies have been operationalized in working with delinquent youths, some with success and others not so successfully. Therapy with families with a delinquent member

is but one such treatment model. Analysis of the questionnaire data, as well as an example comparing first and last therapy sessions, seems to indicate that this type of intervention was highly valued by the families involved and generally produced appreciable changes.

Although delinquency, as a phenomenon, has been studied from many different points of view, empirical research and study of delinquents and their families are somewhat limited, as evidenced by the review of empirical research.

This study is only the beginning in a necessary field of research and practice. It is hoped that more researchers and/or corrections' practitioners will see the need for further study in this area.

APPENDIX "A"

Description of Five Families in 2nd Half of Practicum

"P" Family

Delinquency:	Theft under $200 (3). Repeater (1 year ago)
Family Description:	Father - 48 years, manual laborer; Mother - 46 years; Alex - 16 years, grade 10, laborer; three other children and one foster child - all not involved in sessions because of family request.
Sessions:	Six sessions over 2½ months.
Dynamics:	Mr. P. under psychiatric treatment for violent outbursts. Mrs. P. as mediator between Alex and Mr.P. Alex's independence main issue. Marital conflict secondary issue.
Interventions:	Tasks related to involving all three in process of independence. Little success with marital conflict.
Results:	Alex ran away from home twice and committed four other delinquencies. Only one questionnaire returned.
Disposition:	Probation one year with placement in a boarding home.

"G" Family

Delinquency:	Theft of automobile
Family Description:	Father - divorced for 2 years, living in Vancouver; Mother - 40 years, legal secretary; Tom - 15 years, grade 9, machine operator; Alice (sister), 6 years, only involved in initial session.
Sessions:	Seven sessions over 2 months.
Dynamics:	Parents separated for six years. Tom ran away from home three times. Main issues: (1) inconsistent discipline; (2) communication; (3) Tom's independence; (4) school vs. work (Tom)

Interventions: Tasks during and between sessions oriented toward resolving issues. Communication "games" used. Network with family and school. One session with Mrs. G. alone (discipline)

Results: Tom finished grade 9 through correspondence; working full time; more "natural" mother-son relationship. Both questionnaires returned.

Disposition: Adjournment *sine die*.

"C" Family

Delinquency: Attempted armed robbery and theft by shoplifting.

Family Description: Father - 45 years, insurance executive; Mother - 44 years, part time teacher; Jeff, 13 years, grade 9; three daughters, all living on their own (not involved in sessions).

Sessions: Three sessions over six weeks.

Dynamics: Parental conflict centered in two areas: (1) discipline; (2) educational aspirations for Jeff.

Interventions: Tasks regarding parents acting as a parental team in discipline. Arrangement of psychological testing. Conference with school and family regarding testing.

Results: Jeff remained in public school instead of transferring to a private program. Parents not as separated with regard to disciplinary action. All three questionnaires returned.

Disposition: Adjournment *sine die*.

"T" Family

Delinquency: Armed robbery.

Family Description: Father - 36 years, radar technician in armed forces; Mother - 34 years, part time sales clerk; Vernon - 13 years, grade 8; two brothers and one sister - not involved in sessions because of family request.

Sessions: Five sessions over seven weeks.

Dynamics: Parents plan to separate in August and informed children last summer. Vernon ran away from home seven times since then. Vern is extremely physically mature for his age and somewhat "slow" in school - parents tried to protect and provide him with special attention.

Interventions: Encourage parents to discuss marital conflct in front of Vern and emphasize that he is not the reason for their conflict. Enactive formulations with Mr. T. and Vern to make use of Vern's physical maturity--"basketball therapy."

Results: Better communication between parents and Vern. Vern now very active in sports, especially baseball and basketball. Parents reconsidering separation. All three questionnaires returned.

Disposition: Adjournment sine die.

"R" Family

Delinquency: Theft under $200 (2). Previous--two thefts six months ago.

Family Description: Mr. R. - divorced for seven years, living in Toronto; Mrs. R. - 38 years, waitress; Joseph (identified delinquent) - 12 years, grade 7; Douglas - 16 years, grade 9, unemployed; Bernard - 10 years, grade 5; Dennis - 15 years, living with father.

Sessions: Six sessions over seven weeks.

Dynamics: Dennis, who had been involved in numerous delinquencies, sent to live with father eight months ago. After he left, Joe started committing delinquencies. Joe very artistic and "scapegoated" by family. Douglas, the "parental child" almost acting as the father. Bernie extremely childish and mother's favorite.

Interventions: Tasks formulated to restructure family relationships. Douglas separated from mother. Used mother's artistic talents to produce closer relations with Joe. Conference involving Mrs. R, Joe, and therapist with school and Winnipeg Art Gallery to continue art lessons.

Results:	Closer relationship between Joe and mother. Bernie's school work deteriorated. Joe started art classes again. Douglas moved away for a short period. No questionnaires returned although phone contact reaffirmed results.
Disposition:	Adjournment *sine die*.

APPENDIX "B"

FOLLOW-UP FAMILY QUESTIONNAIRE

To be completed individually by all participants of the family sessions. All information provided will be kept confidential and only will be used for research purposes.

1) What changes, if any, occurred in your family since the beginning family sessions until now?

2) What changes have you made since the time of the original family session until now?

3) What did you find <u>helpful</u> in these sessions?

4) What did you find <u>unhelpful</u> in these sessions?

5) Any <u>suggestions</u> that might have improved these sessions?

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