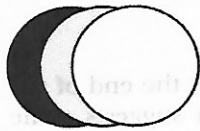


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Introduction

Family life in the West on the one hand has typically been seen as private, as a haven – yet at the same time there have been repeated attempts to explore, intervene in, direct, discipline and educate families. There have been attempts to correct the morals of the so-called 'feckless' or 'irresponsible' families, to see single-parent families as 'welfare scroungers' and so on. Aside from such overt attempts at shaping family life and conduct there is a proliferation of more covert and insidious influences, such as images in magazines, television and films about what is desirable and acceptable – from interior decor to children's education and sexual practices.

These images and stereotypes have spread further to embrace not just families but also the activities of professionals in the business of bringing about change in families. Systemic and family therapy, like other therapies, has changed and developed to acknowledge that a consideration of people's understandings and how these are related to the culture in which they live is vital. There is a growing overlap between the various models developed since the 1950s, the psychological frameworks that professionals employ, and 'ordinary' people's knowledge. Most people these days have powerful ideas and expectations about what therapy will be like as well as their own explanations about what is wrong and what should change.

In this introductory chapter we will consider some voices from people who have experienced systemic and family therapy and from the therapists who have worked with them. How do people experience this process called systemic and family therapy? Is it really experienced as helpful? Do they feel that something has been done to them? How does it change their relationships with each other? Is there some kind of magical experience that means severe problems can change and disappear?

Experiences of systemic and family therapy

A family's view

What follows is an interview with the Taylor family at the end of the last of five one-hour family therapy sessions which suggests some answers to the questions above. Present were Mr and Mrs Taylor and their daughter Barbara (aged 17). The parents had separated prior to Barbara developing a severe eating disorder (anorexia). She had been an in-patient in an eating disorder unit and had taken part in family therapy towards the end of her stay in the unit.

Interviewer: What were your expectations of what this [family therapy] would be like?

Mrs Taylor: We thought it would be pretty stilted for a start and wooden and difficult to talk, and horrible long silences while everyone was staring at their feet and hoping that someone would say something and a wish not to expose the personal things, sort of . . .

Mr Taylor: Being analysed I think . . .

Mrs Taylor: Yes, wanting to curl up and hide everything rather than wanting to properly talk about it, that's my view before we came.

Mr Taylor: Mine was we don't need this. But we've got to go because we have been asked. I've softened about that since because we've got on well.

Interviewer: What about you Barbara?

Barbara: I thought it was a really bad idea. I thought it was going to be awful, I just wasn't going to say anything at all. Being put on the spot and made to say things that you didn't really want to . . .

Interviewer: How has the therapy been different to your expectations?

Mrs Taylor: I thought it was much easier to talk. I was much more relaxed, I was quite surprised and impressed about how easy it was to talk. We all talked, particularly Harry [Mr Taylor], he doesn't like talking. I've been impressed how my family, we've all talked together, talked about things much easier than at home, possibly because you're the adjudicator and perhaps triggered off questions that would have been difficult to get round to in a sensible way in a more intense claustrophobic atmosphere at home when we are getting wound up about talking about things.

Interviewer: Barbara?

Barbara: [laughing] I don't know, Mum sort of said it all. Yes, it's been a lot easier here I think.

Interviewer: [to Mr Taylor] How's it been different to what your expectations were?

Mr Taylor: I didn't feel that you were analysing us. It just felt like a discussion which felt like a relief I suppose . . .

The extract suggests that the Taylor family held a variety of powerful expectations regarding what the experience of family therapy was going to be like. Some of these seem to resonate with general conceptions of therapy based on the popular views of psychoanalytic therapies, for example that the experience would be emotionally painful and embarrassing.

The family goes on to discuss what they found particularly helpful and unhelpful during the course of their therapy:

Interviewer: If you were to put your finger on it what would you say would be the most useful part of what you experienced? And the other side of it, what was the least useful?

Mrs Taylor: I thought what was most useful was hearing Barbara talking about things . . . to hear what was going on in her head . . . can't think of anything that was not useful . . .

Barbara: Yeah, getting my point of view across rather than getting into an argument.

Mrs Taylor: I thought these cameras and the two-way mirror would be a bit off-putting but in fact it hasn't bothered me at all . . .

Interviewer: Could you focus on anything that strikes you as a turning-point or a critical moment in the sessions?

Mrs Taylor: Yeah I can, when Barbara first put her point of view . . .

Mr Taylor: She criticized us [laughter].

Mrs Taylor: Yeah and it's the first time I got an insight into what she was thinking, and it was a big surprise because she was talking in front of you . . .

Barbara: What was I saying? I can't remember.

Mr Taylor: You were saying that I was making you nervous, talking about you eating, not eating enough . . .

Mrs Taylor: A particular example of how . . .

Mr Taylor: That's right I'd done something . . .

Mrs Taylor: Focusing on something we had a go at her about.

Interviewer: It was about not having milk in her cereal?

Barbara: It was because you [Mr Taylor] had only full-fat milk and I watered it down and you said something like . . .

Mr Taylor: A sarcastic comment . . .

Barbara: Yeah . . .

Mrs Taylor: And I'd given you an evil look . . .

Interviewer: Do you have a main memory [of the sessions] Barbara?

Barbara: I suppose it was that as well because I was thinking about that a lot and I wasn't going to say anything but perhaps it made me angry in some ways . . . it felt good, I said what I meant . . .

Mrs Taylor: We had to listen to you and take you seriously.

Barbara: Yeah I thought you would say I was being stupid or something . . .

Mr Taylor: It's pretty rare that you criticize us.

Mrs Taylor: No it's not, you do me . . .

Barbara: Yeah, I do it quite a lot.

Mrs Taylor: More and more . . . [laughter]

For the Taylor family the initial prospect of family therapy was clearly quite threatening and anxiety provoking.

Two therapists' views

For therapists too the experience of working with a family embraces a variety of expectations and feelings ranging from apprehension to excitement, competence and impotence at the prospect of being able to assist with what at times appears to be insurmountable mountains of distress. The following is one therapist's description of his experience of family therapy:

The first meeting with a family is often tinged with a sense of apprehension similar in some ways to other important personal meetings. In some ways it reminds me of the dual feelings of anticipation and apprehension of going to a party or meeting a new group of students, where I will meet strangers who I may in time become close to, or even good friends with. Your thoughts turn over questions, will we get on? will we be able to connect? will I be competent? My feelings also tend to alternate between a pressure that I should be an 'expert' and need to take charge, to make things happen and alternatively an attempt to reassure myself that it is not my role to do that, things don't work that way.

I still feel an enduring enthusiasm and excitement about meeting families and a sense of privilege of being allowed into their personal world. Even after 16 years of working with families I find myself being surprised at the diversity, complexity and uniqueness of the ways they live their lives. I think of families

through a metaphor of a snowflake – every snowflake has some structures and elements in common in terms of its physical properties but each also has a unique structure. Working with families I am looking for the patterns that they share but also for the creativity and uniqueness.

Perhaps one of the overriding impressions I have about family therapy is that I anticipate that early on I may feel engulfed, confused, overwhelmed and sometimes even despairing that I can help to ease the anger, frustration, pain and suffering they are typically in. However, I now have an expectation that eventually a sense of connection and empathy emerges when I start to gain an insight into how family members see things: their beliefs, understandings, hopes and dreams. From this I then start to be able to understand why they are acting as they are – how these beliefs shape their dynamics and patterns. I can then start to see their actions in a more positive and sympathetic light. I think families start to pick this up and together, between us, a sense of optimism starts to take over. Usually this also includes an ability to be able to start to joke and tease each other, to be able to play with different ways of looking at things. I think it's rare that from this point of connection that things don't usually develop positively. When this starts to happen for me it's one of the most positive and worthwhile experiences I can have.

Another therapist's view of her experience of family therapy goes like this:

These days the anticipation and apprehension of a first meeting with a family includes curiosity about how the impressions I have formed from the referral process will fit or not with the experience of meeting family members in the flesh. It never ceases to amaze me how different people can be from my imaginings. There is a tension in first meetings which for me is focused on whether or not we can find a way to talk that seems useful to the family. Can I interest them in the way I am talking and thinking about what they are so generously willing to share with a stranger? Conveying respect and appreciation of the courage it takes to come and talk with a stranger about troubling personal issues is important.

For a therapeutic relationship to develop there has, in my view, to be some shared meanings and beliefs about the distresses leading people to seek therapy, and creating these shared ideas is the risky and exciting part of therapy. Can I offer ideas to family members in a way that makes sense or creates a space in which family members can risk exploring new ideas and thinking out loud with one another? I see my job as finding ways that work for family members to speak what may have become unspeakable and to

somehow convey that it is safe enough to go together into uncharted and unsafe territory. The territory is uncharted for all of us and does produce butterflies in the stomach. The satisfaction and excitement of working with families comes from the moments when family members realize it is possible for things to change and convey feelings more empowered and less daunted by the work this will take. I hear this less often in words and more often in changes in body language and the emotional atmosphere becoming lighter with less seriousness. In trying to sum up what I believe I hope for as the essence of a therapeutic encounter, I would see it as a meeting from which new connections and meanings emerge for both therapist and family members so that all are left at the end with a sense of 'something potentially good having happened'.

In these accounts from families and therapists we can hear both their internal voices – their personal beliefs and views of themselves and the world – and also the common or shared voices of the culture in which they live. We might even argue that it is impossible to separate these; that the personal and the public are invariably intertwined. To be a person, a part of a relationship, a member of a family, involves being bound by a wide variety of meanings shared by our cultures. In particular we all have some ideas about what it is to be emotionally 'healthy', what it is to have 'good' relationships, what is a 'functional' as opposed to a 'dysfunctional' family. These values tend to be represented in a variety of images in advertising, books, films and in our everyday conversations. Even though we may not agree with some of the common values, or even hold that these are relative and pernicious, we will still be influenced by them in setting out the territory of our thinking – our contrasts or points of opposition for which these common values provide an anchor.

What is the 'family'?

As this book is about families and relationships, it is necessary to offer an overview or map of what the term 'family' may be seen to include. There have been great upheavals and changes in what is meant by the family and family life. In many western countries, for example in the UK, over 40 per cent of new marriages end in divorce. Many people choose not to marry and there are increasing variations, such as single-parent families and homosexual families. Also, there is greater diversity in people's expectations such that men no longer are expected to be the sole or main breadwinners and there are expectations about greater sharing of domestic roles, such as childcare. Arguably some of

these changes are less extensive than might be assumed, for example women, even if they work outside of the home still tend to take on the bulk of domestic duties as well (Muncie *et al.* 1997). It is easy to assume that in some ways the family is in 'crisis', which is also seen as a fundamental threat to the stability of society. However, it is important to note, for example, that due predominantly to death at childbirth, stepfamilies were as common historically as might be indicated in the many negative images of 'wicked stepparents' in folklore. So though there have been changes, the voices of concern can be seen not just as responding to these changes, but also as attempting to institute or encourage a particular form of family life and values (Robinson 1991). Arguably some of these traditional values, stressing domestic duties, passivity and duties to be responsible for providing care of children and ageing relatives have not been in the best interests of women (Perelberg and Miller 1990; Muncie *et al.* 1997).

What we take to be 'the family' and 'family life' is influenced by the ideologies and discourses inherent in the society in which we live at a particular historical point. An analysis at the level of society and culture suggests that 'family life' is shaped by dominant ideologies or discourses about what family life *should* be like. We can see families as reproducing themselves, both literally and ideologically. For example, though the roles of men and women in families and other living arrangements has changed significantly in the last 30 years, by and large women still take most of the responsibility for childcare, men are expected to be the main breadwinners and most of us (in western cultures) live for the majority of our lives in an arrangement not too dissimilar from a nuclear family. Above all, for many of us the image of the nuclear family still governs our behaviours, expectations and feelings. We may be 'for' or 'against' the nuclear family, but either way it has, until recently at least, set the agenda of our thinking, feeling and choices.

Yet, within western (and other) societies there is clearly a diversity of ways that people choose to live together. Some of these choices are variations on the nuclear family model, others are deliberate and explicit attempts to reject it, such as communal and some single-parent relationships. If we accept that many people make such choices the question remains of how people go about constructing their own varieties of 'family life'. How do they decide how 'normal', as opposed to how 'deviant' they will be? To take a conventional example, a heterosexual couple need to decide when or whether to marry, whether to have children and if so how many, how to divide up the family tasks such as childcare, when a child should leave home, whether the couple should divorce, whether they should marry again, how they should relate to any stepchildren they might have and so on.

Above all, these decisions suggest the possibility that families do not simply absorb ideologies and discourses but translate them within

their own 'family culture' and the traditions and current dynamics in their own families. Between society and the individual is a set of shared premises, explanations and expectations – in short, a family's own belief system. Metaphorically this can be represented as a deck of cards offering a range of options from which particular choices can be made. These options are derived mainly from personal experiences, family traditions and societal discourses. Continuing the metaphor, each family has its own unique set of 'cards' which serves to constrain their perceived options and consequently the choices they make; family members make choices, but not simply in circumstances of their own choosing.

Our 'windows' or accounts from families and therapists can be seen to capture two aspects of family life which at first sight might appear contradictory: on the one hand people do appear to make autonomous decisions about their lives; on the other hand family life can be seen to be characterized by repetitive, predictable patterns of actions. Families are inevitably faced with various tasks – difficulties and problems which they have to find ways of managing. These tasks alter as they proceed through their developmental cycle.

The family life cycle

To capture this notion of a changing, evolving process, the concept of the family life cycle (Haley 1973; Duvall 1977; Carter and McGoldrick 1980) was developed in order to chart some of the major changes or transitions that family life presents, such as the birth of children, children leaving home and bereavements. (The family life cycle will be described further in Chapters 1 and 2.) It is argued that families need to continually adapt and adjust to deal with these tasks, but particularly at these critical transitional points. Each family is seen as developing ways of dealing with the tasks facing them – *attempted solutions*. In turn the choices they make, their *attempted solutions*, are shaped by the *beliefs* they hold as individuals, as a family and those they hold in common with wider society. The recursive combination of tasks, *attempted solutions*, outcomes and *beliefs* constitutes the family system.

It is possible to see a family evolving and changing as it proceeds through the life cycle as needing to develop and negotiate its way through three distinct but interconnected areas:

- 1 *the social, cultural and spiritual* – what is perceived as acceptable and desirable in any given society, including traditions, local customs, rituals, mores, legal framework, organization of work and the economy of a group;

- 2 *the familial* – how people in families jointly negotiate decisions; this is based partly on the internalizations of the cultural discourses and partly on their joint evolution of a set of shared beliefs;
- 3 *the personal* – each family member has a more or less unique set of personal beliefs. For the parents this may emanate from accumulated experiences prior to forming a family; for all members the personal beliefs also develop as a result of contacts outside the family.

Each family or grouping can be seen as creating, usually from an initial coupling of two people who may become parents of children and later grandparents, a unique interpersonal system. This becomes a family – a system of meanings and actions, encapsulating a version of family life which develops from the amalgamation of its members' negotiations and choices based upon their personal and shared beliefs and histories. Though this process is creative, involves a variety of complex issues and is widely thought of as unique, there are some fundamental themes common to any social grouping: external and internal relationships.

In the main *external* relationships are the connections to the 'outside' world. A key aspect of this is the development of a family identity. Members develop a set of perspectives, beliefs about themselves as a 'family' and what kind of a family they are: close/distant, argumentative/harmonious, formal/informal, traditional/modern and so on. Families also need to establish ways of interacting with a variety of other systems, such as schools, workplaces, local community, neighbours, friends, in-laws and extended family. Families vary in the beliefs they have about boundaries: some believe that a rigid separation is required, stressing family privacy and self-determination; others believe in a looser, more permeable boundary, with easy access, an 'open house'.

Family identities are not simply constructed by families but in some cases rigid definitions may be imposed, as in ethnic minority families or those containing members who have a 'disability', such as mental health problems or learning disabilities.

As well as functioning in relation to the external or outside world, a family defines itself by various *internal* relationships:

- 1 *power, intimacy and boundaries* – while family life is complex and varied, these three key issues continuously surface and require families to develop a set of beliefs enabling rules and procedures to be formed (Minuchin 1974; Haley 1976a; Dallos and Procter 1984). The issue of power requires the development of beliefs about responsibilities, decision making, duties, obligations and commitments. The issue of boundaries includes beliefs about personal space and privacy – the boundaries of the self vs shared activity in the family. The issue of intimacy embraces a complex array of psychological

emotional tasks and needs that have to be met, such as affection, sympathy, support, sexual intimacy and so on;

2 *rules and tasks* – in order to function, a family or any other social grouping has to establish some ground rules and to develop some organization so that the basic physical and material necessities are met;

3 *gender* – cutting across these dimensions of family life there is the central issue of gender roles and expectations. The development of gender-specific roles, division of labour, identity, patterning of activity and so on, will be affected by how the issue of gender is negotiated.

These areas of family life – the internal private world and the interface with the wider community – will in turn be influenced by dominant ideologies and discourses. For example, the division of responsibilities within a family is guided by prevailing discourses about appropriate gender roles so that, until recently at least, boys grew up believing that their role in families would be as providers and major decision makers; and girls that they would be mothers and run the domestic arrangements.

More broadly, families are also expected to undertake certain duties, such as the 'appropriate' socialization of children. Similarly, the recurring public panics about the family being in crisis and moral decline, falling apart, not shouldering its responsibilities and so on, are likely to be absorbed by family members and further regulate a family's internal activities and external relations. Each family develops a set of beliefs governing the boundary between its private, internal world and that of a public, external one. Some families, for example, appear to hold the beliefs that whatever happens under their roof is essentially private and should be free from outside interference, while others expect, and even invite, outsiders to help manage their affairs or are keen to interact with other families and the local community.

Allowing the family a voice

The beginnings of family therapy, like many histories, took place not in a linear way but in spirals. As an example, we have started this chapter with the voices of some families and therapists, their experiences of family therapy. In one sense this helps to capture the moment in hopefully offering a sense of where systemic and family therapy is now and where it may be heading. Families, however we attempt to define them, are made up of people intimately involved with each other. Each member of a family has their own personal story of their joint journey together and the web of stories, their intersection and weaving together constitute family life.

Many therapists currently emphasize that it is essential that we respect and allow families to voice their stories. To offer analyses, generalizations and statistical descriptions without offering the family a voice simply imposes our beliefs as therapists in a disrespectful way. We will have much more to say about all this throughout the book. It is salutary to note, however, that despite many critiques of early family therapy approaches early writings were widely illustrated by rich transcripts of conversations with families. Minuchin, the founder of the structural school of family therapy, for example starts his seminal book with this conversation:

Minuchin: What is the problem? So who wants to start?

Mr Smith: I think it's my problem. I'm the one that has the problem...

Minuchin: Don't be so sure. Never be so sure.

Mr Smith: Well... I'm the one that was in hospital and everything.

Minuchin: Yeah, that doesn't, still, tell me it is your problem. Okay, go ahead. What is your problem?

Mr Smith: Just nervous, upset all the time... seem to be never relaxed... I get uptight, and I asked them to put me in the hospital...

(1974: 1)

You may have various thoughts about this short extract; perhaps Minuchin seems somewhat patronizing? Maybe he seems to be too challenging to the family's preferred story? Is he being too charismatic and leaping in before even having collected the barest clinical history? Whatever we may think, however, his work here is open to scrutiny. It offers us a chance to make up our own minds about what is going on, what meanings are being explored, what Minuchin is up to.

Many years ago when we first encountered systemic and family therapy, this visibility and presentation of verbatim material was a breath of fresh air compared to stuffy statistically driven papers, or, slightly better, dead case study accounts from the therapists of their version of what had occurred in therapy. So even the early writings can still feel refreshing and vibrant.

There has also been much change afoot in family therapy. Families' voices have moved centre stage such that some therapists regard therapy as essentially the process of conversing, of engaging in storytelling and making. Minuchin would not have described his approach as mainly this. We do not want to fudge changes and evolutionary steps in family therapy's history but neither do we want to miss the opportunity to point out that some of the exciting new territories that have been discovered, and are now on the edge of the map, also resemble some of the impressive earlier ones.