Family Therapy - An Eclectic Approach

Carl M. Rowley
Family Therapy - An Eclectic Approach
Carl M. Rowley, MSW/CSW*

(A workshop presentation given at the AMCAP Convention, September 29, 1978.)

*Brother Rowley is Chief Social Worker at the Utah State Hospital and a part-time instructor in the Undergraduate Social Work Program at Brigham Young University.

It is a choice opportunity to be asked to conduct a workshop for the Annual AMCAP Convention. I feel it especially exciting to be able to tie in one’s professional ideas and values with our religious orientation in the Gospel of Jesus Christ. I believe there is no conflict with truth, whether found in professional values or found in the Gospel - truth is truth. In my role as a social worker I have found a great many social work principles which have expression in Gospel principles yet are manifest in different terminology or words. Social work is based upon Christian ethics and is deeply entrenched with basic concern for the rights of the individual and the advancement and protection of society. An example of a basic principle in social work and a similar principle in the Gospel would be the principle of self-determination in social work, with the same principle being expressed in the Gospel under the wording “free agency”. There are many other examples which could be discussed but are not within the scope of this presentation.

There is no question in my mind that man was created in the image of God, and as such, has God-like qualities and attributes which can be appealed to and utilized towards his own progress. I believe that every person has the right to self-advancement and realization and that every person has innate worth as an individual. Certainly the Gospel is replete with such attitudes and a variety of scriptures could be quoted, such as: “Remember the worth of souls is great in the sight of God.”, “As much as ye have done it unto one of the least of these my brethren, ye have done it unto me.”, the story of the Prodigal Son; the Good Samaritan; the adulteress being told to go and sin no more, etc. The helping profession’s primary goal should be social restoration and assisting individuals and families to develop more effective methods of solving problems and developing Christlike attributes.

I have found family therapy to be one of the most challenging and exciting methods of therapy that I have been involved in over the years. It is extremely relevant since we can actually observe (right in front of our eyes) the enactment of family problem-solving techniques or the absence of such. Family problems are shared rather than being heaped upon one individual as the focus of change. It is generally observed that everyone in the family is “hurting” if one or more members are exhibiting problems.

It is interesting to trace the history of various efforts to assist families. Approximately 15-20 years ago the general approach was “the child guidance” approach. Generally the child was seen by a separate therapist and either one or both parents were seen separately. In recent years there has been more and more emphasis upon conjoint family therapy in which the primary family is seen by one or more therapists with little children also being included. There has been a good deal written about the pros and cons of including younger children in therapy. Generally I like to have younger children present for at least one or two initial interviews. Little children tend to be extremely honest, show their feelings visibly and can be of great assistance in helping one observe child rearing practices exhibited by the parents. For example: it is very easy to observe the over-protective, controlling parent who will not let the child exhibit any freedom, self-expression, etc. On the other extreme, one observes the extremely permissive, laissez faire type parent who exercises no discipline or control over their child. Obviously such extremes in child rearing practices find expression in the dysfunctional behavior of their children.

In recent years there has been more and more emphasis upon helping groups of families as a treatment modality. During my presentation I would like to talk about an approach which we are taking at the Youth Program at the Utah State Hospital in which groups of families are seen, in what we call the “Family Forum”. Also at the end of the presentation I would like to discuss with two family constellations their feelings and observations during this type of approach and the opinion as to the effectiveness of this type of approach.

The reason I entitled my presentation “Family Therapy - An Eclectic Approach” is because I have tended to borrow information and treatment modalities from a variety of sources. Perhaps the first would be the writings of Virginia Satir and others associated with the Mental Research Institute in Palo Alto, California. Certainly the serious family therapist should be very well acquainted with her book “Conjoint Family Therapy”. Another interesting author is George Bach and his colleague, Peter Wyden, who wrote the book “The Intimate Enemy”. Dr. Bach, like many authors, has perhaps over-extended his theory but there is some interesting material about helping “families fight more productively”. He, in the course of this therapy, gives his subjects “fight training”. Essentially what he is talking about is helping families develop more effective methods of solving problems and resolving family arguments and differences. Another author who I have very much enjoyed reading is William Mainard. Mr. Mainard has written “Operate Group Psychotherapy in a Total Institutional Setting”, in which he describes three basic principles which are useful also in family therapy: 1) Total and complete honesty, 2) Responsibility for one’s actions and behavior, 3) Responsibility for the actions and behavior of others in your immediate environ-
ment. Dr. William Glasser’s book entitled “Reality Therapy” is very serviceable in this field in helping individuals realize their responsibility for their own dysfunctional behavior. The serious family therapist should also read Thomas Gordon’s book “Parent Effectiveness Training.”

During the presentation I will use material obtained from Dinkmeyer and McKay, which is called the STEP Program (Systematic Training for Effective Parenting). We have used this approach at the Youth Center at the Utah State Hospital and have found it beneficial in assisting families to develop better communication techniques and child rearing practices. The “Parents Handbook” in the STEP program has proven to be a very effective guide. It is written to the lay public, has excellent and attractive illustrations, and is very down-to-earth with helpful exercises for the family to perform. Chapter 8 of the Handbook is devoted to “The Family Meeting” and sounds amazingly like what the Church attempts to accomplish through the Family Home Evening program.

An additional reference is the series of Family Home Evening Manuals which we have received from the Church over the last several years. There are many family exercises and lessons which can be incorporated in family therapy sessions and have proven extremely beneficial. An additional book which I have found helpful is Maxwell Maltz’ “Psycho-Cybernetics.” This book certainly exemplifies the scriptural reference “For as he thinketh in his heart, so is he.”

I would now like to briefly discuss my basic tenants and philosophy in relation to family therapy. The first consideration I take in working with a family is “establishing a love base.” It is my feeling that we must initially determine if basic love and concern for one another exists in the family or whether it does not. Generally most families were founded on love and such love has existed or does now exist even though it may be disguised and covered up by a great deal of hurt, anger, aggression, etc. If the “love base” cannot be established, I feel that it is useless to attempt family therapy at that point in time. There are a number of methods that can be utilized to attempt to establish or find the love base—for example, direct questioning about whether or not you do or have loved your mate, members of your family, etc. Such questions about how do you show love, how do you say it, etc., can be utilized. I make an early effort to establish “the language of love, acceptance, concern, etc.” There should be a very definite effort made to look for assets and personal strengths and help the family recall pleasant experiences, happy memories, successful resolutions of problems, etc. I feel it is also very important to identify “anger” as “hurt” and help the family realize how much of the anger expressed was really misdirected and miscommunicated love. For example, a father may be quite angry at his daughter for coming home late but what he is really feeling, and not expressing well, is his concern for her safety and his love for her.

Communication theory is also very helpful in family therapy and much of the efforts to assist the family can be directed towards helping them develop better communication skills. Research has demonstrated that a person cannot not communicate. We are told through the literature that upwards of 70% - 90% of all communication is through body language and non-verbal communication. There are a great many complications in the communication process when one analyzes the complexity of the matter. There are so many things to consider relative to the “sender” of a message, the actual “message” sent and the various methods of sending it, as well as problems of receiving the message or problems that the “receiver” may have. Much of family therapy is concerned with helping the family develop “crystal clear messages,” helping the family make “perception checks” and to getting good “feedback” regarding the intent of the messages. The family therapist should be an expert in fostering feedback, helping the family attain proper perceptions of messages sent and generally being a skilled enabler of productive communication skills. Gordon’s description in “Parent Effectiveness Training” of “I” and “You” messages is very helpful in developing more acceptable communication styles. Gordon’s book also is helpful in helping parents, as well as children, develop “problem ownership.”

Another concept which I have found helpful is the concept of “content - process”. A story might be told to demonstrate this principle. When I was working as a psychiatric social worker in Fresno, California, my primary job was to provide follow-up services to patients released from state hospitals. On one particular occasion I visited the home of a woman who had been given the label of “schizophrenic reaction - paranoid type”. When I knocked at the door, she just barely opened the door and was very reluctant to invite me in. Once I convinced her who I was I began discussing her hospitalization in Stockton State Hospital, whether she was taking her medication, how things were going with her husband, etc. This was the “content” of the interview and I was “getting nowhere fast”. Out of frustration I looked around the room and noticed she had a tank of tropical fish. At that time I was very much interested in tropical fish and we began discussing the tropical fish and all the peculiarities of raising such creatures. This then became “the content” of the interview. We discussed at length our experiences in raising tropical fish and the frustrations and disappointments. In the “process” of doing so we developed fairly good initial relationship and enjoyed one another’s company, experiences, etc. Afterwards I was able to get much of the information which I initially tried to obtain relative to her taking her medication, relationship with her husband, her adjustment since leaving the hospital, etc. Many family therapists, including Virginia Satir, feel that the “process” is much more important than the “content”. In other words, during the course of the family therapy session, almost any topic or interview content could be discussed; what is most important is the feeling tones, relationship, and communication skills exercised.

An additional method, which I use in family therapy, has to do with “contracting” or helping the family members reach basic agreement which they will commit to following. There are very basic things, such as agreeing to attend family
therapy sessions, being totally honest, not talking for other persons during the course of the family therapy sessions, a commitment to "helping" rather than hurting, etc. I also like to give homework assignments and ask various family members to write down in various forms information about themselves, make commitments, describe feelings, goals, etc.

Virginia Satir and her group in Palo Alto developed what has been called "Structured Family Interview". I have found this a very useful tool as a starting point in family therapy. The interview has several parts, such as helping the family identify the main problem, helping them plan activities which generally are fun and enjoyable and helping the family see how they do or do not reach conclusions. The interview is fast moving and generally enjoyable to all family members. Such an approach is very helpful in inducting the family into family therapy and removes many of the initial resistances and fears. There is also a great deal of diagnostic material obtained. Often I have taped such interviews and have used the tape with the family to help them identify family problems and possible solutions.

As stated earlier I have also used some of George Bach's material relative to "fight training" and in Dr. Bach's material he talks about unfair fighting techniques, such as "head hunting," "rattling the bones," "character assaults," etc. Since many dysfunctional families have severe arguments and fights it is wise to help them analyze how the fight developed, how it got out of hand and how it could be handled differently in the future. Thus the whole concept of "fight training," which is just a cliche to help families learn how to disagree responsibly, is very useful.

The work of Thomas Gordon in his "Parent Effectiveness Training" is also very beneficial in helping families see problem ownership, developing "I-You" messages and in developing a whole system, which he calls "no lose" method of resolving differences and considering alternatives which would be acceptable to all of the parties involved. The "no lose" method could also be called "no win" method. No one in the family imposes their complete wishes or desires upon the others.

May I briefly discuss the Family Forum which was primarily developed by our psychologist at the Youth Center at the Utah State Hospital, Mr. Spence Wood. The Family Forum is composed of between four and six families who come to the hospital every other week for the Forum. The first 45-60 minutes of the session is designed for the parents. During the second portion of the Forum the parents are joined by their children who are patients at the Youth Center. The Family Forum is open-ended with families being added to the group and families leaving the group as their children recover and leave the hospital. The membership is also rather fluid in the sense that extended family members are able to come, such as aunts and uncles, grandparents, etc. Also siblings occasionally attend, although mostly it is composed of the parents and the hospitalized child. The need for a co-therapist is obvious because of the complexity of the group and the opportunity to play various roles as the therapist. An effort is made to utilize the various principles and methods described earlier in this paper.

Originally I had a good many fears regarding the Family Forum, feeling that not enough individual attention would be given to individuals and/or families. I also feared that material or information shared would be too sensitive for a group to handle. Both of these fears have been alleviated as I have been involved in the Family Forum for a number of years. There tends to be a similarity of problems noted and even though an individual or a family may tend to take a very quiet or passive role, I have found that they are generally very much involved in the process. They frequently remark "that's just the way it's been in our family." There is also a great feeling of empathy and sharing of problems which help to remove many of the feelings of isolation and alienation.

I have found "the topic approach" and the "hot seat approach" helpful in the Family Forum. In the "topic approach," topics such as friends, curfew, use of drugs, school, etc., can be considered. It is virtually impossible for a person not to expose his basic orientation and attitude toward such topics and these reveal important points about himself. The "hot seat approach" allows the family to ask for the focus or the therapist may direct a more intensive discussion of the family or members of the family, during the course of the session.

Many interesting situations and dynamics have occurred in the Family Forum. I have seen parents get very close and involved with other youngsters apart from their own family. We have had dinners and social events outside or after the Family Forum. We have also had birthday parties, Christmas parties, etc. Families and their children share with one another the joys and sorrows of admission and discharge from the hospital and generally get very emotionally involved in a healthy way with the life and problems of other members of the group. I suppose that such phenomenon can do occur in any intensive group therapy situation.

Both parents and youth can be and often are excellent therapists. With a number of families present, various personal experiences and life experiences from the participants' background can be very helpful in "golden therapy" moments. For example, on one occasion we were talking about early marriage. One of the mothers admitted that she was married when she was 15 years of age and proceeded to explain some of the problems associated with early marriage. On another occasion a youngster was very angry and tearful regarding going to a foster home. One of the parents present had been a foster parent and was able to share her experiences as a foster mother and helped relieve much of the anxiety the child was experiencing. Another mother shared the fact that she had been a foster child herself and was very empathetic with the ambivalence the youngster demonstrated.

The attendance of older or married siblings has also been very helpful and these young adults tend to bridge the gap
between the parents and children. Other parents can also be helpful in enhancing communication between immediate family members. We have a great deal of shifting of loyalties, a richness of opinions expressed around any given topic or issue, which creates good discussion and helps the members develop more tolerance for others’ opinions. The families tend to get very close and very concerned about one another, as well as the various youngsters involved in the group.

In closing I would like to say that family therapy is extremely enjoyable, challenging and exciting. It offers a real life opportunity to observe families in action and to become part of the family constellation for a brief period of time to assist them in developing more effective methods of communicating. As stated earlier I feel that most people in families do, in fact, love one another and it is our challenge to help them rediscover that basic love and concern and to express it in palatable ways.

REFERENCES

1. Doctrine and Covenants 18:10
2. Matthew 25:40
5. John 8:3-11
13. Proverbs 23:7