FAMILY THERAPY: AN ORIENTATION

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Introduction

Despite the fact that Family Therapy is a relative new-comer to the therapies, it has already developed, in its own eclectic fashion, in several directions. This is important because inasmuch as this paper directs itself to the training of professionals new to the family field, it is descriptive of one specific mode of family therapy—that of Nathan Ackerman et al.—in an effort to present a clear orientation. Some aspects of the approach set forth here are generic to family work, but others are wide open to variation and contradiction. Contrasting variations of family work are being done by such people as Murray Bowen, Virginia Satir, Fred Duhl, and Ross Speck. It is important to read the literature of these and others to get a picture of the richness and diversity which exists in the field at this time. This paper addresses itself specifically to the gnawing sense of theoretical and technical insecurity a therapist has as he sees his first families and hopefully provides a guideline to hold onto while he flies by the seat of his pants.

Defining the Family Treatment Situation

Who should be seen in family therapy? The answer is everyone—at least for a diagnostic session or two. There is no method of diagnosis that comes close to a family interview for efficiency and completeness. After that, most people who have a family are prime candidates for family therapy.

Family therapy begins at the first moment of the therapist’s contact with a family. This is in some sense true, of course, in all therapies. But in family therapy, the therapist is often called on to make a pronounced intervention at as early a time as the initial phone call from the person requesting help. It is in this conversation that the therapist sets the ground rules for a family system approach. The person at the other end of the line will frequently define the problem as being that of one person or a dyad in the family. The family therapist will then want to know who else is in the family. This group, as defined by the caller (and the “family” need not be confined to blood members) is the one the therapist must make his bid to see. Sometimes the family therapist refuses to involve one or more of its members. Here the family therapist must be aware of whether he himself is totally, utterly, convinced that the whole family be part of the session. Beginning therapists often have a fear of dealing with so many people, of
exposing the children to the affairs of their parents, of handling an explosive marital situation with both partners present. If the therapist is reluctant, it is highly likely that the family will be, too. A beginning family therapist does well simply to maintain as policy that if he is to see the family, they must all be there. Period. This uncompromising approach strengthens his position and is often effective in getting compliance from the reluctant family members. If the therapist gives in to family pressure to start sessions with only part of the family, total involvement will become more difficult, and the treatment will be seriously weakened.

If the therapist is sure of himself and his approach and feels for one reason or another that there is good reason to begin with only part of the family, he may decide to do so, not, however, without making it clear that while he may start in this way, he must gain access to the other family members as he needs it or else the work will be terminated.

This may sound harsh and unreasonable, but there are important reasons for it. First, the greater a part of the patient’s environment the family therapist has access to, the more quickly and accurately the therapy will move. Also to leave one person out may be to change the entire picture of the family, and the therapist may work in a useless direction or do harm to the absent member. Later on in the therapy, the therapist may decide to see subgroupings of the family or individuals alone in supplementation to family sessions. But that is after the family orientation is firmly established.

Issues of the First Session

With the phone conversation, the therapy has begun. The work continues when the family arrives at the therapist’s office. They often present themselves bits at a time, and even if the last members are quite late in arriving, it is advisable to follow through with the thrust of the telephone intervention and wait to begin the session until all are present. Later on in therapy this same situation will have a variety of meanings in the context of the work, and the decision to start or wait for all members will have to be based on the current meaning. Sometimes on arrival the family confronts the therapist with the information that one member will not be there. Generally at this point the session should take place anyway, but the therapist during the course of the hour should explore thoroughly with the family why the missing member is missing and come to his own conclusions about who present is keeping him out; he will usually do best to assign this member of the family the task of getting the person in for the next session. A chair should be obviously left empty in the circle of seating, and it will become the person in absentia.

Visual data collecting about the family begins as soon as the therapist sets eyes on them. How are they dressed? What are their relative sizes and shapes? How do they hold themselves? What behavior do they display in coming into the situation: do they preen;