

A Didactic Course for Family Therapy Trainees

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We are indebted to Mr. Benjamin Schore whose support made the purchase of materials for this course available, to our students who have contributed to the development of this course, and to Dr. Jose Barchilon who in years past taught us the value of studying works of fiction in deepening our understanding of human problems.

This paper describes the rationale, procedures, and reading materials used in a didactic course included in a training program for family therapists.

INTRODUCTION

Family therapy training has been largely clinically oriented, due, in part, to the newness of the field and the consequent dearth of good literature. Bodin's recent guide to "Family Therapy Training Literature," (2) concluded that "surprisingly little has been written explicitly about the content of (clinical) family therapy courses." There is no mention in his review of *any* didactic course on the theory and practice of family therapy.

This contribution is an outline and brief description of a course which has evolved and been added to the previously reported clinical training program at the Albert Einstein College of Medicine (3). We offer this course to trainees of whom most have had at least a full year of experience in conducting family therapy. This is in keeping with our view that the experience of working with families is the primary learning experience and ought to precede premature conceptualization, especially in a field where theories are in their infancy.

Course Structure

A. Reading Material

We presented the seminar members with a loose-leaf volume of reprints of as many of the readings as we could, especially those more difficult to find. This effort on our part was more than repaid by the care with which the works were read.

B. Leadership

The two of us taught the seminar together. Joint teaching has paid off in this as in most of our other (clinical) teaching, in the obvious sense that having two teachers insures against absence, and much division of labor is possible. Beyond this, the dual leadership had some consequences for the character of the meetings themselves.

The one who felt most familiar with, interested in, or responsible for the day's material, led the discussion. The other made notes and took the role of the silent but occasionally provocative student. Thus the leader could concentrate on focusing on certain questions, while his partner could look for difficulties the group was having with the material and supply missing connections, which the leader, because of his involvement, was overlooking. When it worked well, there was little for the co-leader to do, but the relationship supplied a model for the group.

Obviously, also, the evaluation and revision of the course as it went along was much more fruitful than it could have been if we had worked alone. We kept up each other's spirits.

C. Work Assignment

We expected all seminar members to read every article and each week assigned one member for criticism of the article and one for defense. This made it possible to focus issues early in the discussion. The seminar met weekly for one and a half hours for a total of about forty sessions.

D. Membership

The course was open to any one in the Albert Einstein Medical School complex who had had experience in family therapy or research. It thus included a vertical range from professors of psychiatry to people still in training and a broad lateral range of disciplines. This provided a forum for exchange of ideas, something that was unique in the institution. We have conducted the seminar for twelve to fifteen participants at a time and feel that fifteen is the upper limit for active

involvement by everyone.

Curriculum

When we planned the seminar, the following areas emerged rather naturally. We shall describe them together with some of the issues raised in each of them. References to the curriculum reading will be cited by a letter prefix referring to the course bibliography as distinguished from the concluding bibliography. (e.g. B-3)

A. *Scientific Basis*

Before plunging into the literature on family theory and therapy, we thought we ought to ask a somewhat naive question: How much "scientific evidence" was there that "family factors," in fact, could be viewed as "etiological agents" in the production of "mental illness?" We chose what we felt were the better studies representing the clinical, epidemiological, field, and laboratory approaches to this knotty problem.

One of the most interesting clinical descriptions of a family is to be found in Freud's case of Dora. (A-3) The correlation between family circumstances and Dora's symptoms is elegantly demonstrated. Historically the significance of this case is, of course, the discovery of the importance of infantile sexuality, the function of dreams, and intrapsychic factors in general. In fact, Freud's elucidation of Dora's complicity in the family system due to her Oedipal and unconscious homosexual wishes reflects the present day family therapy view of the necessary collusion of all the members of any system to keep it going. The case lent itself beautifully to the age-old question of "whether it is in ourselves or in our stars that we are underlings." The relative significance of constitution, infantile experiences, and current social forces in the etiology of mental illness (hysteria in this case) emerged in the discussion. Incidentally, one might similarly start such a course with Freud's case of Little Hans, the family aspects of which have previously been discussed by Streaun, (6).

Other psychoanalytic writers such as Main, Johnson, and Szurek (A-4) afforded a view of what additional theory is required by the shift to working concurrently (though not conjointly) with the relatives of the identified patient.

With the work of Thomas, Birch, and Chess (A-5) we returned to the interplay of temperament and environment in a more systematic though still primarily clinical study. Problems of sampling, clinical biases, and interpretation of results were explored in greater detail.

We turned from these clinical impressions to read some material describing attempts at objective specification of the *experience* end of the temperament-experience interaction. We considered hard data such as family structure, father-absence, or maternal death (A-7) and soft data such as Cheek's characterization of the mothers and fathers of schizophrenics (A-6). Most of the studies could be seriously faulted for their methodology. Even the best, such as Wynne and Singer's (A-8) studies of the parental contribution to thought disorder in schizophrenia, were unsatisfying in the sense that they all seemed to represent such a small piece of the clinical picture. Wender's paper on *Necessary & Sufficient Conditions in Psychiatric Explanation* (A-10) summed this problem up quite well: the examination of a single variable as the partial cause of an event, which occurs rarely and has many causes, will yield a very low predictive grasp on the event even though it has a high level of statistical significance. Wender's review of the genetic studies of schizophrenia, the best paper we could find on the temperament end of the formula, suffers from the same difficulty (A-10).

At this point, we abandoned the medical model of diagnosing a sick or deviant patient and then seeking the etiological cause in his family. We assembled several papers which could be read as descriptions of the activity of the family as a disordered or malfunctioning *group*: Ravich and Bauman and Roman (A-11), Ferreira and Winter (A-9), and Haley (B-19). We then looked back on the Wynne & Singer, Reiss, and Cheek papers and viewed them in the same light. From this standpoint, the family can be seen as setting about a task (provided either by life or by the experimenter) and doing it well or badly. The trouble they are having with it appears in each study to be strikingly the same: they are spending time managing their relations with each other rather than thinking about the task. They are keeping cool rather than getting work done. (Parsons would say they are occupied with pattern maintenance at the expense of means-ends relations.)

Once that point of view had been reached, we were ready to appreciate work such as Schefflen's on the ethology of the family as an interactive group (A-12). We were also ready to be open to theoretical contributions from a wide variety of disciplines; conventional psychology and psychiatry with their emphasis on mind and illness had not been of sufficient help.

The reaction to this material varied, depending upon the previous experiences and frames of reference of the participants. What emerged time after time was an appreciation of the conceptual and technical complexities involved in the testing of any etiological hypotheses. We succeeded in establishing an attitude of scepticism towards single-factor etiological investigation. As a consequence the seminar members moved towards developing their own formulations about the nature of normal and disturbed family process.

B. *Theory*

Aware that psychiatry has yet little to offer in the way of a comprehensive theory of families, we included a brief survey of the theories and descriptions of other disciplines. Thus we reviewed the work of some historians, anthropologists, sociologists, and ethologists.

We considered the family as a social entity, its history and structure, rather than the individual family member, his biology and psychology. We studied the family as a collection of institutions (such as marriage), of values (such as constancy), and of motivational systems (such as sexuality). We began with Aries' *Centuries of Childhood* (B-14) to study the historical development of the idea of 'the family', especially of such values as intimacy, privacy, and the specialness of children. We contrasted the cultural anthropology of Levi-Strauss (B-15) with the biology of Desmond Morris (B-16) for two different views of the family's universality. This led to examination of the extent to which some of its institutions, such as sex differences, childrearing, and incest-taboo, are biologically or socially obligatory. Readings in Parsons (B-17, 18) showed that one theory of the sociology of small groups would require these institutions to mesh together. We then read system theorists such as Haley and Jackson (B-19), who construct a family theory which dispenses with almost all the values, institutions, and motivations the others have required. At the end of such a quick tour of the field we were at least in a position to have a second look at the theoretical assumptions on which our clinical work is based. We could re-read such psychiatric theorists of family therapy as Boszormenyi-Nagy (B-20) and Laing (B-20) with the recognition that their task of building a bridge between the theories of individual and social function has only begun.

C. Therapy

Having surveyed the question of 'scientific evidence' and available theories of the family, we turned in the final section of the course to the writings of the major family therapists while also viewing films or videotapes of their work. In addition, we read individual papers considered classic on specific issues of technique.

This final section occupied half the time. We tried to appreciate what each of the therapists was trying to accomplish and to identify the special techniques he used to get that result. In this way we concentrated on the unique characteristics of each one, their philosophy, personality and tactics, rather than on what they all have in common. It is difficult to abstract a useful general theory or description of family therapy from the literature (see Beels & Ferber, *Family Therapy: A View*, (1) for one such attempt) and we believe that the most important benefit that can be gained from reading the literature of family therapy is to secure a collection of models and scenarios from which the student chooses the most appropriate for himself and the family he is treating.

D. Fiction

Both as a relief from some of the weighty reading and as a source of further perspectives on our subject, we read a classic work of literature before each of the above three sections and at the end of the course (A 1, A 13, B 22, C 37). Much of our other reading had emphasized that the 'modern nuclear family' we live in and treat is a special and unique structure when viewed historically. We included in the format of our readings works of fiction, that illustrated the changing structure of the Occidental family from Biblical times to the present. An analysis of one of these works, T. S. Eliot's *Cocktail Party*, in the framework of family therapy has already been written by one of us (F.S.) (5).

IV. Course Bibliography

Section A.—The Family as Etiologic Agent in Psychopathology

(1) Organization meeting and discussion of Chapters 1-10 of *The Book of Genesis*.

(2) *Book of Genesis*, Chapters 11-50.

(3) Freud, S. "A Case of Hysteria," *Standard Edition*, Vol. 7, Part I, The Clinical Picture, and Part IV, Postscript, pages 15-63, 112-122. Hogarth Press, London.

(4) Bell, N. and Vogel, E. "The Emotionally Disturbed Child as the Family Scapegoat," *Psychoanal. and Psychoanal. Rev.*, Vol. 47, 1960. Also, in *A Modern Introduction to the Family*, edited by the same authors, pp. 382-397. Free Press, N.Y. 1960.

Johnson, A. and Szurek, S. A. "The Genesis of Antisocial Acting Out in Children and Adults," *Psychoanal. Quart.* Vol. 21, pp. 323-343, 1952.

Main, T. F. "Mutual Projection in a Marriage," *Comprehensive Psychiat.* Vol. 7 #5, 432-449 Oct. 1966.

(5) Rutter, M., Korn, S., Birch, H. G., "Genetic and Environmental Factors in the Development of 'Primary Reaction Pattern,'" *Brit. J. Soc. Clin. Psychol.* Vol. 2, pp. 161-173, 1963.

Thomas, A., Chess, S., Birch, H., *Temperament and Behavior Disorder in Children*, New York University Press, 1963.

(6) Cheek, F., "The Father of the Schizophrenic," *Arch. Gen. Psychiat.* Vol. 13, pp. 336-45, Oct. 1965.

Cheek, F., "Schizophrenic Mothers in Word and Deed," *Fam. Proc.*, Vol. 3, #1 pp. 155-177, 1964.

(7) Barry, H., Jr., Lindemann, E., "Critical Ages for Maternal Bereavement in Psychoneurosis," *Psychosom. Med.*, Vol. 22 #3 pp. 166-181. May-June, 1960.

Anderson, R., "Where's Dad?" *Arch. Gen. Psychiat.* Vol. 18, pp. 641-649. June, 1968.

Ferber, A. et al, "Current Family Structure: Psychiatric Emergencies and Patient Fate," *Arch. Gen. Psychiat.* Vol. 16 pp. 659-667, June, 1967.

Burton, R. V., Whiting, J. W. M. "The Absent Father and Cross Sex Identity," *Merrill-Palmer Quart.* Vol. 7 #2, pp. 85-95, 1961.

(8) Wynne, L. and Singer, M. T. "Thought Disorder and Family Relations of Schizophrenics," Part I and II, *Arch. Gen. Psychiat.* Vol. 9, pp. 191-206, 1963.

Part III-IV, *Arch. Gen. Psychiat.* Vol. 12, pp. 187-212, 1965.

(9) Reiss, D. "Individual Thinking and Family Interaction," I-*Arch. Gen. Psychiat.* Vol. 16, pp. 80-93, 1967.

II-J. *Psychiat. Res.* Vol. 5 pp. 193-211, 1967.

Ferreira, A. and Winter, W. D., "Family Interaction and Decision-Making," *Arch. Gen. Psychiat.* Vol. 13; pp. 214-223, 1965.

(10) Wender, P. "On Necessary and Sufficient Conditions in Psychiatric Explanation," *Arch. Gen. Psych.* Vol. 16, pp. 41-47, 1967.

Wender, P. "The Role of Genetics in the Etiology of the Schizophrenias," *Amer. J. Orthopsychiat.* 39 (3): 447-458. April, 1969.

(11) Ravich, R. A. "The Use of an Interpersonal Game-Test in Conjoint Marital Psychotherapy," *Amer. J. of Psychother.* Vol. XXIII, #2, pgs. 217-229, April, 1969.

Bauman, G. and Roman, M. "Interaction Testing in the Study of Marital Dominance," *Fam. Proc.*, Vol. 5 #2 pp. 230-242, 1966.

(12) Schefflen, A., "Human Communication: Behavioral Programs and their Integration in Interaction," *Behav. Sci.* Vol. 13 #1 pp.44-55, Jan. 1968.

Schefflen, A., "Explaining Communicative Behavior: Three Points of View," pp. 93-98 in N. Ackerman, F. L. Beatman and S. Sherman, (Eds.) *Expanding Theory and Practice in Family Therapy*, Family Service Assn. of America, N.Y., 1967.

(13) Work of Fiction—(Aeschylus' *Oresteia* Trilogy)

Section B.—Theory

History

(14) Aries, R., *Centuries of Childhood, A Social History of Family Life.* pp. 9-33 and pp. 339-419. Vintage Random, 1962. pap.

Erikson, E., *Ghandi's Truth*—"Seminar in Ahmedabad," pp. 33-45 W. W. Norton, N.Y., 1969. pap.

Anthropology

(15) Levi-Strauss, C., "The Family," Ch. XII in *Man, Culture, and Society*, edited by Shapiro. Harry L., 1956, Oxford University Press.

Mead, M., *Sex and Temperament*, Ch. 17 and 18. Dell, Apollo, pap.

Primatology

(16) Morris, D. *The Naked Ape.* Chapters 1, 2, 3 and 5. Dell, N.Y. 1969. pap.

Mead, M., "Totem & Taboo: Reconsidered with Respect," *Bull. Menninger Clinic*, Vol. 27 #4, 185-199, July, 1963.

Sociology

(17) Burgess, E. W. "The Family as a Unit of Interacting Personalities," in *The Family*, Vol. VII, pp. 3-9, March, 1926.

Parsons, T. "The American Family—its Relations to Personality & to The Social Structure" and "Family Structure and the Socialization of the Child" in T. Parsons and R. F. Bales, (Eds.) *Family Socialization and Interaction Process*, (chap. 1 & 2) Glencoe, Ill., Free Press, 1955.

(18) Parsons, T. "The Father Symbol: An appraisal in the Light of Psychoanalytic & Sociological Theory." "The Superego and The Theory of Social Systems." "The Incest Taboo in relation to Social Structure and the Socialization of the Child." in T. Parsons (Ed.), *Social Structure and Personality*, (chap. 1, 2, & 3), New York, Free Press of Glencoe, 1964.

Systems

(19) Haley, J. "Toward a Theory of Pathological Families," in Boszormenyi-Nagy, and G. Zuk, (Eds.) *Family Therapy*

and *Disturbed Families*. Science and Behavior Books, Palo Alto, 1967.

Jackson, "The Study of the Family," *Fam. Proc.*, Vol. 4 p. 1, 1965.

Jackson, "Family Rules: The Marital Quid pro quo," *Arch. Gen. Psychiat.* Vol. 12: 589, 1965.

Psychiatry

(20) Boszormenyi-Nagy, I., "A Theory of Relationships, Experience, and Transaction" and "Intensive Family Therapy as Process", Chapters 2 and 3 in Boszormenyi-Nagy, Ivan & Framo, James (Eds.) *Intensive Family Therapy*, New York, Hoeber Medical Div., Harper and Row, 1965.

(21) Laing, R. D., "Individual and Family Structure," in P. Lomas (Ed.) *The Predicament of the Family*. Hogarth Press, London, 1967.

Mischler, J. and Waxler, N. "Family Interaction Process and Schizophrenia", *Int. J. of Psychiat.* Vol. 2 #4, July, 1966.

Fiction

(22) (*Pride and Prejudice*, Austen, J.)

Section C.—*Family Therapy Literature*

(23) Bowen, videotapes¹

(24) Bowen, M. "The Use of Family Theory in Clinical Practice," *Compr. Psychiat.* Vol. 7, #5: 345-374, 1966.

(25) Ackerman-Nathan, *Movie of Hillcrest Family*²

(26) Ackerman, N. *Treating the Troubled Family*, Chapters containing interview transcripts. Basic Books, New York, 1966.

(27) Whitaker, C. *Movie of Hillcrest Family*²

(28) Whitaker, C. "Psychotherapy with Couples," *Amer. J. Psychotherapy* 12, 18-23, 1958.

Whitaker, C. "Acting out in Family Psychotherapy," in *Acting Out—Theoretical and Clinical Aspects*, Ed. by Abt, L. E. and Weismann, S. L. Grune and Stratton, N.Y., 1965.

Whitaker, C. Warkentin, J., "Countertransference in Family Treatment of Schizophrenia," in I. Boszormenyi-Nagy and James Framo (Eds.) *Intensive Family Therapy*, New York, Hoeber Medical Div., Harper and Row, 1965.

Whitaker, C. interview in Jay Haley, and Lynne Hoffman *Techniques of Family Therapy*, Basic Books pp. 265-360. 1968.

(29) Jackson, D.,—*Movie of Hillcrest Family*²

(30) Jackson, D., and Weakland, J., "Conjoint Family Therapy, Some Considerations on Theory, Technique and Results," *Psychiatry*, 24: 30-45, 1961.

Jackson, D., and Yalom, I., "An Example of Family Homeostasis and Patient Change," in J. Masserman (Ed.) *Current Psychiat. Therapies*, Vol. 4, New York, Grune & Stratton, 1963-64.

(31) Satir, V., *Conjoint Family Therapy*, Palo Alto, Science and Behavior Books, 1964.

(32) Zuk, G., "Formulations of a Technique and Its Theory," *Arch. Gen. Psychiat.*, 16, 61-79, 1967.

Haley, J., *Strategies of Psychotherapy*, Chap. 6 and 7, New York, Grune & Stratton, 1963.

(33) Paul, N., "The Role of Mourning and Empathy in Conjoint Marital Therapy," in G. Zuk and I. Boszormenyi-Nagy (Eds.) *Family Therapy and Disturbed Families*, Palo Alto, Science and Behavior Books, 1967. pap.

Paul, N. and Grosser, G., "Operational Mourning and its Role in Conjoint Family Therapy," *Comm. Ment. Health J.*, 1, 339-345, 1965.

(34) Schaffer, L., Wynne, L., Day, J., Ryckoff, I. and Halperin, A., "On the Nature and Sources of the Psychiatrist's Experience with the Family of the Schizophrenic," *Psychiatry*, 25, 23-45, 1962.

Wynne, L., "The Study of Intrafamilial Alignments and Splits in Exploratory Family Therapy," in N. Ackerman, F. Beatman and S. Sherman (Eds.) *Exploring the Base for Family Therapy*, New York, Family Service Assoc., 1961.

Wynne, L., "Some Indications and Contraindications for Exploring Family Therapy," in I. Boszormenyi-Nagy and J. Framo (Eds.) *Intensive Family Therapy*, New York, Hoeber Medical Div., Harper and Row, 1965.

(35) Minuchin, S., Montalvo, B., Guerney, B., Rosman, B., and Shumer, F., *Families of the Slums* New York, Basic Books, 1967.

(36) Friedman, A. *et al.*, *Psychotherapy for the Whole Family*, Chap. 4, 5, 6, 7, 11, 12, 14, 16, 19, 23. Springer, 1965.

Fiction

(37) (T. S. Eliot—*The Cocktail Party*) or (T. S. Eliot, *The Family Reunion*.)

(38) *Conclusion & Discussion*

V. Conclusion

What function does a literature survey have in a primarily treatment-oriented training program? We wanted to emphasize the variety of treatment approaches continuing to appear in the field and to prepare the trainees to search their own experience for the combination of therapeutic philosophy, therapists' temperament and outlook, and type of family problem, leading to effective treatment over the years of a therapist's development. In the absence of objective studies, the only criterion of success we have is this slow sorting out of approaches. A literature survey, then, should both challenge whatever preconceptions the trainee brings with him into the field and offset the parochialism that is bound to exist in any one training center.

To this end we wish to emphasize that the specific assigned reading could easily be replaced by other readings. The value of the seminar is the forum provided for the discussion of the underlying conceptual issues.

It is the confrontation of these issues that provides the less practical, but ultimately more important reason for the variety of readings in the etiology and theory parts of the course. We are in the midst of a development in the behavioral sciences, rather similar to that in physics in the 20's described by Kuhn (4). Some of the venerable, individually centered theories have had limited applicability. We are being challenged to come up with ideas of greater generality and deeper grasp about the interaction *between* people in a variety of situations. We hope that family therapy and the study of natural groups are staging areas for the next development in behavioral science. For this two things are needed. One is the maintenance of a common language by building concepts from the older and the developing disciplines. The second is the maximum openness to new theories and approaches.

REFERENCES

1. BEELS, C. C. and FERBER, A., "Family Therapy: A View," *Fam. Proc.*, 8, 280-318, 1969.
2. BODIN, A. M., "Family Therapy Training Literature: A Brief Guide," *Fam. Proc.*, 8, 272-279, 1969.
3. FERBER, A. and MENDELSON, M., "Training for Family Therapy," *Fam. Proc.*, 8, 25-32, 1969.
4. KUHN, T. S., *Structure of Scientific Revolutions*, Chicago, Phoenix-University of Chicago Press, 1962.
5. SANDER, F., "Family Therapy or Religion: A re-reading of T. S. Eliot's The Cocktail Party," *Fam. Proc.*, 9, 279-296, 1970.
6. STREAN, H. S., "A Family Therapist Looks at 'Little Hans,'" *Fam. Proc.*, 6, 227-234, 1967.

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