



## Family Therapy

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Therapeutic treatment of people within the context of their families began in the mid-1950s. A number of clinicians, most notably John Elderkin Bell, Nathan Ackerman, and John Bowlby, working independently in different parts of the United States, began to invite family members into individual therapy sessions.

In the early years, theories of family therapy were built on earlier schools of thought such as Kurt Lewin's field theory, which was used extensively in group settings; and Alfred Adler's Child Guidance Movement, which suggested that psychopathology begins in childhood and can be treated with family involvement. However, family systems theory was most directly inspired and ignited by the cybernetic revolution in science.

### **Cybernetic Revolution**

Thomas Kuhn outlines how science grows in discontinuous leaps of knowledge whereby new conceptual viewpoints replace older ideologies; family systems therapy represents a Kuhnian paradigm shift in psychology.

Previous to the growth of family systems therapy, psychoanalysis was the primary therapeutic model available and it was based in individual analysis and a transference relationship. Transference is the process by which emotions associated with one person, such as a parent, are shifted (unconsciously) to the clinical analyst.

The dominant forces that controlled human behavior were believed to lie within individuals in their subjective consciousness and expressed through neurotic symptoms. Therefore, therapy took place in isolation, as it was thought that family members would contaminate the therapeutic process. Virtually all professional clinicians before the 1960s were trained within institutions that reinforced this psychoanalytically-based treatment model.

Family systems therapy utilized concepts from cybernetics first introduced by Norbert Wiener and from general systems theory as explained by Ludwig von Bertalanffy. Cybernetics derives from a Greek word meaning "the art of steering" and refers to the theoretical study of communication and control processes in biological and mechanical systems. General systems theory focuses on the complexity and interdependence of relationships with the parts of a system. Systems are composed of interdependent parts that interact through feedback mechanisms, and form an emergent whole.

From the synthesis of cybernetic and systems theory there emerged a new understanding of communication and of the interrelatedness of human interaction.

### **Communication Processes Research**

In the mid-1950s, under the direction of Gregory Bateson, the Mental Research Institute (MRI) began

research on communication processes, which laid the theoretical groundwork for numerous schools of family therapy, including communication theory, interactional theory, brief therapy, and strategic therapy. Bateson was an anthropologist who was interested in animal behavior, learning theory, and evolutionary ecology, and was able to synthesize cybernetic theory with anthropology. Other members of the Bateson Projects and MRI team in Palo Alto, California included John Weakland, Jay Haley, Don Jackson, Virginia Satir, Richard Fisch, Paul Watzlawick, and William Fry.

According to Bateson and his colleagues, all behavior can be viewed as communication, but the rules of human interaction are not always intelligible to the person receiving the message in the way they were intended by the person sending the message. In order to understand individual psychology, one thus needs to examine the context of the individual's social matrix. The focus of therapy, they suggested, should not be the individual psyche of the client but rather the interactional patterns of behavior between family members.

The original area of research for the MRI team involved patients who were diagnosed as schizophrenic. Working in the days before the advent of biological understandings of mental illnesses, the Bateson team noticed many illogical interactional patterns in families where schizophrenia had manifested, and concluded that these interactions had caused the psychopathology.

Bateson suggested that schizophrenics were placed in a "double-bind situation," a communication pattern where a person receives contradictory messages that are untenable, and there is no logical way out. (An example of a double-bind is when a person challenges his or her spouse to "Be Spontaneous," since the demand itself disallows the act of spontaneity. If the person complies, they are hardly being spontaneous.)

In 1956, Bateson and his colleagues published a seminal article expounding this idea called "Toward a Theory of Schizophrenia." Although this theory has since been discredited as an explanation of schizophrenia, it remains significant for having served as a springboard for a growing body of clinical theory regarding family dynamics.

### **Family Systems Therapy**

Family therapy expanded rapidly from the 1960s through the 1980s, under the direction of Salvador Minuchin, Jay Haley, Virginia Satir, Murray Bowen, and Carl Whitaker. Each of these therapists developed differing systemic theories of families, the differences most likely reflecting the individual styles of the therapists. However, some unifying concepts underlie the various theories of family systems.

Most important, family therapists believe that people are a product of their social context, and that personality development is not located with the individual psyche, but rather within current familial interactions. Consequently, the best way to treat people clinically is to alter their family interactions. Family systems therapists see the entire family as their patient, and do not identify the most symptomatic person as the person most in need of change. Rather, they see that person as carrying the behavioral symptom of a flawed transactional process within the family.

Family systems therapy examines boundaries and roles within families. Particular attention is paid to triangles, or three-way relationship dynamics, and the process of circular causality, the multiple transactions between family members and how each interaction impacts other interactions. Hierarchical structures are examined, and all behavior--including dysfunctional and pathological behavior--is viewed as serving a purpose. Family therapists believe that families create an internal balance, referred to as homeostasis, to maintain equilibrium. They also believe that family problems are caused by people interacting in negative and redundant behavioral sequences, rather than utilizing the full range of possible behaviors.

### **Women in Families**

In the late 1970s, family therapy underwent a challenge, initiated by Rachel Hare-Mustin, regarding the way women were treated by therapists and their failure to acknowledge the powerlessness of women in the traditional family. Also responding to the work of Jean Baker Miller and the Stone Center on the psychology of women, and Carol Gilligan's research on women's unique voice and experience, family therapists began to incorporate an understanding that, psychologically, women strive for connection and cooperativeness, whereas men tend to develop values of autonomy and independence.

In 1977, under the leadership of Betty Carter, Marianne Walters, Peggy Papp, and Olga Silverstein, the Women's Project was launched. This project was designed to facilitate an analysis of women and women's roles in the family, and how male therapeutic assumptions had contributed to maintain sexism in the family.

### **Redefining Family**

In the years following the development of the Women's Project, family systems therapy also examined the role of race, ethnicity, and class within families and between therapists and clients. The deconstruction of race, ethnicity, class, and gender within families set the stage for a postmodern, poststructural reevaluation of definitions of family.

Consequently, multiple realities of family life that had previously been hidden became increasingly visible, exposing the limitations of binary thinking about the family in such terms as black or white, male or female, healthy or dysfunctional. The development of a specialized field--lesbian and gay family therapy--emerged during this era.

### **Queer Family Therapy**

Queer family therapy is a merging of the field of gay-affirmative therapy with family systems theories. Among the goals of glbtq family therapy is the recognition of the developmental processes of glbtq people, including issues related to coming out and living in a homophobic and transphobic society.

Issues of couple relationships and commitment within a culture that does not validate queer marriages also falls within the rubric of queer family therapy, as well as the impact of HIV and other illnesses on family relationships. As increasing numbers of glbtq people choose to have children, issues of conception, adoption, and parenting, as well as separation and divorce, have also become salient issues in queer family therapy.

Glbtc family therapy is a relatively new field, and clinicians specializing in it have diverse backgrounds and educational preparation. Some are trained in social work and psychology, while others come to the field from backgrounds in education and counseling.

Queer family therapists have not only received different training in competing schools of family therapy, but they practice assorted techniques. Hence, it is difficult to generalize about the field and its practitioners. However, the goal of glbtq family therapy is to help gay, lesbian, bisexual, transgender, and queer people create and maintain healthy families. Central to that goal is the acceptance, even celebration, of same-sex sexuality, diverse gender expressions, same-sex partnering, and alternative family structures for childrearing.

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