

## Family Therapy: A View

CHRISTIAN BEELS, M.D.

ANDREW FERBER, M.D.<sup>a</sup>

<sup>a</sup>Family Studies Section, Department of Psychiatry, Albert Einstein College of Medicine, Bronx State Hospital, 1500 Waters Place, Bronx, New York 10461. This work was begun under the sponsorship of the Adult Psychiatry Branch, NIMH, Bethesda. We wish to thank Dr. Lyman Wynne and Dr. Israel Zwerling for their help and encouragement.

This paper is a personal view of the literature of family therapy. It is written to inform those who, like ourselves, are second-generation family therapists, entering a field which began in the early 1950's, and has since developed rapidly. The field has its journals, its books, its GAP committee, its training programs, its internal wars, its multiplying hundreds of practitioners, and, most important for us, its pioneering teachers. In an attempt to bring coherence out of the various teachings and practices of these leaders of the field, we try here to evaluate them by imposing upon them our own order, in the light of our own experience with teaching and practice.

### Approaches to Family Therapy

We have looked for systematic efforts to evaluate the results, the outcome of family therapy, but evaluation has been neglected here as in other therapies. We know of only three reports of any substance on outcome:

1. The Multiple Impact (46) therapists report a favorable result in 75% of their 62 families of disturbed adolescents at one and one-half year followup. All their schizophrenics got better.
2. Murray Bowen (12), looking back over twelve years of practice, with 500 families, feels that in four years time he can change the dynamics of most families providing they are not schizophrenics. He feels he has never changed the fundamental dynamics of a schizophrenic family.
3. Langsley in Colorado (41) has used a family approach to prevent hospitalization in over 90% of acute crises judged to require hospitalization in the emergency room.

The main deduction from this is that no one seems to be talking about the same kind of outcome or treatment.

Our second approach to family therapy has been to watch it. We have succeeded in getting some experience, other than reading, with most of the people mentioned in this paper.<sup>1</sup> The nature and extent of this direct experience varies widely: listening to audio tapes, watching video tapes and movies, directly observing "demonstration" interviews, consultations and ongoing therapy, and observing continuous therapy for periods of months to years. Clearly, there are some crucial differences between a therapist's behavior during a visit with a strange family in a strange setting, and his behavior in a private session of a long-term therapy in his private practice, and we have often had to compare the observation of one with writing about the other. We have tried not to endanger by over-generalization the great advantage which direct observation has given us: the opportunity of seeing personal and perhaps unwitting styles of work.

Watching family therapy and talking with the therapists about the experience has led us to believe that there is no "right" way to do it. Each man made his own style of work, and from those we got to know best, it was clear that each had forged it from a life-long fascination with families, beginning with his own. It was pointless to try to abstract "the technique" from these many approaches, since the personal stamp of the therapist was so clearly the first thing we had to understand.

Many reproductions of interviews are now available. Haley and Hoffman's, *Techniques of Family Therapy* (27), a detailed analysis of taped interviews by distinguished family therapists, with the therapists and Haley as discussants, is especially revealing. Murray Bowen (15) has video-taped some of his work and Ackerman (4) has made movies of his. The Eastern Pennsylvania Psychiatric Institute has films of Ackerman, Jackson, Whitaker, and Bowen, each interviewing the same family (16). Minuchin's *Families of the Slums* (44), Ackerman's *Treating the Troubled Family* (2) and the Houston Group's *Multiple Impact Therapy With Families* (46) all contain extensive transcriptions of interviews, with discussion by the therapists. The spread of this practice would make a new and uniquely valuable kind of library.

The most important approach is to do family therapy oneself. This is the only way to integrate the literature with one's experience. Reading or talking about it from the perspective of other therapies is an empty exercise.

As teachers we have had to be explicit about our choice of tactics. We have each watched and discussed several hundred hours of family therapy interviews over the past six years. Teaching and supervising family therapy has been an experience which has motivated us to make the analysis of family therapy literature we are about to present. In this framework we shall now attempt to report on our reading of the literature.

We have intended to abstract from the literature certain themes on the family therapist's use of himself as an agent of

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influence in interaction with the family. In doing so, we did not discuss in any depth the subject of "family dynamics" or "theory of family pathology"—that is, the family's behavior as it is imagined in the absence of the therapist. That field has, of course, a much larger and older literature, which has been well reviewed by Meissner (43), by Mischler and Waxler (45), by Zuk and Rubinstein (80), and by Frank (20), and which we put beyond our scope. Nor have we said much about "theories of family therapy."

We avoided the evaluation of theory to limit our aim, because we believed that in many cases the theories advanced were a rationalization for the practice of the therapy and not what we thought a real theory in this area should be: an ordering of diverse clinical phenomena to a scheme that would organize their diversity and provide a reason for different therapeutic measures.

There are some outstanding exceptions: Wynne's *Some Indications and Contraindications for Exploratory Family Therapy* (75), the *Multiple Impact Therapy* of MacGregor *et al.* (46), which contains a four part diagnostic scheme, Tharp's breakdown of types of family contract (65). Minuchin and Montalvo's differential descriptions of family types and therapist styles (44), and some parts of the work of Bowen (13) and of Ackerman (5). Clearly, another paper could be written on systems of diagnosis and therapeutic strategy.

### A Definition of Family Therapy

To define family therapy, let us begin by comparing it with individual therapy. Ford and Urban in *Systems of Psychotherapy* (18) abstract four common elements from all types of individual therapy which they surveyed: 1. There are two people in confidential interaction; 2. the mode of interaction is usually verbal; 3. the interaction is relatively prolonged; 4. the relationship has for its definite and agreed upon purpose changes in the behavior of one of the participants.

Applying these considerations to family therapy:

1. There are *more* than two people, and the interaction between them is to that important extent *not* confidential. As we shall show later the change of technique in the jump from a dyadic to triadic (or more) interaction as a discontinuous one.
2. Nonverbal interaction assumes a primary importance along with the verbal; manipulation of membership, gesture, seating arrangement and posture, by any and all participants is significant.
3. It is often shorter than individual therapy, but this is enormously variable.
4. The relationship has for its definite and agreed-upon purpose changes in the family *system* of interaction, not changes in the behavior of individuals. Individual change occurs as a by-product of system change.

*This goal of changing the family system of interaction is family therapy's most distinctive feature, its greatest advantage and, especially to those who come to it from other disciplines, its greatest stumbling block.*

Critics from the tradition of individual therapy fear that family therapy must be damaging or frightening to the members if it is going to effectively deal with what is "really" going on between them. Handlon and Parloft (29), comparing family therapy with conventional group therapy, point out that, in attacking the family system, family therapy dispenses with almost all the tactical advantages of group therapy in order to make "an heroic frontal assault on manifestly relevant but securely guarded relationships." The interlocking system of family relationships may be the nub of the problem, but to approach it directly in its natural state seems to group and individual therapists a venture too radical or risky. They prefer to work with individual patients in safer contexts where, they think, it is more possible to enlist the ego functions of the patient in the examination of behavior which is the shadow rather than the substance of family interaction.

In addition to these experiential reasons for avoiding the family system in interaction, there is for all of us a conceptual difficulty with labeling *systems*. Even if we were able to remove ourselves from it emotionally, which we are not, the problem of accounting intellectually for the interplay of events and sequences in a family session is one for which there is not yet a good language.

In spite of these difficulties, let us look more closely at the family therapist's concern with the system of relationships rather than with the individual. Almost every treatise on family therapy begins with the author's view on this. John E. Bell (9) states it most succinctly, and most radically:

Family group treatment takes the family and by professional action tries to help it transform itself into a more perfectly functioning group. The contract with the family specifies this end. To work thus with a group is new in psychotherapy. When we have worked with groups before we have used them instrumentally, as a means to the cure of individuals. We have not sought the effective functioning of the group as an end goal. Even the professional specialist in social work who calls himself a group worker, and who knows more than most mental health workers about the theory and natural history of groups, has not seen himself working with a group first for its own sake but rather as a means to help the individuals who compose it.

I draw this distinction sharply. Family group treatment is a consulting sociological or socio-psychological technique

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and as such is unlike psychological treatment methods that aim for the welfare of an individual. Let it be recognized, however, that although family group treatment seeks the well-being of the family, secondarily it has important consequences for the status of the individuals who make up the family. This reminds us of the arbitrariness in our distinctions between the family group and individual members of the family. Both the group and the individual are correlated open systems. To look at one or the other as independent is only a professional choice which later requires us to allow for the limitations imposed by our selective starting position. It is easy to see this in electing to work with the family. What now has become more apparent is that a similar choice process has been in operation in our work with individuals. Culturally we are so biased in favor of the individual that we have tended to ignore the fact that the choice to deal with him could be arbitrary, and that we are prejudiced in favor of seeing him as a closed system. Carelessly we ignored that we had adopted a posture for thinking. We believed that there was some positive objective validity to the individual, and that as a consequence it was our primary obligation in treatment to concern ourselves with his personal progress.

We shall return in our conclusion to some of the consequences of this definition of the family therapist as a professional whose commitment is to make the family "a more perfectly functioning group." Although different therapists might disagree on how to recognize that more perfect function, or what its relation is to the "status of the individuals" the therapists reviewed here would agree that the first purpose of working with the family group is to improve its *function as a family*. This definition is especially inclusive if one remembers that family therapists regard as one of the family's most important functions the promotion of the differentiation, and in the case of the children, the ultimate separation, of the individual from what Bowen (13) calls the "undifferentiated family ego mass." The therapist does not simply try to make the family more "groupy," more cohesive, but on the contrary tries to promote its growth and differentiation.

### **The Relation of the Therapist to the Family Group**

The therapist is a new member of the family group. How does he present himself to them? We will take this question and apply it to each of the therapists in turn. In this way we will also be presenting the therapists to the reader as they present themselves to the family.

To organize this catalogue, we begin by dividing *conductors* from *reactors*. Since the family is a group with an organization of its own, the therapist can enter it either as its *conductor* in this special and unfamiliar activity of meeting for therapy, or as a *reactor* who responds to what the family presents to him. Obviously all therapists do some of both in keeping control of the meeting, but if one thinks of what appears to be their dominant mode of keeping control, then some generalizations might be made concerning a classification of conductors and reactors. In a general way, conductors remain on the dominant side of dominance-submission complementarities or on the senior side of a generation hierarchy. They maintain that position, staying in the group by staying on top of it and leading it. Reactors may shift out to the boundary of the group from time to time, such as when consulting with co-therapists, and they may join in symmetrical same-generation relationships with family members.

Many of the conductors are vigorous personalities who can hold audiences spellbound by their talks and demonstrations. They have a keen, explicit sense of their own values and goals which they, in one way or another, hope to get the families to adopt. Some of them are regarded by their critics as sadistic, manipulative, exhibitionistic and insensitive.

The reactors have, on the whole, less compelling public personalities. They present themselves to the families not only as themselves but in various roles dictated by the tactics or by the group dynamics of the family. They refer often in their writings to the danger of being swamped, confused, inveigled or excluded by families. They have goals and values, but they are more likely to be, as Whitaker (68) says, a secret agenda in the therapy.

The reactors can be further divided into two groups, the *analysts* and the *system purists*, depending on what they observe and respond to. The *analysts* tend to see in the family interaction and in the therapist's behavior things which would be recognizable to the psychoanalytic tradition, and they call them by familiar names such as "transference," "countertransference," "acting-out," etc. To a variable degree, they are concerned with the internal processes of individuals. The *system purists* see in the family a system of countervailing power—a network of influence governed by rules which shape and constrain it. They have a minimal "black box" model of the individual psyche and are not concerned about what is happening "inside." They ask few questions about the motives of the power struggle. They see themselves as scientifically parsimonious while their psychoanalytical critics see them as naive.

### **The Conductors**

Let us begin with two of the conductors who might be called respectively the East and West Coast charismatic leaders of the field, Nathan Ackerman and Virginia Satir. Both are distinguished by the fact that they generally make more statements than any family member during the course of a session, and although their aim and effect is to promote interaction between family members, they do it by establishing a star-shaped verbal communication pattern with themselves as the center.

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Ackerman mobilizes family interaction, watching it for non-verbal gestures and interactional clues to the more primitive relations of sex, aggression and helpless dependency in the group, and then "tickles" the defenses against these. He cuts through denial, hypocrisy and projection, forcing the members to be more open to him than they are to each other. With his confident manner and his honesty he promises them for the moment a relationship to him in which the defenses can be dispensed with. He opens up a family which is frozen with the fear of aggression, or promotes a sexy interchange in a couple where sex is feared. He breaks the family's rules about what is unmentionable, because nothing is unmentionable to him, and he goes after what people are trying to hide until he gets it. When he brings it out, it is under his own sponsorship—he loans the family his pleasure in life, jokes, good sex and limited aggression.

Satir (53) presents herself to the family as a teacher and expert in communication. She says of the therapist, "He must concentrate on giving the family confidence, reducing their fears, and making them comfortable and hopeful about the therapy session. He must show that he has direction, that he is going somewhere. His patients come to him because he is an expert, so he must accept the label and be comfortable in his role. Above all, he must show patients that he can structure his questions in order to find out what both he and they need to know." (54) Satir is determined to teach the family a new language, with which they can resolve the communication problems which she sees as the root of their trouble. To do this, she makes herself the embodiment of clarity and perception in communication, using simple words, keeping up a running explanatory gloss on what she is doing, and arranging encounters between family members according to her rules. She does, of course, much more than this, and her work with family dynamics shows that she translates into her own language the concepts of many more traditional theorists, but basically she is a teacher of a method of communication. The treatment is accomplished when the family has learned it, and the deepening of their relationship is a by-product.

Murray Bowen and Salvador Minuchin, the next two conductors, have as a primary tactic a selective way of arranging the therapist-family interaction, a sort of stage direction, which enforces differentiation within the confused relationships of the family. Bowen (13) retains absolute control of the process of the therapy meeting and refuses all other responsibilities. He even avoids calling himself a therapist and eschews the model of a doctor treating someone with an illness, since that model implies a dependence of one person on another which is part of the family pathology. He presents himself as a researcher teaching the family to be researchers. There, however, the openendedness ends, and shortly after his initial reconnaissance with the family he begins to work toward his goal. The goal is the differentiation of individuals from what he has called the "undifferentiated family ego mass." He chooses one parent or the other, usually the more mature one who is closest to differentiating to begin with, and through individual sessions or joint sessions works on the marital relation and the transference to himself. The emphasis is on the futility of trying to influence, change or depend on, the other. Bowen presents himself as uninfluenceable, unchangeable and not to be depended on in this situation—he says what he will do and what he will not do. When he succeeds in getting one spouse to take such an "I stand," the other is shortly motivated to move off in his own direction. The marriage, after a stormy period, reaches a new equilibrium between two more different people who are still relating to each other. The subtlety of the process consists in the fact that only the pathological bonds are broken, and Bowen's trenchant definition of these is his great art.

Minuchin (44) is more elaborate in his stage direction. He works with poor families who have little ability to delay impulse or examine processes which are pointed out to them verbally. His interventions are directed to giving the family what he calls "enactive" or "iconic," rather than a verbal, experience of a new way of operating. For example, he selects a mother and daughter in whose relationship a grandmother cannot avoid interfering. He instructs the mother and daughter to continue their talk while he takes the grandmother behind the one-way screen to observe and tell him her feelings about the other two. He thus gets the grandmother to enact the separation. He talks to a silent child about something unrelated to the family in order to give the family and child the experience of the child's talking. He silences an overbearing wife by talking to the husband about the effect of her tactics on the men in the room, and colludes with the husband to handle her. The emphasis is on breaking patterns of action to produce feelings, and the therapist uses himself as the explicit agent or intermediary in making the break. We would note here that for both Bowen and Minuchin the pattern of present interaction is manipulated—the unconscious content for the individual, the psychoanalytic theme, is secondary if it is noted at all.

The next group of conductors, Roland Tharp and the Multiple Impact group under the leadership of Robert MacGregor, are most explicitly concerned with conventional family roles. Their therapies are brief and action-oriented.

Tharp (64) makes an acknowledged simplification of family dynamics by examining the functional roles which the family members take in one of four areas: solidarity, sexuality, external relations, and internal instrumentality. He diagnoses the division of responsibility as it is within each of these, picks the area where the most trouble exists, and requires a new contract between the members. They are to work out an explicit contract, which will sometimes take the form of a written budget, or a legal-looking document describing jobs and penalties. The family is taught a technique of negotiating on concrete issues, which they can generalize. It is a secondary by-product that enhanced self-esteem comes to members who are newly seen to have bargaining power and responsibilities, and with this legitimate source of self-regard available, the pathological forms of seeking (the symptoms) will become dysfunctional and disappear.

The next example of the leader approach is the group which practices what they have called Multiple Impact Therapy, or

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MIT, at the University of Texas in Galveston (46). They treat families with a disturbed adolescent in crisis. The family comes to Galveston, checks into a motel, and at eight in the morning begins two days of kaleidoscopic interaction with a team at the clinic which includes doctors, a female social worker, psychologists, ministers and others. The whole team meets with the whole family for an hour, and then they split up into different combinations of interviewers and family members according to a strategy which is worked out during the opening meeting. The team with its leaders and followers, its male and female members, is a model of role differentiation, flexibility, open criticism and communication, at the same time that it is examining the family's difficulties in this area. During the course of the two days, the marital relationship is examined in individual and conjoint interviews, the appropriate areas of authority and autonomy of mother and father are confirmed, the child's expression of anxiety about the parental relationship is acknowledged, and by the time of the last plenary session at the end of the second day, the family knows that it can be under the leadership of a father whose wife has first place in his heart, and whose children know their place in their developing separatedness from the family. They are then told to go out and try it until the first six month followup visit in the home. This is a very intensive, powerful experience and it is anhistorical, prescriptive and future-oriented. The team brings to bear the power of their number, the solidarity and depth of their relationships to each other, and their experience with their own and other families. They are explicitly conveying the values of the culture, as well as the understanding of the idiosyncratic position from which the family starts.

Up to this point we have presented our catalogue of conductors in pairs which have implied a similarity, at least for didactic purposes, however different the members of the pair might be to all other intents. We come finally to two at the end of our list for whom no such bracketing is implied—Norman Paul and John Elderkin Bell.

Norman Paul's (48, 49, 50) undertaking with the family, like that of a shaman-healer, is to exorcize the ghost which dominates their lives. He conducts an inquiry, which is in style something like individual therapy, into the present and past of the family. The aim of the inquiry is to disclose the figure from the past, usually a parent of one of the parents, whose influence as an unrelinquished object, affects the present relations of the family members. In this inquiry, he is the center and organizer of the communication pattern, and does not spend much time with the analysis of open interaction between family members.

When the unmoored parent of, say, a husband is identified, Paul will interview the husband intensively, bringing out memories and fears, while the wife listens and Paul points out to her in an aside, whose shoes she was being asked to fill. If the grandparents are still living, all three generations may come together for what is often a very tearful session of recognizing and relinquishing.

Paul tries to present himself, the therapist, as the transference substitute for the lost one, and encourage in the separation at the end of therapy a more open and benign recognition of the realities of parting. He also presents himself as the model of *empathy*, which is the second cornerstone of his method. When one family member is in the process of re-experiencing the misery of early loss, or other conflictful experience, Paul empathizes deeply and openly with his experience and invites another family member to do the same. One of his goals for the family is that through his example they can discover the rapport with one another which comes from the conscious exercise of empathy.

The point to carry forward is the central position Paul gives to unresolved internal object relations as the key to pathology. We will meet this again when we come to the analysts: Paul's theoretical background is very close to theirs, and indeed he would be classed with them in our scheme if he did not present himself so clearly as a conductor with the definite goal of freeing the family through mourning.

John E. Bell is a lone and original figure in family therapy. He was one of the people who independently began it as a technique in 1951, and he has continued to break new ground in his writing about it, as can be seen from the number of passages in this review where we have felt that the best way to make a point is to quote him. His Public Health Monograph of 1960 is the first handbook of family therapy and we have taken our picture of his style of leadership from the case report in that publication (8).

The quality of Bell's leadership is rather gentle, sympathetic and polite, but it is at the same time clear that he knows where the family ought to be going and how to get them there. He proceeds through an orderly and definite set of *phases*, each one laying the groundwork for the next, and by comparison with many other therapists he works quite rapidly—the treatment reported in the monograph took eleven sessions.

Working with families in which the symptomatic one is the child, he begins by seeing the parents alone in an initial interview. There (as Haley has noted) he makes a paradoxical contract with them: he hears their complaints about the child, thus seeming to accept for the moment the idea of the child as a patient, and then asks them to bring the child and siblings next time, and to agree beforehand to accept a suggestion the child may make in the second interview about a change in the family's way of doing things. This puts the parents in the position of control as co-strategists with the therapist, but paradoxically their first move is to agree to see what happens if the child is put in control of a limited aspect of the family's rules. We shall meet this kind of technique again, more explicitly tied to theory, in the paradoxical instructions of Jackson.

With this unsettling of the usual order, Bell enters a "child-centered phase" where the aim is to encourage the child to

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state his fears, grievances, wishes, while the parents listen and react but do not dominate. The key to his phase is the therapist's supervision of the dialogue so that "everyone has a chance to speak." He thus establishes a rule of communication in the sessions, that the family members will be equals in the task of self-expression and in this way he gets himself benignly but solidly established as the rule-maker.

He next moves to a "parent-child interaction" in which aspects of the conflict between the generations are focused sharply. Just as this leads to a familiar stalemate, he brings out an analysis of the conflict which highlights a covert difference between the parents about the issues being discussed. This, to the child's momentary relief, moves into the "father-mother interaction," where the major resistances, tension, and often denial of difficulty by the whole family occurs. The handling of this crisis by sympathetic urging, interpretation of parents' childhood experience, encouraging some resolution outside of sessions, or getting suggestions from the children, leads to a decision by the couple to do something differently.

From here, the therapy moves to a denouement of consideration of sibling relations, roles outside the family, and termination. During this phase, the family makes plans for how they are going to continue to manage their affairs by using the techniques they have learned—they discover new potentialities in each other for the resolution of difficulties and thus do not have to depend on the therapist. There is also an increased interest in the success of each member in his role outside the family, which goes with the release from the pathological function each was serving within the family—the differentiation from the family ego mass of which Bowen speaks.

We have abstracted Bell at such length because in this first paper in the field he brings together so many of the subjects which other therapists have developed over the years. In addition to Jackson's paradoxical instruction, there are: the establishment of communications in the session as the focus of interest and of the therapist as communications expert (Satir, Zuk); the redefinition of the child problem as a parent-conflict problem (Satir most explicitly, but many others as well); the focus on positive interpretation (Haley, MIT); and planning for the future (MIT, Tharp); and phase-specific planning of tactics so that the therapy proceeds from one focus to another, from the family's definition of the problem to generation conflict to parental conflict (Framo).

Before we proceed, notice the abundant value-statements of the conductors: Ackerman's writing is replete with statements about what the good life is like. Satir has a remarkable summary where she says: "Everyone must manifest uniqueness in himself and validate it in others, settle differences according to what works rather than who is right, and treat all differentness as an opportunity for growth" (53). Bowen (13) has a scale of 100, designating degrees of mental health on which he is confident that he can rate people within five points or so. MacGregor (47) makes no apology about reinforcing what he refers to as the "middle class values" of his patients. Bell (10) speaks of establishing "a more perfectly functioning group," though he has in mind that "the value system that should define 'more perfectly' should be the family's own system rather than that of the therapist."

We would summarize this section by saying that the conductors conduct a meeting with a very definite end in view. They arrange for the family a new experience in the possibilities of relating to one another, and they are quite direct about setting that experience up.

## Reactors-Analysts

The first group of reactors are Carl Whitaker (70, 71, 72), whose co-authors in several papers include Warkentin (66), Felder (42) and Malone (42); Lyman Wynne and his colleagues at NIMH, and the group of family therapists in the Philadelphia Family Institute who are best known under the editorial leadership of Alfred Friedman (21), Ivan Boszormenyi-Nagy and James Framo (75). The group is distinguished by a terminology and interest which is more or less similar to that of the psychoanalytic tradition of therapy. They believe that the individual carries within him a non-rational and unconscious truth which when encountered meaningfully in the therapy, will help to set him free. They are also the leading exponents of the use of co-therapists. Sonne and Lincoln (61) of the Philadelphia group, for example, prescribe the use of male and female co-therapists for the working through of parental transferences in the family members, and they would agree with Whitaker that having two therapists is essential to the emotional equilibrium of either one. The following quotation from Whitaker conveys the mood of the co-therapy team in the family:

We have been forced to admit that family psychotherapy can be effectively undertaken only by a team of two therapists. A good surgeon can do a routine appendectomy, but even a good surgeon wouldn't attempt a major abdominal operation without a colleague of equal adequacy across the table. We believe family psychotherapy is a major operation. Moreover, we are convinced that no team is powerful enough to "*handle*" the family. Manipulative psychotherapy may be sufficient in minor operations, but it does not seem effective in major operations. Although we do manipulate transference feelings, it is impossible to gain "control" of what goes on in a family. Furthermore, it is not possible at this stage of our knowledge to *understand* the family. We do not know enough, we are not clever enough, and God knows we are not mature enough, to be subjectively involved in a family and still be

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objectively perceptive of our own subjective involvement and its relationships to the family process. By implication, then, our task in family psychotherapy is to be available as a team to move as participants in the psychological and social patterns of this family, and thereby to aid the family unit in its autopsychological reparative process (69).

The concern about the *dangers, pitfalls*, and need for *help*, in the major abdominal operation is something which often seems to distinguish these therapists from the conductors.

Whitaker (68) describes as the heart of the therapeutic process the periodic *almost* acting-out by one therapist of the projected wishes of the family such as their wish for a parent figure. Attention is called to this when he stops himself, or is rescued from it by his co-therapist, and the dynamics of the group which would have induced him to play this role are thus first illuminated and then frustrated. This is similar to a tactic described by Jungreis (36) in which he threatened to give in and have himself adopted by the family in the place of their schizophrenic son he considered being taken care of by the father, seduced by the sister. It was too much for them, and they began to change.

Whitaker sees himself as functioning in the role of activator. His intent is to invade the family as a person either by usurping one or another family member's place or by forcing a new mobility of roles within the family. He may link with father to help him become dominant, be seductive of mother and make father jealous or organize an overt war between the generations. His constant use of a co-therapist helps this objective and helps maintain his freedom to deny his involvement and serve as prototype for each member by moving back out of the family at will. He demands an exciting experience for himself to give them the courage to raise the family thermostat.

Wynne's group has written little about treatment other than his excellent paper on *Indications and Contraindications* referred to above, in which he writes about the effort to tailor the approach precisely to the family's problem. This concern does not easily lead to "structured admonitions about method," as Wynne says. Schaffer, Wynne, Day, Ryckoff and Halperin (56) described the inevitability of the therapist's becoming disturbingly involved in the family's confusion and distress, and noted that the involvement can be turned to therapeutic account. For the most part this group at the National Institute of Mental Health also prefers to work in co-therapist pairs. From what we have observed of Wynne and Harold Searles working together there, they count on each other very much for support as they register the confusion, blurring of focus, futility, anger and so on, which is induced in them by the family system. Their struggle to be empathic with what is happening at the moment in the family, and to talk with family members about it with intuition and candid self-revelation is followed, sometimes, by a demand which comes from the therapist's involvement: that the family clarify something to help him out of his confusion, for example, or fight openly because the therapist is oppressed by their deviousness.

For Nagy and Framo, the heart of the therapeutic undertaking, after the initial scuffling and settling down, is the uncovering of the distorted internal part-objects of the family members, especially the internalizations and projections of the parents within the current family. This is analyzed by examination of distorted pseudo-involvements between family members and transference projections onto therapists, and especially by the identification of stereotyped *phasic interaction patterns* (11). Thus, a mother repeatedly provokes her daughter to misbehave and her husband to punish her, so that the mother can then both identify with the punished daughter and attack her husband for being too strict. She later sees the connection between this and her own punishing father, for whom she has not mourned, and whom she revives to live again in the play between her husband and daughter. As we saw, this return to an arrested mourning for lost objects is also central in the method of Norman Paul.

One final note about the experience of the Philadelphia group. Jungreis (36) remarks that in the midst of all the interpretation, most of their therapies with schizophrenics moved forward after the therapists had insisted on a particular strategic change in the family's activity. For example, they insisted that the parents sleep together, that a son leave home, or that the family have more contact with friends. This is a particularly obvious abandonment of the reactor and commentator role, and there are others of a subtler sort which Jungreis describes. The family therapist, he points out, must be active and insistent, or he will not have an effect.

### **System Purists**

This leads us to the final group of reactors, the system purists, Gerald Zuk, Jay Haley and Don Jackson.<sup>2</sup> Jay Haley is a far reaching student of other therapists' work. He does not call himself a "school" of family therapy, but we include him because his formulations about how family therapists behave have been very influential in the development of the field.

We group Zuk, Haley and Jackson among the reactors, but they are also very conscious activists of a certain kind. They each have a wary regard for the power of the family to maneuver, exclude and otherwise subdue the therapist, and each is for that very reason interested in devising a strategy by which he can emerge as a covert leader. In this search for the pivot point where the therapist's influence can be applied, they seem sometimes cynical or disingenuously artful, and it is this attitude that offends their critics. They do not think for example, that the truth of the unconscious shall make the family free. The curative agent is the paradoxical manipulation of power, so that the therapist lets the family seem to define the situation, but in the end it follows his covert lead. There is something chilly about the idea of the therapist as trickster, as

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presented in their theory, and we have found it hard to recognize in their warm and concerned work with actual families. We shall pay attention to their theories as well, however, because there is a power struggle involved in all therapy, and these workers have made a perspicacious attempt to define what it is.

The general basis for these theories is the communication concept of behavior first described by the group working with Gregory Bateson (7) in California in the 1950's. It has been more recently elaborated in three texts: Jackson, Beavin and Watzlawick's, *The Pragmatics of Human Communication* (67), Haley's *Strategies of Psychotherapy* (24), and two papers by Jackson (32). The reader should really look at these works to see the system in its logical elegance. We present some of it here because the method of therapy is impossible to appreciate without it.

The communication theorists assume that human interaction is like a chess game: although an historical explanation of the position of the pieces can be found by looking at the moves that have been made from the start of the game, the crucial question is, nevertheless, what is the relationship of the pieces at present, what are the rules that govern the players, and what is the next move? They adopt a "black box" model of the mind, comparing it to an electronic instrument so complex that the investigator pragmatically leaves speculation about its inner workings to the psychoanalysts and concentrates instead on its input and output—what it is actually seen to do in response to certain stimuli.

Some axioms which govern the human communication game are, greatly abridged, as follows:

1. *All behavior is communicative.* It is impossible not to communicate, since even the refusal to send or receive messages is a comment on the relationship between people who are in contact.
2. *Messages have "report" and "command" functions.* Thus, "it's raining" is a report, but depending on the context, inflection, and relationship of speaker to hearer, it may also be a command to remember an umbrella.
3. *Command messages define relationships.* The command aspect of communication is the troublesome part, because it is the medium through which relationships are shaped, and in this process, ambiguity, misunderstanding and duplicity are possible. Communicants are often unaware of commands they are giving, receiving or obeying.
4. *In families, command messages are patterned as rules.* If two or more people are in relationship for a long time, the multiplicity of commands they exchange assumes a pattern from which rules for the relationship may be derived. These rules constrain and order the behavior of family members in patterns of mutual influence which have cybernetic properties. When anybody's behavior approaches the established limits (the governor, the setting of the homeostat) sanctions (negative feedback) are dealt out until the behavior is again within the acceptable range.
5. *Change and stability.* If a member of a family wants to change the relationships, the regulating response of others which stabilizes the system by reducing change, makes it appear that the "governor" or conservative element in the system resides in the person or persons resisting change. Children, especially adolescents, are natural initiators of change in families, and mothers in the family literature have acquired a reputation as the guardians of homeostasis. Jackson and others present good evidence, however, that all members resist change by any of them.
6. *Inability to change rules is system pathology.* The system is considered pathological when the rules are set in such a way that there is no way of changing them. This happens when there are two rules which paradoxically negate each other: an operating rule and another rule-about-rules which denies it.

Thus, a family has an operating rule that says "mother decides when we go to bed" and another that says "none of us believe that anyone sets the rule for bedtime :—we need sleep for our health." In such a family it is impossible to negotiate about bedtime without breaking one or both rules. No one can take a position outside the communication (become *meta* to it) and talk *about* it with the intent of changing it. Jackson calls attention to the pernicious effect of the invocation of values ("health") to conceal operating rules.

7. *The family therapist must install himself as the meta-communicator, or change-maker of the family.* He can help them set the stuck family homeostat in a new way. The techniques for this are tricky, and some will be described below. The general form of the process is this: he is the third person to whom two (or more) others present themselves with their "stuck," endlessly cycling system. They are playing a "game without end," and he must intervene to change the rules because they cannot get out of it.

Zuk (78, 79) describes a particular kind of change-maker with the phrase, "the go-between." The go-between mediates between two people in conflict, trying to change the relationship by selecting issues for the two to struggle or negotiate about. He sides judiciously with first one and then the other, and finally insists that the conflict have new rules, with himself as the referee.

Zuk says the therapist must take over from "pathological go-betweens" in the family. A pathological go-between is a person who avoids being one of the principals in a conflict by deflecting it to an innocent third party and then assuming the stance of mediator. The therapist must capture this position of go-between, because in any triangle, it is the most powerful spot. The therapist must avoid being the judge, since he is then a principal in a conflict, and the rest of the family who bring him the victim for sentence become pathological go-betweens or mediators.

Haley (24) notes several strategies therapists use to establish themselves as the family's change-maker.

1. A therapist may engage in alternate siding to force a stalemated conflict to resolution.



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2. He comments openly on the way he is being influenced, thus breaking the rule of silence that has maintained the paradoxical bind between the conflicting rules described above.
  3. He presents a professional relationship to a conflicting pair, which is outside their rules, since they are unwilling to acknowledge any such complementary relationships between themselves.
  4. He gives directives impossible to avoid, such as "express yourself."
  5. He accents the positive aspect of otherwise conflictful relations, which presents the family with a paradoxical situation in which their efforts to fight are re-defined.
  6. He encourages and labels behavior which is already going on at the direction of the family's rule-keepers, thus making the momentary leadership of the group explicit and breaking its power.

A quotation from Haley on marital therapy will illustrate some of these points.

As an example of a typical problem, a couple can be continually fighting, and if the therapist directs them to go home and keep the peace this will doubtfully happen. However, if he directs the couple to go home and have a fight, the fight will be a different kind when it happens. This difference may reside only in the fact that they are now fighting at the direction of someone else, or the therapist may have relabeled their fighting in such a way that it is a different kind. For example, a husband might say that they fight continually because his wife constantly nags. The wife might say they fight because the husband does not understand her and never does what she asks. The therapist can relabel or redefine their fighting in a variety of ways: he might suggest that they are not fighting effectively because they are not expressing what is really on their minds, he can suggest that their fighting is a way of gaining an emotional response from each other and they both need that response, he might say that when they begin to feel closer to each other they panic and have a fight, or he can suggest that they fight because inside themselves is the feeling that they do not deserve a happy marriage. With a new label upon their fighting, and directed to go home and have a fight, the couple will find their conflict redefined in such a way that it is difficult for them to continue in their usual pattern. They are particularly tempted toward more peace at home if the therapist says they must fight, and that they must for certain reasons which they do not like. The couple can only disprove him by fighting less (25).

Note that in this view, the precision of the explanatory insight is unimportant; it is the precision of the *intervention* of re-labeling the fighting and thus taking control of it, that counts.

In the writing and work of Don Jackson, the *intervention* of the therapist in the family's communication system, its balance of power, reached its most inventive heights. These prescriptions or tasks sometimes have the quality of magic rituals, the carrying out of which seems to deliver the family from a curse; in fact they are carefully tuned to a clinical picture of repetitive interaction patterns, which the therapist sees but keeps to himself. "Our experience with this kind of repetitive pattern is that pointing it out does little good. However its meaning, intent and focus can be shifted by the therapist's intervention" (34).

Before making his move, however, the therapist constructs his position with the family carefully. He starts with a frame of minimal ground rules which are optimistic, forward-looking, minimizing the "sickness" of the identified patient, and leaving the therapist free to make any response: "Free, to me, is not to give them so much direction that they know how to use it against you" (28). Jackson was particularly expert at increasing this freedom by remaining casually "one-down," avoiding struggles by changing the subject, and emphasizing the positive and appealing aspect of the most disturbing communications. Saying such things as "I can't get too upset about that," he showed himself proof against the family's attempts to bind him and each other with the threat of disaster.

In this context, the intervention is the one requirement he made of them, and it was delivered as a serious prescription which they must follow in order to improve. The instruction, like the pathology it counteracts, has two levels: the obvious one in which it appears to be something not very difficult to do, and the interpersonal one where it shifts the meaning of a symptom, or the balance of power. There is, of course, also the third "meta" feature of the intervention—that it comes from the therapist and therefore cannot be irresponsible or "crazy" like the symptoms.

Though they should be read in the original papers to be appreciated, we present here a few examples of Jackson's interventions.

1. The "well" sibling of a schizophrenic is instructed to be more of a problem to the family. This has the effect of revealing how much of a problem he already is, and changing the "sickness" image of the patient (34).
2. The depressed widow of an alcoholic who has moved in on her married son is instructed to have a drink with him every evening, no matter how much she dislikes it (30).
3. A family is told to have a fight before they go on vacation so that they can enjoy the trip (31).
4. A delinquent stepson who will not mind his new stepmother is asked to agree that no matter how angry she gets he will pay no attention to her orders—indeed she is not to give any. He will be disciplined only by his father (16).

Note that in each case, the prescription is to continue or exaggerate something already going on—"prescribe the

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symptom"—so that it comes under therapeutic control. Often the symptom will disappear before the task is carried out—it seems to wilt under intention.

Looking back on the methods of the reactors, it appears that they gain entry and control in a way that is more indirect and complex than that of the conductors. They may, for example, impose the relationship between co-therapists on the family system, and that is a more difficult "foreign object" for the family system to deal with, since the co-therapist's relationship is part of the larger social system, and has some other "incorruptible" qualities, such as freedom to change, a feedback loop of its own, etc. Or they may, like Jackson, impose their control in such a way that it is "unbeatable" because it is a paradoxical instruction. The point we want to make is that it is, in some crucial sense, control.

### **Moves and Tactics**

Having completed a survey of the various presentations of self with which therapists approach families, let us turn to what happens next—what the therapists attempt to deliver. We will select here some moves and tactics which are of special interest to us, since a comprehensive survey would be much too long.

### **Membership**

As we said in the introduction, one of the most powerful moves the family therapist makes is to concern himself with the family as a group. This concern does not require, however, that everyone in the group participate equally. The extremes of membership policy may be seen by contrasting the work of Ross Speck with that of Murray Bowen (63). Speck sees "networks"—the extended family and friends of the nuclear family which contained the original patient—about thirty or forty people in the same room. Bowen (12) may see one person at a time, but in this respect he is the exception among family therapists, and one which "proves the rule." Even when he is seeing an unmarried person living in a different city from his family, he starts by teaching about the operation of family systems. Then, he says, "time is devoted to the part this one plays in the family system and some fundamentals of 'differentiating an I ' out of the 'we-ness' of the family system, and to changing the part that 'self' plays in the system. It is necessary that [he] arrange fairly frequent visits home with [his family] ... these [sessions] are similar to supervisory hours with young family therapists. When this 'differentiating one' begins to change, the family will get negative or reject, at which time it is absolutely necessary that [he] keep in contact with the family in spite of the rejection."

The point we want to make is that family therapy's attention is devoted towards a family group, but the whole group does not need to be present at any one time. The *interest* and *allegiance* of the therapist is towards the whole family, and this interest and allegiance defines family therapy, not the number of people in the room, the membership of the meeting. The membership of the meeting is, rather, something which the therapist manipulates for particular ends. One approach to the problem of membership, prevalent in Philadelphia and in Wynne's group at NIMH, is to set up a fairly inclusive membership of the nuclear family and continue with it for some time.

The practice is sometimes not to meet if one member is absent, and to treat this as a resistance, called the "absent member phenomenon" by Sonne, Jungreis and Speck (62). This is a safe form of projection, resistances being attributed by those present to the absent member. Such meetings of the whole family may represent the first time they have talked together in any healthy self-awareness of themselves as a bounded group with real relationships and responsibility for their feelings toward each other. Thus, the inclusiveness of the membership has a therapeutic value in itself, as well as supplying information to the therapists not obtainable otherwise.

Others, such as Satir and Bowen, deal with only the marital pair in the main part of the therapy, seeing the whole family mainly to get some information about how the children are expressing the marital conflict or attempting to mediate it. Bowen and Jackson and others have observed that even when the family presents their very disturbed child as their symptom, if the therapist makes it clear that he is going to work with the parents, and the children should go on about their business, the symptoms of the child usually stop at an early stage of the treatment and the trouble in the family does shift to the marital relationship.

There are many rationales for focusing on the marriage, e.g., Bowen's three-generation hypothesis, Shapiro's delineation hypothesis, Bowen's idea of "the triadic one," Satir's child-as-a-messenger, and Tharp's role theories. They might be summarized by the idea that if the illness is in the family group, one should start with the group's leadership, and the parents are, in Satir's phrase, the architects of the family, the place where the main authority ought to be and where the lasting sexual and contractual bond should be cemented. Bowen (13) and Haley (26) carry this further in pointing out that the therapist-husband-wife group forms an essential triangle in which the therapist replaces the child or grandparent, and this puts the therapist in the position of the projected external others who have formed pathological triangles with these parents. The ideas of these authors about triangles seem to us of great theoretical importance and practical power, and are worth more attention than we can give them here.

### **Re-defining the Problem: The Provision of Insight**

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In the remainder of the paper we will compare various approaches to the problem of bringing the family to a new experience of their behavior. Framo describes this as the "middle phase" of family therapy following the initial phase of confrontation and accommodation between family and therapist. It is the phase during which the essential work is done. For Framo, in the ideal case, that is the "understanding and working through... the introjects of the parents, so that the parents can see and experience how those difficulties manifested in the present family system have emerged from their unconscious attempts to perpetuate or master old conflicts arising from their families of origin" (19). This is often called "insight." We note at the outset, however, that there is an argument about what this means, which turns around some of the most fundamental attitudes in the field.

In its most superficial form, the question is, "Do the family members acquire what a classical psychoanalytic writer could call insight in such forms as, say, a resolution of the oedipus complex?" In another form the question is the one posed by Ackerman (1) in answer to the challenge, "Is family therapy a 'deep' therapy or is it merely support, suggestion and environmental manipulation?" He concluded that family therapy was as "deep" as any other because there are no issues or emotions with which the family therapist, or Ackerman at least, does not deal in as intense and decisive a way as a psychoanalyst does.

There is an exchange about this in the pages of *Family Process*, where Haley reviewed Nagy and Framo's book (23). The book, the review, and Haley's reply to a letter of ours about the review (22), are worth reading, because they summarize a major division within the field. This is a conflict between the psychoanalytically oriented and the communication theory oriented partisans, and although much of it is a mere conflict of loyalties, it reflects a genuine dilemma: what should one search for in working with a family? Should one just get them to change what they are doing, on the assumption that a stuck pattern of behavior is the cause of their trouble? Or should one seek a further cause in the subjective experiences of the individual members, which, unchanged, will re-establish the troubled patterns? Haley says the answer to this question lies not in argument but in experience, but there has been no evaluation of our experience that would tell us the answer.

Looking back on it, we think, on the one hand, that the argument was a trade-union dispute about whether analysts or non-analysts do better family therapy, with the implied further question of whether classical individual psychodynamics is an important part of the training of family therapists. On the other hand, politics aside, the question is even more critical and more difficult to answer as we now see it: it is not a matter of the *family's* gaining insight but rather of the *therapist's* doing so. Understanding what is happening in the family, the therapist may interpret it, or arrange a task in the light of it, or reflect on it to himself in the hope that knowing it he will in some empathic way be more useful to the family. Now the question is, does an understanding of the individual motivations put him in a better position to do any of those things? We think so, but until someone does an outcome study of family therapy with that question in mind, our answer will have to be based on personal experience.

Let us proceed by examining several forms of insight or redefinition of experience as they appear in different schemes of therapy.

### **Insight: Projective Identification**

Let us look first at one kind of insightful formulation which turns up so frequently and in so many forms in the writings of different authors that it is worth our particular attention. There is a whole group of phenomena which Klein (38, 39) in individual terms calls projective identification. By this is meant a splitting off of a disavowed part of the self and projecting it onto others. Lyman Wynne points out that in families this results in what he calls a "trading of dissociations" ... "there is an intricate network of perceptions about others and dissociations about oneself in which each person 'locates' the totality of a particular quality of feeling in another family member. Each person receives one or more of the others in a starkly negative preambivalent light and experiences himself in a similar but reciprocal fashion, with the same abhorred quality in himself held dissociated out of his awareness... The fixed view that each person has of the other is unconsciously exchanged for a fixed view of himself by the other. The interlocking result is similar to the system of reciprocal role expectations which sociologists have described in intrafamilial relationships. However, here I refer to a system or organization of deeply unconscious processes, an organization which provides a means for *each* individual to cope with otherwise intolerable ideas and feelings..." (74).

Zinner and Shapiro (76) refer to a "defensive delineation" of the adolescent by his parents so that the adolescent is seen as having qualities which the parent denies in himself. The adolescent, allowing unconsciously for the parents' need to preserve their self-esteem through this denial, shapes his developing identity to fit the parents' delineation.

Nagy (11) locates the prototypes of many such defensively dissociated and projected part objects in the parents' experience with their own parents, thus completing a three-generation picture of this phenomenon which often results in the illness of the developing adolescent of the third generation. He and Paul describe their versions of the therapeutic working through of the parents' attachment to or denial of the grandparent objects as essential to the therapy. Other workers confront the families with these phenomena in other ways, but their importance is widely recognized. We suspect, for example, when Bowen sends his patients on trips to visit their parents and grandparents and in-laws to "establish a person-to-person

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relationship" with each of them and to interview them about their family tree, that one of the effects he achieves is the realignment of fundamental object relations in which those kinfolk serve as distorted part-object representations.

### **Insight: The Active Experience**

We next come to something we think is of central importance in family therapy, not only because it unites so many seemingly disparate practices, but because it is crucial to our own thinking about what we do. This is the idea that the altered perception of family relationships which is the therapeutic *sine qua non* results from an active or participatory or non-verbally immediate experience within the therapeutic hour.

First, as we have said before, the mere act of getting the family members together for treatment implies that something more immediate is going to happen than would be possible if they meet separately to talk about one another. They will have more an encounter than a discussion, more drama than narrative, more theater than literature, and the therapist, to keep himself clear about what is happening will use more the juxtapositions of the stage director than the explications of the *literateur*. Kantor and Hoffman (37) have compared family therapy with Brechtian theater, emphasizing in each the liberating effect of seeing an interaction both as a participant and an observer. The whole subject of nonverbal communication in family therapy was also discussed in a symposium of Zwierling, Schefflen, Jackson, Ackerman, Nagy and others (81), which is well worth reading.

Having worked with this sort of medium for a while, some family therapists and people allied with them have carried this natural property of the family interview further into an interesting array of practices and conceptions. We will conclude our review by putting this array together before the reader. In several ways, these workers seem to be saying that the words people use—the verbal channel of communication—is at best a recapitulation and affirmation of something primarily experienced in a nonverbal mode, and is at worst a means of disguising what is *happening* between people. Family therapy provides a means of getting at what is happening, not as in individual therapy, by explicating the contradictions, connotations and hidden levels of the verbal channel, but by bringing the happening into awareness, manipulating or highlighting its features: seating arrangements, gestures, interruption patterns, tones of voice, laughter, and what Zuk calls "silencing strategies" (77); and visual (symbolic) artifacts, whether natural, such as clothing and posture or intentionally unfamiliar, such as pictures drawn by the family or the reviewing of TV tapes of the interaction.

### **Arranging the Experience**

We present next, in no particular order, examples of what therapists are doing which seem to come under this heading.

#### **The Use of Tapes**

Norman Paul (48), Alger and Hogan (6), and many others including the authors, have written of the practice of using audio or TV tapes of the interaction to give families a chance to observe "from the outside" what is happening. The response to this is often a revelation to the family members because the things attended to are manners of influencing the interaction, especially tones of voice and facial expressions, which are extremely powerful, and of which the members are unaware. These experiences often have the force of an interpretation, without, as Alger points out, the accusatory mode, "let me tell you what you are doing." Paul uses a TV tape from *another* family to put the family before him in an empathic mood from which he wants them to proceed. This is, literally, the use of theater in therapy (51).

#### **Role-Playing**

The use of role-playing and role-reversal has been described by the authors (17) as a means of developing sympathy between family members, but further to our purpose, we notice that it has the effect of making people aware of their nonverbal influencing behavior, since they cannot play the part of another without noticing the discrepancy between what they say as the other person and how they say it.

#### **Family Art Therapy**

Gentry Harris and Hanna Yaxa-Kwiatkowska (40) successfully treated a family with a schizophrenic son by getting them to draw pictures at the beginning of sessions and in connection with impasses. The pictures avoided the level of *verbal* exchange and mystification which Harris says is the schizophrenic's weakest area, and produced enduring images which the therapists and other members could recognize and validate. In accounting for the importance of the visual iconic level, Harris uses an explanation which is similar to Minuchin's explanation of his own technique.

#### **Tasks**

The assignment of tasks, either within the hour or outside it, is a frequent practice in family therapy. We mentioned

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Jackson's "interventions" above. Any such intervention, if the members agree together to try it, even as an experiment, has the effect of putting them in a new behavior pattern with one another and of shaking up their present methods of mutual control. We mention here several kinds of tasks which seem to have a particular relevance to this.

Virginia Satir assigns tasks which make it impossible to continue the old forms of mutually disturbing action. She has a blaming couple sit for five minutes a day, holding hands, facing each other and talking only of their own feelings, or she has an adolescent daughter communicate with her mother only in writing for a week (55). Her insistence that the family adopt her own form of completely unambiguous clarity makes it difficult to shade communication with provocative inflection.

Bowen asks a husband to estimate with accuracy "*what percent* of the time you are successful in getting your wife to blow up at you?" "*How many times* in the last *two* months have you succeeded in turning away when she starts trying to get you worked up? Is that getting better as compared with six months ago?" He carries on a cool, precise, interrogation in these terms, changing from one member of the family to another, asking the next, "what is *your* reaction to *that?*", and thus keeping the whole communication system under his control. No family member responds directly to another in his interviews. The thing to note here is that it is impossible under these circumstances to perform any of the dramatic projective provocations on which family trouble depends—one is induced by the questions and the format to think of the problem as a rational one, full of percentages and frequencies.

We referred above to Bowen's techniques of sending family members on trips to visit parents and in-laws. He instructs them not to "do the same old two-step that you always did when you visited before, but try to get a real person-to-person relationship with them." He suggests settling disputes that have lain dormant for years, and often assigns the specific task of interviewing the relatives about their kin, to get an accurate family history, and find out what the ancestors were really like. The unaccustomed visit, the unusual task, and the emphasis on changing the old dance-step are all ingredients of an experience designed to put the "patient" in benevolent control of the interaction by which he felt victimized before. The taking of the family history is a task with a surprisingly powerful effect on the mutual understanding of both parties: it must be tried to be appreciated.

The authors (17) use an interview format which is the opposite of Bowen's but which has the same objective of changing interaction patterns. We *ask* the family to interact directly while we observe, and wait until we see a sequence being repeated over again which we recognize clearly. We may play a tape back to demonstrate the general form of the sequence we are referring to. We then show them the gestures and postures they use to keep the sequence going. We ask them to try changing these monitoring signals to see if they can stop the sequence. The kind of sequence we are talking about is very similar to the *phasic interaction pattern* described by Nagy and we suspect it is what he is interfering with by interpreting that pattern to the family.

## Minuchin

Salvadore Minuchin's system of treatment is one of the most carefully described in the literature, and we think his description bears a remarkable similarity to what he actually does. He says, in *Families of the Slums* (44), that his method is designed especially for lower class families with an impaired ability to use abstraction and delay: the benefits of the verbal channel of communication. In the light of the comparisons we are making here, it seems to us that his method is not special to that group, but rather describes something of much more general importance.

Minuchin gets the family to talk briefly until he identifies a central theme of concern, and has an impression of who is most involved with it. He also makes a guess at what interrupting, silencing or diverting maneuvers are keeping the discussion from going further. He then assigns the family the task of continuing with their work on this issue, but he gives them specific stage directions, as described above: he rearranges the seating, blocks an interruption pattern, or takes a family member behind the screen where they can observe but not interfere. He paces the family by adopting their mood and tempo at the beginning and then changes it through his example. His questions are in an *enactive* mode: not "*why* doesn't your mother talk to you?" but, "see if you can *get* your mother to talk to you."

## Ackerman

Watching Nathan Ackerman interview a family is always a vivid experience, and sometimes a confusing one because of the strong feelings the observers have about what he does. Sometimes he seems by turns intrusive, insulting, seductive and autocratic. Families and therapists who consult with him, however, generally find that he focuses on important problems of theirs with speed and accuracy, and with liberating effect. If we examine what he does in terms of the comparisons we have been making, we may understand this discrepancy. Ackerman works rapidly, paying careful attention from the beginning of the interview to the nonverbal relationship messages of the family members (60). He engages them directly with his own posture and gaze, and talks to them about the ways in which they are covering themselves from him with their behavior. He spends some time clearing away what he calls "hypocrisy" in the verbal channel and tries to read what the family is telling him directly. He offers himself directly also, not only in the above way, but sometimes as the interview proceeds, his hand,

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the seat next to him, his lap to the children, his handkerchief to the crying mother, a cigarette to a woman who says, "my husband won't let me smoke," his tie to a young man who feels he's not respectable enough (3). He works quite literally as a catalyst. By his availability and what he calls "tickling the defenses" he opens interpersonal valences in the family members which are then free for interaction between them. Once that interaction is going, he interprets it in terms of sex, aggression, dependency, and so on; a language which he now shares with the family.

In addition to the comparison with other forms of nonverbal work, we would make another suggestion here: it is almost impossible for an observer who is listening to the words to be in tune with what is going on in an interview with Ackerman. The later interpretations may sound just intrusive. It is hard to imagine that the family is prepared for it through any change of their defensive position. We suspect also that one of the reasons Ackerman has so few successful imitators is that the personal use he makes of the nonverbal material is almost impossible to teach.

### **Conclusion: Not the Dancer but the Dance**

Looking back now, we are in a position to see some patterns which have been running through our explorations.

We saw first that the family therapist works with the family as a natural group whose members or acts are related to each other in a mutually responsive way so that we may describe them as a *system*, and that the conceptual difficulties of viewing them so come from our arbitrary (cultural) assumption that the individual is the "natural" unit, rather than the group or system. Once we are committed to the idea that the group is the unit to be addressed, we can ask the following questions:

Is there a way of viewing the individual-in-the-group that bridges the gap in terms of two different approaches?: Norman Paul seeks to define a person in the family as suffering unexpressed grief in a way the others have not recognized, and his task is to get everyone to validate that unique experience through empathy, to see the person as a sufferer and not a manipulator of the others. This is the opposite of the position taken by Jay Haley, who would see the family as a group of people trying to influence one another by various means, including suffering.

The group's organization is one level in a hierarchy of open systems, the individual's organization is another. Seen this way, the dichotomy between the group and individual foci is a false one, and both are always true: *behavior which is expressive for the individual is communicative for the group*. For momentary tactical purposes, one may use the approach either of Haley or of Paul, but the richness of the practice of family therapy consists for us in seeing the interlocking of these systems.

The family maintains what Jackson and Haley call its homeostatic organization—and troubled or "stuck" families seem to be particularly concerned with doing so. How does the therapist introduce himself as the new element in the system? *He must do so in such a way as to avoid becoming a regulated part of the system, or he will produce no change*. The therapists we have called conductors enter with their own values and rules of communication strongly in the fore, and in certain crucial respects they take charge. The reactors are more gradual and indirect, but they also eventually require that a key element in the system move the way they want it to.

How is this done? *Our review of the delivery or discovery of the altered sense of family relations, suggests that it is somehow encoded in a level of communication or perception other than the verbal-abstract*: In fact, one of family therapy's reasons-for-being is the experience of some of the early workers that for some people "understanding" or "insight" did not "take"; it was not acted upon unless it was somehow brought forth in the midst of the family.

This suggests that both the family's regulatory system—benign and pathological—and the experience which is the key to change in that system, are embodied in a communication system which is only fully developed and clear when the family are in each other's presence. When they are not present to one another, but represented by verbal or symbolic traces, the system is much more difficult to read, for both them and the therapist. In this way the "conjoint" and "nonverbal" aspects of family therapy are clearly related.

Let us conclude with one scientific and one clinical citation, each of which seems to make this point in a different way.

Albert Scheflen (57, 58, 59) in examining motion pictures of family therapy and other groups, has worked out in some detail a description of repetitive patterns of body positions and shifts, gestures, gazes, paralanguage, etc. These patterns occur in relatively unvarying sequences, enacted over and over again. When the "meaning" of these patterns is analyzed by careful recording of their *contexts* as beginning, ending or changing other sequences they reveal a rather simple grammar of command to, or comment on, relationships in the group. Scheflen suggests that this is how, often outside awareness, the relationships in a group are defined and controlled. Further, the sequences are themselves organized into larger sequences he calls "programs." These programs are participated in by several members, as if they were dances, and have a cyclic, automatic quality quite familiar to both family therapists and watchers of family therapy.

John Bell, in an address we have quoted before (9), described his experience with trying to provide families with insight into their behavior. He began in the old way, relating history to motivation and thus "interpreting" the motives of family members. He also tried a sort of positive approach to family dynamics, saying they must have "good reasons" for the things they do. All this fell flat. He then turned to making rather neutral observations of nonverbal communications between family

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members. He found that at last they did not feel he was accusing or taking sides, and that, having noted what was going on, they provided their own "insight." This agrees with our experience.

Bell went on to suggest that his experience tells us something about "emotional insight." He said: "As a consequence of this technique and the reactions that occur, we have revised our theories about the relationship of insight to action. We have concluded that in part we have seen the sequence entirely the wrong way about. Whereas formerly we assumed that insight ultimately led to action by some unknown process, we have now concluded that action may be seen more fruitfully as coming before insight. Action has the primacy rather than insight. That is, insight and action do not take place in some parallel psychological processes, but insight is within the mainstream of action. What is even more important, we have concluded that the action that leads to insight takes place with, for and because of others—that it is a process of, and in a social group rather than of and especially within an isolated individual. Insight has the appearance of identity with an individual because it is abstracted from the social action, and, as all thinking, is seen from the point of view of a person who is acting. Thus, to call it intellectual insight is indeed appropriate. But we have traditionally overlooked the social matrix within which this occurs, forgetting that the individual is never independent, a fact which becomes especially obvious when the whole family group is before us."

What interests us, is the way in which these observations again suggest that the action in a group is primary, the declarations of the members secondary. Especially in families, we are doing a dance, listening only rarely to what we say to one another. Family therapy is the bringing together of the family and the therapist in order to experience that pattern of action and change it.

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<sup>1</sup>The following is a list of people with whom we had more than a reading acquaintance: Virginia Satir, Ivan Boszormenyi-Nagy and Geraldine Lincoln, James Framo, Murray Bowen, Frank Pittman and Kalman Flomenhaft, Salvadore Minuchin, Braulio Montalvo, Gerald Zuk, David Rubenstein, Nathan Ackerman, Norman Paul, Don Jackson, Jay Haley, Jerry Jungreis, Lyman Wynne, Hanna Kwiatkowska, Carl Whitaker, Israel Zwerling, Harold Searles, Roger Shapiro, John Zinner, Gentry Harris.

<sup>2</sup>A note on our sources for Jackson. There are, unfortunately, only three descriptions written by himself of Don Jackson's work with families (30, 33, 35). The rest of our acquaintance with him was through lectures in which he presented tape fragments and anecdotes, a movie of a demonstration interview, and the excellent interview in Haley and Hoffman's book (27). He also discussed two tapes with us during a visit.

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