

## **Family Therapy**

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Focus of Individual Therapy is on Person while Family System Therapy is on Family and Person.

A new Holistic way of Thinking- instead of linear causality viz. A causes B. it is circular causality (Goldberg and Goldberg, 2003).

So no one exists as in isolation. Thus, focuses has shifted from a study of mind of individual to a focus on the Behavioral consequences of Interpersonal relationships.

### **Aim of Family Therapist**

To assist the family and individual through working with the family as a system.

Beginning in 1929 marriage consultation center opened in New York.

1941-American Association for marriage and counselling (AAMC) formed

1941- name changed to American Association of Marriage and family counsellors

Family therapy movement in 1950 which has 2 origins-

1. Families with one or more child who had Schizophrenia (Troubled Families)
2. Independent work of Clinician in family based treatment.

Palo Alto Group: Schizophrenia and family

### **Communication|**

Pioneer name in family therapy Bateson, G. and others on Schizophrenia project.

Important concept of this study- Double Bind messages in such families usually from parent to child (A central/ core aspect of parent child interaction).

The child repeatedly receives 2 related but contradictory messages at two levels from the parent (inconsistent).

### **(Ackerman, Whitaker and Bowen)**

Ackerman trained in PA is the pioneer of early family therapy movement.

Concerned about intrapsychic effects of families on individuals. Families seen by him as “emotionally separated” into competing fractions or dynamic conditions viz mother and daughter. Difficulties within families:

- Interlocking Pathologies (Because the problems of one person could not be understood separately from those of other family members).
- Ackerman- advocated all family members participation in therapy sessions besides individual’s sessions of some.

- Family therapist should be lively, spontaneous and emotionally involved with families.

**Whitaker Carl-** is among the first therapist to treat even in late 1940's. Treated as the dean of "Experiential Family Therapy"

Nicholos and Schwartz (1998) conceived troubled families as "emotionally dead". Emotionally rigid into stereotyped routines.


An emotionally alive and spontaneous therapist can help them break free of this and be more authentic. They advocated the use of co-therapy (Working together with couples and families). Such spontaneous approach co-therapist provides invaluable help for therapist to detect and modulate counter transference reactions.

Final co-originator of family therapy is **Bowen Murray (Most influential)**

He sees conceptually family as "an emotional unit, a network of interlocking relationships best understood when analyzed within a **multigenerational** or historical framework (Goldberg and Goldberg, 2008)

### **Multigenerational Family Therapy**

8 key points:

- **Differentiation of Self-** Balance between appropriate connectedness to others and autonomous functioning key to psychological health.
- **Triangulation-** When uncontrolled anxiety between two members cause the third angle/ person.
- **Nuclear Family Emotional System-** Only way to resolve current family problems is to differentiate from family of origin.
- **Family Projection process-** A tendency in mother – father - child  , for parents to select the most vulnerable child, one having least differentiation of self and most fusion with a parent.
- **Emotional Cut Off-** Child least involved in family projection is likely to escape from family disfunction by putting geographic distance between self and family.
- **Multigenerational Transmission Process-** Basic patterns and family assumptions about gender role, finances, coping skills passed on from one generation to another generation.
- **Sibling Position-** Birth order shaped a person's future relationships along with assumptions linked this order.
- **Societal Regression-** Problem of differentiation and individuation are reflected in a society as a whole.

### **Goal of Bowenian Therapy**

- (i) To decrease anxiety.
- (ii) To increase differentiation of self
- (iii) To establish healthy emotional boundaries between family members.

## Key assumptions and concepts of System's Theory

S.No.	Concepts	Definition
1.	Wholeness and Interdependence	- Systems organization as a whole - All elements interdependent
2.	Circular Causality	- Members of systems mutually influence each other
3.	Equifinality	- Start anywhere to solve problem
4.	Homeostasis and change	- Families seek equilibrium and strive to meet new challenges
5.	System, Subsystem triangles	- Family comprise of all three
6.	Boundaries, rules and Patterns	- Subsystems within families - Separated by Boundaries

## Assumptions

1. Systems are organized wholes and elements within a system are necessarily interdependent.  
Families more than sum of individuals and includes all interactions.  
Each member in some way depend on the behavior of other members.  
Interactional Patterns important for understanding and treatment.

2. Circular Causality and Equifinality  
"The irreducible unit is the cycle of interaction"

-Minuchin

Equifinality- any family problem, regardless of it's origin may be solved at any time in the system.

3. Homeostasis and Change  
Family homeostasis- a nonstatic, dynamic state of equilibrium  
Homeostatic processes in family- adaptive  
In Disturbed families- symptoms and mal adaptive behavior also as part of system-  
Resistance to change in therapy  
Symptoms serve a function in families and also maintain a balance.

4. Systems, Subsystems and Triangles  
Parents- Subsystem  
Children- Subsystem  
Grandparents- Triangle

Triangulation- (a) Anxiety develops in intimate relations  
(b) In stress a third person is recruited into the relationship to decrease anxiety and conflict (Bowen, 1976)

The conflict is not addressed in long run (Conflict dyad- couple)

5. Boundaries, Rules and Patterns

Concept of emotional boundaries between subsystem of a family- proposed by Minuchin

Boundaries- Invisible barriers surrounding individuals and subsystems regulating contact, protecting independence of family and subsystem.

Diffuse boundary- enmeshment rigid- lack of emotional contact

(This covers the development of family intervention, key assumptions and systemic approach).