ED304634 1988-12-00 Counseling Families from a Systems Perspective. Highlights: An ERIC/CAPS Digest.

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In the past twenty years family therapy has become a major innovative force in the helping professions that has profoundly influenced the way counselors think about and intervene in the lives of their clients (Schafer, Briesmeiste, & Fitton, 1984). Systems theory offers family counselors both a conceptual and a practical framework for organizing diagnostic information and evaluating presenting problems.

Generally, the systems perspective views the family as a self-regulating system held together by unspoken rules whose purpose is to maintain itself. Psychological symptoms are viewed as manifestations of a dysfunctional family, and the focus of treatment then becomes the family system, not the problem or symptomatic family member.

THEORETICAL MODELS

Numerous theoretical models have been developed, and counseling techniques vary according to the particular theoretical model to which the counselor subscribes. Many therapists are eclectic and use whatever model or techniques seem appropriate for a particular family and treatment setting. These theoretical models include:
Psychodynamic. An object-relations approach to family therapy pioneered by Ackerman (1958) that views dysfunction as the result of inappropriate current behavioral attempts to work out issues of the past.

Generational. Stresses the importance of differentiation, relationships between generations, and triangulation (Bowen, 1978). Therapists function as teachers and coaches.

Communications. Describes pathology as arising out of dysfunctional communication patterns (Bateson, 1972; Jackson & Weakland, 1961; Satir, 1964). Treatment focuses on changing interaction patterns to promote growth, emphasizing conflict management and new adaptive responses to dysfunctional communication.

Structural. Views dysfunction as a consequence of family structure (Haley, 1976; Leibman, Minuchin, & Baker, 1974; Minuchin, S., 1974). Insight comes only after structural change.

Strategic Intervention. A special model of therapeutic change designed by the Ackerman Institute, Jay Haley (1976), and Selvini-Palazzoli (1978), aimed at changing the powerful family rules in families particularly resistant to change. Treatment is brief (eight interviews).

CHARACTERISTICS OF A DYSFUNCTIONAL

FAMILY

A family passes through predictable stages and develops methods of taking care of its members and coping with environmental demands. Members of dysfunctional families can become locked in self-perpetuating pathological patterns during a transition. Common characteristics of such families include the following: -- One or more symptomatic members. -- Blurred generational boundaries. -- Confused communication patterns. -- Overprotection. -- Enmeshment, lack of autonomy or privacy. -- Denial of conflict except as it involves symptomatic member. -- Inability to resolve conflict. -- Submerged tension. -- Scapegoating. -- Low toleration for stress and physical illness. -- Fragmented, disjointed, isolated individuals. -- Noncohesive, noncommittal, pseudo-closeness. -- Schisms, with two or more alliances in conflict. -- Skewed relationships, isolation of one family member. -- Extreme positions by all members in an effort to differentiate. -- Lack of respect for individual differences.
Family dysfunction may seriously interfere with children's developmental processes. Parents in such families are usually immobilized by pain from their past, fear of the present, and resistance to change.

FAMILY SYSTEMS INTERVENTION

Indications for Intervention. In general, family systems therapy is appropriate when evidence of family dysfunction exists. A direct correlation should be noticeable between a child's problems and family dysfunction. Families that lack minimal coping skills are not good candidates for family therapy, e.g., families with insufficient structure to attend regular sessions and single parent families with very young children (Schafer et al., 1984).
Therapeutic Attitude. The family systems therapist uses an active, directive manner in which family strengths are affirmed, interpersonal distance is monitored, and reality is reframed. The therapist respects hierarchies of authority and values, supporting subsystems, and speaks the language of the family, attempting to blend in with the family organization and style--to identify with the children without becoming a child, and with the parents without becoming a parent (Minuchin, 1974). It is important to include all family members in the sessions, or at least think in terms of the entire family. Dysfunctional families resist this attitude because it focuses on the family system and not just the symptomatic member. The therapist must respect the power of the family system and work to show members a better way to live together. Too critical an approach can imply that the therapist is trying to destroy the family rather than maintain it. Therapists need to have resolved their own personal family issues if they are to be helpful in effecting change.

GOALS OF FAMILY TREATMENT

Counseling should be initiated with all family members present. Once individuals are

thinking in family systems terms, they can become more objective and avoid the emotional reactivity that hinders treatment and change.

Therapy begins with a focus on the presenting problem or the symptomatic family member, with the hope that the family system will reveal itself around these initial issues. The goal is then to introduce family members to a broader way of conceptualizing and experiencing their problems. This approach typically achieves the following: -- Primary problems in family functioning are delineated. -- Scapegoating is neutralized. -- Guilt and blame decrease. -- Empathy for differences increases. -- Family myths and nonfunctional rules are challenged. -- New agreements for living together can be formed.

As the therapist monitors a family's struggle over time, covert rules of family life become overt and the family experiments with different ways of relating, communicating, and living together. Openly discussing issues and exposing family secrets often brings great relief and reduces tension.

COUNSELING TECHNIQUES WITH DYSFUNCTIONAL FAMILIES

When a family seeks treatment, the initial question for the therapist is what is the problem and what does having the problem do to the family? The family is then assessed as a whole with the therapist observing how members work together, discovering problems other than the presenting problems, and assessing the family's developmental stage cycle (Klimek & Anderson, 1988). In general, the therapist is less concerned with "why" than with "who, where, and what."

Several techniques are useful in helping family members demonstrate how they normally deal with situations. Some examples include:

Sequencing. Ask questions like who does what, when? When kids are fighting, what is mother doing? father?

Hypothetical Questions. Who would be most likely to stay home if mother got sick? Which child can you visualize living at home as an adult?

Scaling Reports. On a scale of most-least, compare one another in terms of anger, power, neediness, happiness.

Family Map. Organize information about the generational development of a family that reveals the powerful transmission of family rules, roles, and myths (Bowen, 1978).

Reframing. Describe negative behavior in different ways. Acting out, for example, can be described as displaced anger from an unresolved family conflict.

Tracking. How does a family deal with a problem. "What was it like for you when. . . ?"

rather than "How did you feel when. . . ?" These kinds of questions help keep the focus on the family rather than on the individual.

Sculpting. Create a still picture of the family that symbolizes relationships by having members position one another physically. This technique helps to cut through intellectualized defenses, and gets nonverbal members to express themselves.

Eco-Map. Organize data about the family's total environment and their relationship to it.

Paradoxical Intervention. Instruct a family to do something they don't expect and observe how the family then changes by rebellion or noncompliance. This approach is not appropriate in crisis situations such as violence, grief, or suicide, or for families with minimal resistance. It is reserved for highly resistant and rigid families and is clearly an advanced therapeutic skill (Papp, 1981).

Unbalancing. Support an individual or subsystem at the expense of others. This modifies family structure and introduces the possibility for alternative ways of living together.

SUMMARY

Change in family systems counseling derives from a therapist's affiliation with the family, and from interventions aimed at restructuring the family system in order to transform dysfunctional patterns. New ideas are being formulated about applying systems thinking in different treatment settings, as well as addressing specific problems such as school phobia, delinquency, substance abuse, and a variety of eating disorders. Family systems counseling is seen by some as the ultimate professional challenge and will undoubtedly continue to have a profound impact on the helping professions.

RESOURCE DOCUMENTS

Ackerman, N. (1958). The psychodynamics of family life. New York: Basic Books.
Bateson, G. (1972). Steps to an ecology of mind. New York: Random House.

Bowen, M. (1978). Family treatment in clinical practice. New York: Jason Aronson.

Haley, J. (1976). Problem solving therapy. San Francisco: Jossey-Bass.

Jackson, D. P., & Weakland, J. H. (1961). Conjoint family therapy: Some considerations on theory, technique, and results. Psychiatry, 24, 30-45.

Klimek, D., & Anderson, M. (1988). Inner world, outer world: Understanding the struggles of adolescence. Ann Arbor, MI: The University of Michigan, ERIC Clearinghouse on Counseling and Personnel Services. (ED 290 118)

Liebman, R., Minuchin, S., & Baker, L. (1974). The role of the family in the treatment of anorexia nervosa. Journal of the American Academy of Child Psychiatry, 13, 264-274.

Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.

Papp, P. (1981). Paradoxes, family therapy techniques. Cambridge, MA: Harvard University Press.

Satir, V. (1964). Conjoint family therapy. Palo Alto, CA: Science & Behavior Books.

Schafer, C. E., Briesmeiste, J. M., & Fitton, M. E. (1984). Family therapy techniques for problem behaviors of children and teenagers. San Francisco: Jossey-Bass.

Selvini-Palazzoli, M. (1978). Paradox and counterparadox. New York: Jason Aronson.
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Title: Counseling Families from a Systems Perspective. Highlights: An ERIC/CAPS Digest.
Document Type: Information Analyses---ERIC Information Analysis Products (IAPs) (071); Information Analyses---ERIC Digests (Selected) in Full Text (073);
Available From: ERIC/CAPS, 2108 School of Education, University of Michigan, Ann Arbor, MI 48109-1259.
Descriptors: Counseling Techniques, Counseling Theories, Family Characteristics, Family Counseling, Family Problems, Systems Approach
Identifiers: ERIC Digests
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