Contents

Prologue

- Approximately 19% of the U.S. population is seen by marriage and family therapists each year at a cost of more than $300 million
- Despite these statistics, marriage and family therapy is relatively new with its theoretical and clinical beginnings starting in the 1940s and its real growth occurring from the 1970s until today
- Family therapy differs from individual and group counseling in its emphasis and clientele
  - ❖ Individual counseling is more intrapersonal
  - ❖ Group counseling is more interpersonal
  - ❖ Family therapy for the most part focuses on making changes in the family system
- Family therapy is connected to the influence of creative, innovative, and assertive mental health practitioners who devised and advocated new ways of providing services to clients

The Rationale for Family Therapy

- Family therapists believe that most life difficulties stem from and can best be addressed within the family system
- Family therapy is an effective treatment approach, particularly in cases of:
  - ❖ adolescent anorexia nervosa
  - ❖ adolescent drug abuse
  - ❖ adult alcoholism and drug abuse
  - ❖ adult hypertension
  - ❖ adult obesity
  - ❖ adult schizophrenia
  - ❖ aggression and noncompliance in children with ADD and ADHD
  - ❖ childhood and adolescent anxiety disorders
  - ❖ childhood autism
  - ❖ childhood conduct disorders
  - ❖ chronic physical illness in adults and children
  - ❖ couple distress and conflict
  - ❖ dementia
  - ❖ depression in women in distressed marriages
- Client satisfaction is high, with 97% satisfaction rates and high percentages of clients stating they received the help they wanted from marriage and family therapists

Reasons for Working with Families as Opposed to Working with Individuals

- Provides flexibility in conceptualizing cases from both linear and circular causality perspectives
- Provides for increased complexity and treatment options for clients
- Involves other real, significant people in the treatment process and brings the action into the room
- All family members receive treatment interventions simultaneously
- Family therapy tends to be briefer than individual counseling
- Family therapy focuses on the interpersonal rather than the intrapersonal which creates new and unique ways of resolving problems

Chapter 1
The History of Family Therapy: Evolution and Revolution

Chapter Overview

Family Therapy Through the Decades

- Prior to the development of marriage and family therapy as a profession, older family members assisted younger members and adult family members cared for the very young and the very old
- Before 1940
    - ❖ focus in the United States was on the individual
    - ❖ society utilized clergy, lawyers, and doctors for advice and counsel
    - ❖ prevailing individual theories were psychoanalysis and behaviorism
- Catalysts for the growth of family therapy
    - ❖ courses in family life education became popular
    - ❖ establishment of marriage and family training programs (e.g., Marriage Council of Philadelphia in 1932)
    - ❖ founding of the National Council on Family Relations in 1938 and the journal *Marriage and Family Living* in 1939
    - ❖ county home extension agents educated and promoted understanding family dynamics
- Family therapy: 1940 to 1949
    - ❖ establishment of the American Association of Marriage Counselors in 1942
    - ❖ first account of concurrent marital counseling published in 1948 by Bela Mittleman
    - ❖ research on families with a schizophrenic member by Theodore Litz
    - ❖ National Mental Health Act of 1946 funded research on prevention, diagnosis, and treatment of mental health disorders
- Family therapy: 1950 to 1959
    - ❖ individual leaders dominated the profession
    - ❖ Nathan Ackerman used a psychoanalytical approach to understand and treat families
    - ❖ Gregory Bateson studied communication patterns in families with a schizophrenic member and developed the double bind theory
        - ▪ double bind theory - two seemingly contradictory messages may exist simultaneously and lead to confusion
    - ❖ Mental Research Institute was created by Don Jackson in Palo Alto, CA
        - ▪ changed problem conceptualization from a pathology oriented individual perspective to a more relationship based orientation
        - ▪ brief therapy developed at MRI as one of the first new approaches to family therapy
    - ❖ Carl Whitaker pushed the conventional envelope by seeing spouses and children in therapy
        - ▪ set up the first family therapy conference at Sea Island, GA
    - ❖ Murray Bowen studied families with schizophrenic members
        - ▪ held therapy sessions with all family members present
        - ▪ pioneered theoretical thinking on the influence of previous generations on the mental health of families
    - ❖ Ivan Boszormenyi-Nagy developed contextual therapy focusing on the healing of human relationships through trust and commitment
- Family therapy: 1960 to 1969
    - ❖ An era of rapid growth in family therapy
    - ❖ Increase in training centers and academic programs in family therapy
    - ❖ Jay Haley, expanding on the work of Milton Erikson, developed strategic family therapy
        - ▪ emphasis on the therapist gaining and maintaining power during treatment
        - ▪ strategic therapy uses directives to assist clients to go beyond gaining insight
        - ▪ edited *Family Process* from 1961 to 1969, providing a means for to keep professions linked and informed
        - ▪ Haley joined with Salvador Minuchin at the Philadelphia Child Guidance Clinic in the late 1960's

- ❖ Salvador Minuchin developed structural family therapy, based on his work with the Wiltwyck School for Boys
  - ▪ utilized minority community members as paraprofessionals to better relate to urban blacks and Hispanics
- ❖ Virginia Satir was the only woman among the family therapy pioneers
  - ▪ started seeing family members as a group in the 1950's
  - ▪ utilized touch and nurtured her clients, emphasizing self-esteem, compassion, and affective congruence
  - ▪ published *Conjoint Family Therapy* in 1964 which stressed the importance of seeing distressed couples together at the same time
  - ▪ Virginia Satir was an influential, charismatic leader
- ❖ Carl Whitaker pioneered unconventional, spontaneous, sometimes outrageous appearing approaches, designed to help families achieve freedom and growth
- ❖ *Family Process* co-founded in 1961 by Don Jackson and Nathan Ackerman
- ❖ Nathan Ackerman published *Treating the Troubled Family* in 1966, advocating closer therapist involvement with families during treatment, being confrontive, and making covert issues overt
- ❖ John Bell developed a family group therapy model, advocated that children 9 years and older should participate in family therapy, and offered one of the first graduate family therapy courses in the United States
- ❖ Murray Bowen discovered that emotional reactivity in many families created undifferentiated family ego mass (i.e., family members have difficulty maintaining their individual identities and actions)
- Systems theory developed by Ludwig Von Bertalanffy in 1968
  - ❖ a way of looking at all parts of an organism simultaneously
  - ❖ a set of elements standing in interaction with one another
  - ❖ each element of a system is affected by what happens to any other element
  - ❖ the whole is greater than the sum of its parts
  - ❖ became the basis for most family therapy
  - ❖ less reliance on linear causality (direct cause and effect)
  - ❖ increased emphasis on circular causality (events are related through a series of repeating cycles or loops)
  - ❖ family therapists seen as a specialists within the field
  - ❖ first license regulating family therapists granted in California in 1963
- Institutes and training centers
  - ❖ Mental Research Institute continues its work in training and research
  - ❖ Family Therapy Institute of New York established with Nathan Ackerman as director
  - ❖ Philadelphia Child Guidance Clinic developed innovative supervision techniques such as the 'bug in the ear"
  - ❖ Family Therapy Institute of Philadelphia founded in 1964, merging the Eastern Pennsylvania Psychiatric Institute and the Family Institute of Philadelphia
  - ❖ Boston Family Institute founded by Fred Duhl and David Kantor, focusing on expressive and dramatic interventions and originating the family sculpting technique
  - ❖ Institute for Family Studies in Milan, Italy formed in 1967
  - ❖ an MRI based model that developed many innovative short term approaches
- Family therapy: 1970 to 1979
  - ❖ rapid growth in AAMFT based partly on recognition as an accrediting body for marriage and family training programs
  - ❖ The American Association of Marriage and Family Counselors (AAMFC) changed its name to the American Association for Marriage and Family Therapy (AAMFT) in 1977
  - ❖ *Journal of Marital and Family Therapy* founded by AAMFT in 1974
  - ❖ American Family Therapy Academy (AFTA) founded in 1977 to address clinical, research, and teaching issues
  - ❖ AAMFT and AFTA agreed on distinct roles within the profession
  - ❖ AFTA concentrated on the exchange of ideas among advanced professionals
  - ❖ AAMFT focused on accreditation of training programs
  - ❖ family therapy continued to growth and become more refined outside of psychoanalytical traditions
  - ❖ Nathan Ackerman died in 1971

- ❖ the approaches of Carl Whitaker (experiential family therapy), Salvador Minuchin (structural family therapy), and Jay Haley (strategic family therapy) gained in popularity and influence
    - ❖ *Families and Family Therapy* published in 1974 by Minuchin, serving as a practical training guide for structural family therapy
    - ❖ *Psychosomatic Families: Anorexia Nervosa in Context* published by Minuchin and associates in 1978, highlighting the power of the structural family therapy approach in working with this disorder
- Influence of foreign therapies and therapists
    - ❖ family therapy grew rapidly in Europe, particularly in Milan, Italy
    - ❖ Milan associates
        - ▪ developed circular questioning (asking questions that highlight differences among family members)
        - ▪ developed triadic questioning (asking a third member how two other members of the family relate)
        - ▪ emphasis on developing hypotheses about the family before treatment begins
        - ▪ utilized outside of session homework assignments that were often difficult and ritualistic
    - ❖ R.D. Laing, a British professional, created the term *mystification* to describe how some families mask interactions between family members by giving contradictory or confusing explanations
    - ❖ Robin Skynner, from Great Britain, developed a brief psychoanalytic family therapy which complemented the earlier work of Nathan Ackerman and Ivan Boszormenyi-Nagy
- Feminist theory and family therapy
    - ❖ feminists began to question whether or not some concepts of family therapy were oppressive to women
    - ❖ *A Feminist Approach to Family Therapy* was published in *Family Process* by Rachel Hare-Mustin in 1978
    - ❖ belief that sexism limits the psychological well-being of women and men and must not be tolerated
- Family therapy: 1980 to 1989
    - ❖ marked by the retirement or death of many family therapy founders and leaders and the emergence of new leaders
    - ❖ increase numbers of women leaders who created new theories which challenged older ones
    - ❖ Women's Project in Family Therapy in 1988 focused on gender free approaches to family therapy
    - ❖ increased numbers of individuals and associations devoted to family therapy, including the International Association for Marriage and Family Counseling (IAMFC) of the American Counseling Association and Division 43 (Family Psychology) of the American Psychological Association
    - ❖ increased levels of research in family therapy to provide evidence of the effectiveness of family therapy
    - ❖ increased numbers of publication in the family therapy field, including the *Family Therapy Networker*
    - ❖ Creation of multisystemic therapy, an intensive family- and community-based approach for working with juvenile offenders
    - ❖ recognition of family therapy as one of four core mental health providers eligible for federal training grants
- Family therapy: 1990 to 1999
    - ❖ family therapy became a more worldwide phenomenon, with associations, research, and training institutes established across the globe
    - ❖ new theories were developed or refined
    - ❖ feminist family therapy examined gender sensitive issues in therapy rather than masculine or feminine issues, per se
    - ❖ the reflecting team approach of Tom Anderson used clinical observers to discuss their impressions with the therapist and the family, thus becoming a part of the therapeutic team
    - ❖ the therapeutic conversations model of Harlene Anderson and Harry Goolishian used a postmodern approach in which the therapist relates to the family in a more collaborative, egalitarian partnership
    - ❖ the psychoeducational model of Carol Anderson emphasized teaching family members about multiple aspects of mental illness, focusing on boundaries, hierarchy, and the integrity of subsystems
    - ❖ the internal family systems model of Richard Schwartz looks at both individual intrapsychic dynamics and family systems
    - ❖ social constructionism based models were radically different than systems based models in that they are based on the belief that our experiences are a function of how we think about them rather than objective truths

- ❖ Basic Family Therapy Skills Project was established in 1987 to determine the essential skills needed for mastery of structural, strategic, brief, and transgenerational family therapy approaches
  - ❖ increased awareness and focus on the influence of the therapist on the therapy (second-order cybernetics)
  - ❖ increased importance of the family ontology or 'world view' stressing circularity and autonomy of systems
  - ❖ change in training emphasis from producing narrowly focused, theory bound clinicians to a focus on how to work with specific populations or types of families
- Family therapy: 2000 to 2009
  - ❖ family therapy has spread to Europe, Asia, Africa, Australia and South America
  - ❖ International Family Therapy Association founded in 1987
  - ❖ professional associations continue to grow, providing services, educational opportunities, and publications
  - ❖ licensure has grown to all 50 states
  - ❖ marriage and family therapists recognized as one of five core mental health providers (along with psychiatrists, psychologists, social workers, and psychiatric nurses)
- Accreditation of family therapists
  - ❖ two associations accredit marriage and family training programs
  - ❖ Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
  - ❖ Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Developing culturally effective family-based research
  - ❖ increased research on the effectiveness of family therapy with different cultural groups
  - ❖ continued development of marriage and family therapy in regard to new narratives and approaches to working with couples and families
  - ❖ health care reform
- Family therapy: 2010 to the present
  - ❖ Social conditions continue to change, requiring marriage and family therapists to formulate new and more socially relevant ways to work with couples and families
  - ❖ Professional associations such as the AAMFT and the IAMFC rely heavily on technology to disseminate information
  - ❖ Online therapy is becoming more popular and prominent
  - ❖ The AAMFT and IAMFC updated their respective codes of ethics in 2012 to keep pace with the times
  - ❖ The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* was published in 2013 and continues to pose challenges for family therapists' treatment of couples and families and reimbursement for their work
  - ❖ The Supreme Court of the United States rendered two important decisions in 2013 with ramifications for marriage and family therapists, one related to the legal definition of "spouse," and, a second lifted the ban on same-sex marriage in California

Key Terms

Basic Family Therapy Skills Project   a project that began in 1987 which focuses on determining, defining, and testing the skills essential for beginning family therapists to master for effective therapy practice.

brief therapy   an approach to working with families that has to do more with the clarity about what needs to be changed rather than time. A central principle of brief therapy is that one evaluates which solutions have so far been attempted and then tries new and different solutions to the family's problem, often the opposite of what has already been attempted.

circular questioning   a Milan technique of asking questions that focus attention on family connections and highlight differences among family members. Every question is framed so that it addresses differences in perception about events or relationships by various family members.

dual therapy   the name for conjoint couple therapy devised by Carl Whitaker.

family life education   the study of family life including developmental and situational factors that affect or change the life of families.

internal family systems   model of Richard Schwartz which considers both individual intrapsychic dynamics and family systems.

interpersonal   pertaining to matters or relationships between two or more persons.

intrapersonal   thoughts, feelings, and processes within a person.

mystification   the actions taken by some families to mask what is going on between family members, usually in the form of giving conflicting and contradictory explanations of events.

National Mental Health Act of 1946   legislation that authorized funds for research, demonstration, training, and assistance to states in order to find the most effective methods of prevention, diagnosis, and treatment of mental health disorders.

new epistemology   the idea that the general systems approach of Bateson, sometimes referred to as cybernetics, must be incorporated in its truest sense into family therapy with an emphasis on "second-order cybernetics" (i.e., the cybernetics of cybernetics). Basically, such a view stresses the impact of the family therapist's inclusion and participation in family systems.

ontology   a view or perception of the world.

psychoeducation   a strategy that involves educational methods such as reading books, attending workshops, listening to audiovisual material and interactive discussions.

reflecting team approach   an approach where clinical observers of a therapeutic session come out from behind a one-way mirror observing room to discuss with the therapist and client couple/family their impressions.

schism   the division of the family into two antagonistic and competing groups.

second-order cybernetics   the cybernetics of cybernetics, which stresses the impact of the family therapist's inclusion and participation in family systems.

skew (marital skew)   a dysfunctional marriage in which one partner dominates the other.

social constructionism   a philosophy that states experiences are a function of how one thinks about them and the language one uses within a specific culture. From this perspecitve all knowledge is time- and culture-bound. It challenges the idea that there is objective knowledge and absolute truth. Narrative and solution-focused therapy are based on social constructionism. system a set of elements standing in interaction. Each element in the system is affected by whatever happens to any other element. Thus, the system is only as strong as its weakest part. Likewise, the system is greater than the sum of its parts.

systems theory   a theory, sometimes known as general systems theory, that focuses on the interconnectedness of elements within all living organisms, including the family. It is based on the work of Ludwig von Bertalanffy.

therapeutic conversations model   a postmodern approach where the family therapist relates to the couple or family in a more egaliarian partnership

undifferentiated family ego mass   according to Bowen, an emotional "stuck togetherness," or fusion, within a family.

Classroom Discussion

1. Freud and others believed that the family is often the source of difficulties and as a result, the patient should be treated separately from the family to avoid contamination. Family therapy, on the other hand involves family members in the treatment process and brings the action into the room rather than just talking about problems. If you were a member of a professional panel discussion of individual and family therapies, what rationale would you give for the value of family therapy?

2. Client satisfaction rates are claimed to be as high as 97% for marriage and family therapy clients. What do you think accounts for this high rate of satisfaction?

3. Like families themselves, the field of family therapy has changed markedly over the past few decades. Early approaches emphasized giving directives and therapists being "in charge" during treatment. In the 1990's, social constructivist models emphasized individual rather than absolute truths, and a more egalitarian therapist-client relationship. Discuss the merits of the 'therapist as leader' versus the 'therapist as collaborator' and explain how can these two very different approaches might peacefully co-exist.

Multiple Choice Questions

1. Family therapists believe most life difficulties stem from:
   A. individual problems
   B. family problems
   C. societal problems
   D. intrapersonal problems

2. Family therapy is particularly effective with:
   A. adult obesity
   B. insomnia
   C. couple distress
   D. A and C

3. Before 1940, mental health treatment focused on:
   A. families
   B. groups
   C. individuals
   D. interpersonal issues

4. The systems theory developed by Ludwig Von Bertanlanffy had less reliance on _____ and more emphasis on _____.
   A. family therapists; paraprofessionals
   B. circular causality; linear causality
   C. individual parts; societal influence
   D. linear causality; circular causality

5. The only woman pioneer in the early days of family therapy was:
   A. Monica McGoldrick
   B. Evelyn Duvall
   C. Virginia Satir
   D. Rachel Hare-Mustin

6. A type of questioning developed by the Milan Associates, emphasized asking questions that highlighted differences among family members. This type of questioning is called:
   A. linear questioning
   B. triadic questioning
   C. open ended questioning
   D. circular questioning

7. The following family therapy pioneer utilized touch and nurturing of family members, emphasizing self-esteem, compassion, and affective congruence:
   A. Ludwig Von Bertalanffy
   B. Virginia Satir
   C. Carl Whitaker
   D. all of the above

8. There are currently two associations accrediting marriage and family therapy training programs:
   A. APA; AAMFT
   B. CACREP; AAMFT
   C. AFTA; AAMFT
   D. AAMFT; ACME

9. Family therapy focuses on the _____ rather than the _____, which creates new and unique ways of resolving problems.
   A. intrapersonal; interpersonal
   B. physical; emotional
   C. individual; system
   D. interpersonal; intrapersonal

10. Family therapy tends to be _____ than individual counseling.
    A. longer
    B. briefer
    C. about the same
    D. faster

True/False Questions

1. In the 1970s, feminists began to question whether or not some concepts of family therapy were oppressive to women.

   True ___   False ___

2. The purpose of *mystification* is to simultaneously send two seemingly contradictory messages, leading to confusion.

   True ___   False ___

3. The first family therapy license was granted in Michigan in 1963.

   True ___   False ___

4. John Bell was known for his unconventional, spontaneous, sometimes outrageous appearing approaches, designed to help families achieve freedom and growth.

   True ___   False ___

5.   The most popular family therapy approaches in the 1970's were experiential family therapy, structural family therapy, and strategic family therapy.

       True ___   False ___

6.   The Supreme Court of the United States ruled in 2013 that Section 3 of the Defense of Marriage Act (DOMA) was unconstitutional under the Due Process Clause of the Fifth Amendment.

       True ___   False ___

Chapter 2
The Theoretical Context of Family Therapy

Chapter Overview

Historical Perspective

- Families have played an important part throughout history in the lives of peoples and nations
- Families provide deep emotional experiences such as love, devotion, attachment, belonging, fun, and joy
- A family also can be a therapeutic environment for its members by listening, sympathizing, assisting, and reassuring each other
- Over time, families have been shaped by social, cultural, economic, and governmental changes

Family Definitions

- Families are systems in which the members interact with one another
- Family members influence each other and, in turn, are influenced by each other
- Because of this mutual interaction, a family is greater than the sum of its parts
- The interrelatedness of the family is known as cybernetics
- Definitions of what a family is and how it is structured vary across cultures and are constantly changing and evolving
- Families are both universal and unique, each family having its own set of rules, sequences, subsystems, feedback loops, hierarchy, and organization
- Common family types in American society include nuclear, single parent, and blended, with variations of these three family forms described as dual career, child free, special needs children, gay/lesbian, aging, multigenerational, grandparent headed, and military
- The family one grew up in is known as one's family-of-origin

Individual and Family Development

- It is useful to study families from a developmental perspective, (i.e., the predictable changes that occur in individuals and families over time)
- The 'life course' refers to different time dimensions such as individual time (the time from birth to death), social time (important social events such as marriage, parenthood, and retirement), and historical time (the era and culture in which one lives)
- The term 'life cycle' is used to describe the continuous development of people over time
- Individuals and families experience predictable events and developmental crises (changes) which are often sequential
- Life cycle stages require some level of success at each stage before proceeding to the next stage. There are times of predictable developmental crises (times of turmoil and opportunity) in each stage.
- Erik Erikson, a pioneer in the area of human growth and development, described human life in terms of stages or sequential developmental occurrences. He developed an influential eight stage model of individual development. The first five stages focus on individual skill and identity development, the last three are more interpersonally based
- Evelyn Duvall first proposed a family life cycle model based on the intact, middle class nuclear family in 1956. This model has lost influence due to the decrease in number and percentage of nuclear families in the United States
- In 1999, Carter and McGoldrick proposed a six-stage family life cycle model of the intact middle class nuclear family that begins with the unattached adult and continues through retirement
- Each stage in this model requires key adjustments, tasks, and changes for the individuals to survive and thrive. There is often intergenerational ambivalence in families as children, especially young adults, move to more independence and yet need assistance

Stage 1 *Single Young Adults: Leaving Home*

- ❖ the numbers of single young adults is increasing
- ❖ traditional family oriented activities are being reshaped to accommodate singles
- ❖ a major task of single young adults is to disconnect and reconnect with one's family on a different level and to develop a strong identity – a "solid self"
- ❖ cohabitation (living together without being married) is increasing with positive, negative and neutral aspects to it
- ❖ singlehood is a viable alternative to marriage; more accepted now than in the past
- ❖ singles are the second happiest group (married couples being the happiest)
- ❖ society continues to promote marriage, creating internal and external pressures on singles to marry
- ❖ singles must establish social networks, find meaning in work or avocations, and live a balanced life to be physically and psychologically healthy
- ❖ singles typically seek family therapy due to a weak sense of self, inability to separate from their family of origin, and a lack of social skills to establish significant relationships with others

Stage 2 *The New Couple: Joining of Families Through Marriage*

- ❖ new couple relationships begin with courtship, in which individuals test their compatibility and tend to idealize the relationship
- ❖ individuals tend to be most comfortable with others at the same or similar developmental level (e.g., secure men tend to be involved with secure women; anxious women may be attracted to less committed and more disengaged men)
- ❖ the new couple stage is a period of adjustment and accommodation and requires time, energy, good will, and the ability to compromise
- ❖ this stage can be quite satisfying for those who are able to resolve differences successfully – they maintain a high level of idealistic distortion about their marriage and spouse,
- ❖ this stage can result in divorce for those unable to make the necessary adjustments
- ❖ new couples typically seek family therapy due to the inability to adjust to living as a couple instead of individually, difficulty with relatives (in laws and/or family of origin), inability to develop effective communication and problem solving skills, and differences over whether and when to have children

Stage 3 *Families with Young Children*

- ❖ this stage is characterized by dramatic changes in lifestyle which stress a couple's lifestyle and marital relationship,
- ❖ this stage create new parenting/maternal demands and unbalances the patterns and interactions previously developed – at least temporarily
- ❖ although marital satisfaction tends to decrease in this stage, strong marital bonds can mediate the stresses associated with children and work issues
- ❖ families with young children typically seek family therapy due to inability to reorganize and restructure following the arrival of children as well as differences over how to raise and discipline children

Stage 4 *Families with Adolescents*

- ❖ this stage is one of the most active and exciting yet it can be very stressful and demanding for many families
- ❖ couples may be caring for aging parents in addition to adolescent family members they are often squeezed psychologically and physically -- sometimes referred to as the 'sandwich generation'
- ❖ stressors may include difficulty in setting limits, redefining relationships, and caring and supporting one another; decreasing parental influence and increasing peer influence; generational and gender differences; and maintaining open communication
- ❖ when adolescents develop 'planful competence' they come to have a realistic understanding of their intellectual, social, and personal responses in their relationships with others

- ❖ families with adolescents typically seek family therapy due to parent-adolescent conflict, developmental and psychological stress of marital partners who see their dreams 'slipping away,' and the stresses involved with caring for multiple generations of family members as well as for themselves

Stage 5 *Launching Children and Moving On*

- ❖ the 'empty nest' describes parents whose children have left home for college, marriage, careers, etc.
- ❖ this can be a positive time for couples, (e.g., some rediscovering the couple relationship and enjoying new freedoms from responsibility)
- ❖ this can be a negative time for couples, especially those who have defined themselves primarily as parents and have been heavily focused on their children.
- ❖ children who leave and then return ('boomerang children') can create tension among family members
- ❖ families in the launching and moving on stage typically seek family therapy due to a sense of loss of self, the marriage or the child who has left; conflict with the child who is not independent enough; or frustration/anger over the marriage and/or career ambitions

Stage 6 *Families in Later Life*

- ❖ within this stage are three groups: the young old (65-74), the old (75-84), and the oldest old (85 and after)
- ❖ characterized by decline in finances, health, loss of spouse, chronic illness, depression, and helplessness
- ❖ positive aspects of this stage include interacting with grandchildren, doing what one wants and setting one's own pace, and reflecting on important life activities
- ❖ families in later life typically seek family therapy due to a lack of meaning or enjoyment in life, concern over the aging process, the lack of quality relationships with family members (for example, children, in-laws, grandchildren)

Unifying Individual and Family Life Cycles

- Although outwardly the individual life cycle stages do not appear to have much in common with family life cycle stage, they do share some commonalities
- Both share an emphasis on growth and development
- Growth is seen as a conscious process that involves a fair amount of risk and courage
- Both can be viewed from a systemic theory perspective, which emphasizes the interrelatedness of the entire unit, that a family is greater than just the sum of its parts, and that families have organization, rules, and repetitive patterns
- The concept of 'circular causality' is based on the idea that family member's actions influence others and are in turn influenced by others. This differs from 'linear causality' in which actions move in one direction only, with each action causing another
    - ❖ in linear causality, a mother may be seen as the cause of a child's problem
    - ❖ in circular causality, the parent and child interact in a way that results in the problem repeating and intensifying (e.g., the more a parent protects a shy child, the more shy the child becomes, which results in more protection and more shyness, etc.)
- Life cycle models are complementary in the development and 'readiness' of persons; they tend to strengthen and prepare people for challenges and work
- Life cycle models are competitive in that the needs of individuals often are in competition with the needs of the family and can create tension

Implications of Life Cycles and Family Therapy

- The 'fit' between the therapist and the family can influence the outcome of therapy
  - ❖ therapists bringing unresolved issues into their clinical work can create problems
  - ❖ therapists may not have experienced the family's developmental stage, may be currently experiencing the same stage as the family, or may already have been through the family's stage – all of these situations can cause problems
  - ❖ race, gender, ethnicity, class, sibling position, and sexual orientation of the therapist can positively or negatively influence the 'fit' and outcome of therapy.
  - ❖ therapists can improve the 'fit' or match with families by increasing their sensitivity to particular families, obtaining peer or clinical supervision to overcome deficiencies, or receiving continuing education to increase knowledge and skills
- Therapists must be sensitive to cultural differences which require adjustments to life cycle models
- Illness in a family member, either temporary or permanent, disrupts life cycles and can wear down a family's ability to handle the situation or can provide opportunities for growth and cohesion
- Therapists can assess the family's present and prior functioning and assist them to better understand the illness, resolve developmental disruptions, and develop more effective coping methods
- Special-needs children, i.e., those with disabilities, may affect parents/family positively or negatively; regardless expected life cycle of family is affected and therapist must take this matter into consideration
- Poverty and professionalism are economic and social factors that influence families in different ways, with poor families having fewer resources and struggling more with unexpected life events as compared with more affluent professional families

Key Terms

boomerang children   adult children who, after being out on their own for awhile, return to live with their parents because of financial problems, unemployment, or an inability or reluctance to grow up

circular causality   the idea that actions are part of a causal chain, each influencing and being influenced by the other.

cohabitation effect   the phenomenon of lower marital quality, more negative communication, less dedication, and higher rates of divorce for couples who cohabitated before marriage

courage   the ability to take calculated risks without knowing the exact consequences

cybernetics   a type of systemic interrelatedness governed by rules, sequences, and feedback. The term was introduced as a concept to family therapy by Gregory Bateson. See also new epistemology.

development   predictable physical, mental, and social changes over life that occur in relationship to the environment.

empty nest   a term that describes couples who have launched their children and are without childrearing responsibilities.

family of origin   the family a person was born or adopted into.

homeostasis   the tendency to resist change and keep things as they are, in a state of equilibrium.

idealistic distortion   viewing one's marriage and spouse to be better than they actually are

linear causality   the concept of cause and effect—that is, forces being seen as moving in one direction, with each action causing another. Linear causality can be seen in, for example, the firing of a gun.

negative feedback loops   behaviors that reduce deviation within a system and bring the system back to its former, homeostatic state.

organism   a form of life composed of mutually dependent parts and processes standing in mutual interaction.

planful competence   when adolescents have a reasonably realistic understanding of their intellectual abilities, social skills, and personal emotional responses in interrelationship with others.

positive feedback loops   behaviors that amplify deviation within a system and take the system further away from homeostasis.

sandwich generation   couples who have adolescents and their aging parents to take care of and are squeezed psychologically and physically.

senescence   a gradual physical decline of individuals related to age. This decline begins after overall growth stops and varies greatly from individual to individual.

singlehood   being single

solid self   a Bowenian term for developing a sense of one's own identity where beliefs and convictions are not simply adaptive to others.

subsystems   smaller units of the system as a whole, usually composed of members in a family who because of age or function are logically grouped together, such as parents. They exist to carry out various family tasks.

systems theory   a theory, sometimes known as general systems theory, that focuses on the interconnectedness of elements within all living organisms, including the family. It is based on the work of Ludwig von Bertalanffy.

Classroom Discussion

1.   Discuss the pros and cons of the life cycle perspective in assessing and treating couples and families.

2.   Pick a particular life cycle stage, discuss what tasks and challenges you may have encountered and what you and your family may have done to work through them.

3.   It is believed that the 'fit' between the therapist and the family can influence the outcome of therapy. What are some of the issues that may cause difficulty in this area? What factors may be assets in this area?

Multiple Choice Questions

1.   Families may respond to change by using negative feedback loops, which are loops that:
   A.   promote a return to the status quo
   B.   promote change
   C.   promote appreciation for each other
   D.   accommodate to new situations and challenges

2.   Families may respond to change by using positive feedback loops, which are loops that:
   A.   promote a return to the status quo
   B.   promote change
   C.   promote appreciation for each other
   D.   accommodate to new situations and challenges

3. The family life cycle is useful in studying families from a(n) _____ perspective.
   A. psychopathological
   B. hierarchical
   C. developmental
   D. empathic

4. The three time dimensions referred to as the 'life course' are:
   A. historical, evolutionary, predictable
   B. developmental, historical, cultural
   C. individual, social, historical
   D. horizontal, vertical, transitional

5. Erik Erikson, a pioneer in the area of human growth and development, developed an eight stage model of individual development. The first five stages focus on individual skill and identity development. The last three stages focus on:
   A. interpersonal development
   B. cybernetics
   C. idealistic distortion
   D. hierarchical structure

6. Family subsystems include all the following except:
   A. parents
   B. siblings
   C. boys/men
   D. spouses

7. A key task of Stage 1, Leaving Home, of Carter and McGoldrick's life cycle model is:
   A. separation from the family of origin
   B. developing effective communication skills
   C. developing skills in limit setting
   D. developing the ability to compromise

8. In Stage 5, Launching Children and Moving On, families typically seek family therapy due to:
   A. the stresses involved with caring for multiple generations
   B. a lack of social skills to establish significant relationships with others
   C. frustration/anger over the marriage and/or career ambitions
   D. lack of meaning or enjoyment in life

9. During the New Couple stage, a major task for the couple is:
   A. developing effective communication and problem solving skills
   B. developing independence
   C. developing effective social skills
   D. all of the above

10. Circular causality differs from linear causality. In linear causality, _____.
    A. each family member's actions influence others
    B. family member's actions move in one direction only
    C. family member's actions are complementary
    D. family member's actions are interrelated

11. A relatively recent development is couples who have adolescents and their aging parents to take care of and who feel they are squeezed psychologically and physically. This development is called:
    A. planful competence
    B. empty nest
    C. circular causality
    D. sandwich generation

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