Seventh Edition

FAMILY THERAPY

HISTORY, THEORY, AND PRACTICE

Samuel T. Gladding

Wake Forest University

Pearson

330 Hudson Street, NY, NY 10013
PHILOSOPHY

Therapeutic work with families is a recent scientific phenomenon but an ancient art. Throughout human history, designated persons in all cultures have helped couples and families cope, adjust, and grow. In the United States, the interest in assisting families within a healing context began in the 20th century and continues into the 21st. Family life has always been of interest, but because of economic, social, political, and spiritual values, outsiders made little direct intervention, except for social work, into ways of helping family functioning until the 1950s. Now, there are literally thousands of professionals who focus their attention and skills on improving family dynamics and relationships.

In examining how professionals work to assist families, the reader should keep in mind that there are as many ways of offering help as there are kinds of families. However, the most widely recognized methods are counseling, therapy, educational enrichment, and prevention. The general umbrella term for remediation work with families is family therapy. This concept includes the type of work done by family professionals who identify themselves by different titles, including marriage and family therapists, licensed professional counselors, psychologists, psychiatrists, social workers, psychiatric nurses, pastoral counselors, and clergy.

Family therapy is not a perfect term; it is bandied about by a number of professional associations, such as the American Association for Marriage and Family Therapy (AAMFT), the American Counseling Association (ACA), the American Psychological Association (APA), the American Medical Association (AMA), and the National Association of Social Workers (NASW). Physicians who treat families also debate this term. As doctors, are they “family therapists,” or, because they are engaged in the practice of medicine, are they “family medical specialists”? For purposes of this book, the generic term family therapy is used because of its wide acceptance among the public and professionals who engage in the practice of helping families. Within this term, some aspects of educational enrichment and prevention are included.

ORGANIZATION

As a comprehensive text, this book focuses on multiple aspects of family therapy.

Part 1 introduces the reader to the foundations on which family therapy is built, such as general systems theory, cybernetics, and the history of the profession. It also acquaints readers with various types of families and family forms (e.g., nuclear, single parent, blended), characteristics of healthy and dysfunctional families, and cultural as well as ethical and legal considerations in working with families.

Part 2 examines the main theoretical approaches to working therapeutically with couples and families. For couples, these theories are behavioral couple therapy (BCT), cognitive–behavioral couple therapy (CBCT), and emotionally focused therapy (EFT). For families, major theories are psychodynamic, Bowen (or transgenerational), experiential (including feminist), behavioral, cognitive–behavioral, structural, strategic, solution-focused, and narrative approaches. Each theoretical chapter emphasizes the major theorist(s) of the approach, premises, techniques, process, outcome, and unique aspects of the theory, and a comparison with other approaches. Case illustrations and brief cases applying the theory are also provided.
Part 3 covers professional issues and research in family therapy, with a chapter specifically about working with substance-related disorders, domestic violence, and child abuse and another chapter on research and assessment in family therapy. This part of the book is the briefest, but it is also meaty in focusing on issues that are relevant to society and to the health and well-being of people and the profession.

As you read, consider Miller’s (1990) four-level pyramid of clinical competence. In this conceptualization, the base of the pyramid is built on factual knowledge gained by reading and studying didactic information. One level up is “knows how,” or the ability to apply the knowledge gained on the previous level. On top of that level is “shows how,” which is represented by the person’s ability to act appropriately in a practical or simulated situation. At the top of the pyramid is the “does” level, which is actual clinical work in regular practice (Miller, 2010). The present text can be considered as the base of the pyramid, with exercises to help you begin to reach the second and third levels, so that with advanced training you will be able to function effectively at the final level.

NEW TO THIS EDITION

The seventh edition of *Family Therapy* is considerably different from the sixth edition. Highlights of the differences are as follows:

- First, the organization of the book is different. There are now 18 instead of 16 chapters. Each of the eight major theories in family therapy now have their own chapter, which makes focusing on the theories more specific.
- Second, the book has much fresh material. For instance, there are over 240 new sources cited altogether.
- Third, 31 new charts have been added to the chapters in the text. These charts summarize some of the major points in the chapters, such as clinical techniques, and thus help the reader remember important information better.
- Fourth, the glossary of family therapy terms has been updated and refreshed.
- Fifth, new material within chapters have been added on working with singles, stress, intercultural families, ethics, new couple adjustment, emotionally-focused therapy, defense mechanisms, functional family and behavioral family therapy, structural family therapy, and qualitative research.
- Sixth, an Epilogue has been added to the back of the book.
- Seventh, 25 new cases have been added to the eight family theories chapters. These cases are brief and, with only a slight play on words intended, they are titled “Brief Cases.”
Overall, the seventh edition of *Family Therapy* is a much different text than its predecessors. It is more developmental and current, better illustrated with examples and charts, and a more thoroughly researched and reflective book, without sacrificing content or readability. There is an emphasis on both the reader’s family of origin and families he or she will work with. The seventh edition of *Family Therapy* takes a broader and more progressive approach to treating families, while remaining rich in covering theories and ways of preventing families from becoming dysfunctional.

**ALSO AVAILABLE WITH MYLAB COUNSELING**

This title is also available with MyLab Counseling, an online homework, tutorial, and assessment program designed to work with the text to engage students and improve results. Within its structured environment, students see key concepts demonstrated through video clips, practice what they learn, test their understanding, and receive feedback to guide their learning and ensure they master key learning outcomes.

- **Learning Outcomes and Standards measure student results.** MyLab Counseling organizes all assignments around essential learning outcomes and national standards for counselors.
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**A PERSONAL NOTE**

In undertaking the writing of this work, I have been informed not only by massive amounts of reading in the rapidly growing field of family therapy, but also by my experiences during the last 40 years of therapeutically working with families. Both my family of origin and current family of procreation have influenced me as well. In addition, as a member of both the American Association for Marriage and Family Therapy and the International Association for Marriage and Family Counselors, I have tried to view families and family therapy from the broadest
base possible. Readers should find information in this work that will help them gain a clear perspective on the field of family therapy and those involved with it.

Like the authors of most books, I truly hope that you as a reader enjoy and benefit from the contents of this text. It is my wish that when you complete your reading, you will have gained a greater knowledge of family therapy, including aspects of prevention, enrichment, and therapy that affect you personally as well as professionally. If such is the case, then you will have benefited and possibly changed. I, as an author, will have accomplished the task that I set out to do.

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This text is dedicated to my family, especially my parents. My father died in April 1994, at the age of 84, soon after I completed the first edition of this text. My mother died in August, 2000, only 2 months short of turning 90, just as I was finishing the third edition of the book. The love and courage of both my parents, along with the legacy left to me by previous generations of my family, have affected me positively. I know I am most fortunate.

Finally, and as important, I am indebted to my wife, Claire, for her encouragement and comfort during the writing process. She has insisted throughout this effort, as through our 31 years of marriage, that we talk and build our relationship as a couple. She has employed all of her communication skills, including a generous dose of humor, to help me be a better spouse. She has also been, throughout this time, my partner, friend, and lover in the raising of our three children: Ben, Nate, and Tim.

*Samuel T. Gladding*
ABOUT THE AUTHOR

Samuel T. Gladding is a professor in the Department of Counseling at Wake Forest University, Winston-Salem, North Carolina. He has been a practicing counselor in public and private agencies since the 1970s. His leadership in the field of counseling includes service as the following:

- President of the International Association of Marriage and Family Counselors (IAMFC).
- President of the Alabama Association of Marriage and Family Therapists.
- Approved supervisor, American Association for Marriage and Family Therapy.
- President of the American Counseling Association (ACA) and chair of the ACA Foundation.
- President of the Association for Counselor Education and Supervision (ACES).
- President of the Association for Specialists in Group Work (ASGW).
- President of Chi Sigma Iota (international academic and professional counseling honor society).
- President of the American Association of State Counseling Boards (AASCB).

Dr. Gladding is the former editor of the Journal for Specialists in Group Work and the ASGW newsletter. He is also the author of more than 100 professional publications. In 1999, he was cited as being in the top 1% of contributors to the Journal of Counseling and Development for the 15-year period from 1978 to 1993. Some of his most recent books include The Counseling Dictionary, 4th edition (2017); Counseling: A Comprehensive Profession, 8th edition (2018); Group Work: A Counseling Specialty, 7th edition (2016); and The Creative Arts in Counseling, 5th edition (2016).

Dr. Gladding’s previous academic appointments have been at the University of Alabama at Birmingham, Fairfield University (Connecticut), and Rockingham Community College (Wentworth, North Carolina). He was also director of Children’s Services at the Rockingham County (North Carolina) Mental Health Center. He received his degrees from Wake Forest (B.A., M.A. Ed.), Yale (M.A.R.), and the University of North Carolina–Greensboro (Ph.D.). He is a National Certified Counselor, a Certified Clinical Mental Health Counselor, and a Licensed Professional Counselor (North Carolina). He was a member of the North Carolina Board of Licensed Professional Counselors from 2008 to 2014 and has twice been a Fulbright Specialist: Turkey (2010) and China (2013).

Dr. Gladding is the recipient of numerous honors, including the David K. Brooks Distinguished Mentor Award, American Counseling Association; the Arthur A. Hitchcock Distinguished Professional Service Award, American Counseling Association; the Research in Family Counseling Award, International Association of Marriage and Family Counselors; the Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person, American Counseling Association; the Bridgebuilder Award, American Counseling Association Foundation; the Humanitarian Award, Association for Spiritual, Ethical, and Religious Values in Counseling; the Lifetime Achievement Award, Association for Creativity in Counseling; the Joseph W. and Lucille U. Hollis Outstanding Publication Award Association for Humanistic Counseling; the Professional Leadership Award, Association for Counselor Education and Supervision; and the Eminent Career Award, Association for Specialists in Group Work. He is also a Fellow in the American Counseling Association and the Association for Specialists in Group Work.

Dr. Gladding is married to the former Claire Tillson and is the father of three children—Ben, Nate, and Tim. Outside of counseling, he enjoys swimming, walking, and humor.
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PROLOGUE

Each year millions of people are seen by family therapists. Although the numbers change from year to year, the need for and demand for couple, marriage, and family therapy is constant. That is somewhat surprising considering that the practice of this specialty is relatively new. Its theoretical and clinical beginnings were hammered out from the 1940s through the 1960s, while its real growth as a respected form of therapy occurred from the 1970s through the early part of the 21st century (Doherty & Simmons, 1996; Kaslow, 1991; Northey, 2002).

As a practice, family therapy (which encompasses couples whether married or not) differs from individual and group counseling in both its emphasis and its clientele. For example, individual counseling generally focuses on a person as if the problems and resolutions for those difficulties lie within him or her. It is intrapersonal. Group counseling is more interpersonal and includes a number of unrelated individuals. Groups usually concentrate on helping people resolve select issues in life through multiple inputs and examples that their members and the therapists offer. On the other hand, family therapy concentrates on making changes in total life systems. It is simultaneously intrapersonal, interpersonal, and systems focused. Family therapy focuses on the relational and communication processes of families in order to work through clinical problems, even though only one member of the family may display overt psychiatric symptoms (Broderick & Weston, 2009). “The power of family therapy derives from bringing parents and children together to transform their interactions” (Nichols, 2013, p. 7 update).

The rise of this type of therapy as a practice and, subsequently, as a profession closely followed dramatic changes in the form, composition, and structure of the American family. These variations were a result of the family’s shift from a primarily nuclear unit to a complex and varied institution, involving unmarried couples, single parents, blended families, and dual-career families among others. Family therapy has also been connected to the influence of creative, innovative, and assertive mental health practitioners who devised and advocated new ways of providing services to their clients.

Although some of the theories and methods employed in this type of therapy are similar to those used in other settings, many are different.

THE RATIONALE FOR FAMILY THERAPY

The rationale for working with couples and families instead of individuals is multidimensional. One reason for conducting it is the belief that most life difficulties arise and can best be addressed within families. Families especially are seen as powerful forces that work for either the good or the detriment of their members. There is an interconnectedness among members; the actions of the members affect the health or dysfunction of other individuals and the family as a whole.

Another reason for working therapeutically with families is the proven effectiveness of such treatment. In a landmark issue of the Journal of Marital and Family Therapy edited by William Pinsof and Lyman Wynne (1995), a meta-analysis was conducted on more than 250 studies. The results showed that various forms of family therapy, including couple work, was better than no treatment at all, and no study showed negative or destructive effects. In addition, family and couple therapy had a positive effect in treating such disorders as adult schizophrenia, adult alcoholism and drug abuse, depression in women who were in distressed marriage, adult hypertension, dementia, adult obesity, adolescent drug abuse, anorexia in young female adolescents,
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Childhood conduct disorders, aggression and noncompliance in children with attention-deficit disorders, childhood autism, chronic physical illnesses in adults and children, and couple distress and conflict. While family therapy was not in itself sufficient to treat a number of severe and chronic mental disorders—for example, unipolar and bipolar affective disorders—it “significantly enhances the treatment packages for these disorders” (Pinsof & Wynne, 2000, p. 2).

Sprenkle (2002, 2012) followed up with two research reviews of couple and family therapy in the Journal of Marital and Family Therapy, covering an additional 12 years of studies. Like the landmark 1995 compilation of research, these two later quantitative studies found strong support for the effectiveness of couple and family therapy and systemic treatment in such areas as adolescent substance abuse, childhood and adolescent anxiety disorders, adolescent anorexia nervosa, adult alcoholism, and moderate and severe couples discord.

A final rationale for family therapy concerns client satisfaction. In a national survey of family therapists and their clients, Doherty and Simmons (1996) found that greater than 97% of clients were satisfied with the services they received from marriage and family therapists and rated these services good to excellent. An equally large percentage of clients reported that the services they received from marriage and family therapists helped them deal more effectively with their problems; that is, they got the help they wanted.

Given the nature and origin of couple and family troubles, as well as the effectiveness of and satisfaction with forms of family therapy, it is little wonder that this form of treatment has gained and is continuing to achieve recognition and status in the mental health field.

REASONS FOR WORKING WITH FAMILIES AS OPPOSED TO WORKING WITH INDIVIDUALS

Besides the rationale for family therapy, there are advantages to working with entire families as a unit rather than just the individuals within them. First, family therapy allows practitioners to “see causation as circular as well as, at times, linear” (Fishman, 1988, p. 5). This view enables clinicians to examine events broadly and in light of their complexity. It keeps therapists from being overly simplistic when offering help to those with whom they work. For example, a circular view of the problem of anorexia nervosa considers the friction within the whole family, especially the couple relationship. The inward and outward social pressures on the young person displaying obvious symptoms of the disorder are examined but in a much broader interactive context.

Second, family therapy involves other real, significant individuals as a part of the process. There are no surrogate substitutes or “empty chairs” who act as significant people in a client’s life. Instead, therapists deal directly with the family members involved. In other words, most family therapy does not depend on role-plays or simulations. Therefore, if a young man is having difficulty with his parents or siblings, he is able to address them in person as he strives toward resolution. This type of emphasis usually cuts to the reality of a situation more quickly and more efficiently than indirect methods.

Third, in couple and family therapy, all members of a family are given the same message simultaneously. They are challenged to work on issues together. This approach eliminates secrets and essentially makes the covert overt. This results in an increase in openness and communication within the family. If a couple is fighting, the issues over which there is tension are discussed within the family context. Family members become aware of what is involved in the situation. They deal with conflict directly. They also have the opportunity to generate ideas on what might be most helpful in bringing their situation to a successful resolution.
Fourth, family therapy usually takes less time than individual counseling and has proven to be “substantially more cost-effective than individual or ‘mixed’ psychotherapy” (Crane & Payne, 2011, p. 273). Many family therapists report that the length of time they are engaged in working with a family can be as brief as from 1 to 10 sessions (Fishman, 1988; Gilbert & Shmukler, 1997). Some family therapy approaches, notably those connected with strategic, structural, and solution-focused family therapy, emphasize contracting with client families for limited amounts of time (usually no more than 10 sessions). The stress on time is motivational for therapists and families because it tends to maximize their energy and innovation for creating resolutions.

Fifth, the approaches utilized in working with families focus much more on interpersonal than on intrapersonal factors. This type of difference is comparable with seeing the forest instead of just the trees. The larger scope by which family therapy examines problematic behavior enables practitioners to find more unique ways to address difficulties.

Having examined the reasons for using family therapy as opposed to individual therapy, it is important to understand how it developed. This book explores the development of the profession, the process of working with families, the nature of different types of families, the multiple theories associated with the practice of family therapy, ethical and legal issues in practice, special issues families have, and research and assessment approaches in family therapy. It begins with an overview of the history and development of family therapy and events and people that have shaped it through the decades.