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# The Foundations of Family Therapy

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## CASE STUDY

There wasn't much information on the intake sheet. Just a name, Holly Roberts, the fact that she was a senior in college, and her presenting complaint: "trouble making decisions."

The first thing Holly said when she sat down was, "I'm not sure I need to be here. You probably have a lot of people who need help more than I do." Then she started to cry.

It was springtime. The tulips were up, the trees were turning leafy green, and purple clumps of lilacs perfumed the air. Life and all its possibilities stretched out before her, but Holly was naggingly, unaccountably depressed.

The decision Holly was having trouble making was what to do after graduation. The more she tried to figure it out, the less able she was to concentrate. She started sleeping late, missing classes. Finally, her roommate talked her into going to the Counseling Center. "I wouldn't have come," Holly said. "I can handle my own problems."

I was into cathartic therapy back then. Most people have stories to tell and tears to shed. Some of the stories, I suspected, were dramatized to elicit sympathy. Most people give themselves permission to cry only with some very acceptable excuse. Of all the human emotions we're ashamed of, feeling sorry for yourself tops the list.

I didn't know what was behind Holly's depression, but I was sure I could help. I felt comfortable with depression. Ever since my senior year in high school when my friend Alex died, I'd been a little depressed myself.

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After Alex died, the rest of the summer was a dark blur. I cried a lot. And I got mad whenever anyone suggested that life goes on. Alex's minister said that his death wasn't really a tragedy because now "Alex was with God in heaven."

I wanted to scream, but I numbed myself instead. In the fall I went off to college, and even though it seemed disloyal to Alex, life did go on. I still cried from time to time, but with the tears came a painful discovery. Not all of my grief was for Alex. Yes, I loved him. Yes, I missed him. But his death provided me with the justification to cry about the everyday sorrows of my own life. Maybe grief is always like that. At the time, though, it struck me as a betrayal. I was using Alex's death to feel sorry for myself.

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What, I wondered, was making Holly so sad? In fact, Holly didn't have a dramatic story. Her feelings weren't focused. After those first few minutes in my office, she rarely cried. When she did, it was more of an involuntary tearing up than a sobbing release. She talked about not knowing what she wanted to do with her life. She talked about not having a boyfriend, but she didn't say much about her family. If the truth be told, I wasn't terribly interested. Back then I thought home was a place you left in order to grow up.

Holly was hurting and needed someone to lean on, but something made her hold back, as though she didn't quite trust me. It was frustrating. I wanted to help.

A month went by and Holly's depression got worse. I started seeing her three times a week, but we weren't really getting anywhere. One Friday afternoon, Holly was feeling so despondent that I didn't think she should go back to her dorm alone. I asked her instead to lie down on the couch in my office, and with her permission, I called her parents.

Mrs. Roberts answered the phone. I told her that I thought she and her husband should come to Rochester and meet with me to discuss the advisability of Holly taking a medical leave of absence. Unsure as I was of my authority back then, I steeled myself for an argument. Mrs. Roberts surprised me by agreeing to come at once.

The first thing that struck me about Holly's parents was the disparity in their ages. Mrs. Roberts looked like a slightly older version of Holly; she couldn't have been much over thirty-five. Her husband looked sixty. It turned out that he was Holly's stepfather. They had married when Holly was sixteen.

Looking back, I don't remember much that was said in that first meeting. Both parents were worried about Holly. "We'll do whatever you think best," Mrs. Roberts said. Mr. Morgan (Holly's stepfather) said they could arrange

for a good psychiatrist "to help Holly over this crisis." But Holly didn't want to go home, and she said so with more energy than I'd heard from her in a long time. That was on Saturday. I said there was no need to rush into a decision, so we arranged to meet again on Monday.

When Holly and her parents sat down in my office on Monday morning, it was obvious that something had happened. Mrs. Roberts's eyes were red from crying. Holly glowered at her and looked away. Mr. Morgan turned to me. "We've been fighting all weekend. Holly heaps abuse on me, and when I try to respond, Lena takes her side. That's the way it's been since day one of this marriage."

The story that emerged was one of those sad tales of jealousy and resentment that turn ordinary love into bitter, injured feelings and, all too often, tear families apart. Lena Roberts was thirty-four when she met Tom Morgan. He was a robust fifty-six. The second obvious difference between them was money. He was a successful stockbroker who'd retired to run a horse farm. She was waitressing to support herself and her daughter. It was a second marriage for both of them.

Lena thought Tom could be the missing father figure in Holly's life. Unfortunately, she couldn't accept all the rules Tom wanted to enforce. And so he became the wicked stepfather. He made the mistake of trying to take over, and when the predictable arguments ensued, Lena sided with her daughter. There were tears and midnight shouting matches. Twice Holly ran away for a few days. The triangle nearly proved the marriage's undoing, but things calmed down when Holly went off to college.

Holly expected to leave home and not look back. She would make new friends. She would study hard and choose a career. She would never depend on a man to support her. Unfortunately, she left home with unfinished business. She hated Tom for the way he treated her mother. He was always demanding to know where her mother was going, who she was going with, and when she would be back. If she was the least bit late, there would be a scene. Why did her mother put up with it?

Blaming her stepfather was simple and satisfying. But another set of feelings, harder to face, was eating at Holly. She hated her mother for marrying Tom and letting him be so mean to her. What had her mother seen in him? Had she sold out for a big house and a fancy car? Holly didn't have answers to these questions; she didn't even allow them into full awareness. Unfortunately, repression doesn't work like putting something in a closet and

forgetting about it. It takes a lot of energy to keep unwelcome emotions at bay.

Holly found excuses not to go home during college. It didn't even feel like home anymore. She buried herself in her studies. But rage and bitterness gnawed at her until, in her senior year, facing an uncertain future, knowing only that she couldn't go home again, she gave in to hopelessness. No wonder she was depressed.

I found the whole story sad. Not knowing much about family dynamics and never having lived in a stepfamily, I wondered why they couldn't just try to get along. Why did they have so little sympathy for each other? Why couldn't Holly accept her mother's right to find love a second time around? Why couldn't Tom respect the priority of his wife's relationship with her daughter? Why couldn't Lena listen to her daughter's adolescent anger without getting so defensive?

That session with Holly and her parents was my first lesson in family therapy. Family members in therapy talk not about actual experiences but about reconstructed memories that resemble the original events only in certain ways. Holly's memories resembled her mother's memories very little and her stepfather's not at all. In the gaps between their truths was little room for reason and no desire to pursue it.

Although that meeting may not have been terribly productive, it did put Holly's unhappiness in perspective. No longer did I see her as a tragic young woman all alone in the world. She was that, of course, but she was also a daughter torn between running away from a home she no longer felt part of and being afraid to leave her mother alone with a man she didn't trust. I think that's when I became a family therapist.

To say that I didn't know much about families, much less about how to help them, would be an understatement. But family therapy isn't just a new set of techniques. It's a whole new approach to understanding human behavior—as fundamentally shaped by its social context.

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## The Myth of the Hero

Ours is a culture that celebrates the uniqueness of the individual and the search for an autonomous self. Holly's story could be told as a coming-of-age drama: a young person's struggle to break away from childhood and provincialism, to take hold of adulthood

and promise and the future. If she fails, we're tempted to look inside the young adult, the failed hero.

Although the unbounded individualism of the hero may be encouraged more for men than for women, as a cultural ideal it casts its shadow on us all. Even if Holly cared about connection as much as autonomy, she may be judged by the prevailing image of accomplishment.

We were raised on the myth of the hero: the Lone Ranger, Robin Hood, Wonder Woman. When we got older we searched out real-life heroes: Eleanor Roosevelt, Martin Luther King, Nelson Mandela. These men and women stood for something. If only we could be a little more like these larger-than-life individuals who seemed to rise above their circumstances.

Only later did we realize that the circumstances we wanted to rise above were part of the human condition—our inescapable connection to our families. The romantic image of the hero is based on the illusion that authentic selfhood can be achieved as an autonomous individual. We do many things alone, including some of our most heroic acts, but we are defined and sustained by a network of human relationships. Our need to worship heroes is partly a need to rise above inadequacy and self-doubt; it is also perhaps equally a product of imagining a life unfettered by all those pesky relationships that somehow never quite go the way we want them to.

When we do think about families, it's often in negative terms—as burdens holding us back or as destructive forces in the lives of our patients. What catches our attention are differences and discord. The harmonies of family life—loyalty, tolerance, mutual aid, and assistance—often slide by unnoticed, part of the taken-for-granted background of life. If we would be heroes, then we must have villains.

There's a lot of talk these days about *dysfunctional families*. Unfortunately, much of this amounts to little more than parent bashing. People suffer because of what their parents did: their mother's criticism, their father's distance—these are the causes of their unhappiness. Perhaps this is an advance on stewing in guilt and shame, but it's a long way from understanding what really goes on in families.

One reason for blaming family sorrows on the personal failings of parents is that it's hard for the average person to see past individual personalities to the

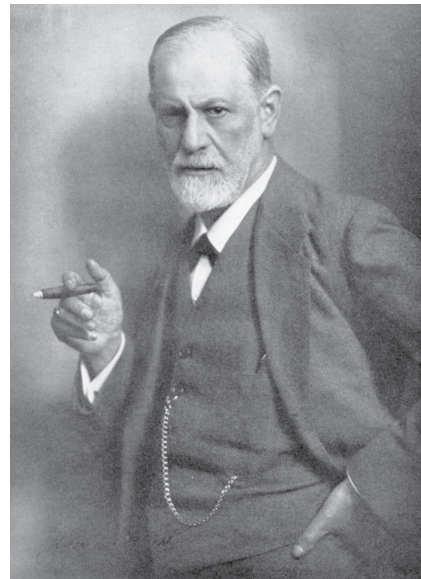
structural patterns that make them a family—a system of interconnected lives governed by strict but unspoken rules.

People feel controlled and helpless not because they are victims of parental folly and deceit but because they don't understand the forces that tie husbands and wives and parents and children together. Plagued by anxiety and depression, or merely troubled and uncertain, some people turn to psychotherapy for consolation. In the process, they turn away from the irritants that propel them into therapy. Chief among these are unhappy relationships—with friends and lovers, and with our families. Our disorders are private ailments. When we retreat to the safety of a synthetic relationship, the last thing we want is to take our families with us. Is it any wonder, then, that when Freud ventured to explore the dark forces of the mind, he locked the family outside the consulting room?

## Psychotherapeutic Sanctuary

It's possible to look back on the days before family therapy and see those who insisted on segregating patients from their families as exponents of a fossilized view of mental disorder, according to which psychiatric maladies are firmly embedded inside the heads of individuals. Considering that clinicians didn't begin treating families together until the mid-1950s, it's tempting to ask, What took them so long? In fact, there were good reasons for conducting therapy in private.

The two most influential approaches to psychotherapy in the twentieth century, Freud's psychoanalysis and Rogers's client-centered therapy, were both predicated on the assumption that psychological problems arise from unhealthy interactions with others and can best be alleviated in a private relationship between therapist and patient. Freud wasn't interested in the living family; he was interested in the family-as-remembered. By conducting treatment in private, Freud safeguarded patients' trust in the sanctity of the therapeutic relationship and thus maximized the likelihood that they would repeat, in relation to the analyst, the understandings and misunderstandings of childhood.



Freud excluded the family from psychoanalysis to help patients feel safe to explore the full range of their thoughts and feelings.

The therapy Carl Rogers developed was designed to help patients uncover their real feelings. Unhappily, said Rogers, our innate tendency toward *self-actualization* gets subverted by our craving for approval. We learn to do what we think others want, even though it may not be what's best for us.

Gradually, this conflict between self-fulfillment and need for approval leads to denial and distortion of our authentic selves—and even the feelings that signal them. We swallow our anger, stifle our exuberance, and bury our lives under a mountain of expectations.

The Rogerian therapist listens sympathetically, offering compassion and understanding. In the presence of such an accepting listener, patients gradually get in touch with their own inner promptings.

Like the psychoanalyst, the client-centered therapist maintains absolute privacy in the therapeutic relationship to avoid any possibility that patients' feelings might be subverted to win approval. Only an objective outsider could be counted on to provide the unconditional acceptance to help patients rediscover their real selves. That's why family members had no place in the process of client-centered therapy.

## Family Versus Individual Therapy

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As you can see, there were valid reasons for conducting psychotherapy in private. But although there is a strong claim to be made for individual psychotherapy, there are equally strong claims to be made for family therapy.

Individual therapy and family therapy each offer an approach to treatment and a way of understanding human behavior. Both have their virtues. Individual therapy provides the concentrated focus to help people face their fears and learn to become more fully themselves. Individual therapists recognize the importance of family life in shaping personality, but they assume that these influences are internalized and that intrapsychic dynamics become the dominant forces controlling behavior. Treatment can and should therefore be directed at the person and his or her personal makeup. Family therapists, on the other hand, believe that the dominant forces in our lives are located externally, in the family. Therapy, in this framework, is directed at changing the structure of the family. When a family's organization is transformed, the life of every family member is altered accordingly.

This last point—that changing a family changes the lives of each of its members—is important enough to elaborate. Family therapy influences the entire family; therefore, improvement can be lasting because each and every family member is changed *and* continues to exert synchronous change on each other.

Almost any human difficulty can be treated with either individual or family therapy. But certain problems are especially suited to a family approach, among them problems with children (who must, regardless of what happens in therapy, return home to their parents), complaints about a marriage or other intimate relationship, family feuds, and symptoms that develop at the time of a major family transition.

If problems that arise around family transitions make a therapist think first about the role of the family, individual therapy may be especially useful when people identify something about themselves that they've tried in vain to change while their social environment remains stable. Thus, if a woman gets

depressed during her first year at college, a therapist might wonder if her sadness was related to leaving home and leaving her parents alone with each other. But if the same woman were to get depressed in her thirties, say, during a long period of stability in her life, we might wonder if there was something about her approach to life that hasn't worked for her. Examining her life in private—away from troubled relationships—doesn't, however, mean that she should believe that she can fulfill herself in isolation from the other people in her life.

The view of persons as separate entities, with families acting on them, is consistent with the way we experience ourselves. We recognize the influence of others—especially as obligation and constraint—but it's hard to see that we are embedded in a network of relationships, that we are part of something larger than ourselves.

## The Power of Family Therapy

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The power of family therapy derives from bringing parents and children together to transform their interactions. Instead of isolating individuals from the emotional origins of their conflict, problems are addressed at their source.

What keeps people stuck is their inability to see their own participation in the problems that plague them. With eyes fixed firmly on what those recalcitrant others are doing, it's hard for most people to see the patterns that bind them together. The family therapist's job is to give them a wake-up call. When a husband complains that his wife nags and the therapist asks him how he contributes to her doing that, the therapist is challenging the husband to see the hyphenated him-and-her of their interactions.

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### CASE STUDY

When Bob and Shirley came for help with marital problems, her complaint was that he never shared his feelings; his was that she always criticized him. This is a classic trading of complaints that keeps couples stuck as long as they fail to see the reciprocal pattern in which each partner provokes in the other precisely the behavior he or she can't stand. So the therapist said to Bob, "If you were a frog, what would you be like if Shirley changed you into a

prince?" When Bob countered that he doesn't talk with her because she's so critical, it seemed to the couple like the same old argument. But the therapist saw this as the beginning of change—Bob starting to speak up. One way to create an opening for change in rigid families is to support the blamed person and help bring him back into the fray.

When Shirley criticized Bob for complaining, he tried to retreat, but the therapist said, "No, continue. You are still a frog."

Bob tried to shift responsibility back to Shirley. "Doesn't she have to kiss me first?" But the therapist said, "No, in real life that comes afterward. You have to earn it."

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In the opening of *Anna Karenina*, Tolstoy wrote: "All happy families resemble one another; each unhappy family is unhappy in its own way." Every family

may be unhappy in its own way, but we all stumble over the same familiar challenges of family life. It's no secret what these challenges are—learning to live together, dealing with difficult relatives, chasing after children, coping with adolescence, and so on. What not everyone realizes, however, is that a relatively small number of systems dynamics, once understood, illuminate those challenges and enable families to move successfully through the predictable dilemmas of life. Like all healers, family therapists sometimes deal with bizarre and baffling cases, but much of their work is with ordinary human beings learning life's painful lessons. Their stories, and the stories of the men and women of family therapy who have undertaken to help them, are the inspiration for this book.